Promoting Health at the Workplace:
Challenges of Prevention, Productivity, and Program Implementation

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Over the period since the 1980s, American business and industry spokespersons have often expressed their frustration and dismay over the rapid escalation of the annual costs of medical care for their employees, dependents, and retirees. As these companies have been forced to re-examine their contributions to healthcare insurance, they have been prone to focus on the impact these expenditures have on their bottom-line and their competitive position domestically and internationally.

In this period, there is rising concern about the ability of businesses to manage healthcare investments, especially since, in comparison with other nations who spend less per capita on healthcare, life expectancy, days of disability, and overall health status put the United States at an unfavorable disadvantage. Business and industry leaders have been forced to look carefully at ways to stem the tide of annual increases in healthcare costs for their employees, dependents, and retirees. In addition to shifting some of the burden and responsibility for healthcare costs to employees through higher co-insurance, deductibles and other out-of-pocket expenses, American business and industry leaders are beginning to give attention to employee health-related lifestyle choices and behaviors. Choices and behaviors related to diet, exercise, tobacco and alcohol use, and stress management affect an individual's health risks and, in turn, their healthcare costs.

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In an attempt to reduce their employees' health risks (and use of healthcare services), many American companies, particularly larger ones, have chosen to invest in health promotion and wellness programs. These programs may be in addition to conventional health and safety efforts, and some are based at the worksite, while others are offered through arrangements with local commercial health and fitness centers or non-profit organizations, such as local YMCAs. Companies making such investments have used a number of rationales, some having to do with their desire to respond to employee interest in health and fitness; others related to concerns for overall corporate productivity, job performance, and workplace environment, in addition to their concerns about the cost of healthcare and its impact on the corporate bottom line.

These programs sponsored (or arranged) by employers vary a great deal depending on the physical location of the employer's facilities, the characteristics of the employed workforce, and the availability of staff to lead such efforts.

In consideration of the issues related to worksite health promotion and wellness program investments, their cost and their impact on employee and community health, the editors of the *North Carolina Medical Journal* have decided to devote this installment of the Journal's Policy Forum to this topic. While there is considerable evidence of positive benefit accumulating from national examples of worksite health promotion initiatives, the extent of implementation and value of these programs here in North Carolina is not so well documented.

North Carolina has its own mix of large and small companies, but a sizeable proportion (42%) of the state's employed population works for companies with fewer than 100 employees; 30% work for companies with fewer than 25 employees, and 20%

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work for companies with fewer than 10 employees. North Carolina, compared to all other states, has the 14th highest proportion of employees working for firms with fewer than 25 employees.[1] For these smaller companies, where nearly half of all North Carolinians work, the capability of offering any kind of workplace-based health promotion options are limited. Yet, there are other options for small companies choosing to support their employees' personal choices to promote their own health and the health of their families.

In his commentary in this issue of the *North Carolina Medical Journal*, David Chenoweth of East Carolina University describes the interest and adoption of these health promotion programs in North Carolina businesses over recent decades.[2] As he points out, the content of these programs has been expanded from simple health risk appraisals and clinical health screenings to include a variety of worksite modifications, which include outdoor walking and jogging trails, lunch 'n learn tutorials on health promotion topics, health-focused newsletters, healthful vending machine options, and Web-based instructional programs.

In this Issue Brief, current patterns of investment in worksite health promotion and wellness programs in the United States are described, along with discussion of the rationale used by businesses for these investments and the return on investment that may be expected. The Issue Brief will also give attention to some of the issues surrounding the development of these programs and their potential for influencing the health of the workforce in those industries where these programs have developed.

The Workplace as a Focus of Health Promotion Programs

Historically, the workplace has been recognized as an excellent location for employee-directed health improvement interventions. Since 63% of the adult population is employed,[3] workplaces provide an excellent opportunity to expose a large number of adults to health promotion programs.[4] Just as schools are seen as an opportune venue for improving the health of our children, worksites offer many advantages as a health promotion venue. One advantage is the social nature of the work environment. Employees interact with each other frequently, have socially important relationships, and provide social support for each other, which suggests that co-workers have the potential to influence each other's health behavior. Existing communication channels between employers and employees also facilitate health messaging,[a] which through repetition has the potential to impact health behavior. Positive health messaging can even extend beyond the workplace to affect employee dependents.

