

## Employers in the United States promote healthy lifestyles in order to reduce health care expenditures<sup>1</sup>

Expenditures for health care in the United States of America are continuing to rise, and it is estimated they will reach US\$ 1.66 trillion in 2003. A large portion of these costs can be attributed to the diagnosis and treatment of chronic diseases and conditions such as diabetes, obesity, and cardiovascular disease. For example, some 129 million adults in the United States are overweight or obese, with this condition costing the country an estimated US\$ 69 billion to US\$ 117 billion per year. In 2000 an estimated 17 million people (6.2% of the population) had diabetes, costing the nation approximately US\$ 132 billion. Cardiovascular diseases cost the United States more than US\$ 300 billion each year.

Businesses bear a sizable portion of the costs associated with these preventable, chronic conditions. For example, obesity-related health problems cost businesses in the United States an estimated US\$ 13 billion in 1994, including about US\$ 8 billion in health insurance costs, US\$ 2.4 billion for sick leave, US\$ 1.8 billion for life insurance, and nearly US\$ 1 billion for disability insurance.

In response to this situation, public and private efforts and programs are increasingly working to promote healthy behaviors, according to a report issued in September 2003 by the Department of Health and Human Services (HHS) of the Government of the United States. The report is entitled *Prevention Makes Common "Cents,"* making a wordplay on the term "common sense." According to the report, employers are becoming more aware that lack of physical activity, overweight and obesity, and tobacco use are adversely affecting the health and productivity of their employees and, ultimately, the businesses' financial viability. This is particularly true for the United States since much of the country's health care system is operated privately and many employers help their workers purchase private health insurance and partially subsidize the cost of that insurance.

**Key words:** health promotion, physical activity, health expenditures, cost-benefit analysis, United States of America.

### BUSINESSES AND OTHER EMPLOYERS PROMOTING HEALTH AND DISEASE PREVENTION

Innovative employers are providing their employees with a variety of worksite-based health promotion and disease prevention programs, according to the HHS report. These efforts have often focused

<sup>1</sup> Based on: 1) United States of America, Department of Health and Human Services. Prevention makes common "cents." Washington, D.C.: HHS; 2003. 2) United States, Department of Health and Human Services. HHS issues report on the impact of poor health on businesses [press release]. Available from: <http://www.hhs.gov/news/press/2003pres/20030916.html> [Internet site]. Accessed 20 October 2003.

on overweight and obesity, physical activity, and smoking, as well as other behaviors and conditions such as depression and stress that are linked to the health and well-being of their employees.

The proportion of employers who provide such programs has increased over the years, and it is reported that health improvement programs of some kind are now being offered by over 80% of worksites with 50 or more employees and almost all employers with more than 750 employees.

The HHS report contains short case studies on seven major corporations that have found a number of benefits from implementing health promotion programs. One of the companies is DaimlerChrysler, which is an international automotive and transportation company with over 95 000 employees throughout the United States. Its "National Wellness Program" began in 1985 and now includes targeted education programs that are based on identified health risks and interests; focused education programs that support employees throughout the process of lifestyle change; smoking cessation, weight management, cholesterol management, and fitness activities; one-time workshops, multisession classes, individual counseling, and self-directed modules; and maintenance strategies that include ongoing awareness, interactive campaigns, and group support with on-site services such as fitness facilities and walking routes.

A second corporation that the HHS report profiles is pharmaceuticals manufacturer Pfizer, which has some 35 000 employees in the United States. Pfizer's "Employee Health and Wellness" program includes initiatives for health risk assessment/identification; wellness and health education; disease management; medical clinics, fitness centers, and on-site physical therapy; and an ergonomics program. Pfizer's research staff measures the impact of the various initiatives and analyzes the cost-effectiveness and return on investment.

