Pilot Study Review of an Incentive-Based Wellness Program and Potential Impact on Work-Related MSDs

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AIHce
Roundtable 226
Philadelphia, PA
5 June 2007
Background

- QVC is an international leader of electronic retailing
  - Broadcasting locations in US, UK, Germany, Japan
  - Supported by call centers and distribution centers
  - Over 16,000 domestic associates
  - Ship over 100 million packages annually
    - 12,000/hour or 3.4/second
    - 1 billion total packages shipped as of 3/07
Ergonomic Issues Related to QVC Operations

- Intensive manual material handling within the Distribution Centers
  - Lifting, reaching, pulling/pushing
  - Lower back and upper extremities strains and sprains are most prevalent injury types
- Call Centers are typical office environments
  - Low to moderate keying
  - Static/prolonged seated posture
  - Some CTS, upper extremity MSDs
- Operations within Broadcasting and Retail Stores also include considerable material handling
EHS Program

- Formal program initiated in 1996
- Ergonomics was, and remains, a key program focus
- Examples of risk management include:
  - Task and work area assessments
  - Work station design
  - Associate training/work practices
  - Management team involvement
  - Administrative controls
  - Package specifications
  - Coaching/recognition
  - Stretching program
Wellness Program

- Initiated in 1997
  - Evolved from basic awareness to active intervention
  - Focus on key lifestyle risk factors and leading categories of healthcare incidence and associated costs
  - Most significant challenge has historically been gaining involvement of high risk groups
Examples of Wellness Program Elements

- Health screenings for cholesterol, triglycerides, blood pressure, body fat, etc.
- Awareness seminars and other forms of communicating risks and controls
- Health Fairs
- Health Advocates/Health Coaches
- Disease Management
Known or Potential Risk Factors Relative to MSDs

- Work Environment
  - Awkward Posture
  - Excessive Force
  - Repetition
  - Fatigue
  - Associate Conditioning
  - Gender
  - Age
  - Outside exposures

- Individual-Specific
  - Excessive Weight
  - Smoking
  - Poor physical fitness
  - Poor nutritional habits
  - Diabetes – controlled vs. uncontrolled
  - Cardio vascular disorders
  - Others yet to be determined
Population at Risk

- 33% of adult population is overweight/obese
  - Less than half of the adult population maintains a healthy weight
  - Obese workers are twice as likely to file a workers’ compensation claim (Duke University Medical Center)
- Approximately 28% of population has one or more forms of cardiovascular disease
- Estimated 21% adults smoke cigarettes
- 7% of population is diabetic
- Less than 40% of adult population engages in routine and/or beneficial exercise
Risk Factor Controls

- Traditional risk factors related to the work environment can be controlled through proper design, training/work practices, administrative controls.
  - Target risk group is clear
  - Target risk group is compelled to comply
Risk Factor Controls

- Individual or ‘lifestyle’ risk factors are controlled through voluntary behavioral modification.
  - Target risk group is unclear
  - No compelling motivation related to job security
  - Sustainable voluntary behavioral change is elusive
Wellness as a Control Mechanism

- In a perfect world, we would ‘design-out’ the potential or known risk factors related to the individual.
  - An effective wellness program may be considered the means in which we manage such risk, to the extent possible.
The Wellness Challenge: Behavior and Participation

- Participation in traditional EHS programs and modifying behavior according to program requirements and expectations is often a condition of employment.

- There is no single ‘big stick’ to incent associates to participate in wellness programs or change ‘at risk’ behavior.
  - It is estimated that 70% of chronic illnesses are impacted by behavior.
The Search for the Holy Grail

- How do you motivate the higher risk associates to participate in a wellness initiative to the extent that a permanent behavioral change occurs and the risk is well managed, minimized or eliminated?
  - Those already motivated to develop or maintain a healthier lifestyle are easily captured
  - There is another group that believes they are healthy and need not participate (hidden surprises?)
  - A third group knows they are at risk based on one or more behaviors, but are not interested in changing.
The Answer?

