

The Problem(s)

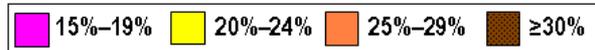
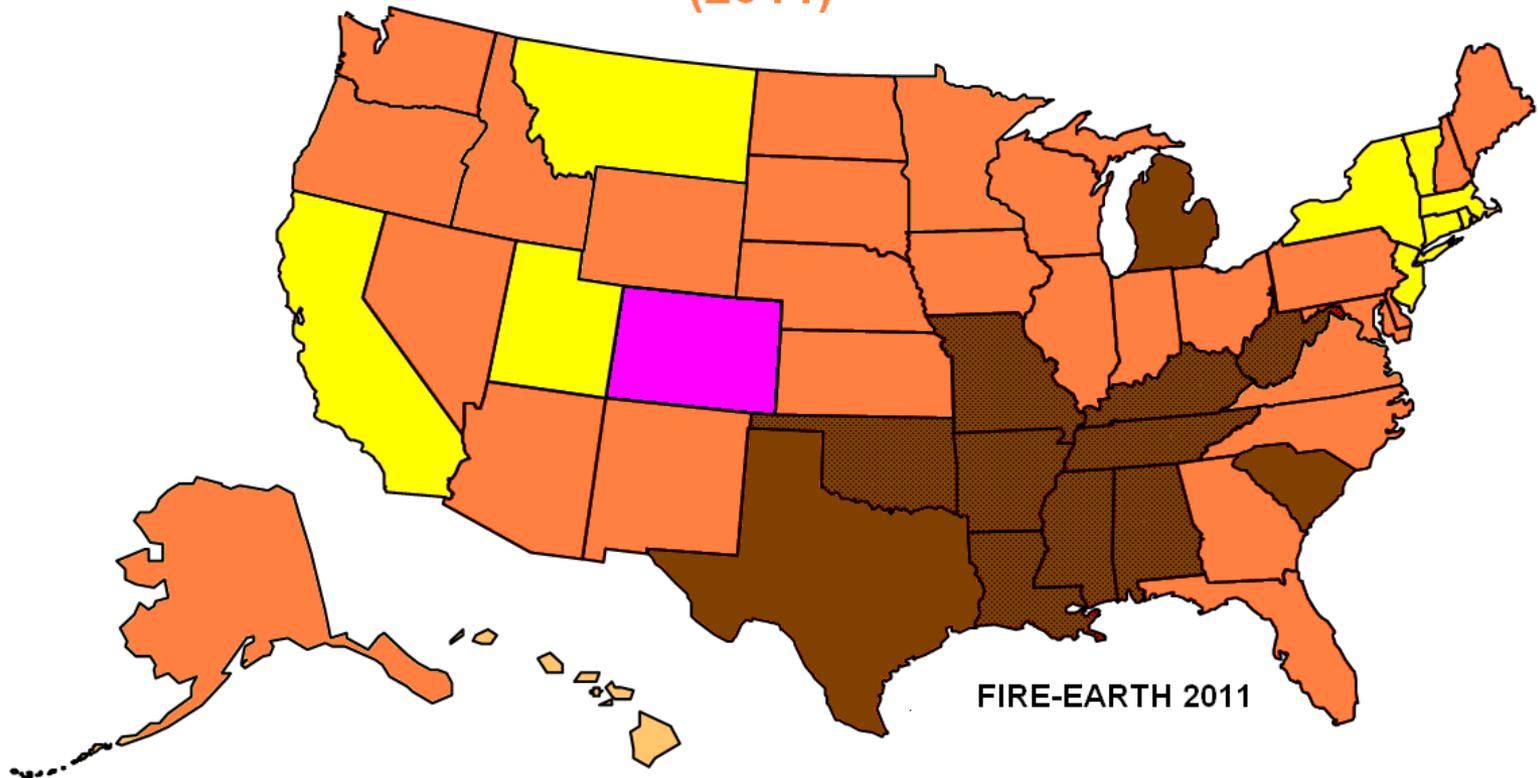
WorkWellKS

