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Improving the Health of Maine, One Employee at a Time

By Jerry Whalen

Fair warning should be given to any chief executive officer who begins reading this essay; the primary subject area is employee wellness. Now before your eyes roll back in your head, or you route the article off to your human resources department, please recognize that this is about you and your role in improving the health of Maine—one employee at a time. I will offer some background, provide some evidence of success, and then return to the crucial role of senior executives in stimulating healthy habits in the workplace, providing some quotes from your peers.

BACKGROUND

When I was first invited to speak to senior executives about employee wellness programs in the 1980s, I knew I had a challenge in getting their attention, much less their ownership of health-promotion strategies. After the host would introduce me and my topic, I would open the presentation by questioning the wisdom of speaking to such an august body on the silly topic of wellness. I suggested a change in topic, and immediately put up a slide with a skull and crossbones, saying, “let’s talk about death.”

That would elicit a few chuckles, but I usually could count on having their

attention. The presentation would flow through a series of questions, beginning with:

“Who can tell me the leading causes of death in the year 1900?”

Varied responses rarely included correct ones, so I would answer the question by sharing that the leading causes in 1900 were influenza, tuberculosis, and diarrhea. My next question asked for the common denominator between these diseases, and with some probing we could all agree that bacteria and virus were the likely culprits.

My next question brought the discussion back to the present as I asked, “What are the leading causes of death today, approximately a century later?” The attendees normally were far more successful, usually correctly answering cancer, heart disease, and stroke.

“And the common denominator in these modern diseases,” my questions continued? After some discussion, I shared that the actual causes are unknown. What we do know is that certain risk factors greatly increase the likelihood of these diseases. Some are not controllable, like aging and family history. But many others are behaviors we can control, including smoking, high stress, poor nutrition, and sedentary lifestyles.

So, what took place in that 100 years—a mere blip in human history—to so radically change our causes of death? In the early to mid-1900s, expansive public health initiatives cleaned up our water and sanitized our food, while medical science developed vaccines and antibiotics to prevent and manage many infectious diseases.

In the modern era, there are no vaccines to repair the damages of smoking, obesity, sedentary lifestyles, high stress, and poor nutrition. What we need is a

new public health initiative to increase positive health habits and decrease negative ones—these are the “antibiotics” against the diseases that are killing us most often in the 21st century. This form of public health can be called “wellness.” While it was considered a buzzword in the 1980s and 1990s, wellness is coming into the mainstream in the 21st century.

WHY FOCUS ON THE WORKPLACE?

Employees are the “low-hanging fruit” in the population health business. They can be identified, provided interventions, and their health status measured over time.

It is my theory that the great majority of adult learning occurs in the workplace. Employers, with their vested interest in employee health and productivity, and in employee health care costs, should take advantage of that unique access to educate employees about health, and provide environments and individual incentives to make healthy habits the norm.

A clear precedent for this activist-employer role exists in occupational health and safety. Employers have seen their leadership role in establishing safe work environments, teaching safe practices, and promoting incentives that reduce the likelihood of injury. The result is a safer workplace, more productive employees, and reduced workers compensation costs.

Some may argue that workplace safety is an inherent employer responsibility, while interventions related to the personal health habits of employees are an intrusion on privacy. I would counter by noting that exponential increases in health care premium costs make a clear business case for wellness. Employers invest in preventive maintenance in their plant and equipment. If they also say their employees are their most important asset with no corresponding prevention

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investment, employers are using rhetoric as porous bandages to cover the behavioral wounds of unhealthy employees.

A business' strategic plan might set goals to produce widgets, with less than a one percent rejection rate and to deliver the widgets on schedule 98 percent of the time. Where is the top-level strategy to increase the likelihood that the employees making and delivering the widgets are healthy, productive, and consuming ever smaller portions of the health plan benefits budget?

EVIDENCE OF SUCCESS

The success of employer wellness programs can be categorized in several ways: direct and indirect outcomes, process measurements, and anecdotal experiences.

The Holy Grail of success is direct outcomes, such as reductions in health expenditures trends. Direct outcomes can also include definitive measures of changes in employees' behavior that directly affect their health status. On a national basis, the literature is replete with studies illustrating successful direct outcomes. Rather than quote them herein, interested parties should check out researchers such as Aldana (1998), Chapman (1996), Wilson (1996a, b), or Pelletier (1995).

