

WORKING ON

HEALTHY

OUTCOMES



Ken Webb, manager corporate health and safety; Shirley Sung, health promotions manager, at B.C. Hydro.

A case study of B.C. Hydro's investment in workplace health promotion. Finding economic and social benefits in health promotion.

By Lee Owen

Information is just one of the tools that helps employees at British Columbia Hydro and Power Authority manage their health better. The provincial Crown corporation, which has 6,478 employees, made access to information one of the building blocks for its strategy to help employees become healthier at work and home.

"B.C. Hydro was one of the first organizations in Canada to introduce and sustain workplace health promotion," says Ken Webb, manager, corporate health and safety, at the utility. "Our philosophy is to work for continual improvement in employee health."

The corporation's workplace health promotion strategy has sought to create accessible programs that address different employee health needs. Two specific areas of attention are disease intervention and the use of pharmaceutical drugs.

Disease intervention involves offering solutions within B.C. Hydro's role as an employer to help employees remain productive while they are treated for illness. If an employee is diagnosed with arthritis, for example, a health advisor will work with them to develop a customized exercise program. Employees based in Vancouver are offered on-site physiotherapy so they can get the intervention treatments they need without leaving the premises. Such programs may also help reduce the number of retirements brought on by illness.

"Reducing the probability of our employees having to make 'medically based' retirement decisions is an important part of our retention strategy. Like many other companies, we have concerns about how we will make it through our baby boomer bulge," says Webb.

“ON THE SOCIAL SIDE, WORKPLACE HEALTH PROMOTION HELPS TO LIMIT THE IMPACT ON OVERLOADED GOVERNMENT MEDICAL SYSTEMS BY DECREASING USAGE AND MITIGATING RISING HEALTHCARE COSTS.”

THE PROGRAM

Lifestyle, the brand name for B.C. Hydro's health promotion program, was rolled out province-wide in 1989. The objectives of the Lifestyle program were to reduce both absenteeism and healthcare costs, increase productivity, build a safer workplace, recruit and retain quality employees and foster greater job satisfaction.

The incentive recognition portion of the Lifestyle Program runs on a cost-recovery basis and rewards participating employees who actively log and report their activities to Lifestyle representatives. After 13 years, 80% of employees are registered and 35% actively participate. B.C. Hydro's participation rates compare favourably with industry standards—20% to 25% for similar participation-type incentive programs.

The number and variety of educational programs has increased significantly since the inception of Lifestyle. Initially, programs focused on educating employees around specific health risks (for example, lack of exercise). While these programs are still offered, programs expanded into areas such as alternative treatments and the related components (nutrition, exercise, sleep) of certain health problems (for example, back pain). Other services include weight management, glucose screenings, a flu shot program and back assessments. The program has two fully equipped fitness facilities, with free floor space provided by B.C. Hydro.

“We're concerned with the physical and mental health of employees and we try to prevent and/or mitigate health problems in the workplace by giving employees the tools to be healthier,” says Shirley Sung, B.C. Hydro's health promotions manager.

“Health promotion adds value to an organization in two ways. On the economic side, healthier employees translate to increased productivity and efficiency and decreased costs. On the social side, workplace health promotion helps to limit the impact on overloaded government medical systems by decreasing usage and mitigating rising healthcare costs,” says Sung.

In measuring the value of Lifestyle for fiscal 2002, B.C. Hydro compared the number of disabling injuries (per 100 employees) and the average number of sick days per employee for Lifestyle participants, against non-Lifestyle participants and its total workforce. Employees who participated in the Lifestyle program had significantly fewer illnesses and injuries, a finding that was consistent with the results of the past seven years.

In fact, Lifestyle participants (with 100 Lifestyle points for recorded

activities) experienced one-half the number of disabling injuries as non-Lifestyle participants. Incentive program costs totalled \$210,541 (for purchasing incentives and administering the program) while the reduction in time lost to health and safety totalled \$820,688—a four-to-one ratio.

“Using the same ratio, the entire Lifestyle program would have a value of \$3.2 million,” says Sung. “The research out there is unequivocal in terms of the correlation in the workplace between those who have a concern for health and improved productivity.”

