BU Well

Volume 1 *Wellness* Article

2016

Making an Employee Wellness Program Work for You

Ryan Schneck
Butler University

Recommended Citation
Schneck R. Making an employee wellness program work for you. *BU Well*. 2016;1:28-31.

Making an Employee Wellness Program Work for You

Ryan Schneck

Abstract: This article attempts to look at the problems with employee wellness programs and why they're not achieving the results many hoped they would. In addition to looking at why employee wellness programs do not succeed, it attempts to give solutions and tips for better health care outcomes. Ultimately, this article focuses on the economics of employee wellness programs, the benefits they can provide, and the future of employee wellness.

Schneck R. Making an employee wellness program work for you. *BU Well*. 2016;1:28-31.

We're 37th! We're 37th! Regardless of which sports bar you wander into on a Saturday night or cliché sports movie you watch for the evening, you will never hear joyful cheering for finishing in 37th place. The United States of America received this mediocre ranking in the 2000 World Health Organization ranking of health systems, but don't worry Americans—the United States did rank first in another category featured in the same report;[1] America ranked first in healthcare related expenditure per capita. Among the top 5 countries in spending per capita, America was the only country ranked outside the top 25 in quality of healthcare. In a more recent study a decade later, evidence shows the United States slipping even lower.[1] How can a country that spends the most on healthcare possibly fail to meet outcomes? These troublesome results demand a change in the current state of healthcare in the United States.

As a Doctor of Pharmacy student at a small Midwestern University, I have seen why the United States has received these rankings. I believe employee wellness programs can produce positive results for employees after seeing the services and opportunities they provide firsthand. In 2014, my father's employer started a wellness program, and this program had positive outcomes on my father's health. While working at various retail and hospital pharmacies, I have witnessed people struggling to afford the generic medications needed to manage infections, high blood pressure, diabetes, and high cholesterol. Pharmacies remain busy as the pharmacist's role continues to expand in order to provide additional services, such as immunizations and medication therapy management. Primary care physicians and mid-level practitioners are equally busy. Patients often face difficulties when trying to contact prescribers, which can result in waiting several days for an answer or, in some cases, no answer at all. This can make scheduling appointments or obtaining refills complicated. To make matters worse, researchers predict a shortage of over 20,000 primary care physicians by 2020 due to aging populations and expansion of services provided under medical insurance.[2] These numbers show that our nation's poor healthcare system may soon be getting worse. Based upon the positive impact employee wellness programs have had on my father's health, I believe the programs and services provided may be exactly what our country needs in order to fight these poor rankings.

The government recognized the potential benefit of employee wellness programs and provided incentives for companies that implemented these programs under the Affordable Care Act (ACA). Employee wellness programs will attempt to combat the shortages of primary care physicians, high healthcare costs, and poor healthcare outcomes by allowing employees to take control of their health. Although these programs existed previously, the ACA incentives allow the programs to regain momentum and increase program utilization. An employee wellness program is an employer-driven program used to improve the overall wellness of employees, ideally leading to better outcomes, productivity, and improved lives of employees.[3] Although most people would think of physical or mental wellness immediately, employee wellness programs aim to include all seven dimensions of wellness: emotional, physical, spiritual, career, intellectual, environmental, and social.[4] These dimensions of wellness intertwine, contributing to an overall wellness which impacts each person uniquely. Generally, these programs offer services such as increasing patients' knowledge of their blood pressure, cholesterol, and body weight. Additionally, they can help patients stop smoking, learn about disease states, and assist employees mentally by managing stress, anxiety, or personal problems.

Dr. Roetzel, a researcher of public health at Johns Hopkins University, believes wellness programs are crucial to modifying healthcare. He strongly encourages and defends employee wellness programs in large corporations by stating, "With 150 million Americans going to work every day, corporate America is not only in the best position to change our nation's health, but has a responsibility to do so."[5] However, critics are skeptical of the true benefits these programs provide. They believe companies have ulterior motive for implementing these programs as a means of employee control, speculating no actual improvement in wellness or healthcare spending.[6] In a 3 year study of over 20,000 employees undergoing the *Healthy@Work* workplace health promotion, researchers did not observe a statistically significant change in the employees' stress levels.[21] These results indicate that despite employee participation, a change in outcome may not always exist.