Maine-based successes relative to direct outcomes can be found. The best known is Cianbro Corporation, a construction company with 2,000 employees. A recent feature in *Absolute Advantage* magazine (Wellness Councils of America 2006) provided extensive details on Cianbro's successful efforts in both employee health status improvement and company health insurance premium cost reductions. On the latter issue, the article points out that Cianbro faced 21 percent

increases in health care costs per employee in 2000 and 2001 before the program, yet increases of only nine percent to 10 percent annually since the program's inception. This compares to a national average of nine percent to 13 percent health increases in insurance premiums.

Admittedly, Cianbro is a large company. It has the resources to invest in new ideas, and as it is self-funded for health insurance, the company can immediately watch the fluctuation in its own claims experience after an intervention. There are other success stories in Maine, however; some of which I will note at the close of this essay.

Now let's examine some examples of process measure success in Maine companies. One success in the use of process measures is the quality-improvement efforts of Maine's hospitals. Driven by federal initiatives (Center for Medicare and Medicaid Services) or state level initiatives (Maine Health Management Coalition), hospitals are pursuing the implementation of best practices that are proven in the literature to improve patient care, but are not always easy to perform on a daily basis. Even following these best practices, however, there is no guarantee that a patient will not still suffer complications such as an infection or suffer a life-threatening blood clot. But by consistently measuring how successfully certain standardized processes are performed, overall performance improves and the risk of an adverse outcome is greatly reduced.

A direct comparison of this type of process measure can be made with the guidelines promulgated by Wellness Councils of America (WELCOA), a non-profit corporation based in Omaha, Nebraska. WELCOA has as its mission the dissemination of the best practices in employee health promotion to workplaces throughout America. Their extensive liter-

ature reviews, combined with actual workplace and program evaluations, have yielded a set of best practices that can be used with employee populations that are small or large, blue collar or white collar, and even with remote rural work-sites such as those in Maine.

Just as hospitals pursuing quality improvement in patient care are not guaranteed perfect results, employers who adopt the WELCOA model are not guaranteed a universe of happy, healthy employees and ever-decreasing health premium trends. However, organizations that make the best practices a strategic priority have established an environment where healthy habits are the norm instead of the exception. They are far more likely to see reductions in employees' behavioral risk factors and ultimately some restraint on health care premium inflation. In addition, workplaces that have undertaken these changes and then submit rigorous documentation on their efforts to WELCOA for a juried review can achieve a designation as a "Well Workplace" from WELCOA.

While Well Workplaces may reflect successful process measures, there is another example in Maine where these processes have probably contributed, albeit indirectly, to improved health status in a local population. In late 2001, a group of Bangor-area employers attended a presentation on the results of a community health needs assessment for eastern and northern Maine conducted by Ron Deprez, Ph.D., from the Center for Health Policy and Research at the University of New England. They were struck by the data's illustration of rampant health risk factors, such as smoking, poor nutrition, and sedentary lifestyles, in the adult populations of their community. They recognized that the data reflected their own employee populations and made the

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connection between the risk factors, poor employee health, and their businesses' health care insurance claims.

These business leaders approached the Bangor Region Chamber of Commerce to help to start an employee health promotion initiative that could belong to the entire business community. WELCOA was engaged as a resource, and the Bangor Region Wellness Council was born in 2002. Since that time, 80 regional companies have joined the Wellness Council, representing 27,092 employees. Thirty-one of those companies have received the small business, bronze, silver, gold, or platinum awards from WELCOA as Well Workplaces. In fact, Cianbro became one of only seven companies in the nation to become a Platinum Award winner.

In 2006, Eastern Maine Healthcare Systems contracted with Dr. Deprez to repeat the community health needs assessment so that the data could be refreshed for planning purposes. In 2007, I was able to make a presentation of the results of this new assessment to the same business leaders in the Bangor region to which I had presented in 2001. While chronic disease issues are still abundant, there are striking changes in adult behavior risk factors since 2001. These included:

- significant decreases in the Bangor population classified as "not well" (multiple health problems), a decrease of 25 percent;
- Bangor had the greatest improvement of all seven study areas relative to reductions in adult smoking, a decrease of 27 percent;
- all study areas increased their obesity rates except Bangor, which decreased 7 percent; and

- significant improvements in the Bangor population reporting being active physically and a decrease in sedentary lifestyle of 17 percent in the adult population.