While all the evidence points to prevention as the best way to keep healthcare costs down, Sung says more research needs to be done in Canada on the return on investment aspect of health promotion in the workplace. Most of this research is now being done in the United States.

PHARMA COSTS

B.C. Hydro also looks closely at the usage of pharmaceuticals, and tailors programs to address them. Total pharmaceutical costs were \$2.6 million last year and \$2.2 million the previous year.

“We’ll take a look at the types of drugs that are used and the changes over time and then drill down into a certain set of drugs, such as central nervous system drugs, and see how they break out and in what areas we’re seeing increases,” explains Sung.

For example, an analysis of total prescription drug use by B.C. Hydro employees revealed a high usage of ulcer-control drugs. This raised concerns that those employees’ physicians were treating the symptoms of ulcers rather than eradicating the disease.

So in 2000, B.C. Hydro introduced an ulcer care program that was aimed specifically at reducing consumption of certain pharmaceuticals associated with the treatment of ulcers. The program informed employees about

Make it personal

The principles behind the program put the focus on participation.

Shirley Sung, B.C. Hydro’s health promotion manager, attributes the good employee participation rate in the utility’s Lifestyle Program to incorporating five key design principles that are typically found in successful health promotion programs by the National Quality Institute:

- 1. Personal control**—allowing individuals to set their own health-related goals.
- 2. Social support**—paying attention to the varying needs of individuals for social support as they carry out activities designed to improve their health.
- 3. Interactivity**—the awareness that health practices are frequently interdependent (e.g. sleep disruptions and patterns of rest are often keyed to exercise habits and nutritional practices).
- 4. Wide appeal**—programs are designed to meet the preferences, aptitudes and requirements of a wide variety of participants.
- 5. Convenience**—programs are provided in forms that are easily accessible to people who may be at the earliest stages of readiness to change.

“THE RESEARCH OUT THERE IS UNEQUIVOCAL IN TERMS OF THE CORRELATION IN THE WORKPLACE BETWEEN THOSE WHO HAVE A CONCERN FOR HEALTH AND IMPROVED PRODUCTIVITY.”

research that found that most illnesses diagnosed as ulcers are actually caused by the H-pylori bacterium, which can be detected by a simple blood test and cured with antibiotics. The education component was coupled with on-site testing for H-pylori. Those who tested positive for H-pylori were given a kit with personal test results and journal references on H-pylori treatment to take to their doctor.

Ultimately, employees obtained the antibiotic prescribed to fight the bacterium, and B.C. Hydro stopped paying for an expensive prescription drug.

In 2000, 8%, or \$480,000, of the \$2.6 million spent annually for employee and family drug consumption was spent on gastrointestinal drugs. In 2001, this total dropped to 4%, or \$240,000, a saving of \$240,000 in one category of pharmaceuticals, largely as a result of the ulcer care program.

“Employees were healthier, free of the food constraints of the disease; they were smarter, having learned how to manage gastrointestinal issues, and we enjoyed a savings of \$240,000 in benefit costs,” says Webb. “That’s the kind of disease-specific program we like to get into.”

B.C. Hydro’s spending for health versus safety is dramatically different, Webb notes. In the fiscal year 2002, sick leave cost the utility \$7.6 million while the cost of disabling injuries was \$409,000. “Costs are rising rapidly, and we’re already paying a lot in health costs, so I think we have a huge and growing opportunity to reduce costs on the health side.”

In health reporting, B.C. Hydro looks at health indicators in a variety of ways: by lines of business, affiliation (unions vs. management and professional), gender and combinations of indicators. “We try to associate trends and look for trending opportunities and various types of benefit consumption,” says Sung.

While B.C. Hydro has had good results from most of its health promotion programs, Sung says improvement is needed in areas such as measuring the workplace climate.

“As an employer, we have a role to play in making sure people have access to information to help them manage their health issues,” adds Webb. “The benefit that we get is multifaceted. Employees perform really well for us and go home and perform well for their families.”

BC

Lee Owen is issues management coordinator with B.C. Hydro in Vancouver. lee.owen@bchydro.com.