



Healthy Worksite • Healthy Workforce • Healthy Communities

Worksite Health 101

Making the Case for Worksite Health





NHWP Training and Assistance

Making the Business Case

Relationship between health and business performance

Impact of worksite health programs

Key components of a comprehensive worksite health program

Module 1

Leadership and Culture

Driving senior leadership support

Creating a healthy worksite culture

Building infrastructure and capacity

Data Collection

Worksite health assessment process

Types of data to collect

Using data for program planning

Planning & Implementation

Determining program goals and objectives

Developing detailed worksite health plans

Putting assessment and planning into practice

Program Evaluation

Measuring process and outcomes

Key evaluation metrics

Module 2

Module 3

Module 4

Module 5

National Center for Chronic Disease Prevention and Health Promotion Division of Population Health





Learning Objectives

Understand the following:

- The relationship between employee health and individual and organizational performance
- The positive impacts of a comprehensive worksite health program
- The key components of a comprehensive worksite health program





Employee Health and Business Performance

In this section:

- Impact of lifestyle and chronic disease on medical and productivity related costs
 - Direct and Indirect costs of employee health
 - How costs rise as employee health risks increase
 - Effects of tobacco use, physical inactivity, overweight/obesity, and job related stress





Impact of Chronic Disease and Lifestyle

 In the U.S., 7 in 10 deaths are due to chronic diseases such as heart disease, stroke, cancer, and diabetes,* accounting for 75% of medical care costs**

- Modifiable risk factors lead to deaths from chronic disease, estimated to cause more than half of all deaths in the U.S.:
 - Tobacco Use: (19%)
 - High Blood Pressure: (16%)
 - Physical Inactivity: (8%)
 - Overweight Obesity: (8%)

Danaei G, Ding EL, Mozaffarian D, Taylor B, Rehm J, et al. The Preventable Causes of Death in the United States: Comparative Risk Assessment of Dietary, Lifestyle, and Metabolic Risk Factors; 2009.



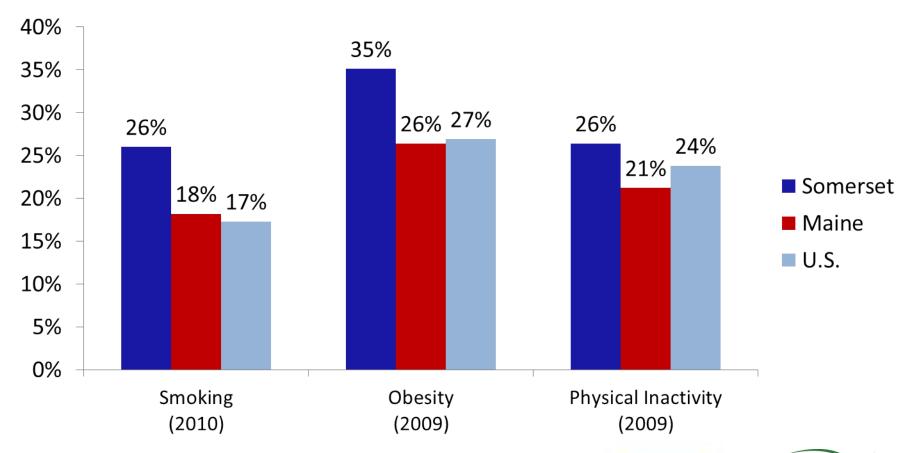


^{*} Kung HC, Hoyert DL, Xu JQ, Murphy SL. Deaths: final data for 2005. National Vital Statistics Reports 2008;56(10)

^{**} Centers for Disease Control and Prevention. Chronic diseases: the power to prevent, the call to control, at-a-glance 2009. Atlanta, GA: U.S. Department of Health and Human Services, 2009.