Beyond the logistical advantages, the importance of the workplace as a health promotion venue has grown each year as double-digit increases in healthcare costs have required employers to devote much greater effort to the challenge of allocating and managing health-related resources. Providing health insurance is one of the largest components of employee benefit costs, averaging 10.5% of payroll.[5] Many employers regard health insurance as a benefit, focusing on these costs and ways to contain further increases. As a consequence, opportunities to maximize the value of these investments by ensuring the availability of services that include improving health as a key component have become a higher priority for American business and industry leaders. Including health improvement and risk reduction as a focus in the corporate healthcare strategy provides a means for employers (and employees) to optimize their healthcare spending.

In general, employees view access to and the provision of wellness programs and activities positively. They view it as an indication of their employer's commitment to their well-being and, thus, view the employer more favorably. The United States Department of Health and Human Services has announced the goal of having as many as 75% of *all worksites*, regardless of size, offering *comprehensive* health promotion program opportunities to their employees as part of the *Healthy People 2010* initiative.[4] As Jennifer Childress and Garry Lindsay point out in this issue of the *North Carolina Medical Journal*,[6] recent surveys of business and industry employers find that only 6.9% offer the program elements that experts would consider the five key elements of such "comprehensive" programs: viz., (1) health education, (2) links to related employee services, (3) supportive physical and social environments for health improvement, (4) integration of health promotion into the organization's culture, and (5) employee screenings with adequate treatment and follow-up. In other words, the national goals for worksite-based/sponsored health promotion are ambitious, despite significant progress in this direction among some of the nation's leading business organizations.

In this issue of the *North Carolina Medical Journal*, Michael O'Donnell, President of the *American Journal of Health Promotion*, provides a commentary[7] explaining the rationale for federal governmental incentives to encourage American businesses and industry to invest in workplace health promotion programs and describes proposed legislation introduced in the United States Congress by Senator Tom Harkin of Iowa.

Shifting the focus to regard healthcare (when it includes health promotion and wellness components) as an *investment* rather than merely a *cost*, necessitates identifying outcomes and specifying measurement goals for that investment. Reasonable expected outcomes in health improvement would include: increasing the use of health screenings and immunizations and reducing the health risks associated with tobacco use, physical inactivity, and stress. Adopting benefit strategies with targeted health outcomes are increasingly seen as yielding higher returns than strategies designed only to contain and control healthcare costs. The Towers Perrin 2007 Health Care Cost Survey documented that employers who made aggressive efforts to manage health program performance—including implementing health improvement features—succeeded in slowing the upward spiral

a Health messaging includes newsletters, web sites, posters, and other communication vehicles devoted to educating and providing information on health related topics.

in their own program costs when compared to similar companies that did not make efforts to manage program performance.[8] Surveyed companies with lower cost trends offered a variety of health management programs, including those directed toward health improvement and disease management.

American Business-Sponsored Health Promotion Programs Offerings and Issues

As early as the 1970s, national interest in the potential of workplace-focused health promotion programs had emerged as a new emphasis in public health. Fielding and colleagues[9] authored the first industry survey reporting on the extent to which large companies had invested in these types of programs. This initial survey was followed by others,[10] and together these sequential surveys revealed a clear trend in the direction of more widespread investment in workplace health promotion programming. Whereas most companies responding to these surveys in the 1970s considered worksite programs that had a specific focus on worker *safety* as "health promotion;" by the 1990s, company respondents to these surveys included a much wider variety of options for employee consideration, and most options were directly related to the enhancement of health status, not merely addressing on-the-job issues of safety.

In this issue of the *North Carolina Medical Journal*, Laura Linnan and Ben Birken,[11] as well as Jennifer Childress and Garry Lindsay[6] offer extensive discussion of not only the trend toward a wider spectrum of employer offerings in the area of health promotion and wellness, but also give a picture of the range of companies, both large and medium-size, now opting for investment in this area.

