

Talking Points Regarding Policy and Environmental Change Strategies for Worksites

Why address wellness in worksites

- Many of the leading causes of premature death in the US are linked to poor health behaviors. Adults with multiple risk factors for disease are more likely to be high-cost employees in terms of health care use, absenteeism, disability, and overall productivity.
- The cost of health care is increasing every year. Health care costs are projected to increase 13-16% over the next few years, accompanied by a 15-20 percent rise in health insurance premiums, according to an article in the February 2002 issue of *Workforce*. From 2002 to 2003, average health care plan costs increased by 15% for employers (more than five times the rate of general inflation in the US).
- An individual's lifestyle behaviors are linked to their potential for developing chronic disease or having a major medical event. Health risk status is directly tied to health care costs. However, worksite wellness programs have been shown to reduce health care-related costs and worker absenteeism, plus improve productivity.
- According to one study that projected future medical care costs against the rates of health risk factors, a comprehensive worksite health promotion program that results in a 1% percentage point per year decline in risk factor prevalence can decrease the projected increase in medical costs to 5.8%—one-fourth of the 26.1% projected increase in medical costs if there is no program.

Adult risk behaviors

Introduction

- The Centers for Disease Control and Prevention uses the Behavioral Risk Factor Surveillance System, a national survey conducted by state health departments, to measure adult risk behaviors.
- The medical costs for chronic diseases (most of which are caused by high-risk behaviors) accounted for 75% of the nation's \$1.4 trillion cost for medical care in 2001.
- Two-thirds of all deaths in the US are due to heart disease, cancer, and stroke. In Florida, in 2003, almost 60% of all deaths were due to heart disease, cancer, and stroke. Three risk behaviors contribute significantly to these three diseases: tobacco use, poor dietary patterns, and physical inactivity. These risk factors are modifiable and preventable.

Heart disease and stroke

- Heart disease and stroke—the principal components of cardiovascular disease—are the first and third leading causes of death in the United States and Florida, accounting for more than 40% and 34% of all deaths respectively.

- About 950,000 Americans die of cardiovascular disease each year, which amounts to one death every 33 seconds. In Florida, in 2003, more than 62,000 Floridians died of cardiovascular disease, which amounts to one death every eight minutes.
- Although heart disease and stroke are often thought to affect men and older people primarily, it is also a major killer of women and people in the prime of life.
- About 61 million Americans (almost one-fourth of the population) have some form of cardiovascular disease.
- Coronary heart disease is a leading cause of premature, permanent disability among working adults.
- Stroke alone accounts for the disability of more than 1 million Americans.
- Almost 6 million hospitalizations each year are due to cardiovascular disease. In Florida, in 2003, approximately 456,000 hospitalizations were due to diseases of the circulatory system, which includes cardiovascular disease.
- In 2003, the cost of heart disease and stroke is projected to be \$351 billion: \$209 billion for health care expenditures and \$142 billion for lost productivity from death and disability. In 2001, in Florida, the estimated cost of cardiovascular disease was \$18.6 billion, including health care expenditures and lost productivity.

Tobacco

- Each year, 440,000 people die of diseases caused by smoking or another form of tobacco use—about 20% of all deaths in the United States. Almost 10% of these deaths are a result of exposure to secondhand smoke.
- About 8.6 million people in the United States have at least one serious illness caused by smoking.
- Because of secondhand smoke, each year in the United States 3000 nonsmokers die of lung cancer and 300,000 children suffer from respiratory tract infections.
- The direct medical costs associated with smoking total more than \$75 billion per year. In addition, smoking-related illnesses cost an estimated \$80 billion per year in lost productivity.
- About 14% of all Medicaid expenditures are for smoking-related illnesses. This estimate does not include the costs of smoking-related neonatal disorders.