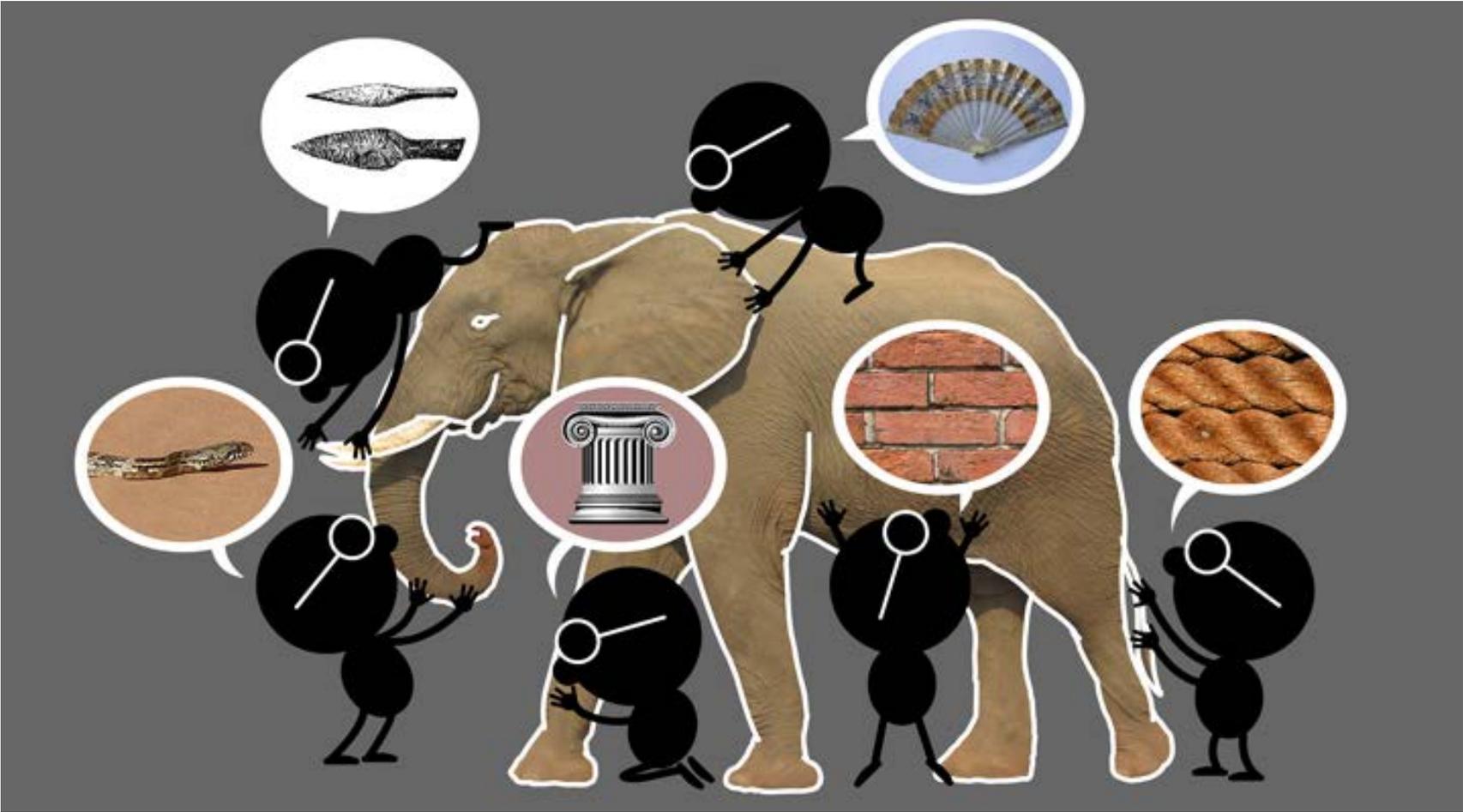
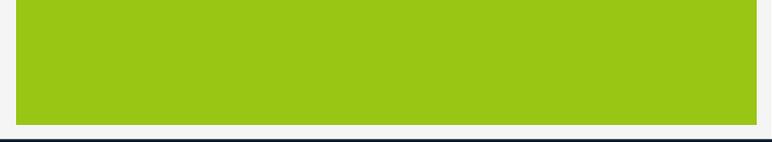
The Problem



