The Road to Wellness

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The webinar will start shortly.

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The Road to Wellness

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The Road to Wellness
Agenda:

• Health Risk Factors and Healthcare Costs
• Health Risks and Workers’ Comp
• Obesity and Workers’ Comp
• Health and Absenteeism
• ROI of Wellness Programs

• How to GET the workforce HEALTHIER
• How to get workers accountable for their OWN health

...When no one has the time or the budget
Direct and Indirect Costs Related to Poor Health

Indirect Costs
- Disability: 7%
- Absenteeism: 6%
- Presenteeism: 63%

Direct Costs
- Medical care and medications: 24%

Health Risks and Workers’ Comp Costs

A study by the University of Michigan showed that high WC costs were related to individual health risks, including smoking, poor physical health, physical inactivity, and life dissatisfaction.

– WC costs increased with increasing health risk status (low-risk to medium-risk to high-risk).

– 85% of WC costs were related to excess risks (medium- or high-risk).

– Businesses pay an average of $2,189 in WC costs for smokers, compared with $176 for nonsmokers.
Obesity and Workers’ Comp Costs

A Duke University Medical Center study found “dramatic” workers’-compensation-related differences between people with normal body mass index (BMI) and those in the obesity BMI range:

- Reported 8 times as many lost days of work as non-obese workers
- Filed 45% more claims than non-obese workers
- Had 5.4 times the healthcare costs of a normal BMI worker
- Filed almost 8 times more indemnity claims as normal BMI worker
- Obesity may impact rates of mortality, reduce productivity and increase high cholesterol, hypertension and the rate of impaired activity associated with type 2 diabetes.
Health Conditions and Absenteeism

• A recent survey of 34 major employers with a combined total of 1.2 million employees showed that musculoskeletal conditions, including arthritis, low back pain, and repetitive motion strain, were the leading cause of absenteeism.

• Mental health conditions (largely depression) and pregnancy were the second and third leading causes of absences from work.

• Musculoskeletal problems were second to mental health conditions in causing productivity loss due to presenteeism – followed by respiratory and gastrointestinal problems.
Interventions for Reducing Workers’ Comp Claims

- Health/safety committee
- Proper safety protection
- Pre-shift stretching
- Stretching breaks
- “Recess” breaks
- Ergonomic assessments
- Repetitive-use injury prevention training and exercises

- Training on proper lifting techniques
- Proper footwear (w/free orthotic inserts)
- Onsite fitness classes
- Classes on low back care
- Collaboration and referral between health/safety, wellness, medical, and disease management providers
Return on Investment for Wellness Programs

FACT:

• Healthy workers have fewer work-related injuries
• Direct/Indirect Costs of Poor Heath

ISSUE:

• How to GET the workforce HEALTHIER
• How to get workers accountable for their OWN health

…When no one has the time or the budget
Research on Wellness Programs

• Wellness programs must be tied into outcomes Bell, 2009
  – Fewer Back Pain episodes
  – Fewer Lost Time days from back pain
  – Fewer slip and fall injuries (aging workforce) Bigos, et al., 2009
    • Exercise helps balance- a benefit for an aging workforce
  – Injury recovery time based on how FIT employee was before
Research on *When* Wellness Works

• **Success is based on confidence!** Volinn Study, 2009
  – Implementer/Coach’s level of confidence
  • Confidence that the interventions will be effective

• **Engagement of workers** Suni, et al., 2006
  – Empowerment/Self-Care…not just ‘enrollment in program’
  – Sense by employees that they are “cared for by organization”
Health/Wellness Management

• Easy part:
  - Offering the programs to employees

• Hard part:
  - Designing, implementing and managing the program to achieve the potential savings/ROI

• Challenge:
  - If you build it, will they come?

…Field of Dreams
Wellness typically starts with a Health Risk Assessment

• **What is a Health Risk Assessment (HRA)?**
  – An assessment tool used by health promoters to evaluate a person's health.

• **How is the information gathered?**
  – **Questionnaire:**
    • Asks about lifestyle/family medical history.
  – **Possible Physical Examination:**
    • Laboratory tests (chol), BP, fitness levels

• **Goal?**
  – To identify **specific risks** (heavy smoking and sedentary lifestyle)
  – To identify inherited risks, such as diabetes, heart, etc.
  – To offer strategies and steps for reducing the risks.
Health Assessment – % Employee Participation

Average HRA Participation

Best Performing Organizations (Top 10%) 81%

Most Organizations (Other 90%) 13%

HRA = Health Risk Appraisal
WELLNESS PROGRAMS – Why the GAP?