In rebuttal against these claims, numerous patient success stories and reports show an increase in healthcareassociated benefits. Wegmans Food Markets, a grocery chain located in the New England region of the United States, launched a "Know Your Blood Pressure" campaign in 2008 and helped to screen the blood pressure of over 34,000 eligible employees. Of those screened, over 4,000 enrolled in and completed a blood pressure management program run by the stores' pharmacists.[7] In addition to improving patients' understandings of their blood pressures, average systolic and diastolic blood pressures of employees with a starting blood pressure over 140/90 mmHg dropped 17 mmHg and 6 mmHg respectively.[7] On the corporate level, Johnson & Johnson offers services to help employees by taking a holistic, individualized approach. They offer on-site vaccinations, monitoring of blood sugar and cholesterol, counseling services for mental health, body mass index screenings, and smoking cessation programs. Most employee wellness programs focus on health promotion and longevity in order to lower burdens later in life, such as increased healthcare costs, decreased quality of life, and disability. Employee wellness programs implement three main types of services to improve outcomes: general health promotion, disease state management/intervention, and preventive screening. Researchers report approximately 72% of these programs are classified as combining screening and interventions for the management of chronic health conditions.[3] Johnson & Johnson reports a return on investment from $1.18 to $3.92 for every dollar invested into an employee, averaging to about $565 per employee annually.[8] Analysis of multiple employee wellness programs showed similar results by lowering medical costs $3.27 on average per dollar spent. Additionally, the company saves $2.73 per sick day normally lost from employee productivity when they use a sick day.[9]

The utopia these programs promise of collaboration between healthcare-practitioners and employees appears great on paper, especially when supported with statistics of successful corporations and companies. Unfortunately, the success stories are the only ones making it to paper. When the US Department of Labor and Statistics conducted a nationwide survey with employers and government agencies, they discovered only 46% of eligible employees participate in clinical screenings at employee wellness programs.[3] More astonishingly, a national average of only 8% of employees complete all screenings they should.[3] With less than 1 out of every 10 employees completing an employee wellness program, changes must be implemented to improve the healthcare of America. Another survey indicates that the greatest obstacle to the success of employee wellness programs is lack of employee interest.[3] Of those surveyed, 64% mentioned not being interested in the employee wellness program offered.[3] Other top reasons for the failure of programs include: insufficient resources, inadequate funds, program cost to employee, and the inability to engage high-risk employees.[10,11] In addition to the lack of interest and resources, others feel unsafe mixing their personal life, healthcare, and work life.[6]

These programs have been around for decades now, but the healthcare rankings do not show improvement. Despite the sporadic documented cases of program success, we still fail to see a consistent benefit. Why are only 46% of employees engaging in these programs, and how do we change this? As a future member of the healthcare community, I believe we have an obligation to make these programs better to improve national results. Since employers' lack of knowledge and resources are among top reasons for wellness program failure, increased utilization of mid-level practitioners may yield better results.[7,11] Pharmacists are considered the most accessible healthcare providers and have already proven to help produce widespread, positive results with employees' blood pressure.[12] In addition to blood pressure, pharmacists also have knowledge on smoking cessation, weight management, medication therapies, and vaccinations, backed by past successes of cutting healthcare expenditures and hospitalization days for employees.[13]

Past successes of wellness programs have been centered on the work of nurse practitioners. Cost-benefit analysis shows that using a designated worksite nurse practitioner produced annual savings of $229 from lowered healthcare claims when compared to a community practitioner. Results from the on-site nurse practitioner also lead to greater work productivity from fewer sick days and fewer injuries.[14,15] A third possible provider to help with employee wellness programs would be physician assistants, who much like nurse practitioners, have established an ability to lower healthcare costs and achieve outcomes.[13] Another possible benefit from using mid-level practitioners and pharmacists would be to aid in filling the primary care physician shortage mentioned earlier. It is predicted that one primary care physician for every 2,500 patients will arise over the next five years.[12] Employee wellness programs will be needed more than ever during this time. With physicians unable to provide adequate care and time for 2,500 patients, the use of employee programs can reduce the work load for primary care physicians.[15]

In addition to adding more affordable healthcare practitioners, internal factors of employee wellness must change to make the programs more successful. Internally, employee wellness programs need to be altered to increase employee participation. The easiest solution? Ask employees what they want before establishing the program or when modifying current offerings.[18] Employees with access to these programs should communicate about wellness related wants and needs in order to produce the best program. By listening to the desires and needs of employees, programs can gauge popular interests and expect higher participation since employees are dictating what they want. Increased employee participation may eliminate the misconceptions that these programs are in place to exert control over employees. Employers have the ability to participate in the programs themselves. Recruiting more upper management members to participate reaffirms the program's importance and puts a name to someone who can represent the employees if problems with the program arise.[10,11]