Obesity Trends Among U.S. Adults

Percent of Obese (BMI > 30) in U.S. Adults
(2011)





Each



- Reductionistic perspective.
- Need to examine the entire elephant to better understand the elephant. If we do not, our interpretation of the data is skewed.
- Quick-fix society. Solutions to these complex challenges must be adaptive.

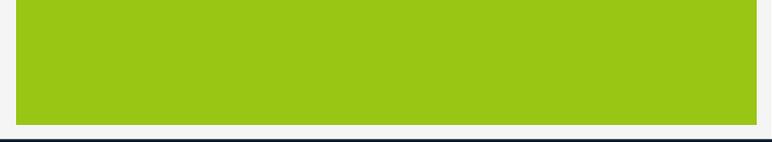
Manifestations vs. Causes of Disease

- We need to know the *causes* of disease.
(Katz, 2011)

- Top 3

1. Tobacco
2. Poor nutrition
3. Physical inactivity

(Mokdad, Marks, Stroup, Gerberding, 2004;
McGinnis, Foege, 1993)



3 Four 50

3 Risk Factors

(tobacco use, poor diet, physical inactivity)

Contribute to **Four** chronic diseases

(heart disease, type 2 diabetes, lung disease, some cancers)

Which, in turn, contribute to more than **50%** of all deaths in the world





Where is Our Money? Mouth?

- Participate in inactive behaviors (driving) rather than active behaviors (walking, bicycling)
- Large appropriations for highway construction and maintenance
- Very limited funding for bike trails, parks



Physical Inactivity

- 5.3 million deaths worldwide can be attributed to inactivity each year (Lee et al., 2012)
- 250,000 deaths in the United States attributed to inactivity (Booth et al., 2000)

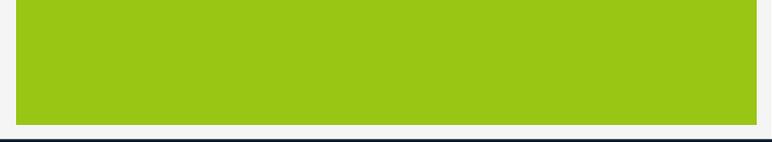
Physical Inactivity

Guidelines for Adults

- 2 hours and 30 minutes /week of moderate-intensity aerobic physical activity
- 1 hour and 15 minutes a week of vigorous-intensity aerobic physical activity (US Department of Health and Human Services, 2008)

Performance

- Less than half of US adults (48%) achieve the recommended amount of moderate physical activity (CDC, 2008)
- Only 26% of US adults achieve the recommended amount of vigorous physical activity (American Council on Exercise, 2011)



Benefits of Physical Activity

Strong scientific evidence that physical activity lowers one's risk of:

- Early death
- Heart disease
- Stroke
- Type 2 diabetes
- High blood pressure
- Colon and breast cancer
- Metabolic syndrome

Poor Access to Healthy Foods

- 23.5 million people lack access to a supermarket within a mile of their home (USDA, 2009)
- Those living in neighborhoods with supermarkets have lower rates of obesity (21%) than those living in neighborhoods without access to a supermarket (36%) (Morland, 2006)
- Greater shelf-space allotted to fresh produce correlates to greater fruit and vegetable consumption (Caldwell, 2008)

