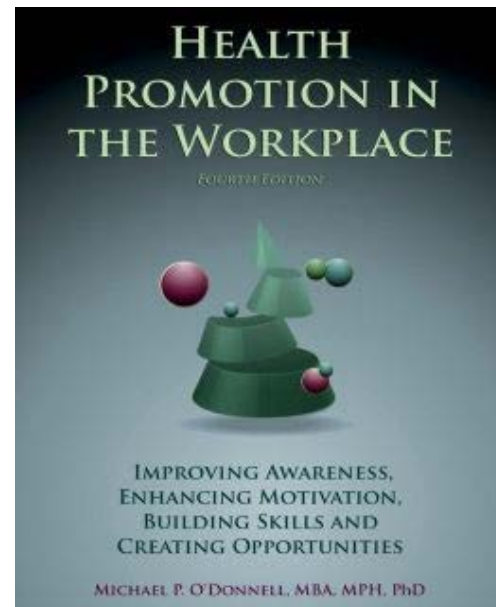


WORKPLACE HEALTH PROMOTION

Main Resources



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****Disclaimer:** the information in this presentation is not intended to be legal, medical, or financial advice; please consult with your legal counsel, health care provider, or tax consultant.



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Outline

I. Driving Forces of Health Promotion

- Affordable Care Act Taxes (e.g. Cadillac Tax)
- Rising Insurance Premiums

II. Mitigating Financial Losses

- Strategies
- Effectiveness
- Promoting Prevention

III. Building a Workplace Wellness Program--a coordinated, systematic and comprehensive approach

IV. Strategies for Engaging Employees

V. Final Thoughts and Additional Resources

The Driving Forces

Cadillac Tax

A 40% excise tax on the “value” of the plan

If the total premium for a single coverage exceeds \$10,200 and the total premium for family coverage exceeds \$27,500 the employer plan pays a 40% excise tax on the difference.

Affordable Care Act Tax

Health Care Costs

The Centers for Medicare and Medicaid Services

- Projects an average annual growth of 6.2 percent per year from 2015 through 2022

Strategies for Mitigating Losses

Medical Cost Containment

- Consumer-Directed Health Plans
- Comprehensive Wellness Programs
- Benefits Linked Financial Incentives
 - Employers can provide up to a 30%* discount on the total health plan cost for employees who participate in programs or meet health standards.

**50% if a Tobacco cessation program is offered*

Productivity Improvement (e.g. absenteeism)