The goal of workplace health improvement programs is to help employees maintain good health and prevent disease by adopting healthy lifestyles, lowering health threats, and increasing the use of proven clinical preventive medical services. The methods employ change strategies designed to help individuals incorporate beneficial health habits into their regular life routines. These include health education with self-care and consumerism, health risk assessments, and behavior change programs. Delivering these methods through a coordinated delivery infrastructure multiplies the impact of individual initiatives. Comprehensive integrated programs are needed to achieve greater impact. These are comprised of: workplace policies and provisions that advocate and support a healthy work culture; benefit design coverage for screening, clinical prevention, health provider counseling and medications that assist tobacco cessation and weight loss for higher classes of obesity; access to tools for medical information search and use, including medical treatment decision making and consumerism (commonly called "health decision support"); Health Risk Appraisals (see text box page 420); and effective behavior change methods and program evaluation that assesses the effects on employee health status, health cost, and productivity.

Even comprehensive wellness programs need to be integrated within an overall strategy for employee healthcare that addresses the other important aspects for optimal personal and business health management, and successful implementation poses a number of challenges. Many employees know from their own personal experience and failure that improving health behavior is not easy, especially when the time and energy needed to devote is already taken up by work, family, and other commitments. Employees may not fully understand how additional medical expense and reduced work output personally impacts them. These and other factors make it challenging for employers and program managers to achieve sufficient participation in wellness offerings. A pervasive problem is that many organizations' programs are not robust enough to achieve the desired outcomes. Often educational and awareness programs are good at raising awareness, but are ineffective in changing behavior or reducing risk. Workplace behavior change interventions are frequently offered as stand-alone initiatives that only reach a limited proportion of the work community and are too short in duration to affect lasting change. In addition, the lack of data access and integration prevents the feedback and monitoring needed for improvement and performance measurement.

While implementation is hard to do well (given it is not a simple prospect) doing nothing worsens risks, costs, and productivity losses. Employers choose from a mix of approaches using human resource personnel and employee wellness committees, health plan offerings, hiring outside vendors, or a combination of approaches. Education and awareness campaigns (employee- or plan-sponsored) are the most common and frequent interventions. Integrated, comprehensive programs are the most infrequent. Improving health is a process that requires time, and insufficient program duration hampers impact as much as ineffective interventions. Lacking vendor standards or certification, employers have to develop their own vendor selection criteria and methods to select which suppliers are the best fit for their work environments.

Rationale for Company Investment in Health Promotion Programs

It is frequently noted that 50% of chronic disease in the United States population results from preventable causes related to lifestyle choices, and half of all deaths can be attributed to a limited number of preventable behaviors.[12] Health risks drive present and future costs for employers and employees. Many companies do not recognize that the presence of common health risks among employees may account for 15-35% of their annual medical claims cost.[13] This is magnified by the fact that a large portion (approximately 80%) of health claims costs are generated by a small portion of the insured employee workforce (5% to 20%). The smaller segment draws the attention, but the larger segment (employees in "moderate-to-good" health) offers the better option for health promotion-driven cost savings. In this issue of the *North Carolina Medical Journal*, Dee Edington[14] of the University of Michigan argues for the support of workplace health promotion programs that can help this larger group *maintain* a lower level of health risks. Learning that greater healthcare savings could be made through incremental reductions in health risks among the larger group of an organization's more healthy employees can be a surprising finding for many companies. It is Edington's thesis, based on the data he and his colleagues

Health Risk Assessment or Health Hazard Appraisal
What does it mean to complete an "HRA?"

Workplace health promotion or wellness programs in most settings conventionally ask participants to complete a brief questionnaire that summarizes key individual characteristics and health information through which a statistical estimate of one's overall health risk status can be determined at the outset of program participation. These questionnaires (or surveys) are often referred to as "health risk assessments." Years ago, and still in some forms, they were referred to as "health hazard appraisals," but in either case they are most commonly referred to by the initials: HRA.