While there is no scientific evidence that these positive changes over five years were a direct result of the activities of the Bangor Region Wellness Council and its members, I asked Dr. Deprez about the findings and their likely causes. He stated that to understand the changes, one must look at various environment factors that may have contributed to the change.

"One of the major environment factors affecting health status in the Bangor region has been the Bangor Region Wellness Council," stated Dr. Deprez. "It is impossible to draw a direct line to the Wellness Council, especially for long-term chronic issues like diabetes. But the Wellness Council has to be a significant factor in the positive changes in adult risk factor behaviors, and the indicators for chronic illness are beginning to point in the right direction."

This circumstantial evidence, as indirect as it may be, is enough for many employers throughout Maine who continue to join the Bangor Region Wellness Council as a means of establishing best practices in employee health promotion.

SENIOR EXECUTIVE ROLES

I recently spoke to a group of CEOs who seemed serious about initiating a results-oriented wellness program in their companies. They were curious about where to start, and I told them it started with them. First, I encouraged them to go to their offices the next day and revise their strategic plans. Among the top three or four goals should be one stating,

"Develop environments and incentives to improve employee health as measured by productivity, retention, and reducing health insurance trends." Second, they should call the Bangor Region Wellness Council so they can benefit from the tools, mentoring, and best practices offered by WELCOA. In addition, they should pull together their senior management and personally commit to providing active, ongoing CEO leadership in the endeavor. Although the management team can develop the operating plan and implement the program, the senior executive still needs to give time to the initiative. He or she should speak out in employee forums on the organization's commitment to helping them to improve their lives, be seen choosing the healthy choices in the cafeteria, and taking the stairs instead of taking the elevator. The boss needs to walk the walk—literally and figuratively—to make this work.

Most importantly, senior executives must hold management responsible for results, just as they would for any other strategic business priority. They need to ask for quarterly and annual measures, praise the advances, and seek improvements in areas that are lacking.

As business leaders consider such a journey for their company, they should remember that some of their peers have been down this road before. In closing, I will share some of their comments about this journey.

Our company employs 110 individuals with many mill workers. We are large enough to have seen a positive change in our experience rating for our insurance premiums. Management took our wellness program on as a strategic business imperative, and our employees have responded very

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favorably to the company's interest in their good health. Participation has been great, and we have seen positive changes in six of eight metrics we use to measure good health and health habits. And from a business perspective, we have been quite successful in negotiating moderate premium increases, far below what is occurring in the market. (*Dan Dauphinee, Operations Manager, Northeastern Log Homes*)

We are a small employer with only 14 employees. We started our wellness program because we knew it was the right thing to do. Since we are community-rated for health insurance, we knew it was going to be difficult to impact our rates, but we also knew we had work to do to improve the health of our employees. We've been very pleased with their response to our efforts to provide them resources to improve their health. Between 2004 and 2007, they've produced significant improvements in the metrics used to measure their blood pressure, cholesterol, and diet. Our wellness coach found one individual who had not seen a doctor in over six years. With the nurse's support, a doctor examined the employee and a colon cancer was discovered. With early treatment, the individual has now been cancer free for two and a half years! We saved a good employee, and that is just added motivation to everyone else. The Chamber's Wellness program is the most valuable benefit in my 27 years of membership. (*Irv Marsters, Owner, Bangor Letter Shop*)

We only recently joined the Bangor Region Wellness Council, so we don't know what our long-term results will be. Our short-term impact on employee morale has been remarkable! The wellness program has really caught on and employees are engaged in improving their health behaviors. They seem to have a real appreciation for the company's interest in them, and we believe this will help retention and job satisfaction even quicker than controls on health insurance increases. (*Scott Solman, President, Maine Distributors*)

By promoting wellness in the workplace with such enthusiasm, the Council has performed a tremendous service to employers and employees across the State. (*Peter G. Vigue, President & CEO, Cianbro*) 



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