

# Wellness: The Benefits of Prevention

Chairperson: Michael Kelley

Monday, April 30<sup>th</sup>

3:40 – 4:45 pm

*Work Related Injuries Workshop  
April 30<sup>th</sup> & May 1<sup>st</sup>, 2018*

# Total Worker Health (& Safety) is Like Wine (& Cheese) – Always Better Together

Philip Swayze, MS, CWPD  
Director of Health & Performance

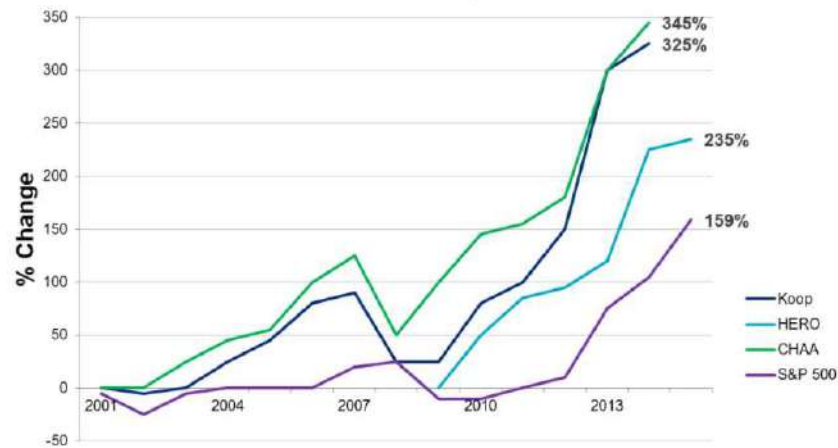


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# Health & Safety as a Business Strategy

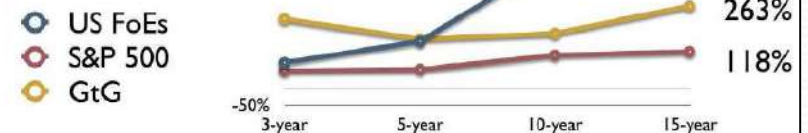
HERO Scorecard "High Scorer", Koop Award Winners and CHAA "High Scorer"  
Stock Performance Compared to S&P 500



**Companies with exceptional health and safety programs had stock valuations that outperformed the S&P 500 index fund by 325%, as compared with the market average of 105% over a 14 year period!**



Investment performance of *Firms of Endearment* companies versus *S&P 500* and *Good to Great* companies, 1998-2013 (cumulative total returns)



FoEs like Costco or Patagonia make the business case for a Stakeholder approach to running a business

- [journals.lww.com/joem/Fulltext/2016/01000/The\\_Stock\\_Performance\\_of\\_C\\_Everett\\_Koop\\_Award.3.aspx](http://journals.lww.com/joem/Fulltext/2016/01000/The_Stock_Performance_of_C_Everett_Koop_Award.3.aspx)
- CHAA = American College of Occupational and Environmental Medicine's Corporate Health Achievement Award
- "Firms of Endearment: How World-Class Companies Profit from Passion and Purpose". J Sheth, D. Wolfe & R Sisodia 2007

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# Health & Safety as a Business Strategy

## Small Business ROI Study

ORIGINAL ARTICLE

### Estimating the Return on Investment From a Health Risk Management Program Offered to Small Colorado-Based Employers

*Ron Z. Goetzel, PhD, Maryam Tabrizi, MS, PhD, Rachel Mosher Henke, PhD, Richele Benevent, MS, Claire v. S. Brockbank, MS, Kaylan Stinson, MSPH, Margo Trotter, RN, BScN, MHSc, and Lee S. Newman, MD, MA*

122 small business assembled under a worker's compensation plan received a best-in-class wellness solution that resulted in aggregated measurable clinical improvements