These instruments take a number of index informational items and from them calculate an assessment of one's life expectancy, based on "risk factors" and the profile they represent. Comparisons are often made to populations of persons of a similar age, with similar patterns of health risk status and behaviors, for whom mortality (and often morbidity) outcomes are known. The results then are summarized in terms of one's "achievable" age IF certain risk factors are modified through systematic behavioral and biomedical change (e.g., weight loss, increased physical activity, better nutrition, alcohol and tobacco use, etc.).

HRA instruments, and the methods by which results are calculated and communicated to those who complete them, vary a great deal. Some go through elaborate calculations based on population-specific epidemiological profiles of mortality risk associated with particular patterns of behavior and biomedical characteristics. Others offer simple summaries of key current risk factors (often displayed in colorful diagrams) followed by specific advice as to which of these are most amenable to modification through intentional efforts toward a more healthy lifestyle and personal health behaviors.

Most would agree that completion of an HRA alone will not likely result in a significant change in one's overall health risk profile. What most experts recommend is that all HRAs should be followed by specific risk-factor counseling and opportunities to participate in health promotion interventions (like nutrition counseling, organized physical activity, or smoking cessation programs) relevant to the significant modifiable risk factors identified through the completion of an HRA.

HRA results, when aggregated in a confidential manner across multiple members of a workplace population, and where HRA results are periodically available from the same respondents, can provide useful and powerful means of tracking the impact of workplace health promotion and wellness programs over time. For this reason, most experts in the field recommend that HRAs be the fundamental starting point in any workplace health promotion effort and that these measures serve as the primary measuring gauge of program impact and effectiveness.

have collected from many companies, that preventing this larger population of "healthy" employees at low-risk from moving to a higher level of health risk holds the key to long-run savings for any company sponsoring health promotion initiatives.

The same common risk factors that affect healthcare expenditures also negatively impact attendance, work output, disability, and job safety. Burton et al[15] found that 10 of 12 health risk factors were significantly associated with self-reported work limitations. Musich et al[16] found increased presenteeism (employees present for work, but unable to contribute at their usual level) associated with high stress, life dissatisfaction, back pain, and absenteeism were associated with overweight, poor perception of health, and chronic disease. In studying 2,200 employees in the northeast, Boles et al[17] found that participants with higher numbers of personal health risk factors reported greater productivity losses.

Recent research has demonstrated that employees are capable of reducing their health risk in the setting of employer-sponsored health improvement programs. Goetzel et al[18] reported that participants in Johnson & Johnson's *Pathways to Change* program achieved significant risk reduction in eight of 13 risk categories over an average of $2\,^{3}/_{4}$ years. Pelletier,[19] who has been reporting on this topic for decades, found that results from randomized clinical trials and quasi-experimental designs suggest that providing individualized risk reduction for high-risk employees within the context of comprehensive programming is the critical element of worksite interventions. Herman et al[20] demonstrated that combining a cash incentive with a physical activity intervention resulted in increased participation and significant levels of health risk reduction. Finally, Pelletier et al[21] reported that individuals who reduced one health risk factor improved their presenteeism by 9% and reduced absenteeism by 2%.

Expected Returns on Investment (ROI) in Worksite Health Promotion Programs

A cynical examination of employer investment trends in health promotion programming would expect that there could be no other motivation for such investments than corporate "bottom-line" returns. But, just how important (or critical) are these ROI considerations to these investments?

Research evidence substantiates the presence of risks among employees and the negative impact on health costs and productivity and the ability of health promotion interventions to reduce both employee risks and associated costs. However, a major reason why businesses have been slow to fully embrace

risk reduction programs is the difficulty of quantifying their impact on the overall healthcare cost picture.

Determining the economic impact of wellness has been vexing for many years, primarily due to lack of data and systems to capture and measure information about the relationship between interventions and their impact on cost. It is more common for objective data on productivity to be unavailable than available. Since worksites are not laboratories, randomized trials assessing impact are rare. Likewise, health plans have not translated data into actionable information. Many organizations lack access to claims data and analytic methods for evaluation. In addition, businesses customize their wellness programs, drawing from a wide spectrum of approaches, which limits comparisons and benchmarking. An easy-to-implement, universally applicable approach for calculating potential and actual ROI is not readily available. Employers consistently express concerns about not being able to factor ROI into program evaluations and investment decisions.