## A GOOD RETURN ON INVESTMENT

Many studies have focused specifically on the return on investment (ROI) from worksite health promotion and disease prevention programs. One recent review identified well-conducted, rigorous evaluation studies of ROI, documented the range of ROI estimates in these studies, and examined the factors that influenced program outcomes and ROI estimates. The review reported ROI findings for health promotion and disease management programs operated by nine large employers, in sectors that ranged from life insurance and petroleum production to telecommunications and automobile

manufacturing, as well as one city government. These employers' health and disease prevention programs included exercise programs, health risk appraisal, weight control, nutrition information, stress management, disease screening, and smoking cessation. The review found a sizable return on investment for the nine employers' programs, with benefit-to-cost ratios ranging from 1.49 to 4.91, and a median of 3.14.

The seven employers profiled in the HHS report's case studies also reported noticeable returns on their investments in health promotion and disease prevention programs. For example, evaluations of the DaimlerChrysler National Wellness Program showed that health risk assessment was associated with significant and substantial reductions in health care costs. Employees who completed one, two, or three health risk assessments in 1997 reduced their health care costs by an average of US\$ 113, US\$ 134, and US\$ 152, respectively. Employees who had completed at least one health risk assessment and participated in an additional wellness activity had an average cost savings of US\$ 200 that year.

In the Pfizer program the ROI for the fitness centers program was 4.29 to 1. For the ergonomics program, the ROI was 3.51 to 1, with a total net savings of US\$ 1 153 206 for participants. In 2001 the physical therapy program generated an ROI of 3.61 to 1 and produced over US\$ 579 000 in savings related to employee lost time avoided by on-site access to services.

"More businesses need to recognize that poor health means lower productivity and higher health insurance costs," commented Tommy G. Thompson, who heads the HHS. "Smart business leaders increasingly are finding that it is the right decision to promote health education, physical activity, and preventive benefits in the workplace."

The new HHS report can be viewed and downloaded for free from the HHS Web site, at: <http://aspe.hhs.gov/health/prevention>.

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## SINOPSIS

### **Los empleadores estadounidenses promueven formas de vida saludables para reducir los gastos de la atención sanitaria**

*Los gastos de la atención sanitaria en los Estados Unidos de América continúan aumentando y se calcula que para 2003 habrán ascendido a US\$ 1,66 mil millones. Gran parte de estas erogaciones corresponden al diagnóstico y al tratamiento de enfermedades y afecciones crónicas, como la*

diabetes mellitus, la obesidad y las enfermedades cardiovasculares. Sobre las entidades empleadoras recae una parte considerable de los costos asociados con estos trastornos crónicos y prevenibles. Por ejemplo, los problemas de la salud relacionados con la obesidad costaron a las empresas de ese país aproximadamente US\$ 13 mil millones en 1994, de los cuales US\$ 8 mil millones correspondieron a costos de seguros de salud, US\$ 2,4 mil millones a licencias por enfermedad, US\$ 1,8 mil millones a seguros de vida y cerca de US\$ 1 mil millones a seguros por incapacidad física. Como respuesta a esta situación, se establecen cada vez más iniciativas y programas, tanto públicos como privados, para promover conductas saludables, según indica un informe publicado en septiembre de 2003 por el Departamento de Salud y Servicios Sociales del Gobierno de los Estados Unidos. El informe revela que los empleadores comienzan a percatarse de

que la falta de actividad física, el exceso de peso y la obesidad, y el consumo de tabaco menoscaban la salud y la productividad de sus empleados y, a la postre, la viabilidad financiera del negocio. Esta situación es particularmente manifiesta en los Estados Unidos, ya que una gran parte del sistema de atención sanitaria de ese país pertenece a instituciones privadas y muchos empleadores ayudan a sus trabajadores a adquirir seguros de salud privados y subsidian parcialmente el costo de esos seguros. Además de ofrecer una visión general de los esfuerzos que realizan los empleadores en los Estados Unidos para promover la salud y prevenir las enfermedades, el informe del Departamento de Salud y Servicios Sociales presenta estudios de casos de programas de promoción de la salud que han llevado a cabo con buenos resultados en los Estados Unidos algunas grandes corporaciones.

