

*Volume 2, Number 2*

*2005*

**Allied Academies  
International Conference**

**Las Vegas, Nevada  
October 12-15, 2005**

**Academy of Health Care  
Management**

**PROCEEDINGS**

*Volume 2, Number 2*

*2005*



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# Table of Contents

THE USE OF MARKETING TOOLS TO INCREASE  
PARTICIPATION IN WORKSITE WELLNESS  
PROGRAMS ..... 1  
Bernard J. Healey, King's College  
Marc Marchese, King's College

Authors' Index ..... 7

# THE USE OF MARKETING TOOLS TO INCREASE PARTICIPATION IN WORKSITE WELLNESS PROGRAMS

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## ABSTRACT

*Employee health has become a major concern for employers, healthy employees benefit employers in two important ways. First, healthy employees have higher productivity than unhealthy employees and second, unhealthy employees use more medical services and drive up the health insurance costs.*

*Due to the rapidly rising costs of health care a health survey was developed and administered to employees in a manufacturing operation in Luzerne County, Pennsylvania in January 2003 to identify high-risk health behaviors practiced by employees of this business. The survey was distributed to eight hundred employees; the number of returned surveys was 406, a response rate of fifty-one percent. The survey was constructed to elicit general demographic information, health and lifestyle factors (including health conditions, tobacco usage, alcohol consumption, driving habits, and exercise), the impact of health issues on lifestyle, and participation in health promotion activities.*

*As a result of this survey the employer and employees have initiated a number of health-related activities to improve employee health status over the last two years. These activities can be summarized as intervention, informational, development of employee health advocates, insurance review, health surveys, lobbying, and utilization review.*

*Participation in the newly developed health programs has been quite low. There is now an attempt to market the employees about the value of these attempts to produce better health for them and their family members. These tools include a voice narrated web site which has the major health problems discovered by the survey and potential solutions to these problems. A monthly newsletter was developed which contains health information for employees and their family members. Several employees are also being trained in disease prevention, motivational techniques and health care marketing skills needed to motivate employees and answer their health-related questions.*

## INTRODUCTION

Employee health has become a major concern for employers, healthy employees benefit employers in two important ways. First, healthy employees have higher productivity than unhealthy employees and second, unhealthy employees use more medical services and drive up the health insurance costs. Expansion of health care programs with the goal of prevention of disease can make the individual healthier and in the long run reduce health costs and increase the productivity of employees.

According to Health Affairs (2005) the U.S. currently spends \$1.4 trillion on medical care, which represents 14 percent of Gross Domestic Product (GDP). According to the Health Affairs web site, health care spending will constitute 18.7 percent of Gross Domestic Product by 2014. As health care costs continue to rise above the inflation rate, everyone from state and federal legislators to the

owners of businesses are struggling to reduce the costs associated with delivering health care delivery costs to their respective constituents.

A study released by Price Waterhouse Coopers in July 2005 found that 75 percent of large companies may ask employees to pay more for their health insurance, lower pay raises for current employees and 20 percent of these employers plan to hire fewer workers this year because of rising health insurance costs.

Although Employer sponsored wellness programs have had great success with employee health issues there is a need to get greater participation and expansion in these wellness programs in order to demonstrate success in keeping health insurance costs down and continuing this momentum. Getting employees to participate in employee wellness is extremely difficult. Bushbin & Campbell (1990) found extremely low participation rates in wellness programs offered at the worksite. They found less than 20 percent of employees participated in these programs at any given time.

A marketing approach to wellness programs seems to be a necessary prerequisite of success. There needs to be a model developed from the successful programs in hopes of replicating the components necessary for success in other wellness programs throughout the country. The problem then is increasing health care costs due to poor health in an aging workforce caused by poor life style choices along the way.