On paper...in theory...

• Research is well documented
  – Reduced sick time
  – Increased productivity
  – Improved morale
  – Reduced healthcare costs

• Can be difficult to establish/maintain – ER
• Can be difficult to find participants – EE
• Difficult to measure ROI
• WHY?
WELLNESS PROGRAMS - Employers

• ONE ISSUE:

✓ WHO OWNS THE PROGRAM???

– Time commitment?
– Monies available?
– Publicize?
– Implement?
– Motivate?
– Measure?
WELLNESS PROGRAMS - Employers
Successful When...
Confident, Empowered, Outcome-based

• **Combined Effort:**
  – Benefits/HR Department
  – Risk Management, Safety, Loss Control
  – Workers’ Comp Department
  – Employee Assistance Program (EAP)

• **Combined Commitment:**
  ✓ Equal budget and time commitment
  ✓ Assigned responsibilities shared equally
    ✓ Quarterly meetings similar to safety committee review
  ✓ Focus on healthy workforce to prevent injuries
    and help in post-injury treatment
WELLNESS PROGRAMS - Employers

• BENEFITS/HR Department
  – Find and provide benefits for employees
  – Benefits to create a healthier workforce

• RISK MGMT/SAFETY/LOSS CONTROL
  – Focus is on Injury Prevention
  – Know that healthy employees are key to prevention
  – Focused on finding hazards and educating employees
WELLNESS PROGRAMS - Employers

• WORKERS’ COMP Department
  – Ultimately responsible for COST of the injury
  – Cost of injury is directly related to health and conditioning of injured worker

• EAP (Employee Assistance Programs)
  – Resources to solve employee personal problems
  – Support services given during the recovery process
  – Goal is to get employee back to normal life
WELLNESS PROGRAMS
Employee’s Point of View…

• Organization should pay for all costs
• Time off work to participate
• Family is part of program
  – Spouse, kids, grandchildren
• Recognition
• Monetary incentive to participate
• Results with minimal effort
• Lose 100 pounds by Friday
  – Unrealistic expectations…
• *Entitlement*, rather than empowerment
Health/Wellness Management

What IS a Wellness Program?

– Like beauty…it’s in the eye of the beholder

– Wellness can be:
  • Health Risk Appraisals
  • Flu Shots
  • Weight management program, smoking cessation
  • On-site fitness center
  • Health club membership
  • e-health programs
  • Absence of illness
Health/Wellness Management
Must have Matched Expectations

– Goal of a wellness program:
  • A HEALTHIER workforce

– Wellness can be:
  • Managing a chronic condition
  • Walking three times/week, taking stairs, parking away
  • Sprint triathlon

– Survey YOUR employees
  • What IS a wellness program to THEM?
  • Could depend on community culture
    – Long Beach vs. San Bernardino
Strategic Approach to Health/Wellness Management
Confidence, Empowerment, Outcome-Based

1. Establish Goals and Objectives
2. Conduct Needs Assessment
3. Design Program
4. Select Vendors
5. Implement Program
6. Evaluate and Refine
Strategic Approach to Health/Wellness Management
Confidence, Empowerment, Outcome-Based

- Establish Goals and Objectives
- Conduct Needs Assessment
- Design Program
- Select Vendors
- Implement Program
- Evaluate and Refine

- Reduce Health Risk
- Lower Medical Trend
- Reduce Employee Absence
- Decrease Workers’ Compensation Claims
Strategic Approach to Health/Wellness Management
Confidence, Empowerment, Outcome-Based

- Establish Goals and Objectives
- Conduct Needs Assessment
  - Organizational Readiness
  - Employee Health Risk Profile
  - Policies and Environment
- Select Vendors
- Design Program
- Implement Program
- Evaluate and Refine

Establish Goals and Objectives

Organizational Readiness
Employee Health Risk Profile
Policies and Environment

Strategic Approach to Health/Wellness Management
Confidence, Empowerment, Outcome-Based

Establish Goals and Objectives

Conduct Needs Assessment
- Screening
- Education
- Communication
- Incentives
- Criteria for Measurement

Select Vendors

Implement Program

Evaluate and Refine
Establish Goals and Objectives

Conduct Needs Assessment

Select Vendors

- Vendors
  - Biometric Screenings
  - Health Risk Assessments and Personal Consultations
  - Goal Oriented Coaching
  - Web-based Interactive Tools
  - Lifestyle Improvement Programs
  - Disease Management Programs

Strategic Approach to Health/Wellness Management
Confidence, Empowerment, Outcome-Based
Establish Goals and Objectives