- Incentives have become the means to bring the higher risk group to the table
  - Nearly 50% of major employers offer, or plan to offer, some form of wellness program participation incentive
Participation ‘Incentives’

- Free screenings during working hours
- Raffles and giveaways
- Reimbursement of program costs
  - Weight Watchers
  - Smoke Stoppers
- Cash on the spot
- Opportunity to live a healthier life?
Examples of More Aggressive Motivators

- Opt Out vs. Opt In Programs
- Participation required in order to maintain healthcare benefits
- Variable contribution levels based on participation/behavior
- Direct contact with high risk individuals
  - Mailings
  - Phone calls
QVC’s Wellness Incentive

Plan A (Initiated May ‘05)

- Attend a program introduction seminar
- Obtain an on-site or personal baseline health screening
- Visit personal physician to review screening results and to develop a treatment/risk management plan
  - Physicians incented to allocate the necessary time to the QVC Club member
- Obtain all age/gender appropriate screenings within the year
- Review & comply with immunization history & lifestyles factors
- Attend 4 health education sessions throughout the year
- Obtain a follow-up screening one (1) year later
- Visit personal physician to review final results relative to program goals
- Submit paperwork to a third party reviewer
Participation Benefits

- $500 rebate check upon successful completion of all program requirements
  - Represents healthplan contributions for individual coverage
- Enrollment in Health Advocate
  - an information and advocacy service
- The Healthy Lifestyles Newsletter
  - program updates and reminders, educational articles, recipes, testimonials, wellness tips, etc.
## Participation Statistics

<table>
<thead>
<tr>
<th>Eligible QVC Members</th>
<th>Lancaster</th>
<th>San Antonio</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Three years of service as of April 1, 2005 and enrolled in a QVC Medical plan)</td>
<td>653</td>
<td>428</td>
<td>1081</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Initial Participation</th>
<th>Lancaster</th>
<th>San Antonio</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>(% of eligible employees)</td>
<td>34%</td>
<td>45%</td>
<td>39%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Final Participation</th>
<th>Lancaster</th>
<th>San Antonio</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>(% of eligible employees)</td>
<td>12%</td>
<td>19%</td>
<td>14%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Passing Members</th>
<th>Lancaster</th>
<th>San Antonio</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>(% of eligible employees)</td>
<td>3.7%</td>
<td>7.0%</td>
<td>5.0%</td>
</tr>
</tbody>
</table>
## Measured Impact

<table>
<thead>
<tr>
<th>Screening Results</th>
<th>May- 2005</th>
<th>May - 2006</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Participants</td>
<td>147</td>
<td>147*</td>
<td>--</td>
</tr>
<tr>
<td>Blood Pressure (normal &lt;120/80)</td>
<td>29.0%</td>
<td>47.6%</td>
<td>64.1%</td>
</tr>
<tr>
<td>LDL Cholesterol (optimal &lt;130)</td>
<td>80.2%</td>
<td>82.3%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Triglycerides (normal &lt;150)</td>
<td>69.6%</td>
<td>79.3%</td>
<td>13.9%</td>
</tr>
<tr>
<td>TC/LCL Ratio (good &lt;4.6)</td>
<td>74.5%</td>
<td>77.6%</td>
<td>4.2%</td>
</tr>
<tr>
<td>Blood Sugar (60-99)</td>
<td>78.6%</td>
<td>85.5%</td>
<td>8.8%</td>
</tr>
<tr>
<td>Body Fat (within rec. range)</td>
<td>12.0%</td>
<td>11.4%</td>
<td>(5.0%)</td>
</tr>
<tr>
<td>Flexibility (within rec. range)</td>
<td>30.8%</td>
<td>39.0%</td>
<td>26.6%</td>
</tr>
</tbody>
</table>

*Number of Participants for May-2005 and May-2006 are the same, indicating no change in the number of participants.
Improve Opportunities