- Comprehensive Health Promotion Program

Image Enhancement

- Attracting and retaining elite employees

Top 3 Actual Causes of Death in the United states

1. Tobacco
2. Poor diet and physical inactivity
3. Alcohol consumption

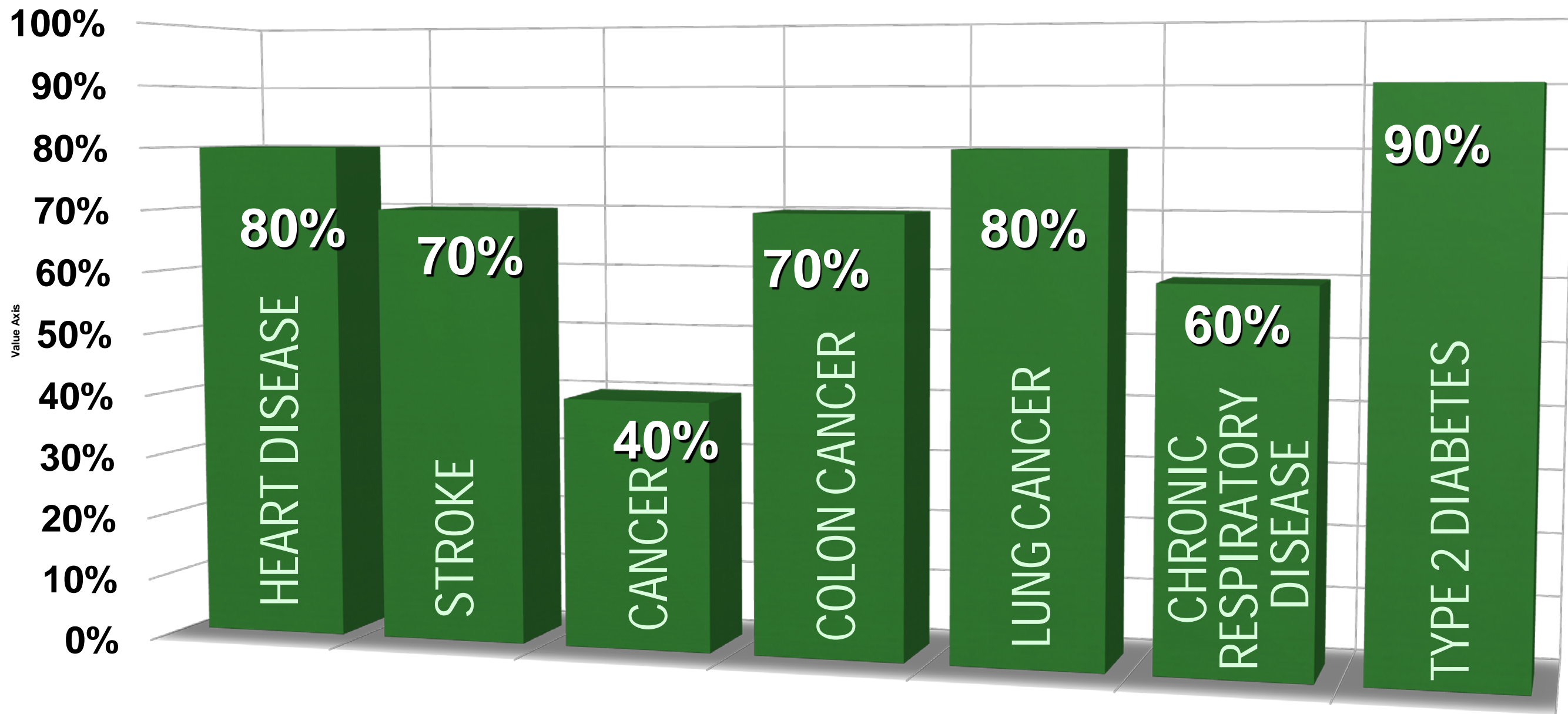
Number of deaths for leading causes of death

- Heart disease: 596,577
- Cancer: 576,691
- Chronic lower respiratory diseases: 142,943
- Stroke (cerebrovascular diseases): 128,932
- Accidents (unintentional injuries): 126,438
- Alzheimer's disease: 84,974
- **Diabetes: 73,831**
- Influenza and Pneumonia: 53,826
- Nephritis, nephrotic syndrome, and nephrosis: 45,591
- Intentional self-harm (suicide): 39,518



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Why Promoting Prevention is Critical