# The Ripple Affect Health Determinants





# Current Trends

Employee  
Outside of Workplace



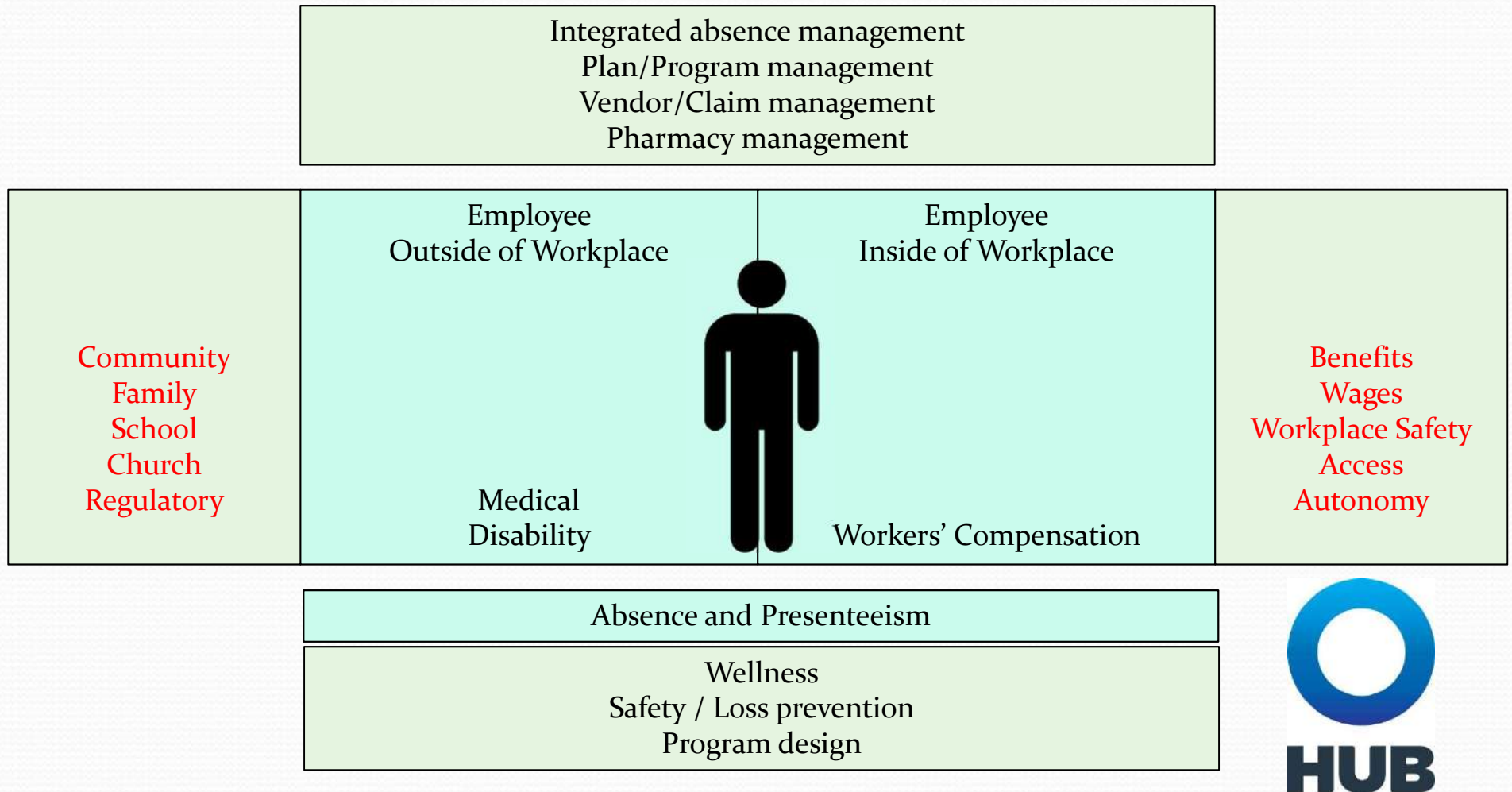
Medical  
Disability  
Leave  
Wellness

Employee  
Inside of Workplace



Workers' Compensation  
Safety  
Presenteeism

# Addressing Total Risk





# The Burden of Chronic Disease and Workplace Health and Safety

Jane MacKeen MS RDN

[j.mackeen@interactivehealthinc.com](mailto:j.mackeen@interactivehealthinc.com)

c: 617.835.6156



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# Agenda

- Toll of Chronic Disease in US
- Effects of Chronic Disease in the Workplace:
  - Absenteeism and Financial Impact
  - Productivity and Financial Impact
- Link Between Health and Safety and the Bottom Line
- Conclusion



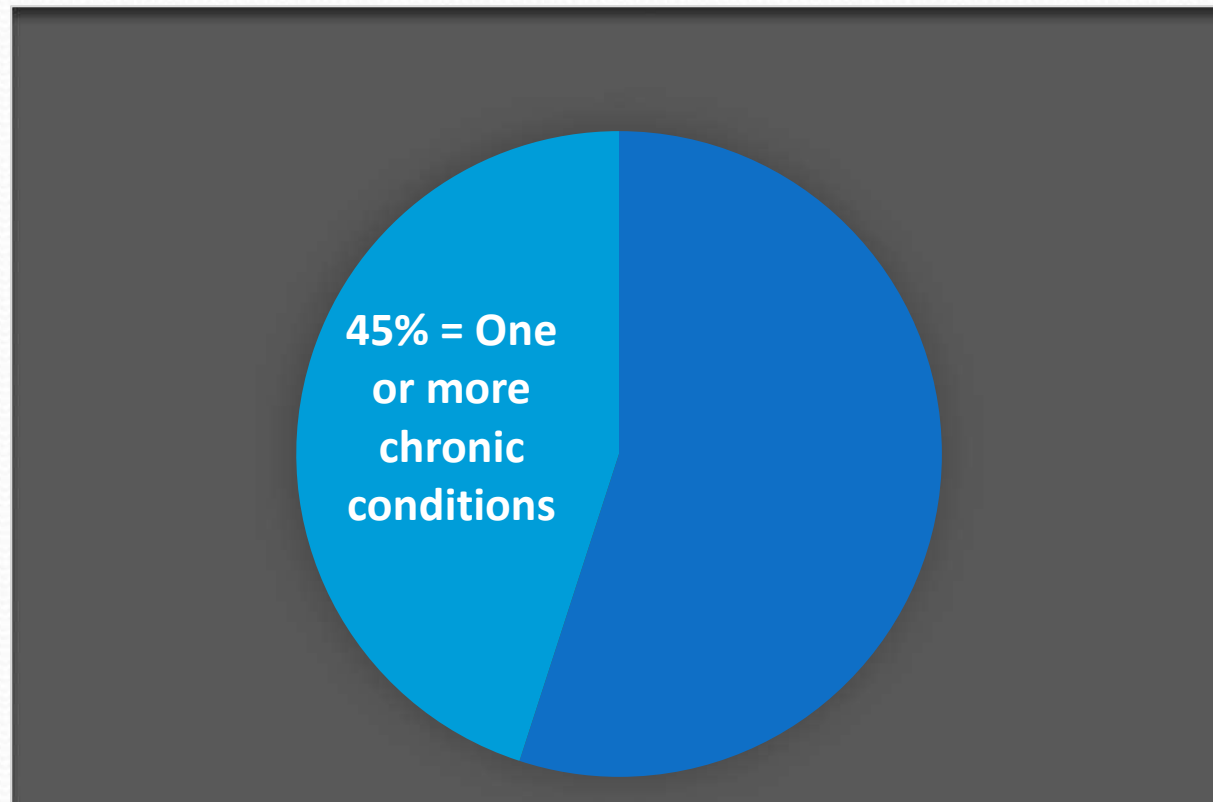
# Toll of Chronic Disease in the US

- Leading cause of death and disability
- 7 out of 10 deaths attributed to chronic disease
- Minorities disproportionately impacted
- Heart Disease and Cancer most common cause of death
- 1.7 million people a year die of a chronic disease

Source: A Public Health Perspective, Chronic Disease, Ronald Fischbach, Ph.D.  
<https://www.cdc.gov/chronicdisease/resources/publications/aag/workplace-health.htm>