However, changing trends and efforts to integrate data from multiple sources to conduct valid systematic analysis are surfacing through numerous publications and the work of organizations like the Integrated Benefits Institute (www.ibi.org) and the Institute for Health and Productivity Management (www.ihpm.org). Reductions in healthcare cost among wellness participants as compared to non-participants and ROI values are reported more frequently. A comprehensive review of current ROI literature determined that results for programs in operation an average of 2.5 years experienced an average annual cost reduction range of 2% to 4% of total healthcare claims for comprehensive health promotion disease prevention. The corresponding ROIs or cost-benefit ratios ranged from 1:1.5 to 1: 3.0.[22] Ozminkowski, Goetzel et al[23] used company data and information from published studies to estimate the amount of risk reduction needed to break even on that company's health promotion programs. They found that a 1.08% to 1.42% per year reduction in lifestyle-related health risk was needed to break even on the costs of the intervention program.

Drs. Goetzel and Ozminkowski have also written, in this issue of the *North Carolina Medical Journal*,[24] a commentary on why employers should (or should not) consider investing in worksite health promotion or wellness programs. In their analysis, Goetzel and Ozminkowski summarize the extant evidence that these programs can have a positive ROI, but acknowledge the difficulty some employers may have in realizing these returns and the factors that may affect these results.

Cost avoidance or reducing the upward trend and velocity of healthcare cost increases is one of the key interests of employers who invest in workplace wellness interventions. In this instance, if the increase in healthcare expenses is less than expected (i.e., reflects a reduced trend) because wellness-driven health improvement and/or risk reduction leads to reductions in health services utilization, then these investments are considered worthwhile. Identifying and quantifying the avoided cost requires a specific analysis that also accounts for the impact of other influences, such as plan design changes or risk pool ratings. Cost avoidance can be determined by comparing the health cost experience of wellness program participants to those of non-participants at the individual level. Achieving a measurable financial impact on the entire employee population can require a robust (i.e., 80% or greater) rate of employee participation in proven interventions shown to be effective—an achievement few organizations are able to realize.

Health promotion's impact on worker productivity is probably larger than it's impact on healthcare cost, amounting to, in some studies, values that are three times higher. Measuring changes in productivity, especially as office workers comprise larger segments of the employment landscape, relies on mechanisms to quantify lost work time or absence and work output, both requiring specific methods for capturing time and assessing productivity. Recording attendance is increasingly less meaningful for knowledge workers. Options to measure productivity include quantitative indicators, such as days worked or units produced; simulation in hypothetical situations (e.g., a typing test); and self-report through surveys or health risk assessment questions. The most frequently used and easiest to administer though, not the most accurate, is self-report. Both attendance and work output can be assessed through self-report. Methods can be as simple as incorporating two to five questions in the HRA or as comprehensive as the 25-item Work Limitations Questionnaire or the Health and Labor Questionnaire that measure as many as four dimensions. A convincing example of health promotion's effect on attendance can be seen in the $600,000 annual savings achieved during a five-year period from reductions in absenteeism in a manufacturing environment.[25] Larry Chapman's meta-evaluation of 56 high quality health promotion economic return studies[26] found an average 26% reduction in the use of sick leave among 44.6% of the studies. Reductions in the use of sick leave ranged from 11% to 68% in this analysis.

In this issue of the *North Carolina Medical Journal*,[27] Larry Chapman of WebMD Health Services, argues that as we raise the expectations of health outcomes of worksite wellness programs (e.g., significant amounts of body weight lost, increasing levels of physical activity, smoking cessation rates, etc.), we should expect to have to raise the incentives and rewards for program participants, including possible monetary rewards. Rewards have the potential to reduce corporate ROIs and require alignment with the Health Insurance Portability and Accountability Act (HIPAA) to avoid ethical and legal complications that could stem from employees' inabilities to engage in these activities at the level of reward eligibility.