A large percentage of major diseases are caused by lifestyle factors

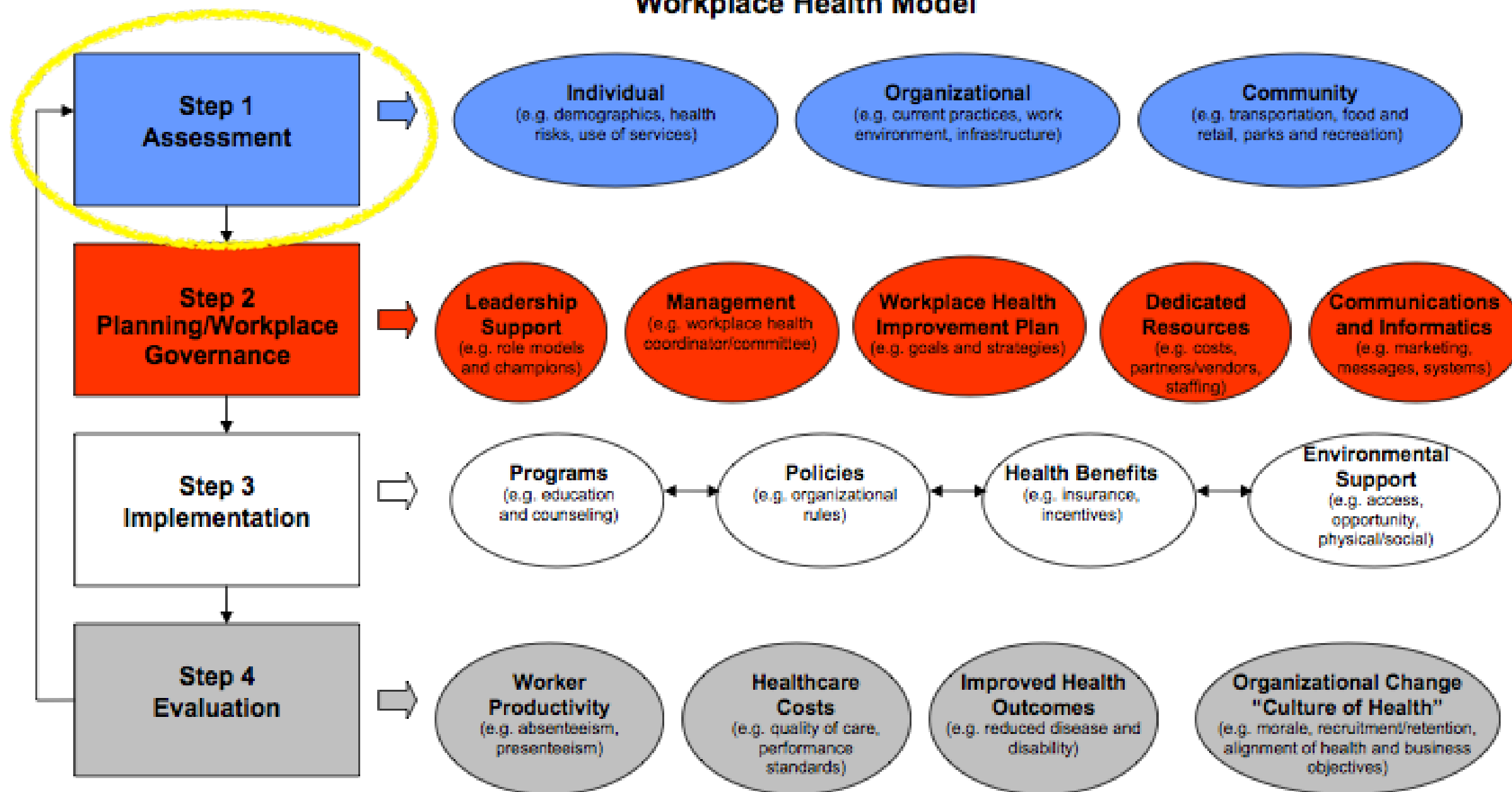


Lowering Medical Insurance Premiums



Building a workplace wellness program--a coordinated, systematic and comprehensive approach

Workplace Health Model



STEP 1

Assessments

Assessments should be completed PRIOR to goals being developed, resources allocated, strategies implemented, employee participation, or outcomes being measured.

Individual/Employee

- Lifestyle choices
- Work environment (e.g. physical conditions and social support)
- Health status and interests

Organizational

- Current practices
 - Culture, policies, benefits

Community

- Transportation (e.g. biking, walking)
- Parks and recreation
- Food and retail



Areas to Assess

Individual

- Health behaviors
- Health risk factors
- Current health status

Interpersonal

- Social networking
- Relationships with managers, coworkers, and family
- Mentoring or role models

Organizational

- Workplace structure
- Culture
- Practices and policies such as benefits, health promotion programs, work organization, and leadership and management support for workplace health and safety initiatives

Environmental

- Facilities and settings where employees work as well as access and opportunities for health promotion provided by the surrounding community where employees live



Methods

Site visits

- Interviews with managers and employees
- Review programs and policies
- Evaluate the worksite environment

Employee surveys

- Health Risk Appraisals
- Employee satisfaction/interest surveys
- Safety surveys and routine inspections

Health benefits

- Vacation and Sick time
- Access to health promotion programs

Medical claims

- Identify commonly used resources

Other data sources

- Injuries/workers Compensation
- Other employee health programs (e.g. EAP)
- Employee Engagement Survey

Informally

- Conversations
- Call for input/opinions
- Bulletin board
- Opinion box
- Email



STEP 2

Planning/Workplace Governance

- **Senior leadership support**
 - *Objective:* program role model and champion
- **Diverse wellness committee**
 - *Objective:* oversee and manage the program
- **Health improvement plan**
 - *Objective:* execute goals and strategies that create a sustainable program
- **Dedicate necessary resources**
 - *Objective:* budget, partners/vendors, and staffing
- **Clear and consistent communication**
 - *Objective:* marketing, messages, systems
- **Establish workplace informatics system**
 - *Objective:* data collection and analysis for planning and evaluating



STEP 3

Implementation

Programs

- Opportunities for employees to practice healthy habits
- Education and counseling