Somerset County Health Statistics

Percent of Population (County, State, Nation) with Lifestyle – related Health Risks



National Center for Chronic Disease Prevention and Health Promotion
Division of Population Health





Impact of Employee Health

Healthcare (Direct Costs)

- Medical
- Pharmacy



Lost Productivity (Indirect Costs)

- Presenteeism
- Short Term Disability
- Long Term Disability
- Absenteeism
- Workers Compensation

Non-Visible

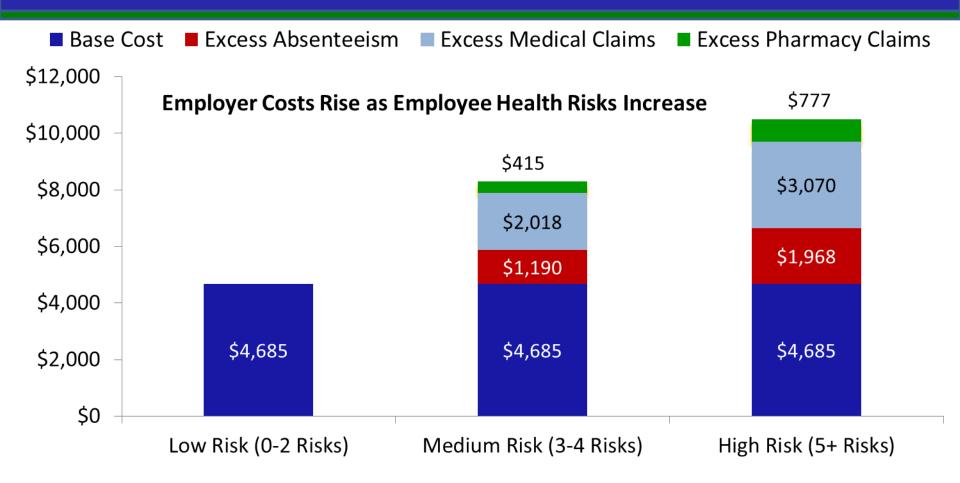
Costs

Indirect Costs represent 2-3 times Direct Healthcare Costs





Health Risk Status and Employer Costs



Yen L, Schultz AB, Schnueringer E, Edington DW. Financial Costs due to Excess Health Risks among Active Employees of a Utility Company. J Occup Environ Med. 2006;48(9):896-905.





Tobacco Use, Physical Inactivity, and Obesity

During 2000–2004, cigarette smoking was estimated to be responsible for \$193 billion (\$96 billion in direct medical cost and \$96.8 billion in lost productivity) in annual health-related economic losses in the United States

Centers for Disease Control and Prevention. Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses—United States, 2000–2004. Morbidity and Mortality Weekly Report 2008;57(45):1226–8 [accessed 2011 Mar 11].

• **Sedentary employees** incur \$250 more in annual health care costs than moderately active (1-2 times/wk) and very active (3 + times/wk) employees

Feifei Wang, Tim McDonald, Laura Champagne, Dee W. Edington. Relationship of Body Mass Index and Physical Activity to Health Care Costs Among Employees. J. Occup Environ Med. 2004; 46(5): 428-436.

• Obese employees (BMI \geq 35) have 4.2% higher health-related productivity loss, equal to \$506 per employee per year.* Medical costs paid for obese individuals \$1,429 higher annually than for normal weight.**

National Center for Chronic Disease Prevention and Health Promotion Division of Population Health

^{*}Gates DM, Succop P, Brehm BJ, Gillespie GL, Sommers BD. Obesity and presenteeism: the impact of body mass index on workplace productivity. J Occup Environ Med. 2008;50(1):39-45.

^{**}Finkelstein EA, Trogdon JG, Cohen JW, Dietz W. Annual medical spending attributable to obesity: payer- and service-specific estimates. Health Affairs. 2009;28(5):w822-831.

Worksite Contributions to Heart Disease Risk

Work

Psychosocial Stressors

High Demands
Low Job Control
Social Isolation
Effort / Reward
Imbalance
Danger Potential

Schedules

Shiftwork Long work hours

Physical Job Demands

Sedentary Work
Static load
Heavy physical
exertion

Toxic Chemicals

Tobacco smoke
Carbon
monoxide
Nitroglycerin
Lead

Environment

Noise Heat Cold

Lack of access to healthy foods

Adapted with permission from Paul Landsbergis, 2012 Center for Promotion of Health in the New England Workplace Cardiovascular Disease



Impact of Job Stress on Heart Disease

 30-40% employees report work as "very or extremely stressful"

