

Exploring the Role of Employers as Health Educators

Chronic diseases are leading influencers of health care costs for employers. Employers may wrestle with whether it is their responsibility to educate employees about chronic disease prevention and support. The option of maintaining the status quo, however, may result in a mounting financial burden. This article shows how adopting a proactive role as health educator may prove to be a critical business decision, allowing employers to positively influence the direction of worker health, drive down claims expenses and reduce the demand on public health resources.

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Some people think about their lives in terms of the number of birthdays, the ages of their children or even the number of failed marriages, but predicting one's lifespan generally has been an activity best left to actuaries. Imagine counting your life based on the number of Saturdays you have yet to live. Would you feel inspired to make positive change or depressed at the thought of how little time you have left? On the website www.4000saturdays.com,¹ users are invited to enter their date of birth in order to determine the approximate number of proactive years they have yet to live. The website assumes that each person is born with the potential to live 4,000 Saturdays. So for someone aged 50, the website suggests the person might have 1,361 Saturdays or 13 proactive years left. (*Proactive years* represent the time remaining after eating, sleeping, dressing and washing.)

Because of social stigma, people don't like to talk about death—particularly their own. One's death is seen as a private and generally uncomfortable topic. Yet thinking about the number of remaining Saturdays might prove to be an important health-related call to action that supports intrinsi-

cally motivated behavior change. This approach also could be considered a disruptive communication tactic designed to ask people to consider the inevitable from a new perspective.

A 50/50 Chance

Just as people generally don't feel comfortable thinking about death, dying and bereavement, they also don't readily make the connection to their risk of developing a chronic disease before reaching the age of 70. According to the Centers for Disease Control and Prevention (CDC), almost half of all U.S. adults have a chronic disease, and 25% of these suffer some form of limitation in their daily activities because of their condition.² *Chronic diseases* represent medical conditions that are long-term and generally progressive in nature. They account for 86% of U.S. health care costs³ and are a major cause of premature death in adults in several parts of the world, with almost 50% of all chronic disease-related deaths occurring in people under the age of 70.⁴ The most common, costly and preventable chronic diseases include heart disease, stroke, cancer, type 2 diabetes, obesity and arthritis.⁵

Chronic Diseases Are Leading Influencers of Health Care Costs for Employers

While workplace wellness programs continue to produce a reduction in sickness and absenteeism rates, as well as increased overall productivity and employee engagement, there still isn't the same emphasis on metrics and formalized tracking for chronic disease management that exists for safety, lost-time injury and hazard prevention. Chronic diseases and associated lifestyle risk factors are the leading influencers of health care costs for employers. What would the results be if organizations placed as much rigor and due diligence into chronic disease prevention and management as they apply to occupational health and safety training and tracking?

The Struggle in Health Education

Since many organizations have successfully made the case that prevention, early detection and management of chronic diseases make good business sense, it is time to more closely examine the role employers play as health educators tasked with communicating targeted health messages to their workforce.

Regardless of employer size, chronic disease is a concern that shouldn't be considered someone else's problem. Simply by highlighting the costs associated with two of the top five chronic diseases, it is evident there are staggering economic implications to society. The estimated annual health care cost of obesity and its related illnesses is \$190.2 billion, or close to 21% of annual medical

spending in the United States.⁶ In 2011, the health care and lost productivity costs related to heart disease and stroke were estimated at \$316.6 billion. In addition, heart disease kills the same number of people as cancer, accidents and lower respiratory diseases combined.⁷

Chronic disease costs flowing from the public health catch basin are quickly draining into a growing employer cost pool. Even before the mounting financial implications related to chronic disease were widely known, employers were concerned about rising insurance premiums, medical claims costs and lost productivity. Once costs associated with the top five chronic conditions are factored in, employers have good reason to be alarmed.

Although an expanding amount of evidence-based education is available through public health, civil society and developmental policy, mandated employer-driven chronic disease prevention programs do not exist. Lifestyle-driven factors such as tobacco use, physical inactivity, unhealthy diet, and unaddressed stress and anxiety continue to fuel an already explosive epidemic of chronic diseases in North America.

Employers Have Influence

According to Gallup research, workers in the U.S. work an average of 34.4 hours a week, with nearly 40% of workers logging more than 50 hours at work.⁸ Given how much time workers spend on the job, employers can greatly influence employee health behavior and delay the onset of chronic disease or prevent the risk of developing one altogether.

