

OREGON PUBLIC HEALTH DIVISION • OREGON HEALTH AUTHORITY

EMPLOYEE WELLNESS: HEALTH CARE SECTOR 'WALKS THE TALK'

Hospitals, clinics and health systems have enormous potential to become natural leaders in worksite wellness. Their reach is vast, their missions support health, and the changing health care landscape offers numerous opportunities for improving employee health.

Employment in Oregon's health care sector has grown to nearly 200,000 people — about 10% of the state's workforce.¹ A culture of wellness in healthcare worksites can inspire patients to adopt healthy behaviors and improve employee health and productivity, resulting in bottom-line benefits for health care organizations.

This *CD Summary* demonstrates how hospitals, clinics and health systems can lead the employee wellness movement by providing an array of programs and policies, including creating tobacco-free campuses and encouraging physical activity and eating healthy.

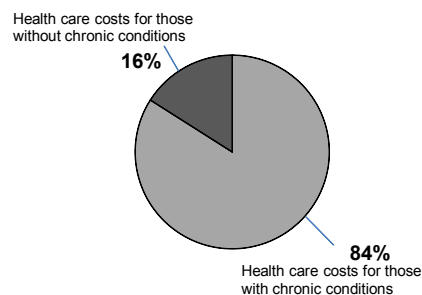
UNHEALTHY EMPLOYEES COST MORE

Health care costs for people with chronic conditions like heart disease, diabetes, arthritis and cancer account for 84% of all U.S. health care costs (Figure). This means in Oregon we spend about \$16.2 billion of the state's \$19.3 billion health care bill — including public, private and individual costs — to treat chronic diseases.²

Many chronic diseases are caused or worsened by tobacco use, poor nutrition and physical inactivity. Tobacco use and obesity are the leading causes of disease, disability, and premature death — and the leading drivers of health care costs. In 2009, smoking in Oregon cost \$2.4 billion in health care costs and lost productivity. Obesity adds another \$781 million in health care costs. Nearly two-thirds of Oregon's employed, insured adults are overweight or obese — a chief factor in recent health insurance premium increases.³

Hospitals and health systems, as some of Oregon's largest employers, pay a hefty sum for failing to encourage good nutrition, being active and avoiding tobacco use. They pay in the form of rising health insurance premiums and lost productivity when employees take extra smoking breaks, miss work, or collect disability due to tobacco- or obesity-related illness.

Figure. Cost of chronic conditions



Source: Chronic Care: Making the Case for Ongoing Care, Robert Wood Johnson Foundation, 2010

A field focused on health with employees who aren't healthy is a paradox that can't be ignored. Almost 54% of nurses nationwide are overweight or obese, and 40% are unable to lose weight despite changing diet and exercise habits.⁴ And while 93% of nurses admit that overweight and obesity are diagnoses requiring intervention, 76% don't discuss the topic with overweight and obese patients.

Oregon isn't exempt from this problem. According to the 2008 Behavioral Risk Factor Surveillance System (BRFSS), among Oregonians who reported currently volunteering or working in a health care facility:

- 15.7% were current smokers.
- 25.7% were obese.
- 26.1% had high blood pressure.
- 31.2% had high cholesterol (among those who ever had it checked).
- 10.5% had current asthma.
- 31.3% of those between the ages of 50 and 75 have not been appropriately screened for colorectal cancer.

When it comes to smoking, the problem is particularly bad for people who care for the mentally ill. Between 30% and 35% of mental health providers smoke,⁵ about six times the rate among most other health professionals.⁶

But progress is being made on the smoking front. A 2009 Joint Commission survey found that 45% of U.S. hospitals had adopted smoke-free campus policies, and another 15% indicated they would implement similar policies in the near future.⁷

Dozens of studies show that policies and programs that encourage employees to be tobacco-free, eat well, and move more can help employers attract and retain healthy employees; improve employee health and morale; decrease absenteeism and increase productivity; and lower the cost of health care, disability and workers' compensation claims.⁸

HEALTH CARE WORKER WELLNESS

In the early 1990s, accredited health care organizations became the first industry sector to have written and enforced no-smoking policies. Currently, at least two-thirds of Oregon's hospitals have 100% smoke-free campuses,⁹ going beyond The Joint Commission standard.¹⁰

In 2009, one 5,100-employee health system, with five hospitals and 70 clinics in the mid-Willamette Valley and the Central Oregon Coast started its wellness journey by becoming tobacco-free on all campuses. One year later, a survey showed that about 80% of the employees support the policy, including a majority of the smokers. Nearly one-fifth of the health system's smokers quit. A quarter of them attributed their success to the hospital's tobacco-free policy.¹¹

The tobacco-free campuses are part of the health system's culture of wellness, which also includes health risk appraisals, health coaching, and incentives for gym memberships or classes in the community.