Effects of Physical Inactivity and Unhealthy Diets

- Poor diet and physical inactivity lead to 300,000 deaths each year—second only to tobacco use.
- People who are overweight or obese increase their risk for cardiovascular disease, diabetes, high blood pressure, osteoarthritis, and some cancers.
- Not getting an adequate amount of exercise is associated with needing more medication, visiting a physician more often, and being hospitalized more often.
- The direct medical costs associated with physical inactivity were \$29 billion in 1987 and nearly \$76.6 billion in 2000.
- The annual cost of obesity in the United States is about \$117 billion.

Policy and environmental change strategies for worksites

Policy and environmental changes in the workplace serve three purposes:

- They encourage people to consider new choices for healthy behaviors.
- They increase the choices individuals have available for adopting healthy behaviors.
- They support people when they do make new choices for healthy behaviors.

Here are some examples of policy and environmental change strategies for worksites.

Tobacco

- Provide parity of non-smokers and smokers taking work breaks.
- Move smokers' stations away from doors.
- Provide regularly scheduled tobacco cessation classes.
- Upgrade benefits package to provide reimbursement for tobacco cessation (e.g. classes, counseling, pharmaco-therapies (nicotine patch or gum)).
- Develop policy to eliminate smoking in company vehicles.

Nutrition

- Provide healthy food choices in the company cafeteria, snack bar, or food service area.
- Provide identification of healthy food items available in the company cafeteria, snack bar, or food service area.
- Identify restaurants close to the workplace that offer healthy food choices.
- Provide identification of healthy food items available at nearby restaurants.
- Provide low fat snacks or fruit in vending machines.
- Provide an alternative to sodas in vending machines, such as water or 100% fruit juices.
- Post nutritional information and identification of healthy food items on vending machines.
- Offer healthy food at company gatherings and events.
- Provide a place where employees can refrigerate food.
- Upgrade benefits package to include reimbursement for medical nutrition therapy.

Physical Activity

- Form company-sponsored exercise groups that meet before or after work or during lunch - walking clubs, sports teams, aerobic classes.
- Provide employees with walking route maps.
- Develop an indoor walking course with directional signs. Include educational signs about signs and symptoms of heart attack and stroke.
- Develop clearly marked outdoor walking paths and accessible places to exercise.
- Provide a stair environment suitable for physical activity.
- Provide health club discounts from the employer.
- Provide incentives to employees who participate in physical activity.
- Develop a flex-time policy for physical activity.
- Incorporate physical activity into specific company-sponsored functions.

Overall Heart Disease and Stroke Prevention

- Provide consistent and frequent heart and stroke prevention messages, including messages about the signs and symptoms of heart attack and stroke and the use of automated external defibrillators (AEDs) and cardiopulmonary resuscitation (CPR) to employees throughout the organization (e.g., posters, memos, emails, newsletters, websites).
- Provide accessible blood pressure monitors and AEDs, along with designated safety personnel trained in guidelines for AED use.
- Partner with local American Heart Association, Red Cross, or other certified instructors for CPR/AED training and recertification.
- Develop policies to allow employees to use work time for health promotion activities.
- Develop mentoring programs with employees who have made successful heart healthy lifestyle changes.
- Develop partnerships with larger wellness programs in the community, e.g., YMCAs, when a business is too small to support its own services.

Getting a Wellness Program Started – First Steps

- Identify an inside advocate to act as the coordinator
This person should be committed to the value of changing the work environment to support healthy behaviors and be interested in talking with others to build support and participation in wellness programs.
- Secure the support of the top executive and senior managers
To effectively change worksite policies and environment, the support of the top level of management is crucial. They hold the key to access to the rest of the organization, can provide necessary financial resources for efforts, and can promote the efforts of the worksite wellness program.
- Form a wellness committee
Forming a wellness committee with members from different work areas within the organization adds credibility and importance to the wellness effort, as well as establishes continuity, motivation, and broad ownership of the program.
- Survey employees' needs and interests
It's crucial to find out what employees are interested in, as well as what they need.
- Set goals for the worksite wellness program
Use the results of the employee survey to focus wellness committee efforts on 3-4 policy and environmental change areas that are needed and wanted most. Collaborate with existing worksite wellness coalitions to plan and implement the program.