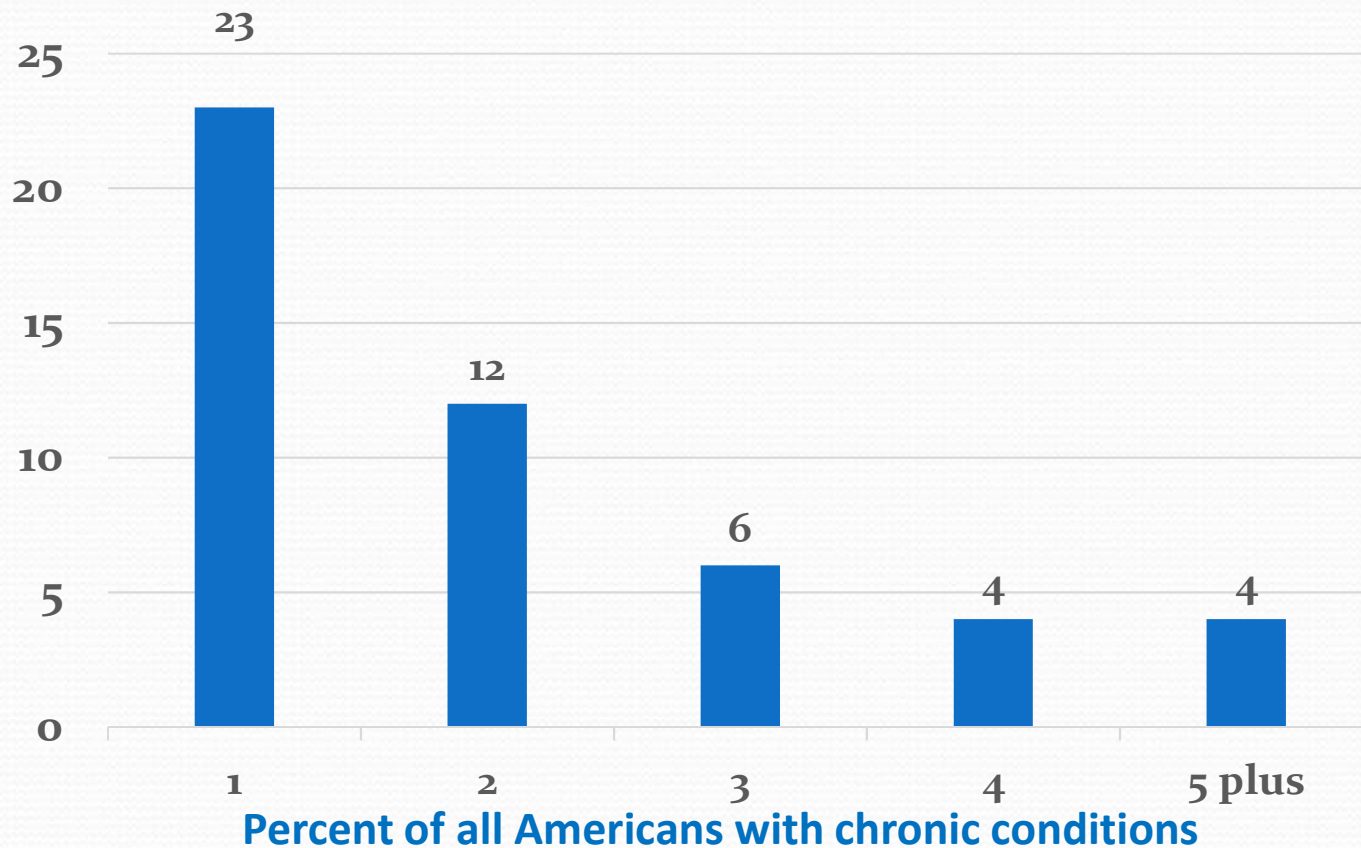


## Nearly Half of Americans Have at Least One Chronic Condition



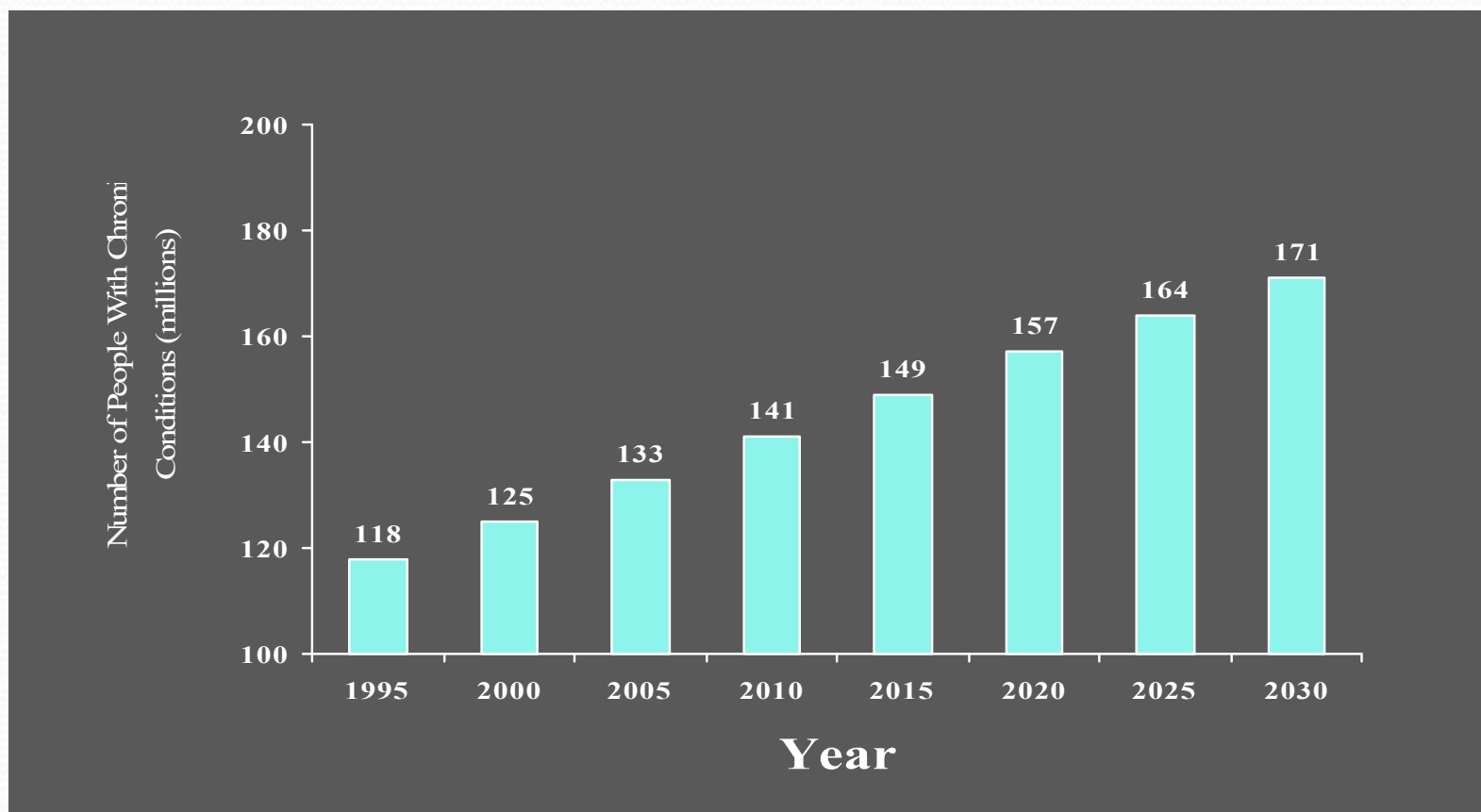
Source: Wu S, Green A. Projection of Chronic Illness Prevalence and Cost Inflation. RAND Corporation, October 2000

## An Additional 26% Live With Two or More Chronic Health Issues



Source: Anderson, G. Chronic Conditions: Making the case for ongoing care. Johns Hopkins University. November 2007

**By 2030, an additional 18 million people will be living with chronic conditions**



Source: Wu, Shin-Yi and Green, Anthony. *Projection of Chronic Illness Prevalence and Cost Inflation*. RAND Corporation, October 2000



## Four Preventable Chronic Conditions:

1. Angina pectoris (chest pain)
2. High blood pressure
3. Diabetes
4. Heart attack - related to heart disease and stroke



Contribute to costs of insurance premiums and employee medical claims. At an all-time high and continue to rise.