General Social Survey, 2006

- High job stress/strain associated with:
 - Heart disease, high blood pressure, depression, musculoskeletal disease
 - Increased lifestyle risks (overweight, smoking, heavy alcoholuse, low physical activity)
- Job related stress contributes 10-30% of heart disease risk in working people

Belkic K, Landsbergis PA, Schnall PL, Baker D. Is job strain a major source of cardiovascular disease risk? Scand J Work Environ Health. 2004;30(2)85-128

Impact of Comprehensive Worksite Health

In this section:

- Effects of worksite health programs on employee health
- Financial impact of a comprehensive worksite health program
- Benefits of worksite health programs





Impact of Worksite Health Programs

- Strong evidence exists for the effectiveness of worksite health programs to positively impact the following:
 - Tobacco use*
 - High blood pressure*
 - High blood cholesterol*
 - Days absent due to illness or disability*
 - Dietary fat intake*
 - Psychosocial work factors which are known to cause or exacerbate chronic disease and musculoskeletal disorders**
 - Musculoskeletal disorders including low back, neck, and shoulders**

^{**}Gilbert-Ouimet M, Brisson C, Vezina M, Trudel L, Bourbonnais R, Masse B, et al. Intervention Study on Psychosocial Work Factors and Mental Health and Musculoskeletal Outcomes. HealthcarePapers, 2011;(Sp)Vol. 11; 47-66.



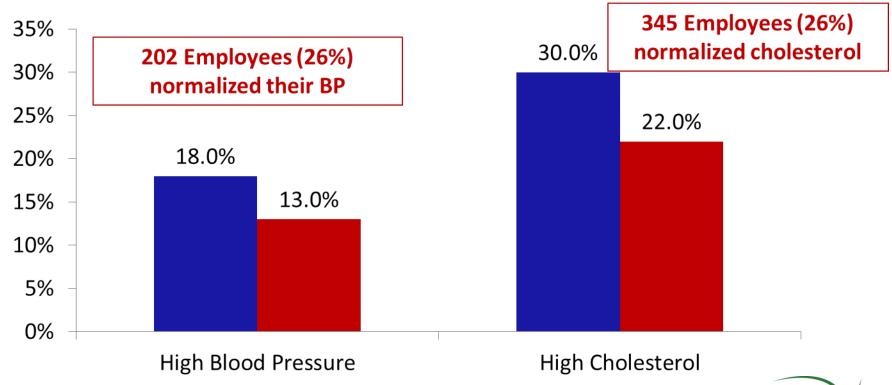


^{*}Task Force Comm. Prev. Serv. 2007. Proceedings of the Task Force Meeting: Worksite Reviews.

Impact of Worksite Health Programs Fieldale Farms

Through diet, exercise and medication changes, 26% of employees with elevated **blood pressure** and **cholesterol** lowered their risk

CDC Six-Step Guide for Employers. http://www.cdc.gov/dhdsp/pubs/docs/six_step_guide.pdf







Impact of Worksite Health Programs

Cianbro Corporation

Over the first two years of the Healthy Lifestyle Program

- 16% of participants decreased risk for overweight
- 20% improved their **blood cholesterol** levels
- 49% increased physical activity level

Highsmith Company

Learning and Development Wellness Program

- 53% decrease in number of employees whose blood cholesterol was "high risk"
- 52% decrease in number of employees whose blood pressure was "high risk"

CDC Six-Step Guide for Employers. http://www.cdc.gov/dhdsp/pubs/docs/six_step_guide.pdf





Financial Impact of Worksite Health

 A 1% reduction in excess weight, elevated blood pressure, glucose, and cholesterol, has been shown to save \$83 to \$103 annually in medical costs per person

Henke, R.M., Carls, G.S., Short, M.E., Pei, X., Wang, S., Moley, S., et al. The Relationship between Health Risks and Health and Productivity Costs Among Employees at Pepsi Bottling Group. J Occup Environ Med. 2010;52(5)519–527.