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WELLNESS OPPORTUNITIES

Support for employee wellness is spreading beyond clinics, hospitals and health systems. The Patient Protection and Affordable Care Act includes broader insurance coverage to combat smoking and obesity.¹² It also has a provision that supports worksite wellness programs for small businesses. With this heightened focus on prevention, health care managers and clinicians have an unprecedented opportunity to “walk the talk,” working together on initiatives that promote healthy environments and support others to focus on wellness.

Here are some options:

- **Create a tobacco-free campus**—Make your organization tobacco free on all its campuses. Offer and promote affordable cessation coaching and medications.
- **Provide access to healthful food and beverages**—Adopt nutrition standards for cafeterias, vending machines and other food venues. Make healthful foods convenient and affordable for employees, patients and visitors, and restrict access to unhealthful food and beverages. To help employees reach and maintain a healthy weight, serve healthful foods at internal and external meetings.
- **Support breastfeeding mothers**—Make your hospital, clinic or health system baby friendly by providing scheduling flexibility and clean, private places for breastfeeding employees to express milk. Support employees who are new mothers to nurse their babies for at least one year. Effective Jan 1, 2008, Oregon employers with 25 or more employ-

ees must make reasonable efforts to provide private space and time for nursing mothers who request a place to express milk for their newborns 18 months and younger.

By encouraging physical activity, nutrition, breastfeeding, tobacco-free environments, devising trainings and protocols, and other healthy policies at their worksites, practitioners can help their clinics, hospitals and health systems become models of disease prevention, not just disease treatment.

GETTING STARTED:

- **Smoking-free Healthcare Facilities:** Smoking Cessation Leadership Center: <http://smokingcessationleadership.ucsf.edu/HospitalSE.htm>
- **CDC's Lean Works!:** A Workplace Obesity Prevention Program: www.cdc.gov/leanworks/
- **Breastfeeding Friendly Worksites:** National Women's Health Information Center Toolkit: www.womenshealth.gov/breastfeeding/government-programs/business-case-for-breastfeeding/

REFERENCES

1. Oregon Labor Market Information System. December, 2010. Current Employment Statistics. See: www.qualityinfo.org/olmisj/OlmisPortal?zineid=2b. (Accessed: 24 Jan 2011).
2. Office for Oregon Health Policy and Research. Health Care Reform Reference: Oregon Health Care Spending Estimates, 2008. See: www.oregon.gov/OHPPR/OHREC/Docs/OregonHealthCareSpendingEstimates06thru08.pdf?ga=t. (Accessed: 24 Jan 2011).
3. Centers for Disease Control. CDC's Lean Works: A Worksite Obesity Prevention Program. See www.cdc.gov/leanworks. (Accessed: 24 Jan. 2011)
4. Miller SK, Alpert PT, Cross CL. Overweight and obesity in nurses, advanced practice nurses, and nurse educators. *J Am Acad Nurse Prac* 2008;20:259–265.
5. NASMHPD Research Institute, Inc. 2006. Survey on Smoking Policies and Practices for Psychiat-

ric Facilities. See: www.oregon.gov/OHA/addiction/docs/conference/presentations/robbins-smoking-cessation.pdf?ga=t (Accessed: 23 May 2011).

6. Strouse R., et. al. Survey of health professionals' knowledge, attitudes, beliefs, and behaviors regarding smoking cessation assistance and counseling. Princeton, N.J.: Mathematic Policy Research, Inc., 2004, 1–16.
7. Williams SC, et.al. The Adoption of Smoke-Free Hospital Campuses in the United States. *Tobacco Control* 2009;18:451–8.
8. American Institute of Preventive Medicine. A Worksite Wellness White Paper. See: www.healthylife.com/template.asp?pageID=75. (Accessed: 24 Jan. 2011)
9. Oregon Association of Hospitals and Health Systems. Destination: Tobacco Free. See: www.oahhs.org/quality/initiatives/destination-tobacco-free.html. (Accessed 24 May, 2011).
10. Zhani EE. Statement from The Joint Commission regarding U.S. Department of Health and Human Services initiative to eliminate tobacco. November 2010. See: www.jointcommission.org/ (Accessed: 24 May 2011).
11. Samaritan Health Services. One year later, tobacco-free policy demonstrates healthy progress. News release: Nov. 10, 2010. See www.samhealth.org/aboutus/newsevents/news/Pages/tobacco-free-policy-demonstrates-healthy-progress.aspx. (Accessed: 24 Jan 2011)
12. The Kaiser Family Foundation. Focus on Health Reform. See: www.kff.org/healthreform/upload/8061.pdf. (Accessed: 24 May 2011).