Source: <https://www.cdc.gov/chronicdisease/resources/publications/aag/workplace-health.htm>

# Absenteeism and Productivity Impact of Chronic Conditions in the Workplace

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# Absenteeism and Cost Associated with Chronic Disease and Health Risks

Study by Asay et al. 2016, examined association between absenteeism and 5 conditions:

- 3 risk factors-smoking, inactivity and obesity
- 2 chronic diseases-hypertension and diabetes

**Results:** Absenteeism ↑ with # of risk factors or disease reported

**Cost:** Greater than \$2Billion/yr. nationally

**Per employee/yr.** Varied \$16 to \$81 for small employers and \$17 to \$286 for large employers

Source: <https://www.cdc.gov/chronicdisease/resources/publications/aag/workplace-health.htm>



# Productivity Losses from Missed Work Costs:

- Employers \$225.8 billion or ~\$1,685 per employee each year
- Overweight or obese FTE with additional chronic health problems miss ~450 million more days per year than healthy workers
- Result = ~ \$153 billion more in lost productivity each year



Source: <https://www.cdc.gov/chronicdisease/resources/publications/aag/workplace-health.htm>

# Link Between Health and Safety and the Bottom Line

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# Link Between Health and Safety and the Bottom Line

Study by Ray Fabius, MD et al. 2013

**Hypothesis:** Companies that create and reinforce healthier lifestyle choices & offer more effective healthcare should be more productive = better business performance (i.e. higher stock price)

- Included 15 publicly traded companies that were recipients of the CHAA Award to determine if their stocks outperformed market
- **Result:** Strongly supports better health & safety not only mitigates chronic conditions, but also impacts healthcare costs, productivity and financial performance of company



## Conclusion

- Chronic Health Conditions cost employers billions each year
- Each additional chronic condition per employee compounds cost to employer and lost wages to employee due to absenteeism and lower productivity
- Research supports better health & safety driven by employers helps to ↓ chronic conditions, positively impacts productivity, healthcare costs, and financial performance



# Wellness – The New Risk Management Tool



Presented by:  
Cynthia Causbie, CCM, CWP, CWWS  
President  
CC Well-Being, Inc.

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## Yes, Wellness and Safety Are Related!

### **Old Approach:**

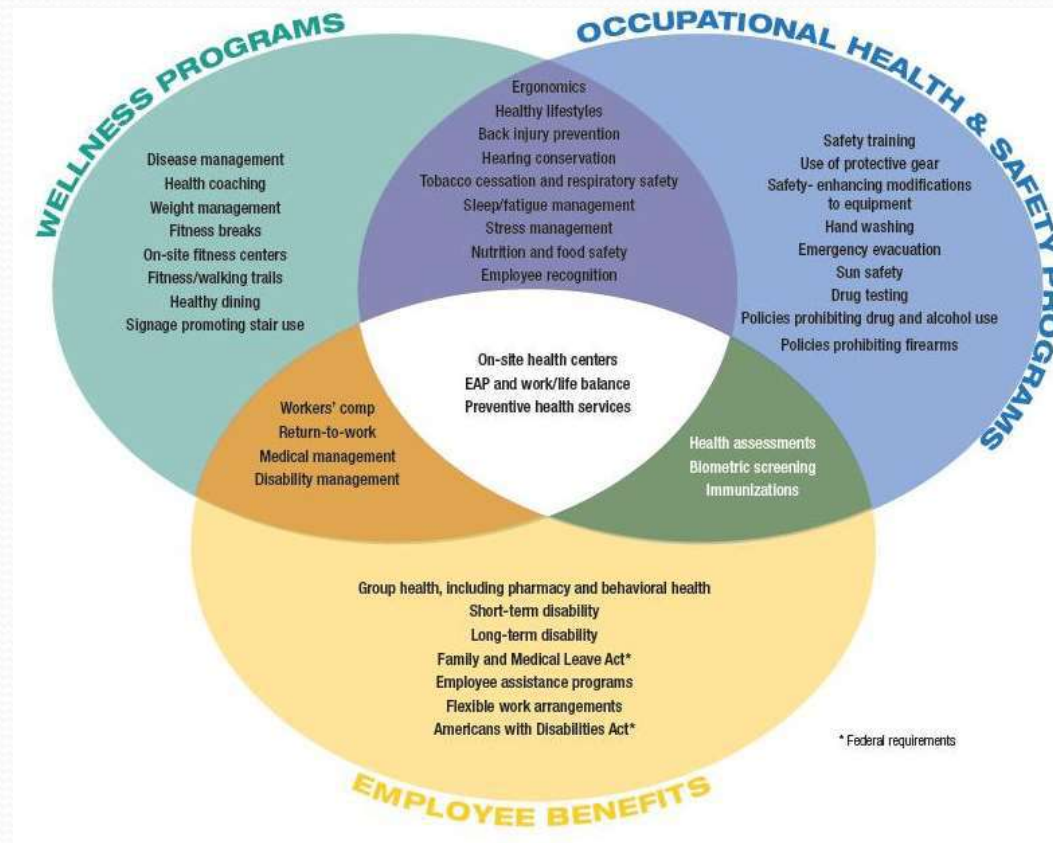
Traditionally, work-site wellness, employee benefits, and occupational health and safety have operated separately even though they all promote employee health and well-being.

### **New Approach:**

Employers are beginning to integrate the programs and policies that share a common goal of improving employee health and safety, reducing injury and illness, and improving workforce productivity.



# Changing the Mindset



Source: National Business Group on Health, *Integrating Wellness, Occupational Health and Safety in the Workplace*, 2013

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# This Shift

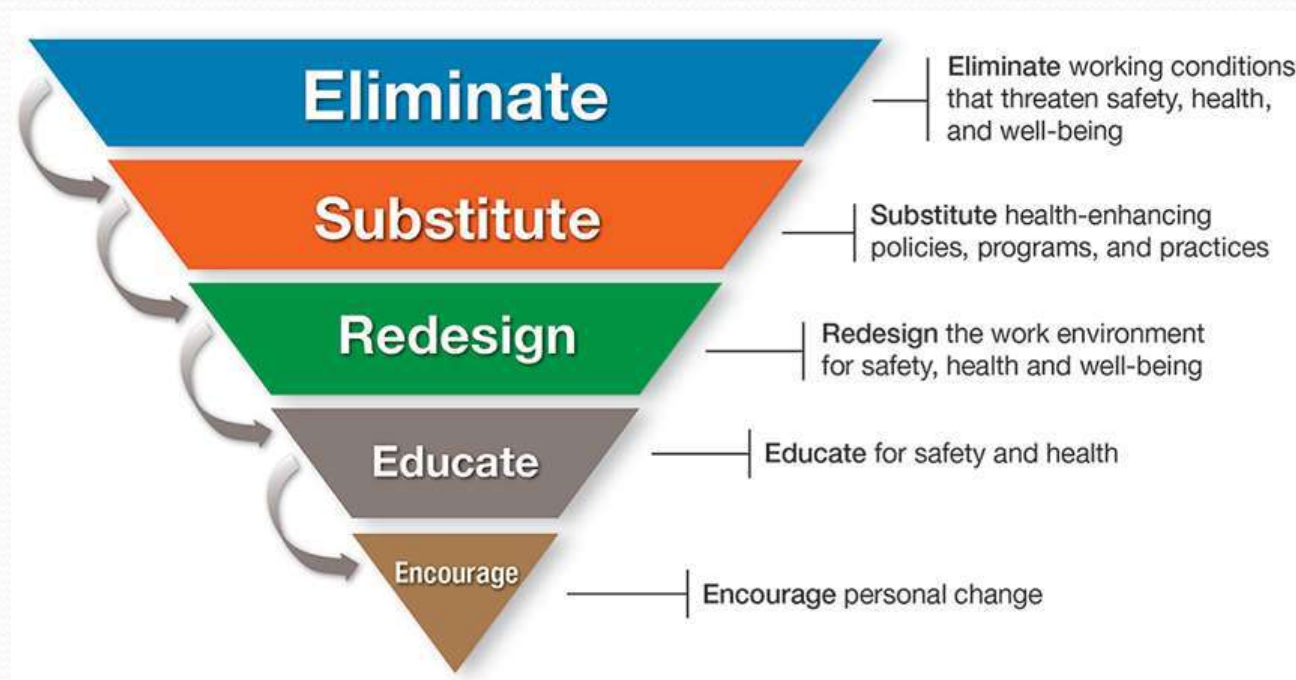
- Provides a **holistic approach**, integrating safety, occupational health and wellness in the workplace with the objective to lower health care, wc and disability costs.
- Promote wellness as the new risk management tool, to control direct and indirect cost to employers' bottom line.