In order to be healthy, one must sacrifice the time required for exercise and eliminate bad health behaviors like using tobacco, alcohol or poor diet. The question becomes "are you willing to make these sacrifices when you are young and growing older for the possibility of a longer healthier life in a future that you cannot yet see?" Do you have a need for a healthier lifestyle? If the answer to this question is no, then a need must be created in workers by the employer. That is why a marketing model to change the existing poor health habits in the workplace to healthy choices in life for their employees. The heart of the marketing model involves a consumer orientation in product or service development. This approach requires an inventory and organization of the various influences that motivate an employee to participate or not participate in wellness programs at the worksite. Wellness programs are usually not mandatory so they must be promoted as a voluntary employee choice that can be a win-win opportunity for the organization. McKenzie, Pinger and Kotecki (2005), defined Health Promotion as "planned combination of educational, political, environmental, and regulatory mechanisms that support actions and conditions of individuals, groups and communities of living of living conditions conducive to the health of individuals groups and communities." The starting point for health promotion is needs assessment which is also the starting point for the development of worksite wellness programs.

Greg et al. (1990) evaluated several models that might be used when participants are trying to commit to a course of action in participating in a wellness program. They found that a marketing approach to wellness programs worked very well when wellness participants began a program and then started to lose interest in continuing the process. The major components found in the marketing model that can help us in promoting good health habits are problem recognition and the concept of need. The marketing model allows us to get the data on likes and dislikes of employees concerning wellness programs. Then we can develop a health promotional campaign to increase the participation of employees.

Hoffman (2005) argues that problem recognition is the first step in the buying process and occurs when the consumer realizes that they need to do something to get back to their normal state of comfort. A need is an unsatisfactory condition for the consumer that prompts action to make the consumer comfortable.

The more we learn about participants and non-participants of wellness programs the better able we are to zero in on health promotion activities to increase participation in the programs. The health survey then gives us the primary data needed to develop health programs necessary to abate

the major health problems found at this facility. These programs are then evaluated and successful programs are retained and expanded while programs that don't work are cancelled.

The program director, usually an individual from top management, becomes the marketer and his or her followers become the ambassadors of the wellness strategy. Bushbin and Campbell (1990) argue that the major duties of this position are: recruitment of employees to participate in the wellness program and maintenance of participation by other employees through appropriate incentives and education. This requires marketing a product or service while considering the end users preferences. That is why completion of the health survey as a first step in the development of a new wellness program is critical.

## **METHODOLOGY**

### **Subjects:**

A health survey was distributed to eight hundred employees of a manufacturing operation in Luzerne County, Pennsylvania in January 2003. The number of returned surveys was 406, a response rate of fifty-one percent. The respondents were primarily male (65%), under 45 years old (54.4%), did not attend college (60.0%), and had an annual income under \$40,000 (48.9%).

### **The Survey:**

The survey was constructed to elicit general demographic information, health and lifestyle factors (including health conditions, tobacco usage, alcohol consumption, driving habits, and exercise), the impact of health issues on lifestyle, and participation in health promotion activities. The purpose of this paper is to focus on the items pertaining to health promotion. Four items from the survey targeted a marketing approach to employee wellness: (1) health topics they want more information on (n = 406); (2) their willingness to participate in health promotion (n = 389); (3) which types of health promotion activities would they like (n = 404); and (4) if offered, which health screenings would they most likely take advantage of (n = 403).

### **Analysis:**

Descriptive statistics were used to initially analyze the health promotion items. After these analyses were completed, then chi-square analyses were performed to assess demographic differences in relation to receptivity to the health promotion items.

### **Results**

The first health promotion item provided fourteen health topics and inquired into the respondents' interest in any or all of these topics. Only three of the fourteen topics received at least 30 percent of the respondents indicating an interest: nutrition (31.8%), physical activity/exercise (30.0%), and weight management (30.0%). In regards to these three topics, chi-square analyses showed significant differences ( $p < .02$ ) based upon level of education. Employees that went beyond high school were more interested in all three topics: nutrition (44.4% v. 24.2%), physical activity (40.0% v. 24.2%), and weight management (37.3% v. 25.9%). In addition, females were more likely than males ( $p < .02$ ) to be interested in nutrition (39.6% v. 27.7%) and weight management (44.5% v. 22.8%). There were no significant differences based on sex for physical activity. Further, age and income were not significantly related to these three health topics.