Tobacco

- Tobacco use kills 5.4 million people each year (WHO, 2013)
- Tobacco kills up to half of all users (CDC, 2000)
- For each person who dies from smoking-related disease, there are 20 more who have at least one serious illness (CDC, 2003)
- Tobacco causes cancer, heart disease, stroke, and lung diseases (CDC, 2008)

Stress, Poor Mental Health

- 30% of employees report their workplace is not psychologically safe or healthy (Wyeth, 2009)
- Stress in the workplace is related to demand, effort, control, and rewards
 - High demand jobs with little control over the organization has been linked to increased risk of cardiovascular problems, anxiety, depression, alcohol use, and higher susceptibility to infectious disease (Kavamaki, 2002)
 - High effort jobs without corresponding rewards has been linked to 3 times the incidence of cardiovascular disease, and higher rates of anxiety and depression (Shain, 2010)

Stress, Poor Mental Health

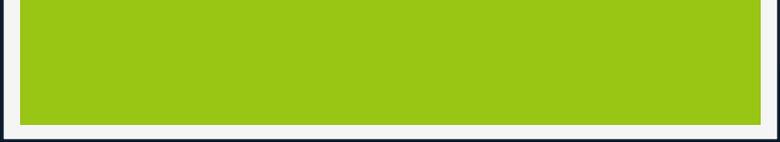
- Mental health conditions are the second leading cause of absenteeism (APF, 2005)
- More than 90% of employees agree that mental and personal problems spill over into their professional lives (Stevanovic, 2009)

Chronic Disease

- Half of all Americans live with a chronic disease
(CDC, 2009)
- Between 15% and 35% of cardiovascular disease diagnoses are tied to workplace factors (Olsen 1991; Karasek 1988)
- Work schedule factors have been linked to: obesity, tobacco use, alcohol abuse, physical inactivity, and stress – all pathways to chronic disease (Kouvonen 2006; Siegrist 2006; Eby 2005; Kivimaki 2002)

Why Worksite Wellness?

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Benefits of Wellness at the Worksite

- Decreased healthcare costs
- Favorable return on investment
- Increased productivity
- Reduced absenteeism
- Improved overall morale/staff retention

Benefits of Wellness at the Worksite

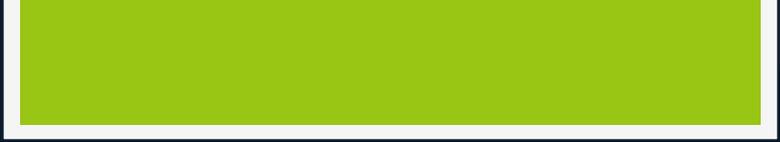
- 26% reduction in health costs.
- 32% reduction in workers' compensation.
- 27% reduction in sick leave and absenteeism.
- Those with high modifiable behavior risk factors are 1.75 times more likely to have higher absenteeism rates than the those with less risk. (Serxner, 2001)
- For each dollar spent on worksite wellness, expenditures related to absenteeism are reduced by \$2.73 (Baicker, 2010)

Return on Investment

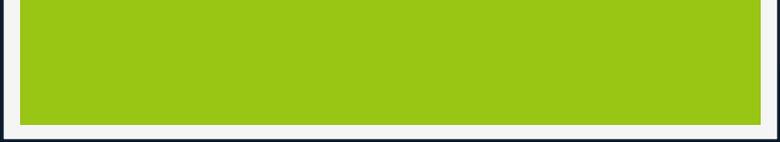
- Based on a review of 28 different research articles on ROI, the average return was \$3.48 saved per \$1.00 invested (Aldana, 2001)
- The Task Force on Community Preventive Services has reported an average return on investment of \$3.20 (Soler et al., 2010)
- A meta-analysis of the literature has shown a savings of \$3.27 in reduced medical costs for every dollar invested in wellness (Baicker et al., 2010)

Traditional Approach to Worksite Wellness

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What are Traditional Approaches to Worksite Wellness?