Policies

- Designed to protect or promote employee health
- They affect large groups of employees simultaneously

Health Benefits

- Health insurance coverage
- Incentives

Environmental support

- Physical factors that help protect and enhance employee health
- Access, opportunity, physical/social support



Elements of a Supportive Environment

- **Physical Environments**
 - Healthy food in cafeteria
 - Smoke-free environment
 - Ergonomically sound furniture
 - Protection from injury hazards
 - Opportunities to be physically active
- **Organization Policies**
 - Medical coverage of preventive services
 - Consumer-driven health plan
 - Absenteeism policy that rewards being healthy
 - Smoke-free environment
 - Flexible benefits and flextime
 - Management policies that moderate stress
- **Organization Culture**
 - Healthy role models
 - Incentive systems
 - Communication systems
 - Peer support
- **Ongoing Programs and Structures**
 - Health promotion department
 - Coaching and mentoring
 - Employee assistance programs
 - Child care programs
 - Recreation programs
- **Employee Ownership and Involvement**
 - Program design
 - Program promotion
 - Program delivery
 - Program leadership
 - Program evaluation

Implementation Tools

Health topics addressed in the implementation module

Health Behaviors	Health Screening	Mental Health	Injury	Adult Immunization
Alcohol & Substance Misuse Nutrition Physical Activity Tobacco Use	Blood Pressure Obesity (BMI) Cancer - Breast Cancer - Cervical Cancer - Colorectal Cholesterol Type 2 Diabetes	Depression	Work-Related Musculoskeletal Disorders & Ergonomics	Influenza & Pneumococcal

Includes:

- Programs
- Policies
- Health Benefits
- Environmental support
- Tools and resources

Source: <http://www.cdc.gov/workplacehealthpromotion/implementation/index.html>



STEP 4

Evaluation

Worker productivity

- Disease prevalence
- Employee health (e.g. absenteeism, presenteeism, replacement workers)

Healthcare costs

- Resource allocation
- Claims or worker's comp costs
- Better utilize of resources
- Quality of care indicators

Health outcomes following intervention

Organizational change or “creating a culture of health”

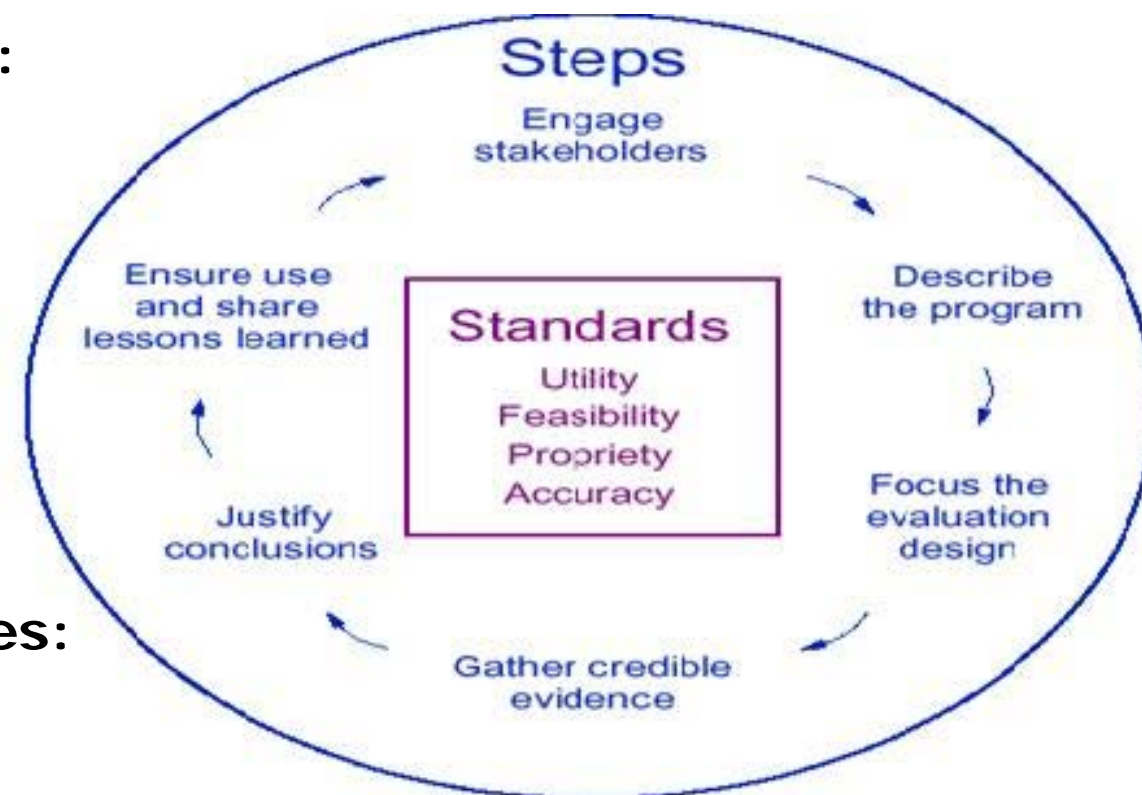
- Morale
- Organization structure (e.g. policies and practices)
- Recruitment and retention
- Alignment of health and business objectives/mission statement