- An analysis of 22 large-employer studies showed significant positive impacts on healthcare costs and absenteeism:
 - Employee healthcare costs were reduced \$3.27 for every \$1 spent on comprehensive worksite health programs.
 - Absenteeism costs dropped by \$2.73 for every \$1 spent

Baiker K., Culter D., Song Z. Workplace wellness programs can generate savings. *Health Affairs*. 2010;29(2):304-311.





Worksite Health Benefits

- Improved employee health and well-being
- Lower healthcare cost increases associated with lower employee health risks and improved health status
- Ability to impact workers' compensation related expenses through integration of safety and health promotion
- Reduction in absenteeism and presenteeism and increased productivity
- Improved employee job satisfaction and retention
- Positive employer image in the community, which aids in recruitment of employees



Implementing a Comprehensive Program

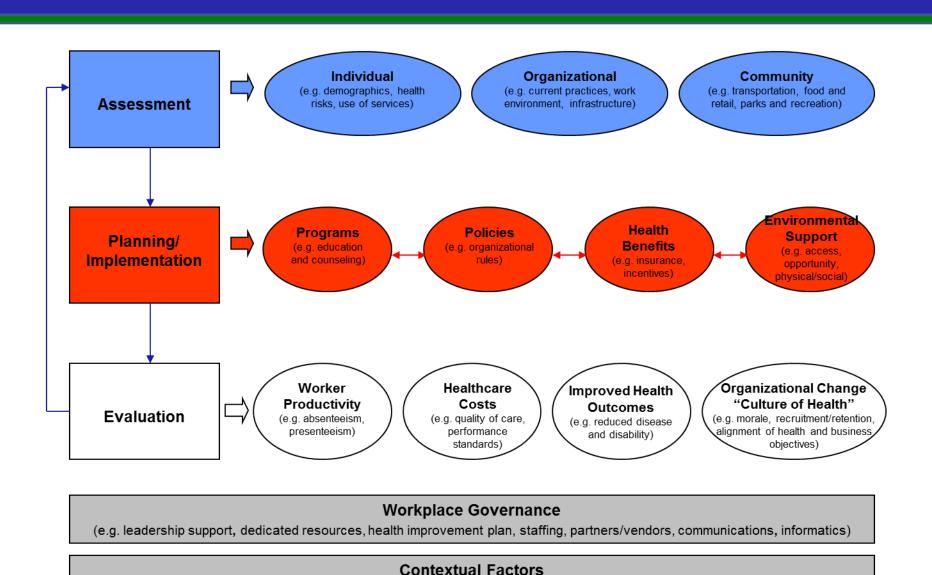
In this section:

- Overview of CDC Comprehensive Worksite Health Model
- Key elements of a comprehensive program
- Worksite Health 101 Training Outline
- Additional worksite health resources





CDC Workplace Health Model



(e.g. company size, company sector, capacity, geography)

NHWP Training and Assistance

Making the **Business Case** Leadership and Culture

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Evaluation

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Summary

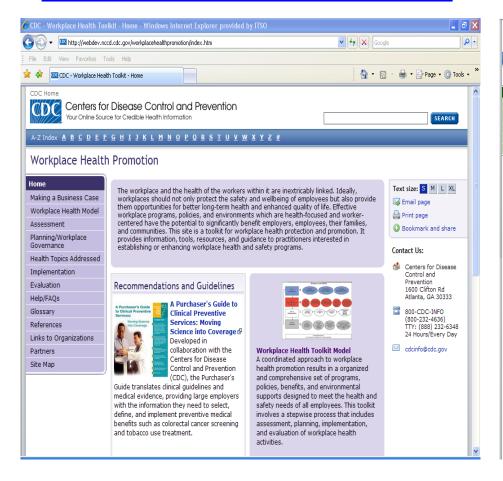
- Employer costs rise as employee health risks increase
- Worksite health programs improve employee health status and reduce medical and lost productivity costs
- It takes a comprehensive worksite health program to generate these results
- The National Healthy Worksite Program uses the CDC Comprehensive Workplace Health Model and will offer national and local training to help employers build capacity, skills and knowledge





CDC Worksite Health Promotion Resources

www.cdc.gov/WorkplaceHealthPromotion



www.cdc.gov/NationalHealthyWorksite/