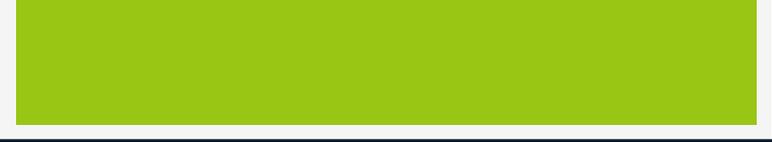
Traditional Worksite Wellness

- Worksite wellness has historically centered on behavior change using a cognitive model.
- Cognitive models center on education and the provision of information.
- Cognitive approaches place the responsibility for change solely on the employee.

(Golaszewski, 2008)

How Do We Change?

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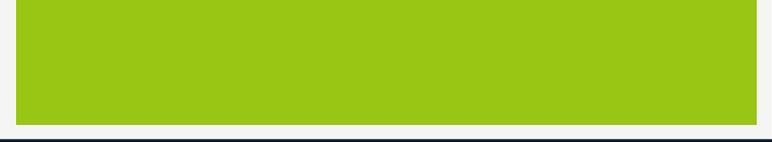


How Do We Change?

- Behavior change is complex.
- Knowledge is necessary, but insufficient for change.
- How do we alter our behaviors?
- Macro forces influence us; we are all parts of a greater whole.

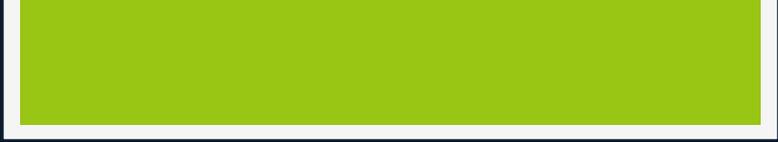
Social Ecologic Model





Social Ecological Model

- Studies interrelationships between organisms and their environments.
- Calls for integrative interventions at multiple levels



Social Ecological Model

- Concurrent interventions at multiple levels are the most likely to be effective.
- And they are more likely to sustain change!

Paradigm Shift

- Employees will change behaviors as a reflection of the changing characteristics of their worksites.
- Create a healthy work environment.
- *Organizational* health promotion.

The WorkWellKS Philosophy

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Philosophy

- Change the culture of worksites.
- Begin with the employer, not the employee.
- Not “good” and “bad.” Not “right” and “wrong.”
- What are our goals, what does the literature suggest?

Philosophy

- Implement changes based on lessons learned (academic literature)
- Goal- identify practices that are feasible, replicable, effective, sustainable, and have significant public health impacts

Emerging → Promising → Leading →
Best Practices → "Evidence-Based"

The WorkWellKS Framework

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Strategic Framework



	Physical Activity	Healthy Foods	Tobacco	Mental Health & Stress Management	Chronic Disease
Environment					
Policy					
Benefit Design					
Programs					
Information					



BUILDING A FOUNDATION

Good Health is Good BusinessSM

NO ADDITIVE IMPACT

Strategic Framework



	Physical Activity	Healthy Foods	Tobacco	Mental Health & Stress Management	Chronic Disease
Environment					
Policy					
Benefit Design	X		X		
Programs					
Information		X			

Communications

Data

Wellness Committee

Leadership

Incentives

BUILDING A FOUNDATION

Good Health is Good Business®

ADDITIVE IMPACT

Strategic Framework

WorkWellKS

	Physical Activity	Healthy Foods	Tobacco	Mental Health & Stress Management	Chronic Disease
Environment		X			
Policy		X			
Benefit Design		X			
Programs		X			
Information		X			

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BUILDING A FOUNDATION

Good Health is Good Business®

ADDITIVE IMPACT

Strategic Framework



	Physical Activity	Healthy Foods	Tobacco	Mental Health & Stress Management	Chronic Disease
Environment		X	X		
Policy		X	X		
Benefit Design		X	X		
Programs		X	X		
Information		X	X		

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Questions?

WorkWellKS