The COVID-19 pandemic has brought greater attention to the importance of addressing chronic conditions and unhealthy lifestyle choices. The author contends that the workplace is an ideal place to address these risks.

by | Steven L. Halterman, CEBS

The COVID-19 pandemic has brought greater attention to the importance of addressing chronic conditions and unhealthy lifestyle choices. The author contends that the workplace is an ideal place to address these risks.
COVID-19 complications are deadly. As of this writing more than 150,000 Americans have died from the complications associated with COVID-19 and thousands more are likely to perish before the virus is eradicated or at least better controlled.

While the risks for such complications are generally referred to as age-related, there is much more to it than age. In fact, it has been determined that obesity, diabetes and hypertension are the top three conditions associated with COVID-19 complications. In addition, other conditions and lifestyle factors, such as alcohol and tobacco use, stress and overall health status management can play a major role in a given person’s risks for complications and death as a result of the virus.

Employers and plan sponsors can develop programs to prevent or reduce the risk of these complications and save lives in certain populations. Since health insurance programs and wellness efforts are primarily provided through employers, the workplace is an ideal setting for establishing programs to address these risks. While most, if not all, employers have already established the required risk prevention measures aimed to reduce the transmission of COVID-19, employers can establish evidence-based programs and interventions that specifically aim to reduce the risks of adverse complications as a result of contracting COVID-19.

When developing risk reduction or health improving interventions and programs, public health practitioners first focus on identifying what is relevant and changeable in a specific population and setting. Relevance generally means there is strong evidence for a causal relationship between the determinants of health and the actual behaviors or environmental factors, while changeable relates to the strength of the evidence for specific interventions to impact these behaviors or environments.

The next factor to consider is the health status of those workers. As discussed, obesity, diabetes and hypertension are the top three conditions that increase risks for complications of COVID-19. While it is not likely that these conditions can be cured, per se, there is a tremendous opportunity to change the way an individual manages these conditions and, in turn, reduce his or her risks. For example, an obese person with diabetes who regularly sees a physician, adheres to medication guidelines, eats a balanced diet, regularly exercises, gets adequate rest, and manages stress and anxiety with healthy coping skills rather than using alcohol, tobacco or other harmful substances will have lower risks than an unmanaged obese diabetic with active substance abuse, dependence or other behavioral health issues.

What can an employer do to prevent or reduce COVID-19 complications within its workforce? Wellness programs may help, and disease management programs may help...
even more, but historically, these programs have had difficulty engaging those employees who really need to make changes. With regard to COVID-19 complication risks, those with the higher risk or more unmanaged chronic conditions are less likely to participate than those who are already low risk for complications. One could think the impact of COVID-19 might “scare” a few more people to make some changes but, unfortunately, the evidence and experience does not suggest this. If having a heart attack or losing a limb have not motivated a person to change, it’s not likely that a pandemic could do much better.

Perhaps the question to be answered is, are there ways an employer can better engage those who are at the greatest risk of COVID-19 complications? The answer is widely variable depending on a few key considerations: program design, leadership endorsement, management support, workplace culture and environment, current health improvement efforts and organizational change readiness. An employer that excels in each of these areas can have tremendous impact on its high-risk workforce members, while a deficiency in any one of these areas will greatly impede the employer’s ability to reach those who can benefit the most.

Following is a brief discussion of how each of these key considerations plays a role in the impact and effectiveness of given employer’s program.

Program Design
- Evidence-based design grounded in the behavioral sciences, with long-term structure to support initial and continuing health care and lifestyle changes is essential.
- Person-centered interventions along with peer support can engage employees at more upstream levels, such as attitudes, beliefs, cultural norms, self-perception, self-efficacy, collective efficacy and moral engagement, more effectively than standard wellness or disease management programs.
- Integration with primary care is an essential element of supporting a healthy lifestyle—Partnerships with local providers should be considered and evaluated.
- Multipoint candidate identification strategies including predictive modeling, physician referrals, team referrals, champion referrals and community-based efforts should be used.
- Baseline and continuing measurement of biometrics and psychosocial variables is essential to identify individual and population health improvement outcomes.

Leadership Endorsement
- Top-down endorsement and support for the program is essential in facilitating the initial and continuing organizational support.
- Buy-in across business units, departments and worksites will help bring consistency and sustainability to the program.
- Accountability at all levels of management and leadership will help to align program objectives with organizational objectives.
- A long-term commitment is necessary for bringing about measurable health status changes, so budgeting should be secured with a long-term strategy (five or more years).

Management Support
- An effective worksite program will need to be delivered on paid time in order to promote initial and continuing engagement—Manager and supervisor buy-in is essential for this.
- Managers should be promoters of the program, not just supporters. Considerable efforts should be made to help management see the value of their support for the program.
• Managers and supervisors who are at risk should be encouraged to participate in the program—They can be highly effective spokespersons and influencers.