The negative impact of employee absence is magnified by the changing nature of work. Work that relies on skills, company-specific knowledge, critical thinking, and innovation cannot easily be performed by substitutes. Given the interdependencies among the work teams present in many companies, the productivity of whole teams of employees may be diminished by the absence of an individual. Therefore the savings from health promotion's ability to reduce absenteeism (as trends indicate) has the potential to be greater than healthcare cost savings.

In this issue of the Journal, Alexandra Farrow of Brunel University in the United Kingdom[28] reviews the history of investment in workplace health and safety programs in that

country as well as in Western Europe. Her commentary shows how efforts to stimulate and encourage workplace investment in health promotion in Britain and Europe have been integrated with overall national public health strategies for population health improvement. In this country, where private businesses and local public health agencies have worked in tandem, considerable benefit can be brought to employees who need and seek health promotion opportunities in the larger surrounding community when they are not available through their place of work.

Health Promotion Options for Small Employers

Given the fact that so many of North Carolina's employees work for firms having fewer than 100 employees, and at least a third of all of the state's workers are employed by firms with fewer than 25 employees, the prospects for extensive (and certainly not "comprehensive") worksite health promotion programs seem remote. Many firms with few employees do not offer healthcare insurance to their employees, so the risk to these small firms from employee illness and disability are direct risks to the productivity of the firm and not to the overall bottom-line cost of paying for the healthcare services their employees may need at the time of illness or injury. But, these productivity costs, plus the cost of recruitment and training of new employees, may still present sufficient economic incentive for investment. Moreover, many of these smaller firms have deep and lasting personal commitments to their employees, with whom both the company's productivity and the quality of relationships with business clients have been built over a long period of time. The desire to offer opportunities for employees to realize a more positive health status outlook and to maintain long-term capacity for work and life satisfaction is sufficient motivation for many small business owners to entertain the possibility of offering health promotion opportunities to employees.

In this issue of the *North Carolina Medical Journal*, Ben Birken and Laura Linnan[29] provide an extensive discussion of the prospects for small businesses offering health promotion programming for their employees. While the number of small businesses currently offering such opportunities is still small, there are ways in which these businesses may be encouraged to offer such opportunities to their employees. Both federal and state governments have considered tax incentives for small businesses offering wellness programs, but at present these have not been enacted except in a few states.

One of the most promising avenues for small businesses to consider, if they are interested in encouraging employee participation in health promotion initiatives, is to explore linkages with local YMCAs, hospitals, or other community organizations (such as schools) to make available local recreational resources and programs in which these small business employees may participate. Employers should take full advantage of local advocacy group initiatives that provide training at lower cost on ways to effect health along with creating employer networking opportunities. One such organization is NC Prevention Partners (www.NCPreventionPartners.org), which supplies a wealth of easy-to-use and accessible tools and support to businesses interested in initiating health promotion and wellness programs.

An incentive arrangement might include some time from normal work routines to engage in physical activities or health-related counseling (e.g., weight loss consultation) through these community-based programs. Moreover, screening programs can be arranged in cooperation with local public health agencies or hospitals and conducted on-site at the workplace. As Birken and Linnan point out, many of these initiatives work best if employees serve as the steering committee leading these efforts and have the responsibility for promoting employee participation in these programs once these arrangements have been worked out.[29]

It should be pointed out that many health promotion initiatives in the workplace can be offered at little or no cost. There is little employer cost to implementing policies for smoke-free workplaces, healthy choices in vending machines and cafeterias, and communications (e.g., signage) encouraging physical activity during the day, like stair use and walking opportunities. Government Web sites often contain templates for policies that can easily be implemented in businesses of any size. Benefit plans, including high deductible plans, should include low-cost health risk assessments (HRAs), preventive screening and counseling, and immunizations. Many states have set aside Tobacco Settlement funds for smoking cessation and prevention programs, and employees can be encouraged to take advantage of these where they are available. North Carolina's robust *Quit Now NC* program (www.quitnownc.org) that promotes and sponsors tobacco cessation interventions is highly accessible throughout the state.