- Visible demonstration of upper management endorsement
- Increase administrative staffing
- Develop a weighted reward structure
- Provide Health Coaches
- Offer one source for all screening requirements
- Expand dedicated space/ introduce site resource center
- Implement wellness standards in all cafeterias
- Install walking paths and initiate a walking club at all locations
- Offer cafeteria discounts for Club members
- Communicate site progress to all participating locations
Current QVC Wellness Incentive

Plan ‘Be’ (Initiated May ‘06)

- Tiered Incentive Structure
  - Complete all Plan A program requirements for a $500 reward
  - Complete key program requirements for a $250 or $125 reward
<table>
<thead>
<tr>
<th>$500 Reward</th>
<th>$250 Reward</th>
<th>$125 Reward</th>
</tr>
</thead>
<tbody>
<tr>
<td>On-site health screenings</td>
<td>On-site health screenings</td>
<td>On-site health screenings</td>
</tr>
<tr>
<td>3 health ed sessions</td>
<td>3 health ed sessions</td>
<td>3 health ed sessions</td>
</tr>
<tr>
<td>Age related prevention tests</td>
<td>Age related prevention tests</td>
<td>Age related prevention tests</td>
</tr>
<tr>
<td>Routine physical activity (3-4 times/week)</td>
<td>Routine physical activity (3-4 times/week)</td>
<td>Moderate physical activity (1-2 times/week)</td>
</tr>
<tr>
<td>Smoke free/stop smoking</td>
<td>Smoke free/stop smoking</td>
<td><strong>Plus 3 of the following</strong></td>
</tr>
<tr>
<td>Annual dental exam</td>
<td><strong>Plus 3 of the following</strong></td>
<td>Smoke free</td>
</tr>
<tr>
<td>Meet BMI guidelines or reduce weight per plan</td>
<td>Meet BMI guidelines or reduce weight per plan</td>
<td>Meet BMI guidelines or reduce weight per plan</td>
</tr>
<tr>
<td>Blood pressure $\leq$ 120/80</td>
<td>Blood pressure $\leq$ 120/80</td>
<td>Blood pressure $\leq$ 120/80</td>
</tr>
<tr>
<td>Cholesterol $\leq$ 200</td>
<td>Cholesterol $\leq$ 200</td>
<td>Cholesterol $\leq$ 200</td>
</tr>
<tr>
<td>Glucose $\leq$ 100</td>
<td>Glucose $\leq$ 100</td>
<td>Glucose $\leq$ 100</td>
</tr>
</tbody>
</table>
Plan ‘Be’ Participation Rates

- Initial enrollment improved from 34% to 43% in the Lancaster facility
- Initial enrollment improved from 45% to 64% at the San Antonio location
- Year-end screenings currently underway in both locations

- Expect that final participation numbers will have improved over the previous year
Impact on Work Related MSDs

- Any clear impact is difficult to discern
  - Cannot differentiate whether trends are related to intervention within the work environment or behavior modification on the part of the individual.....or both
  - Potential relationships may be seen upon evaluation of non-pilot sites (control groups), provided there is consistency in risk type and degree, ergonomic interventions and culture.
Historical MSD Incidence Rates with Control

Incidence Rate

Lancaster
San Antonio
Suffolk
Company
Summary Points/Considerations

- Developing any quantitative relationship between wellness initiatives and impact on workplace MSD rate is not realistic
  - There is no definitive means to identify ‘at risk’ individuals that do or do not participate and do or do not report a workplace MSD
  - Intuitive or qualitative relationship clearly exists

- The incentive for wellness incentives is generally related to management of rising healthcare costs
  - Benefit eligible employees are target group
  - Seasonal, on-call and part-time associates may be excluded

- Integration of EHS and Benefit team resources is required to ensure cohesive program
  - May be difficult under certain organizational structures, staff constraints, variability in program priorities, etc.

- Still, a thoughtful wellness program can compliment measures taken in the work setting to reduce work related MSDs
  - 24/7 Concept
Other Positives

☐ Broaden Professional Experience
  ■ ‘Designing’ the Worker: The New Frontier

☐ Expand EHS Program Value to the Business
  ■ Bottom line impacts

☐ Opportunity to influence one’s quality of life
  ■ Success stories
Thank You