Evaluate and Refine

Conduct Needs Assessment

Select Vendors

Design Program

Implement Program

- Kick off events
- Data-base ready
- Incentives and staff communication in place
- Top-down approach driven
- Quarterly review sessions

Strategic Approach to Health/Wellness Management
Confidence, Empowerment, Outcome-Based
Strategic Approach to Health/Wellness Management
Confidence, Empowerment, Outcome-Based

- Establish Goals and Objectives
- Evaluate and Refine
  - Outcome-Based Performance Review
  - Benchmarking to Best Practice Data Base
  - Return on Investment Analysis
  - Opportunities for Improvement
- Implement Program
- Select Vendors
- Design Program
Strategic Approach to Health/Wellness Management
Confidence, Empowerment, Outcome-Based

1. Establish Goals and Objectives
2. Conduct Needs Assessment
3. Select Vendors
4. Implement Program
5. Evaluate and Refine
6. Design Program

Strategic Approach to Health/Wellness Management
Confidence, Empowerment, Outcome-Based
Health/Wellness Management

Best Practices

Confidence, Empowerment, Outcome-Based
Best Practices
Confidence, Empowerment, Outcome-Based

• **What MAKES a wellness program work?**
  – Cheerleader:
    • In-house (wellness coordinator, department rep, etc.)
    • Contracted from outside

  – Incentives:
    • Reduction of healthcare premiums/co-pays?
    • Pay to be fit…Fitness for Duty…Security/Police/Fire
    • Give-aways
      – Movie tickets
      – Casual dress days
      – Can carrier help?
Best Practices
Confidence, Empowerment, Outcome-Based

• Front End of Wellness Program
  – Know your budget!
    • Four budgets are better than one
    • Stronger employee buy-in
  – Find your team and cheerleader
    • Energetic leader
    • Dedicated to wellness
    • Employee health nurse or from Occ. Med facility
    • Site nurse or trainer from local gym
    • Insurance/TPA provider
Best Practices
Confidence, Empowerment, Outcome-Based

• **Front End of Wellness Program**
  – Ask some HARD questions first!
  • *What are OUR goals?*
    – Shared between the four departments
    – Common goals and expectations
      » HEALTHIER WORKFORCE
      » FEWER INJURIES
      » SHORTER RECOVERY TIMES
Best Practices
Confidence, Empowerment, Outcome-Based

• Front End of Wellness Programs
  – *How can we make our wellness program as unique as our organization?*
    • Make sure wellness programs apply to *everyone* (ADA)
    • “Walking club” with course around facility
    • “Stair Master program”
    • Across the States in 60 days

  – Be sure all areas chosen are safe from hazards, well-lit and encourage walking in pairs.
Best Practices
Confidence, Empowerment, Outcome-Based

• Front End of Wellness Program
  – How involved do YOU want to be?

• Do you have time to:
  – Organize health fairs/farmers market on site
  – Find/organize lunch-and-learn speakers
  – Post flyers and promote program
  – Design wellness newsletters
  – Paycheck stuffers
  – Measure success of program?
Best Practices
Confidence, Empowerment, Outcome-Based

• **Front End of Wellness Program**

  – *How much MONEY do we have?*

  • It ALL costs money:
    – Kick off BBQ’s
    – Promotion
    – Speakers
    – Incentives
    – Your time
Best Practices
Confidence, Empowerment, Outcome-Based

• **Front End of Wellness Program**
  – *What does our attorney have to say?*

  • Consent forms?
  • Injured while participating?
  • Workers’ Comp claim if happened at work?
  • How can we lessen the liability?
  • Risk Management/Loss Control experts
  • Consult your organization’s legal council
Best Practices
Confidence, Empowerment, Outcome-Based

• **Front End of Wellness Program**
  
  – *Gathering personal information?*

  • A Health Appraisal combined with Screening Scores provides valuable tools

  • All information falls under HIPAA
    – Store carefully
    – Instruct all involved about confidentiality
WELLNESS:

How does KeenanWell help?

– Strategic Planning
– Liaison to Marketplace
– Investigate Wellness Resources
– Employee Engagement Strategies
– Implementation Assistance
– Evaluate Best Practices
Health/Wellness Management
Confidence, Empowerment, Outcome-Based

– Keep goals simple & outcome-based:
  • Healthier employees
  • Fewer work-related injuries
  • Shorter recovery times

– Confidence comes from:
  • Planning the program
  • Knowing your employees
  • Knowing YOUR time/budget limitations

– Empowerment/Self-Care Approach
  • Focus program on employees taking responsibility for ownership of their own health
The Road to Wellness

Questions?

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