Health & Wellness in the Business Context

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An estimated sixty percent of U.S. firms offer health benefits to their workers, with average annual premiums for employer-sponsored health insurance costing $5,429 for single coverage and $15,073 for family coverage (Figure 1). Compared to 2010, premiums for single coverage are 8 percent higher while family coverage is 9 percent higher. At two-and-a-half times the OECD average, the U.S. spends more on health care than any other industrialized country, leading some to conclude that expanding health care costs are hurting U.S. global competitiveness. As health care costs continue to increase, so does interest in workplace wellness programs to improve health and contain costs. Common characteristics of wellness programs include weight loss programs, gym membership discounts or on-site exercise facilities, smoking cessation programs, personal health coaching, classes in nutrition or healthy living, web-based resources for healthy living, or a wellness newsletter. States are responding with legislation to encourage wider adoption of health and wellness programs. Research indicates that wellness programs are generally cost-effective, with medical costs falling about $3.27 and absenteeism cost falling around $2.73 for every dollar spent. However, more research is necessary to determine if these returns on investment are applicable across a broad spectrum of firms.

According to the Centers for Disease Control and Prevention (CDC), more than 75 percent of health care costs are due to chronic conditions such as heart disease, cancer, stroke, diabetes, and arthritis. Many patients have multiple chronic conditions and their care costs up to seven times as much as those with one chronic condition. Much of the chronic disease is caused by four preventable health risk behaviors—lack of exercise, poor nutrition, smoking, and heavy alcohol consumption. When compared to the U.S. as well as states that are widely considered to be Kentucky’s competitors for economic development prospects, Kentuckians are more likely to smoke, be obese, and not engage in regular physical activity—but are slightly less likely to be heavy drinkers (see Table 1). Over 62 percent of Kentuckians demonstrate at least one of these four behaviors that put them at risk of developing a chronic disease, compared to 57 percent for the competitive states and 54 percent for the United States (see Figure 2).
An increasing number of organizations and firms are adopting wellness programs. Increasingly, firms are adopting wellness programs to facilitate healthy lifestyles among their employees. In Kentucky, where nearly one-quarter of adults exhibit multiple chronic disease causing behaviors (see Figure 3), health and wellness programs among organizations increased from 34% in 2007 to 63% in 2010. According to one recent survey, among firms offering health benefits and wellness programs, 65% report these programs are effective in improving the health of their employees and 53% believe wellness programs are effective in reducing their firm’s health care costs.1

Driven by persistently high smoking, growing obesity, physical inactivity, and increased alcohol consumption, Kentucky faces many health challenges. Research suggests that wellness programs offer the potential to improve the health of citizens as well as the bottom lines of businesses—especially when wellness programs are embedded within an organizational culture that promotes overall health and well-being. However, there are important unanswered questions, such as whether the returns on investment experienced by large firms are applicable to small firms, what conditions affect how long it takes to recoup the benefits, and which facets of wellness programs are most important. While important case studies on Kentucky organizations have revealed promising practices for implementing effective wellness programs, rigorous program evaluation is necessary to determine their cost-effectiveness across a range of program dimensions and characteristics.

Notes

2 Ibid.
7 Chronic Disease, Centers for Disease Control and Prevention (CDC), online <http://www.cdc.gov/chronicdisease/resources/publications/AAG/chronic.htm>.
10 The competitive states are AL, AR, FL, GA, IL, IN, LA, MI, MO, MS, NC, OH, SC, TN, VA, & WV.
11 Kentucky’s estimate is statistically different from the competitive states and the U.S. (p<.05).
14 See the appendix for graphs.
15 Swanberg, et al., Creating Healthy Organizations.
17 Swanberg, et al., Creating Healthy Organizations.
Appendix
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- CDC BRFSS calculated variable that defines a “current smoker” (2010 BRFSS: _SMOKER3)

- CDC BRFSS calculated variable that defines “obesity” (2010 BRFSS: _BMI4CAT)
During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (2010 BRFSS: EXERANY2)

CDC BRFSS calculated variable that defines “heavy alcohol consumption” — Heavy drinkers (adult men having more than two drinks per day and adult women having more than one drink per day) (2010 BRFSS: _RFDRHV3)