Safety, Health  
and Wellbeing





# Together



*NIOSH's Hierarchy of Controls for Total Worker Health*

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# Research Supports Integrated Programs

## **Improvements in healthy behaviors**

Coordinated programs increase smoking cessation, dietary improvements and increased physical activity.

*Source: Sorenson, 2004; Punnett, 2004; DeMoss, 2004*

## **Higher levels of employee engagement**

Employees are more likely to participate in wellness programs when they are aware of work-site safety improvements.

*Source: Sorenson, 2004.*

## **Reduction in injury rates**

Good physical condition, absence of chronic disease, and good mental health are associated with low occupational injury rates. Adversely, workers with poor health are more likely to be injured on the job.

*Source: Ostbye, 2007; Maniscalco, 1999; Musich, 2001*

## **Lower costs**

Integrated programs reduce health care costs, administrative costs and costs resulting from poor productivity because duplication is eliminated.

*Source: Goetzel, 2012.*

  
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# Examples of Integrated Programs

- Respiratory safety and protection that addresses tobacco use.
- Ergonomic assessment that addresses joint health and musculoskeletal disorders.
- Stress management program that reduces distractions and risky behaviors.
- Weight management program that focuses on flexibility and work-site injury prevention.
- Healthy boxed lunch program that includes sunscreen packets and a heat exhaustion checklist for outdoor workers.
- Vehicle safety training that provides fatigue management education.



# MSDS Program

- To prevent risk of musculoskeletal disorders
  - Reorganizing or redesigning how individuals do their work
  - Providing ergonomic consultations
  - Providing education on arthritis self-management strategies



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# Stress Management Program

To reduce work-related stress

- Explore flexible schedules
- Provide supervisor training to reduce stress - EAP
- Educate workers' with stress reduction techniques



# Bakery Manufacturing

- 200 employees
- Safety, Health and Well-Being Training
- Focus on Mindfulness, Lifting, PPE, Heat Stress
- Making employees accountable for their well-being

## Results:

- Increase awareness
- Decrease in wc
- Enhanced employee morale







# Heavy Equipment and Power Systems

- 1000 plus employees
- Onsite Health Coaching
- Wellness and Safety Committee Together – reinforce
- Stretching, Mindfulness, PPE

## Results:

- HC works with injured workers on healthy lifestyle i.e. shoulder case/deconditioning
- Safety talks with a well-being tip
- Enhanced employee morale, decreased injuries, decreased costs.





# Making the Shift

## Safety, Occupational Health and Wellness Cultural Audit

- Opportunity to analyze the cost drivers in the organization.
- Leverage services from benefit partners.
- Design a roadmap focusing on cost savings across all segments.

# Data Collection



- Analysis of claims data including health insurance, workers' compensation, and STD/LTD.
- Review employee productivity data - absenteeism, employee turnover, job satisfaction, and employee engagement.
- Analysis of OSHA statistics, and incidence rates.

# Surveys/Focus Groups and Observations

- Conduct onsite employee focus groups with key personnel.
- Gather direct employee feedback - survey.
- Examine physical environment for overall supportive wellness atmosphere including cafeteria, vending machines, tobacco use, and workstation ergonomics.







# Discussion and Review

- Understanding offerings from health insurance, wc carrier, benefit broker, EAP and any other contract vendors.
- Review any prior biometric screening and HRA findings.
- Review of Safety and Wellness Committee Meetings minutes.



# Thank You

Cynthia Causbie, CCM, CWP, CWWS

President

CC Well-Being, Inc.

[cynthia@ccwell-being.com](mailto:cynthia@ccwell-being.com)

[www.ccwell-being.com](http://www.ccwell-being.com)

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# AI.M. Works: The Wellness Advantage

*Martha Gagnon, CWP, CWPD – Employee Benefits &  
Wellness Specialist, A.I.M. Mutual Insurance  
Companies*

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## Program Elements

- Standardized curriculum – Teach to Fish Model
- In-person training – four sessions, one per quarter
- Scheduled telephonic technical assistance/coaching
- Expert webinars – four sessions
- Well-being Assessment
  - T<sub>1</sub> – Month 2 of program
  - T<sub>2</sub> – One year later
  - T<sub>3</sub> – Two years later