One of the major factors causing a program to fail was lack of resources or funds. However, with improved or increased budgeting, employers can circumvent this issue. The return on investments discussed earlier show up to $4 for every dollar invested, so why not invest more? Many employee wellness programs currently lack a mental health aspect, despite its great importance. Money lost from absenteeism is likely from selfreported anxiety or stress.[8] The amount spent on an employee with untreated depression comes out to 23 times more than the costs spent in treating them.[10] Evidence shows lack of productivity and depressive symptoms affect workflow of these employees and employees around them.[10] By expanding resources and funding of employee wellness programs, they're proving the old cliché "you need to spend money to make money." In this case, the money made is saved and not earned; however, this may go a long way for companies with thousands of employees. More money needs to be invested in mental healthcare including depression, alcoholism, stress, and anxiety as these affect wellness just as much as physical illnesses do.

Putting aside the healthcare savings these programs can provide, wellness remains the number one goal. Reiterating the fact only 8% of employees complete all required tasks for their wellness program, employees need to change as well in order to improve these programs.[3] Employees must take responsibility for their own healthcare to increase the benefit of these programs. While these programs present tools to implement life changes, they cannot force change. The most important factor in improving patient wellness programs is self-empowerment.

PPG Industries, a manufacturing company with over 32,000 employees, moved to a program which emphasized ownership of one's own health.[18] The company established SMART (Specific, Measurable, Attainable, Realistic, and Time Specific) goals for employees after measuring their health risks. Patients openly communicated about realistic healthcare expectations in the next decades based on their individualized results, and the rest was up to them.[18] They chose which goals fit directly within the wellness category they wanted to improve, and they were given help if needed. Involving employees directly in their healthcare decisions produces self-empowerment and achieves results. The participation rates at PPG Industries rose from 20% to 71% for those achieving health risk assessments.[18] The number of patients who knew their results at a later time also increased from 38% to 51%.[18] These results show patients can improve their wellness when they take control of their own results.[18]

Following increased employee participation, the next obstacle companies face is maintaining and engaging interest. To combat this obstacle, employees offer incentives. The Affordable Care Act allows for a 20-50% incentive of the cost of coverage to be returned to patients enrolled in employee wellness programs.[19] If you're saving a company $4 for every $1 they invest in you, shouldn't you receive some of that money as well? Incentives for obtaining goals like the SMART goals mentioned above, participation, and completion can easily be outlined and distributed to employees. The national RAND survey of employee wellness programs states that 90% of programs do not currently offer incentives or have an interest to start.[3,9] The most common incentives offered are gym discounts, merchandise, gift cards, and cash.[3] CVS Health recently agreed to stop selling tobacco products in their stores to be an example of wellness. As a result, they currently offer a $700 incentive to employees who currently smoke to persuade them to stop smoking.[20] Considering that the average additional yearly cost of an employee who smokes is $5000, this incentive is more than reasonable to offer.[20] Incentives can be used to draw patients to wellness programs and maintain interest. With only 10% of programs currently utilizing incentives, increased use of incentives may help change the success of these programs.

Despite the problems these programs have faced, they do have positive intentions. As a future healthcare team member, I believe these programs can optimize their framework to better improve employee wellness. Employees and employers must cooperate, openly discuss, and become aware of the true benefits these programs offer to produce a change. By implementing some of the tips featured in this article, I believe the numbers will begin to reflect better outcomes and higher participation rates among employees.