While in recent years employers have demonstrated a notably increased appetite for offering workplace health programs, costs associated with the growing number of chronic conditions remain, by and large, undisturbed in their escalation. In addition, an aging Generation X (born between 1964 and 1980) and Baby Boomer (born between 1946 and 1964) workforce persists in eroding the potential for significantly positive results due to a higher propensity for developing a chronic disease as one ages.⁹ This isn't to say that employers shouldn't continue their health promotion efforts but rather to suggest that their role and method of communicating might be more successful at influencing health behavior change if a different approach were adopted.

Successful organizations spend considerable time—weeks and sometimes months—developing business plans,¹⁰ analyzing strategic business forecasts and developing sophisticated target marketing campaigns to defend their market share position or prospect new ways to generate greater consumer demand. Why isn't the same business zeal applied to securing the competitive advantage that a workplace culture of health might enjoy?

It is time to consider a concerted move away from communicating generic health promotion messages so that attention can be given to tackling strategic, targeted and segmented chronic disease prevention health initiatives. In so doing, employers may have greater ability to effectively reduce claims costs associated with chronic disease while positively influencing workforce health

outcomes. When employees intrinsically understand just how directly their unhealthy lifestyle choices connect to the risk of developing a chronic disease, there is a higher probability for systemic change to take root.

Widespread Misunderstanding

According to the World Health Organization (WHO), 80% of premature heart disease, stroke and diabetes can be prevented.¹¹ Employers as health educators can influence employees to break through common misperceptions about chronic disease in order to identify the risk factors that are within their control. While people can't control their family medical history, ethnic background, gender or age, they have complete control over choosing to adopt a healthier lifestyle.

As a starting point, communicating messages that address some of the most widespread misconceptions is helpful. Some of those common misperceptions are:

- Heart disease primarily affects men. (False.) Heart disease affects women and men almost equally.
- Chronic disease primarily affects old people. (False.) Almost half of chronic disease deaths occur in people under the age of 70.
- Nothing can be done to change the course of chronic disease. (False.) If risk factors were eliminated, approximately 80% of stroke, heart disease and type 2 diabetes could be prevented, along with 40% of cancer.¹²

Even small successes in chronic disease prevention and management are

worthwhile. A 1% reduction in excess weight, high blood pressure, and glucose and cholesterol levels has been shown to save \$83 to \$103 annually in medical costs per person.¹³

What Is the New Black?

Employers focus on the cost of insurance premiums, employee medical claims and lost productivity and continuously look for ways to manage these rising expenses. Based on these concerns, chronic disease prevention and support should be a top priority. Why? According to a Sun Life Financial report, four out of five of the most frequently reported disabling conditions affecting employees are chronic illnesses, and heart disease and stroke are the biggest drivers of prescription drug use. Also, employees with diabetes are absent two to ten days more per year than those without diabetes.¹⁴ In addition, full-time workers who are overweight or obese and have other chronic health problems miss about 450 million more days of work each year than healthy workers. The associated price tag for lost productivity is estimated at \$153 billion annually.¹⁵ Based on these statistics alone, focusing on workplace chronic disease prevention and support should be the "new black."

What to Do With the Data?

Employers with group benefit programs generally have access to medical and disability claims cost information as well as categories of chronic disease conditions that exist in their workplace. Determining ways to effectively harness the data in order to target health pro-

motion, drive down claims costs and increase productivity can be a challenge. Service providers and insurance companies can be integral sources of data and identification of health challenges in the workplace. They can be called upon to facilitate organizational health assessments used to guide action planning and targeted communications.

Me, Change? . . . Umm, No, Thanks

Once data has been analyzed and assessments made, determining the most effective communication strategy becomes an essential part of chronic disease prevention and support for workers managing chronic disease. Communications should recognize that change is hard because people are fighting their subconscious thoughts in the form of excuses they might not even realize they make. Why is it that the majority of weight loss attempts fail and many New Year's resolutions stop well before the end of January? It isn't that people don't believe they shouldn't try; it is that people have to want to change more than they want to stay the same. Somewhere deep in their subconscious, they don't want to work that hard to change their lifestyle, and perhaps the healthy food they know they should eat doesn't taste nearly as good as their go-to fast-food happy place.

Behavior Change Communication to Change Behavior

Behavior change communication can be successfully applied to employer-sponsored health education by understanding the factors that affect one's health and lifespan and why attempts to

make healthier lifestyle changes fail. When it comes to health promotion and, specifically, chronic disease prevention and support messages, communications need to unearth some hidden touchstone that motivates people to want good health more than they fear having an illness.