# Cohort Demographics

**26**

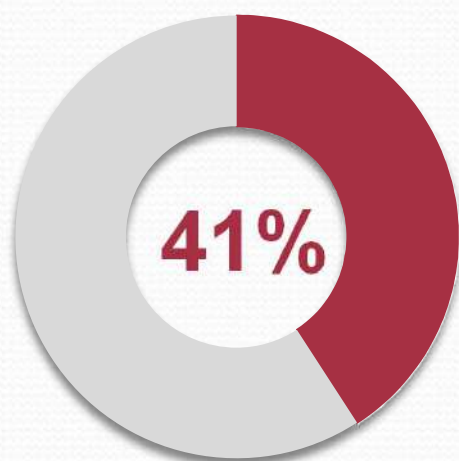
**Employers  
Enrolled**

**Over 4,200**

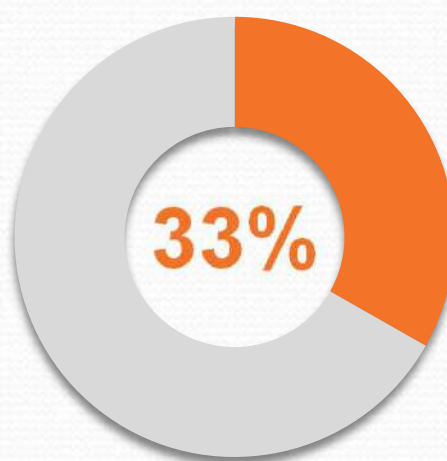


**Employees  
Impacted**

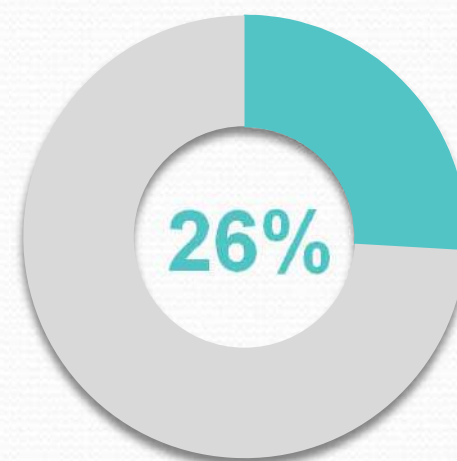
# Cohort Demographics



**100  
Employees  
or less**



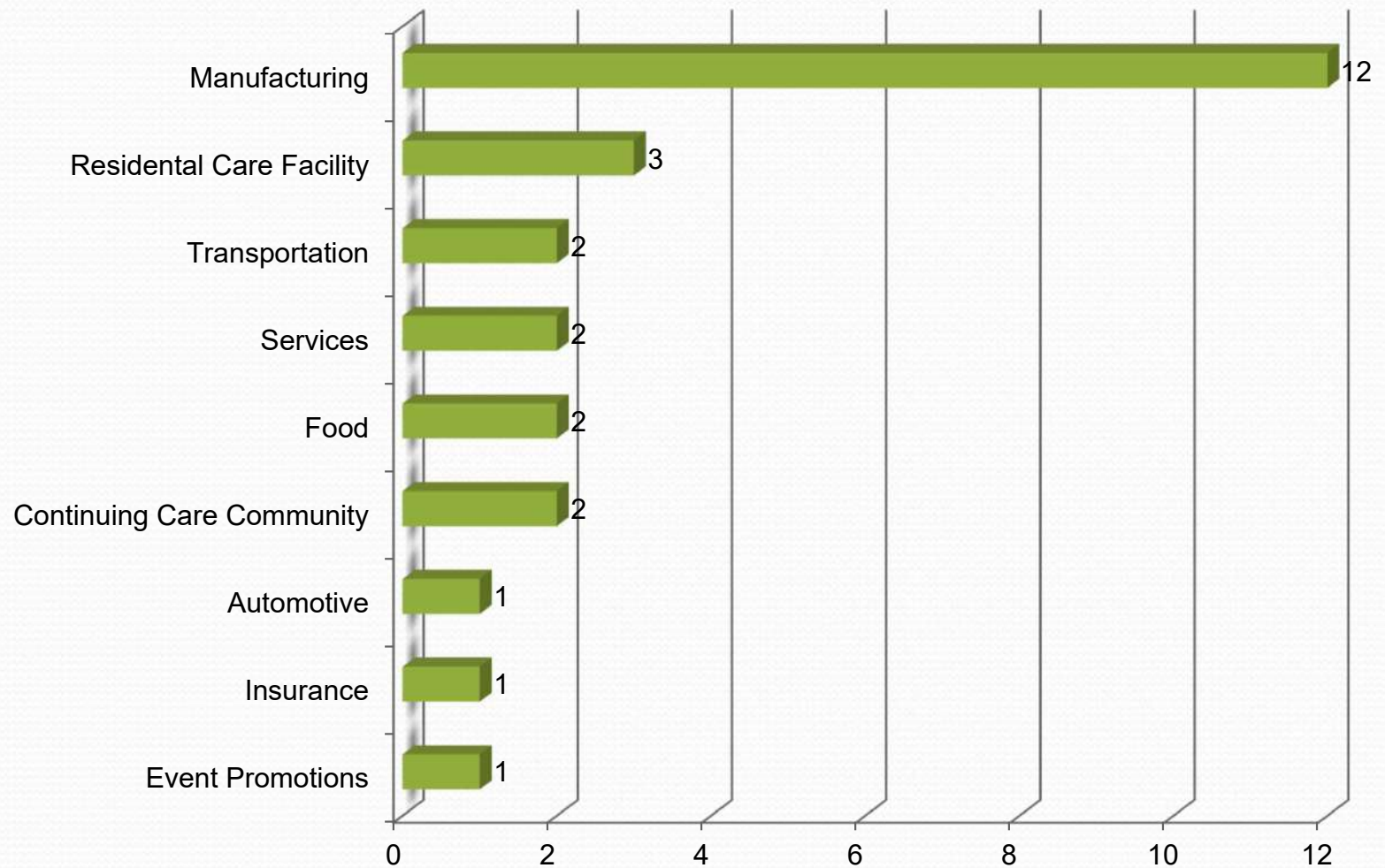
**101 - 250  
Employees**



**More than  
250  
Employees**



# Cohort Demographics

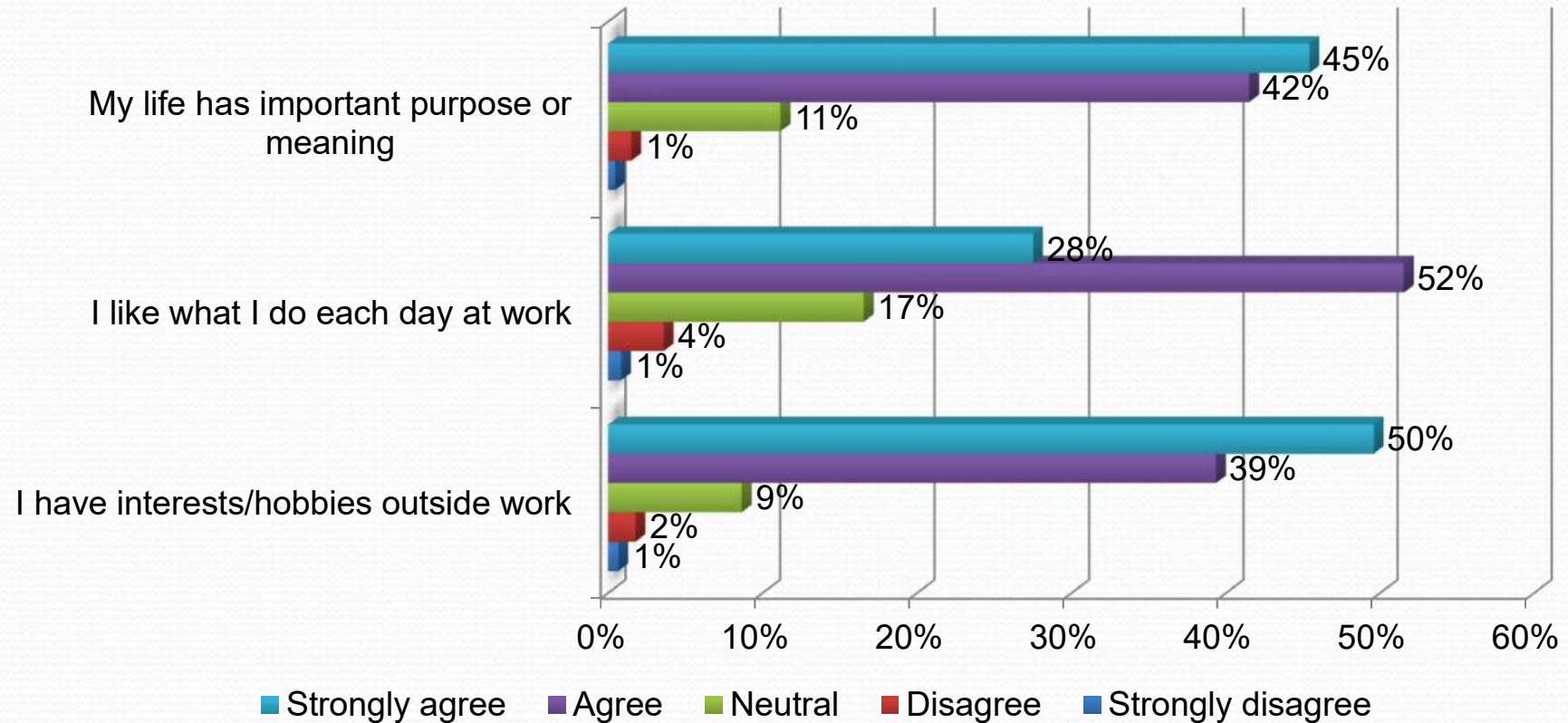


# Well-being Assessment All Cohorts Analysis

This report presents the data from the three cohorts participating in the A.I.M. Works: The Wellness Advantage Program. N = 1,810 survey responses across the cohorts from 26 policyholder's organizations.

Cohort	Survey Date	Number of Policyholders
1	March 2015	9
2	February 2016	10
3	March 2017	7