References

1. Murray C, Phil D, and Frenk J. Ranking 37th-measuring the performance of the U.S. healthcare system. *N Engl J Med*. 2010; 362:98-99. January 14, 2010. doi:10.1056/NEJMp0910064
2. Projecting the supply and demand for primary care practitioners through 2020. *Health Resources and Services Administration*. http://bhpr.hrsa.gov/healthworkforce/supplydemand/usworkforce/primarycare/. Published November 2013. Accessed October 14, 2015.
3. Mattke S, Hangsheng L, Caloyeras J, Huang C, Busum K, Khodyakov D, Shier V. *Workplace Wellness Programs Study: Final Report*. RAND Corporation. 2013;254. http://www.rand.org/pubs/research_reports/RR254. Accessed September 15, 2015.
4. Keller M, O'Donnell, J. Pharmacy and the seven dimensions of wellness. *Student Pharmacist*. 2014;10:5-7.
5. Rowan C and Harishhanker K. What great corporate wellness programs do. *Harvard Business Review*. https://hbr.org/2014/03/what-great-corporate-wellness-programs-do/. Published March 2014. Accessed October 8, 2015.
6. Lewis A, Khanna V. The cure for the common corporate wellness program. *Harvard Business Review*. https://hbr.org/2014/01/the-cure-for-the-common-corporate-wellness-program/. Published January 2014. Accessed October 8, 2015.
7. Bruce Buckley. MTM Profile: Gardiner empowers patients to improve cardiovascular health. *Pharmacy Today*. 2014;20:38-48.
8. Using corporate wellness to bend the trend with healthcare costs. Health Fitness Website. http://healthfitness.com/wp-content/uploads/2012/11/Johnson-and-Johnson-corporate-wellness-program.pdf. Published 2012. Accessed September 30, 2015.

9. Davis K, Collins S, Doty M, Ho A, Holmgren A. Health and productivity among U.S. workers. *The Commonwealth Fund*. http://www.commonwealthfund.org/usr_doc/856_Davis_hlt_productivity_USworkers.pdf. 2005. Accessed Sep 11, 2015.
10. Employee Wellness Programs. Employee wellness: obstacles of health promotion programs. http://www.employeewellnessprograms.org/employee-wellness-obstacles-of-health-promotion-programs/. Published Dec 2012. Accessed September 24, 2015.
11. Obstacles to worksite wellness programs. Wellness Proposals Website. http://wellnessproposals.com/wellness-articles/obstacles-to-worksite-wellness-programs/. Published 2012. Updated 2013. Accessed October 12, 2015.
12. Viswanathan M, Kahwati LC, Golin CE, Blalock S, Coker-Schwimmer E, Posey R, Lohr KN. Medication Therapy Management Interventions in Outpatient Settings. Comparative Effectiveness Review No. 138. *Agency for Healthcare Research and Quality*. 2014;14(15). http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0078007. Accessed October 13, 2015.
13. NHS pharmacy services explained. NHS Website. http://www.nhs.uk/NHSEngland/AboutNHSservices/pharmacists/Pages/pharmacistsandchemists.aspx. Updated November 17, 2015. Accessed November 17, 2015.
14. Chenoweth D, Martin N, Pankowski J, Raymond L. A benefit–cost analysis of a worksite nurse practitioner program: first impressions. *J Occup Environ Med*. 2005;47(11):1110-1116. http://chenoassociates.com/Documents/JOEM-05-262.pdf. Accessed August 26, 2015.
15. Green LV, Savin S, Lu Y. Primary care physician shortages could be eliminated through use of teams, nonphysicians, and electronic communication. *Health Aff*. 2013;32(1):11-19. doi:10.1377/hlthaff.2012.1086
16. Knapp M. Hidden costs of mental illness. *Br J Psychiatry*. 2003;183(6):477-478. doi:10.1192/03-292
17. Lerner D, Adler DA, Chang H, et al. The clinical and occupational correlates of work productivity loss among employed patients with depression. *J Occup Environ Med*. 2004;46(6 0):S46-S55. http://journals.lww.com/joem/Abstract/2004/06001/The_Clinical_and_Occupational_Correlates_of_Work.6.aspx. Accessed October 13, 2015.
18. Colombi AM, Pringle JL, Welsh GT. Not waiting for Godot: the evolution of health promotion at PPG Industries. *Am Health Drug Benefits*. 2008;1(3):28-36. http://www.ahdbonline.com/issues/2008/april-2008-vol-1-no-3/363-feature-363. Accessed October 13, 2015.
19. Baicker K, Cutler D, Song Z. Workplace wellness programs can generate savings. *Health Aff*. 2010;29(2): 304-311. doi:10.1377/hlthaff.2009.0626.
20. Culp-Ressler T. CVS experiment on how to get people to stop smoking has fascinating results. Think Progress Web site. http://thinkprogress.org/health/2015/05/14/3658925/smoking-quit-experiment-incentive/. Published May 14, 2015. Accessed October 3, 2015.
21. Jarman L, Martin A, Venn A, Otahal P, and Sanderson K. Does workplace health promotion contribute to job stress reduction? Three-year findings from Parterning Healthy@Work. *BMC Public Health*. 2015;15. doi:10.1186/s12889-015-2625-1.