Evaluation Model

CDC framework for program evaluation:

- Step 1: Engage stakeholders
- Step 2: Describe the program
- Step 3: Focus the evaluation design
- Step 4: Gather credible evidence
- Step 5: Justify conclusions
- Step 6: Ensure use and share lessons learned

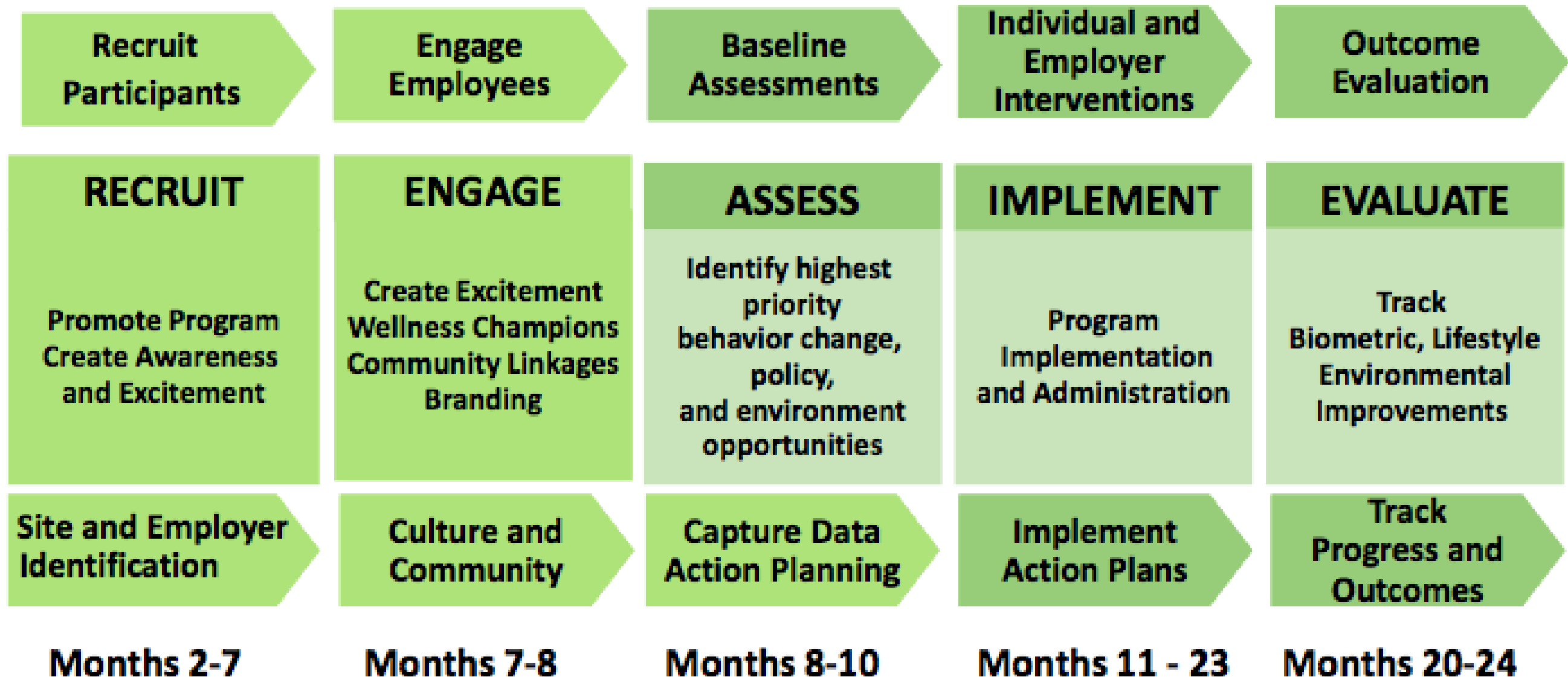


Assessing the quality of evaluation activities:

- Utility
- Feasibility
- Propriety
- Accuracy

Program Timeline

Program Implementation and Evaluation Process



Strategies for Engaging Employees and Improving Their Health and Wellness

- ❖ **Consumer-driven health plans**
 - in life, long term goals, and current priorities.
- ❖ **High-deductible health plan**
- ❖ **Encourage employee responsibility** (e.g. wellness program)
- ❖ **Educate:**
 - The higher level of self-efficacy and behavioral efficacy, the greater the motivation
 - Medical self-care & health consumerism, informed choices.
- ❖ **Celebrate success, & keep people engaged**
- ❖ **Make things meaningful**
 - Identify your employees passions



Types of Incentive Structures

Participation based programs

- Reward or discount based on merely participating in a program
- **Utilization:** 36% in 2009 to 80% in 2012

Health Contingent (Activity-Only) programs*

- Completing an activity such as a walking program
- **Optional:** alternative to someone that does not meet a specific outcome

Outcome based programs*

- Tobacco free, normal biometrics, or passing a fitness test
- **Utilization:** 8% in 2009 to 38% in 2012

* Must meet the following five criteria:

- 1) **Allow people to qualify at least once a year**
- 2) **Limit rewards to below the 30% or 50% discount** (includes a tobacco cessation program) limit of the health plan
- 3) **Offered in the context of a health promotion program** with a “reasonable design” (i.e. likely to improve their health)
- 4) **An “alternative standard”** which for health-contingent activity only can be limited to situations with a medical issue, but for outcome based the alternate standard cannot be limited to situations with medical issues,
- 5) **The alternative standard must be included in all promotional documents** that describe the details of how to earn the incentive.

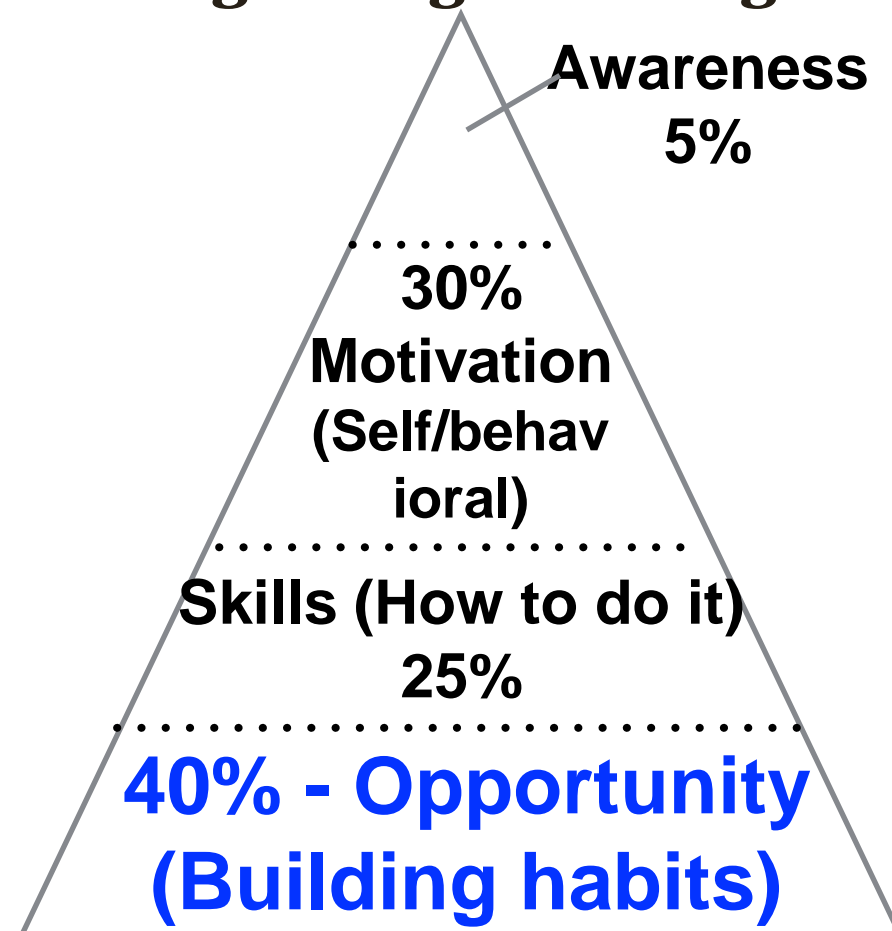
Final Thoughts

Why are We Talking About Health Promotion?