Cautions and Prospective Pitfalls in Workplace Health Promotion Programs

Despite the promise and potential of health promotion initiatives based at the worksite, there are some words of caution. First, there are important confidentiality and privacy considerations that should be a part of any workplace-based health promotion initiative. Employees who voluntarily agree to the completion of a standardized health risk assessment (HRA) should have the confidence that his/her responses to such questions will be held in strict confidence and not shared with employers or supervisors unless explicitly agreed to by the responding employee. Questions about health practices and personal risk behaviors should not become a part of the employee's personal employment record. Data derived from the administration of an HRA within a company should be summarized in a general way for management only, and results should not be transmitted in a way that make it possible to identify individual employees with specific health risks. This can be particularly important in small companies with few employees where statistical summaries of data can make confidentiality problematic.

Second, participation in health promotion programs at the workplace should be entirely voluntary, and participation should not be tied in any way to wages or other incentives that effectively discriminate against those who choose not to participate. That said, it is still worthwhile to offer incentives, even monetary

incentives, to employees to encourage their participation in programs to both maintain and enhance their overall health status.

One of the ways in which health promotion programs have taken the matter of employee participation into account is through the use of employee-interest surveys at the outset of program planning. As an example, the Running the Numbers section of this issue of the *North Carolina Medical Journal*[30] includes an account of the way in which the North Carolina Department of Health and Human Services conducted such a survey before beginning departmental participation in the State Employees Health Plan Health*Smart* program. Strong support was forthcoming from the chief executive of the Department, Secretary Carmen Hooker Odom. The employee-interest survey (with responses received from more than a third of all employees either on-line and in writing) revealed great interest in ways to increase daily physical activity and the establishment of tobacco-free workplaces. These responses made it possible to target program content to address employee priorities rather than to offer program elements based on the presumed employee interests and needs. Another commentary in this issue of the Journal, by George Stokes, Executive Administrator of the State Health Plan, and his colleagues[31] describes the way in which the six components of the Health*Smart* program (viz., health tracking, including an HRA; centrally designed health promotion interventions; targeted disease management; health coaching services available 24/7; high-risk case management; and worksite wellness) were developed in partnership with state and local health departments, how pilot demonstrations of the program were first implemented, and how employees themselves were involved in planning the initiative itself.

Fourth, health promotion and wellness initiatives undertaken by business organizations of any size will obviously face the inevitable question of staffing such efforts. Although volunteer leaders of these efforts can often be identified from within employee groups, having persons with expertise in relevant fields (e.g., nutrition, exercise and physical activity, stress management, etc.) and having personnel involved in offering such services who are not employee colleagues or members of corporate management can make initiatives more acceptable to a wider spectrum of employees. Just as there are concerns over the privacy and confidentiality of information provided via HRAs, so it is that many employees prefer to receive instruction and other types of health-specific services from persons whose professional roles seem distinct from those of other corporate staff. Moreover, the kind of program elements that are most likely to benefit participating employees and attract the interest of persons who should participate are those that have been carefully designed using the best available knowledge in the technical subfields of health promotion. In some cases, such skills can be acquired from outside the organization and arranged on a contractual or short-term basis. However, some companies may choose to hire their own health promotion staff and not share their time with other organizations. Bonnie Rogers, a nurse and specialist in the field of worksite health promotion, offers a detailed discussion of considerations for the staffing of worksite health promotion programs in this issue of the *North Carolina Medical Journal*.[32]

Summary

In the current complex employment landscape providing employer-sponsored benefits involves much more than offering financial protection when employee illness drives a need for costly medical treatment. The transitions in work from product/service production to knowledge generation, along with the transitions in the predominant health and disease conditions from acute illness to preventable chronic disease, require employers to recognize the need to manage their health investment more strategically. This includes the more recent requirement to maximize their investment by ensuring that provisions for maintaining and improving employee health status are incorporated into their health benefits approach. Meanwhile employee health improvement, a highly active but emerging field, is in the process of incorporating experience, research, and more effective methods that result in favorable and demonstrable employee health (and corporate cost-benefit) outcomes. **NCMedJ**

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