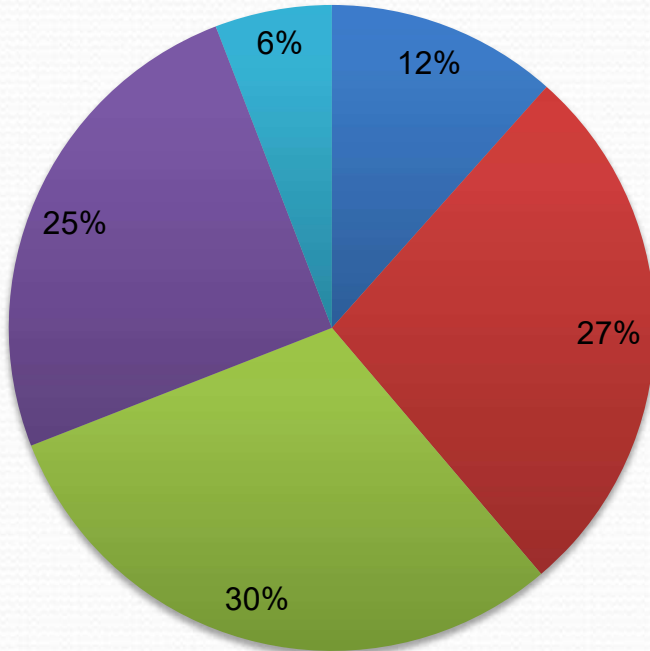
# Purpose and Meaning





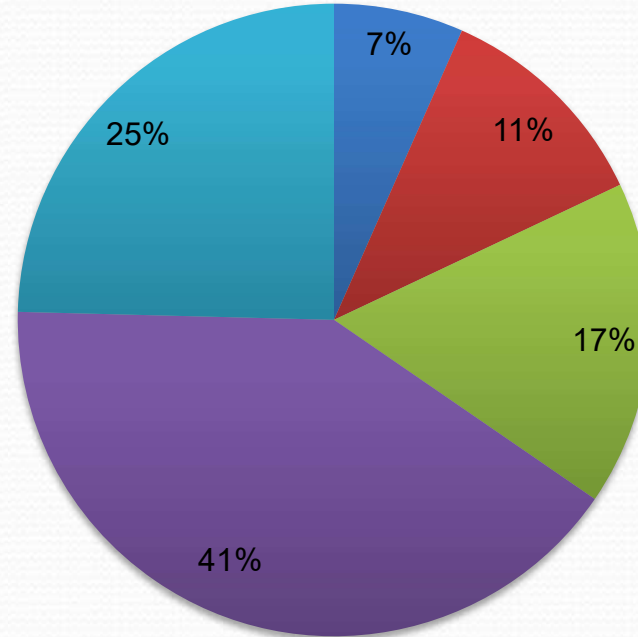
# Money

**I have enough money to do what I want to do**



■ Strongly Disagree    ■ Disagree  
■ Neutral    ■ Agree  
■ Strongly agree

**Confidence about managing personal finances**

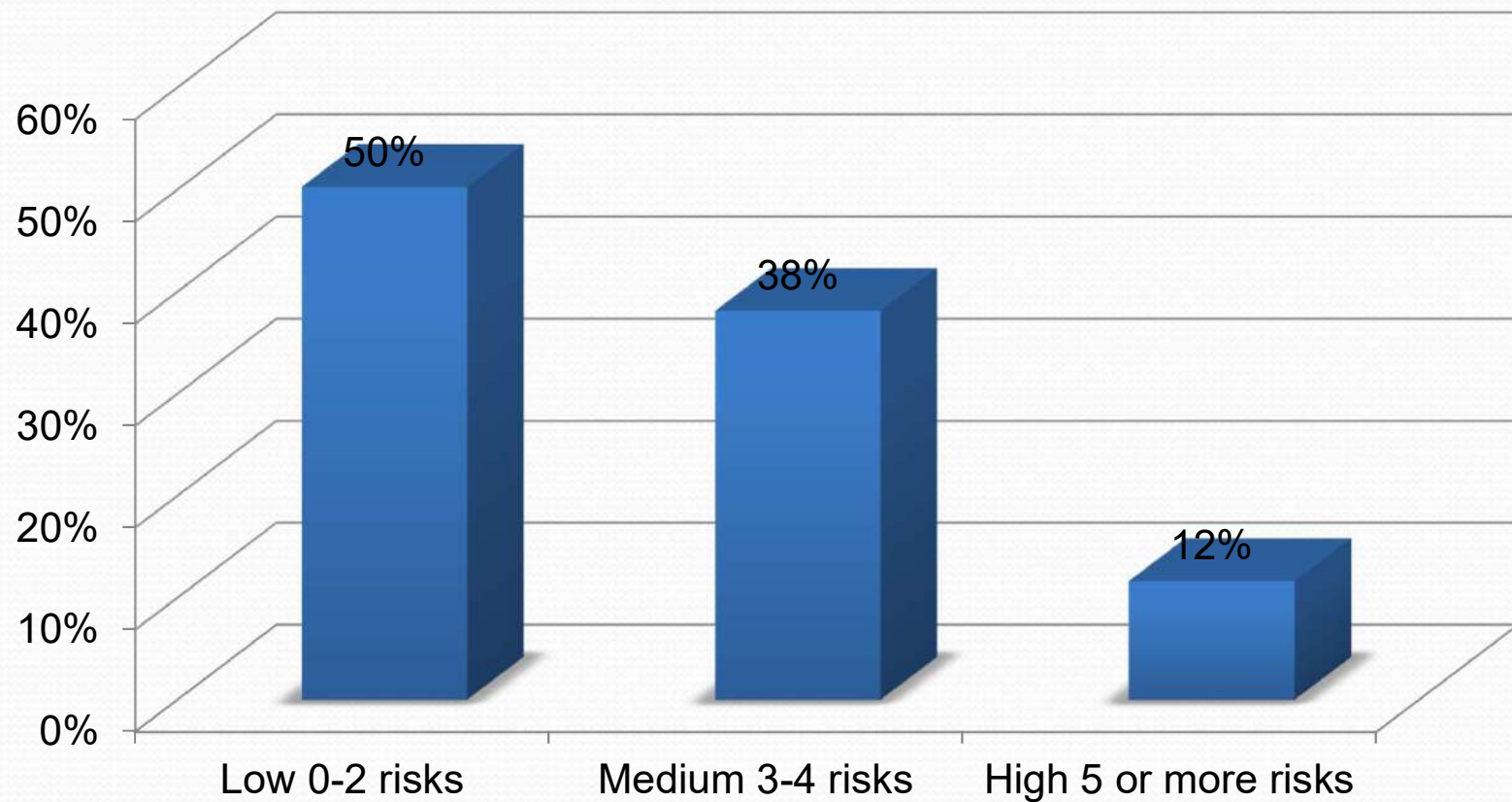


■ Not Very Confident    ■ Somewhat Confident  
■ Neutral    ■ Confident  
■ Very Confident

# Key Risk Summary

	All Cohorts	US
Overweight (BMI – 25-29.9)	38%	37%
Obese (BMI >30)	31%	36%
Diabetes	5%	9%
Lack of Physical Activity	59%	49%
High Blood Pressure	31%	29%
High Cholesterol	26%	13%
Smokers	11%	17%
<b>Mental Health</b>		
Relaxation medication and drugs	19%	
Binge drinking	24%	
<b>Sleep</b>		
Get 7 or less hours most nights	62%	

# Risk Summary



**Benchmark Target Low Risk = 70%**

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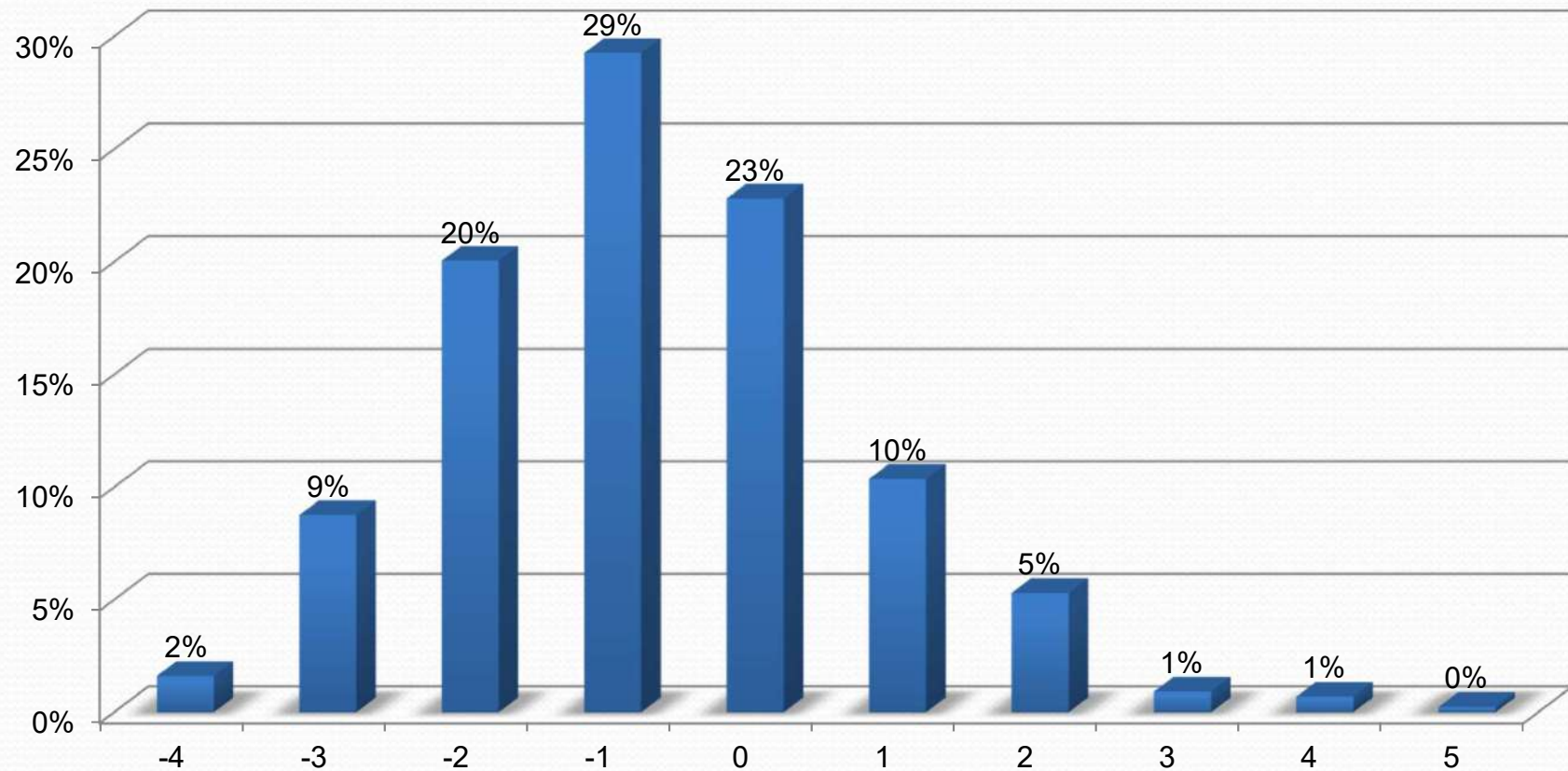


# Well-being Assessment All Cohorts Analysis

This report presents the data from cohorts 1 and 2 participating in the A.I.M. Works: The Wellness Advantage Program.

Cohort	Survey Date Time 1	Survey Dates Time 2	Number of Responses
1	March 2015	February 2016	1,341
2	February 2016	January 2017	1,228

# Cohort Risk Change



Across the two cohorts, 434 people (32% of T1 respondents) took the survey at both T1 and T2. This represents the change in health status comparing T1 with T2. The majority (60% got healthier) and 23% maintained the same number of health risks.

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# In Conclusion.....

- Employers of all sizes can successfully implement a culture of wellness with wide range of intense support and resources.
- Quality vs. Quantity for the stakeholder
- Measuring life skills along and addressing quality of life allows for a more in depth look at sustainable behavior change.