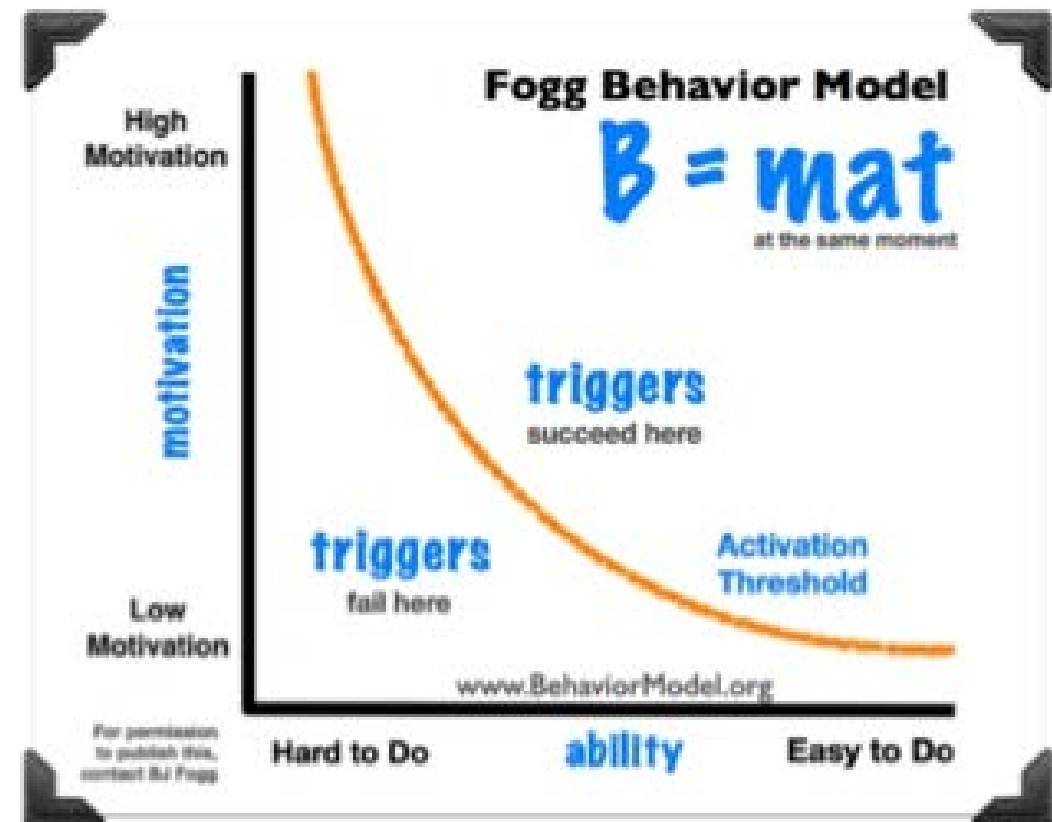
Using Health Promotion Programs to Create Lasting Healthy Habits

Portfolio Balancing Approach to Planning Changes Strategies:



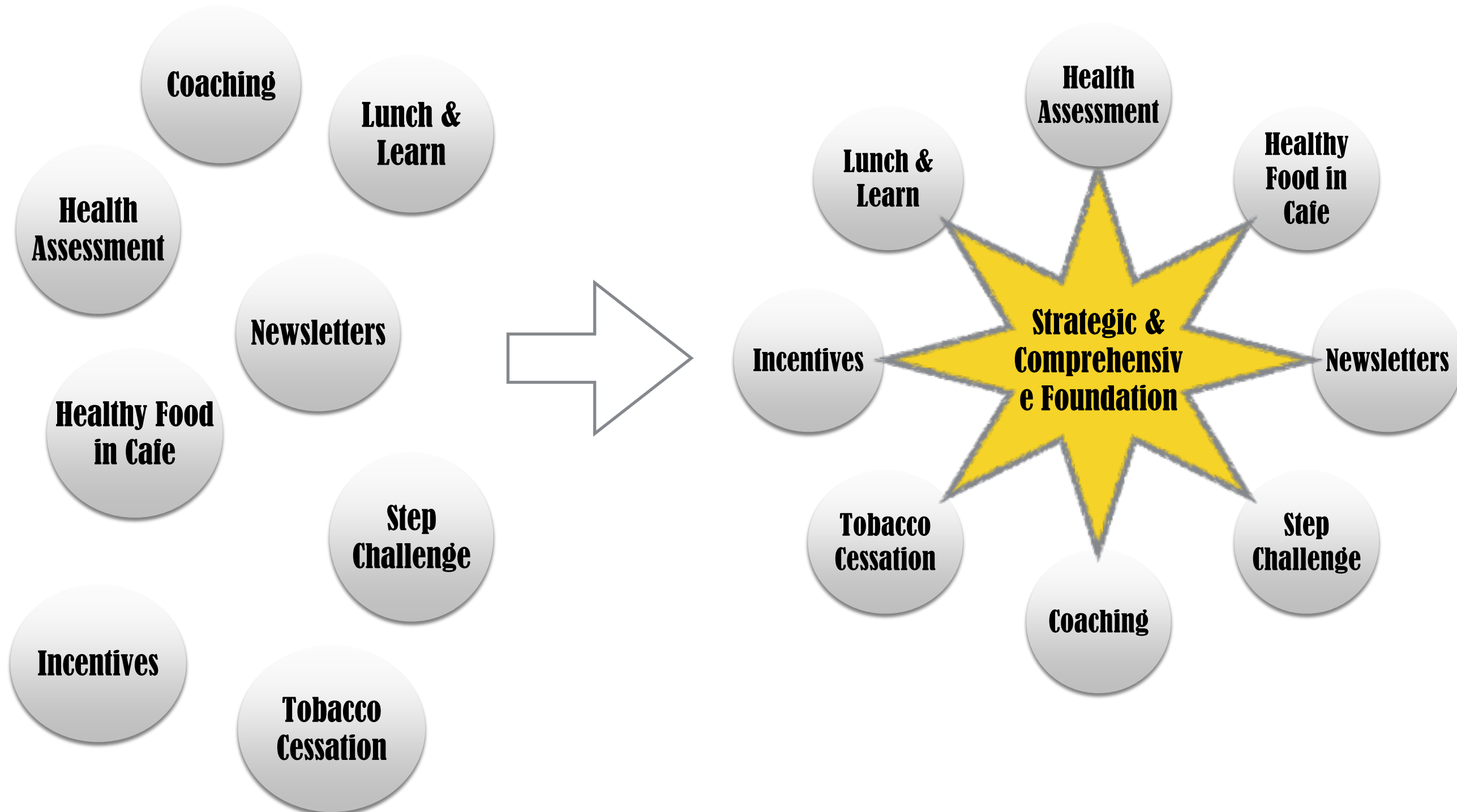
AMSO Framework

Dr. Fogg's Behavior Model Stanford University



<http://www.behaviormodel.org>

Building a **SUCCESSFUL** workplace wellness program requires a strategic and comprehensive foundation.



Handouts

- Workplace Health Program Development Checklist
- Worksheet to Help You Get Started on Program Design, Implementation, and Evaluation
- Ideas You Can Implement Right Now to Integrate Health Protection and Health Promotion
- Description of Proactive Health Solutions

Additional Resources



Workplace Wellness Grant Program

Year 1	Year 2	Year 3	Year 4	Total
\$100	\$75	\$75	\$50	\$300 per employee



“Health protection programs have focused squarely on safety, reducing worker exposures to risk factors arising in the work environment itself. And most workplace health promotion programs have focused exclusively on lifestyle factors off-the-job that place workers at risk. ***A growing body of science supports the effectiveness of combining these efforts through workplace interventions that integrate health protection and health promotion programs.***” —NIOSH



Wellness Compliance Checker

The Wellness Compliance Checker was designed to help workplace wellness programs stay compliant with ERISA, HIPAA and GINA.

The End

*The value of a health promotion program is not the promotion of walking, weight loss, or the learning of many facts, but **training the mind to choose healthy habits and overcoming challenges that hinder a person's ability to become or remain healthy.***