Overarching broad statements from senior leaders with generic health goals aren't going to ignite intrinsic change at an individual level. People need a call to action that triggers their belief that they can realistically manage change. They need positive messages that bolster their confidence in order to believe a clear path to a healthier lifestyle choice is attainable, even if only to get them started for a trial period. They need messages that they can relate to and that resonate with them intrinsically.

Communications should motivate employees to want to do something different because they believe it will create internal satisfaction, not because they feel peer pressure or because they are told they must. Employees benefit more from gain-framed messages that depict people of all shapes and sizes making healthy lifestyle choices while sharing stories of the realistic results they've been able to sustain. This is a key premise of behavior change communication.

Segmentation

Employers as health educators should limit generic, overarching statements and instead segment communications by employee health status, generational cohort and life stage personas, as well as by geographic location.

Health Status

Considering a continuum of health, employees may be segmented into health status categories such as healthy, pre-condition and managing a chronic disease.

- **Healthy.** Messages should promote healthy lifestyle choices and build awareness of preventable risk factors. Ultimately, it is easier to stay well than fight to regain one's health.
- **Precondition or undiagnosed.** Employers should use specific messages that showcase the ability to prevent chronic disease or reduce its advancement based on healthy changes in diet, physical activity, alcohol consumption and tobacco use. In some cases, employees

don't realize they've already developed a chronic disease and, for group benefit plans, the cost of unmanaged chronic disease is number one.¹⁶ For example, while 29.1 million people or 9.3% of the U.S. population lives with diabetes, there are 8.1 million people, or 27.8% of the U.S. population, with diabetes that is undiagnosed.¹⁷ Employers have a tremendous opportunity as health educators to influence worker lifestyle choices and support ways to eliminate or reduce chronic disease risk factors.

- **Managing a chronic disease.** Messages should empower employees to remain productive at work and communicate that they are not limited in terms of their ability to lead productive lives.

Generational Cohorts and Life Stage Personas

There is a lot of data that provides information about chronic disease statistics and actions that both the employer and employee can take. With four generations in the workforce, targeted messages that create personas similar to a worker's specific life stage are more powerfully influencing than just generation-based messaging. What might resonate with a Baby Boomer or someone over the age of 50 already managing one or more chronic diseases won't be the same message needed to intrinsically motivate a 25-year-old Millennial (born between 1980 and 2000) who is in an optimal state of health and interested in running marathons. Younger generations with a more significant opportunity to avoid developing a chronic disease benefit more from communications that address their lifestyle choices.

The Silver Tsunami

We are dealing with the implications of an aging workforce, also known as the *silver tsunami*. By 2020, approximately 25% of the U.S. workforce will be represented by workers aged 55 and older.¹⁸ Consideration also should be given to the realities of message impact for an aging workforce. If a 55-year-old worker understands that he has double the risk of developing cardiovascular disease than a 45-year-old,¹⁹ he might be more receptive to acting on the health information provided by his employer than a 20-year-old Generation Z worker who hasn't yet experienced any type of health issue.

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Although generational stereotypes are best avoided, there are issues that workers will pay more attention to predominantly because of their particular life stage. For example, a 31-year-old female employee on parental leave might have different health concerns than a 63-year-old male employee approaching retirement. If the goal is to intrinsically motivate behavior change, then workplace communications shouldn't be the same for all. Storytelling with "someone like me" messages has the potential to more readily capture the attention of an otherwise disinterested audience.

Regional Considerations

Data that categorizes chronic disease incidence by state or province helps paint a picture in terms of where an employer might emphasize health promotion efforts based on the prevalence of specific chronic diseases by region. The CDC has chronic disease data that might benefit employers with workers in different states. An interactive web application called Diabetes County Atlas allows users to view diabetes surveillance data and trends at the state and county level, and it provides comparison at each level by rank.²⁰ The CDC website also has cancer incidence and mortality data with official federal statistics for each year and for 2009-2013 combined.²¹ In Canada, similar data is available via the Statistics Canada website.²²

Summary

Employers may wrestle with whether they have a responsibility to educate employees about chronic disease prevention and support. The option of maintaining the status quo, however, may result in a mounting financial burden, where it eventually becomes impossible to fund both the cost of care and the loss of productivity—or worse, the premature disability or death of human capital. Chronic diseases continue to dominate employer-sponsored benefit plans. With this trend increasing right along with employers' concern about skyrocketing medical expenditures, adopting a proactive role as health educator may prove to be a critical business decision, allowing employers to positively influence the direction of workers' health, drive down claims expenses and reduce the demand on public health resources. 

Endnotes

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