The second health promotion item asked about the subjects' willingness to participate in health promotion activities. About a third of employees indicated a clear willingness to participate

in health promotion (34.4%). About half of the employees (48.1%) indicated that they might be interested, whereas only 17.5 percent of employees said that they were not interested in health promotion. Here again, education was significantly related to responses ( $p < .00$ ). Employees that went beyond high school were more willing to participate in health promotion (52.2% said “yes”) than employees that did not go beyond high school (only 22.0% said “yes”). Income level was also related to responses to this item ( $p < .00$ ). Employees with incomes greater than \$40,000 were more likely to respond “yes” (47.3%) to this item than employees earning less than \$40,000 (26.8%). There were no significant differences based on sex or age for this item.

The third health promotion item provided employees with a list of nine health promotion activities and asked them to indicate which types they would be interested in seeing offered at their workforce. Five of the nine types of health promotion activities received at least 30% interest from the employees: read pamphlets (47.5%), utilize health screening tests (41.8%), workout with exercise groups (35.4%), attend talks by health experts (34.9%), and watch health related films / videos (31.9%). Consistent with the above mentioned findings, significant differences ( $p < .00$ ) were found between education and types of health promotion. Employees with more education were more likely to participate in all five activities (see Table 1).

	Employees that went beyond high school	Employees that did not attend college
Read pamphlets	60.4%	40.2%
Utilize health screening tests	56.6%	32.6%
Workout w/ exercise groups	48.4%	26.8%
Attend talks by health experts	56.0%	27.1%
Watch health related films / videos	47.8%	22.9%

None of the other demographic variables had more than two significant differences for these five types of health promotion activities.

The fourth and final health promotion item listed twelve types of health screenings and asked if the employees were interested in any or all of the screenings. Six of the twelve screenings received over 30 percent interest from the employees: blood pressure (58.6%), cholesterol (57.1%), blood glucose (44.9%), fitness assessment (44.6%), hearing test (38.7%) and body fat (35.4%). Not surprising, educational differences were related to responses to this item as well. The more educated employees were more interested in all six types of health screenings ( $p < .00$ ). Table 2 presents these findings. None of the other three demographic variables showed significant differences on more than two of these health screenings.

	Employees that went beyond high school	Employees that did not attend college
Blood pressure	72.8%	49.8%
Cholesterol	69.6%	49.4%
Blood glucose	57.6%	36.8%
Fitness assessment	61.1%	34.5%
Hearing test	48.6%	32.2%
Body fat	47.4%	27.8%

## DISCUSSION

A health survey was developed and administered to employees in a manufacturing operation in January 2003 to identify high risk health behaviors practiced by employees. This survey also included a number of questions concerned with the issue of health promotion activities practiced in their work place. This allowed us to gather primary data for use in a marketing approach to increase the number of workers participating in our programs. The more that we learn about participants and non-participants of wellness programs the better able we are to zero in on health promotion activities to increase participation in the programs

The heart of the marketing model involves a consumer orientation in product or service development. This approach requires an inventory and organizes the various influences that motivate an employee to participate or not participate in wellness programs at the worksite. The top three areas of interest by those surveyed were nutrition, physical activity and weight management. Employees that went beyond high school in their education were more interested in all three topics. Females were more likely than males to be interested in nutrition and weight management

Education was significantly related to health promotion activities and employees with more education were more likely to participate in all health promotion activities. The survey also revealed which health screenings survey participants were most interested in completing. Participation in the newly developed health programs has been quite low. There is now an attempt to market the employees about the value of these programs to produce better health for them and their family members. These tools include a voice narrated web site which provides education about the major health problems discovered by the survey and offers potential solutions to these problems. A monthly newsletter was developed which contains health information for employees and their family members. Several employees are also being trained in disease prevention, motivational techniques and health care marketing skills needed to motivate employees and answer their health-related questions.

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---

## **Authors' Index**

Healey, B .....	1
Marchese, M .....	1