## Convocatoria para la presentación de manuscritos sobre la seguridad vial Call for Papers on Road Traffic Safety

La Revista *Panamericana de Salud Pública/Pan American Journal of Public Health* solicita artículos de investigación sobre asuntos relacionados con la seguridad vial, tema central del Día Mundial de la Salud 2004. Los trabajos saldrán en un número especial que se publicará en 2004 como parte de una iniciativa conjunta del Departamento de Transporte de los Estados Unidos, la Organización Mundial de la Salud, el Banco Mundial, el Banco Interamericano de Desarrollo y la OPS. El número especial describirá la situación actual de la seguridad vial en toda la Región, haciendo hincapié en países de América Latina y el Caribe con economías en desarrollo, aunque también se aceptarán trabajos procedentes de países de América del Norte.

Los trabajos presentados pueden estar en inglés, español o portugués y abordar temas como los siguientes: las repercusiones económicas y sociales de las lesiones, discapacidades y muertes ocasionadas por los accidentes de tránsito; las tendencias epidemiológicas actuales de la morbilidad y mortalidad asociadas con los accidentes automovilísticos; los factores de riesgo relacionados con los accidentes; los aspectos infraestructurales de la seguridad vial; las poblaciones en mayor riesgo de sufrir lesiones o de morir en accidentes de tránsito; la evaluación de intervenciones locales, nacionales o regionales contra los accidentes de tránsito; la carga que representan las lesiones sufridas en accidentes viales para los servicios de salud públicos y privados; las leyes relacionadas con la seguridad vial; la subnotificación de accidentes, muertes y lesiones; el papel de las agencias multilaterales y de los organismos internacionales en cuestiones de seguridad vial; la pobreza y el subdesarrollo y su vinculación con la seguridad de los caminos y carreteras; el aseguramiento médico de las personas que sufren accidentes de tránsito, etc.

Todos los trabajos serán revisados por pares y su aceptación dependerá enteramente de su mérito científico. Tendrán especial acogida los trabajos cuyos resultados sean novedosos o arrojen luz sobre algún aspecto del problema de la seguridad vial. La fecha límite para la recepción de manuscritos en nuestra redacción es el 15 de febrero de 2004.

*Revista Panamericana de Salud Pública/Pan American Journal of Public Health* is seeking original research papers dealing with road traffic safety, which will be the central theme for World Health Day 2004. The papers will appear in a special issue that will be published in 2004 as part of a collaborative effort that includes the U.S. Department of Transportation, the World Health Organization, the World Bank, the Inter-American Development Bank, and PAHO. The purpose of the special issue will be to describe the current situation surrounding road traffic safety throughout the Region, with special emphasis on Latin America and Caribbean countries with developing economies, although submissions from North American countries will also be accepted.

Papers submitted for publication can be in English, Spanish, or Portuguese and can cover a wide array of issues surrounding traffic safety, such as the economic and social impact of traffic-related injuries, disability, and death; current epidemiologic trends in traffic-related morbidity and mortality; determinants and risk factors for traffic-related accidents; infrastructural aspects of road and highway safety; populations at increased risk of injury, disability, or death from traffic accidents; local, national, or regional interventions that have proved effective in reducing traffic-related injuries and loss of life; the burden of road traffic injuries on public and private health services; legislation addressing road safety; underreporting of accidents, injuries, and deaths; the role of multilateral agencies and international organizations in addressing road safety issues; poverty and underdevelopment as determinants of traffic accidents; health insurance coverage for people involved in traffic-related accidents, etc.

All papers will undergo peer review and will be accepted for publication solely on the basis of their scientific merit. Special consideration will be given papers that contribute new findings or provide new insights on road safety issues. The deadline for receipt of manuscripts is 15 February 2004.

*Dirección para el envío de manuscritos / Address for paper submission:*

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