Workplace Culture and Environment
• While a “culture of health” may be easy to achieve for a health care organization, most employers will have to reach for ways to align objectives toward a healthier workforce.
• The physical environment in the worksite can play a key role in helping employees to find their “new normal” or their healthier attitude and lifestyle. Employers will need to leverage resources to transform certain aspects of the workplace toward a built environment to be more “health-centered.”
• Partnerships with public health and community organizations, health care providers and vetted vendors, such as exercise facilities and recreational centers, can improve access to resources necessary for a healthy lifestyle.

Current Health Improvement Efforts
• Integration is essential—When an employer can deliver and promote a cohesive program, employees will find greater value in the employer’s efforts.
• Benefits programs can be integrated at all levels of health improvement and should be evaluated for value-based design, economies of scale and alignment with organizational objectives.

Organizational Change Readiness
• COVID-19 has helped us all to become less change-resistant. Defense of the status quo has no place in fighting and preventing this virus from reaching and impacting the workforce.
• Organizations that are experienced and skilled in transformation will certainly have a leg up in creating programs to effectively manage COVID-19 and other health risks.

What Other Employers Have Done
The following two examples are programs that excelled in some of these areas and, as a result, have had variable levels of success in engaging those workforce members who could benefit the most from such a program.

Example 1: Large Health Care System in Texas
This health system, after realizing that its reward-based weight loss program and traditional health coaching program had little impact on chronic condition management, developed and implemented a multimodal, integrated, long-term program that used an upstream, humanistic approach to engaging employees in chronic condition management. Program features included the following:
• Intensive on-site, individualized health coaching with licensed and certified providers
• Initial and continuing group sessions for health skill development and social support
• Long-term structure with rewarded milestones and periodic followup sessions with health coaches
• Measurement of biometrics and psychosocial changes at baseline and throughout the program
• Treatment planning integration and referrals with primary care practices.

The program’s initial pilot demonstrated measurable success with respect to biometric and psychosocial improvements, as follows.
• More than 80% of continuing participants reduced their body mass index (BMI) at 60 days.
• More than 90% of those who reduced BMI at 60 days and continued to attend weekly groups sustained or improved their changes at six months.
• At six months, nearly all participants demonstrated measurable improvements in health behaviors (diet, physical activity, medication adherence, sleep, rest, stress management, alcohol use, tobacco) as well as psychosocial variables including beliefs, attitudes, self-efficacy, motivation, engagement and employer connectivity elements.

With respect to the key program considerations, here is a summary of the program’s pros and cons:
• Pros: The program design was highly effective; the workforce culture fit well with the program objectives, and the program was positioned as a replacement to previous efforts and was aligned with other health improvement efforts to some extent, including the employee assistance program (EAP).
• Cons: While the program had strong midlevel leadership support, endorsement was lacking at the highest level, and management support was variable. With respect to change readiness, certain elements of the orga-
workforce health

• Obesity, diabetes and hypertension are the top three conditions associated with COVID-19 complications.

• Employers can establish evidence-based programs and interventions that specifically aim to reduce the risks of adverse complications as a result of contracting COVID-19.

• Key considerations when developing such programs include leadership endorsement and management support. Top-down endorsement and support for the program is essential in facilitating the initial and continuing organizational support, while ground-up efforts will promote sustainability.

• Workplace culture and environment as well as organizational change readiness are other key considerations when developing a program.

• Integrating a program with other health benefits is essential. When an employer can deliver and promote a cohesive program, employees will find greater value in the employer’s efforts.

The program’s key consideration pros and cons are:

• Pros: The program design was highly effective. While the culture and environment were not well-matched, significant progress was made in these areas. Organizational change readiness was a key factor, since many business processes were transformed to support the program. Management support was variable with excellent support at some worksites.

• Cons: While plant leadership support was strong in many locations, the program was not endorsed or supported by organizational leadership at the highest levels. Variable management support resulted in little support at some
worksites. As for current health improvement efforts, there was no integration with the employee benefits, EAP or other wellness efforts offered through the employer, which resulted in a fragmented communication approach and missed opportunities for integration.

These cons (lack of organizational leadership support and integration with benefits) unfortunately led to the elimination of the program at several worksites, and major changes and limitations to the handful of remaining worksites. While this program is still far more effective than the program discussed in Example 1 with respect to COVID-19 complication risk reduction, the fact that it was reduced to only a small segment of the workforce has significantly limited its reach and measurably reduced the program’s capacity to save lives.

**Conclusion**

The pros, cons and outcomes of these two examples of highly effective, yet limited-in-reach programs provide clear guidance for employers that aim to either create new programs or modify their existing programs to target COVID-19 complication prevention and risk reduction. This guidance can help them maximize the effect of their programs to save lives.

**Endnotes**

5. Ibid