Workplace Health Promotion and Utilization of Health Services

Follow-up Data Findings

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Abstract

This article reports findings from a workplace substance abuse prevention program designed to investigate best practices. The study sought to assess the effects of the worksite wellness program and employee assistance program (EAP) on healthcare utilization and costs, identify predictors of outpatient costs and visits, and assess the effect of the intervention on health attitudes, behaviors, and behavioral health-related costs and visits. Results indicated that visits to the EAP increased as did overall healthcare visits, that utilization of healthcare services and costs were higher in the population receiving substance abuse prevention intervention, and that employees in the substance abuse prevention intervention reported lower heavy drinking and binge drinking. Data suggest that substance abuse prevention may result in higher healthcare costs and utilization in the short term, but a reduction in health risk behaviors such as heavy drinking may result in lower healthcare costs and utilization in the long term.

Background and Significance

Although most heavy drinkers and users of illicit drugs are working adults, workplaces seldom provide substance abuse prevention messages and materials to employees—even though a variety of other health issues are addressed through workplace-based health promotion and wellness programs. The omission of substance abuse prevention in the workplace is generally attributed to the stigma attached to substance abuse. Yet, during the past several years, research conducted by the authors' group and others has demonstrated that when substance abuse prevention is integrated into workplace health promotion (stress management programs, cardiovascular health programs, etc), substance abuse rates decline, while improvements occur in the health promotion topics.

The approach of the authors' group is rooted in a conceptual framework that posits a reciprocal relationship between the adoption of a healthier lifestyle (exercise, weight loss, smoking cessation) and the prevention of substance abuse. Moreover, by integrating substance abuse information into the more positive health promotion topics, the stigma typically associated with substance

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abuse is reduced and the appeal of the substance abuse topic is enhanced for both employers and employees.

The general goal of this study was to assess the effects of a substance abuse prevention intervention integrated into a workplace-based health promotion program on employees’ substance use and healthcare utilization. In some contrast to previous research, this study sought to provide substance abuse prevention messages and materials in a multitiered set of interventions, including employee health promotion seminars, mailings to all employees, supervisory training, etc—multiple interventions that would collectively reach virtually the entire workforce.

In addition, the study was designed to explore employee characteristics associated with the utilization of employee assistance program (EAP) services and healthcare. Initial findings on the correlates of healthcare utilization were presented in an article previously published in this journal. In that regard, this article follows up on the demographic and employment-related factors influencing behavioral healthcare and extends this work to include utilization of EAP services and the impact of this service utilization on behavioral healthcare.

The identification of factors that influence healthcare utilization is of interest to employers, hospitals, physicians, health maintenance organizations, and medical insurers. This interest is motivated by a desire to contain medical costs, to reduce the incidence of preventable illnesses, to improve worker health and productivity, and to learn more about the relationship between modifiable risk factors and individual healthcare utilization.

The current study offered employee health promotion and substance abuse prevention through a joint effort with the corporate wellness/EAP department. This project built upon earlier health promotion projects and extended the work to include managed healthcare data. The research questions addressed in this article are 3-fold. First, the cost effects of EAP visits on healthcare utilization were assessed. Second, analyses designed to identify predictors of outpatient costs and visits for total visits (all causes) and for visits that were related to treatment for substance abuse or mental health diagnoses (SA/MH visits) were conducted. Third (though perhaps most important), the effects of the multitiered intervention on self-reported attitudes and behaviors and on substance abuse and mental health-related costs and visits were assessed. As such, this study represents a step toward better understanding the relationship between health promotion, substance abuse prevention, self-reported attitudes and behaviors, and the utilization of both EAP and behavioral healthcare services in employee populations.

**Methods and Data**

The primary design of the study was a longitudinal quasi-experimental design, comparing employees in the main office of a property casualty insurance company (the experimental site) with employees at a similar office of the same company (the comparison site) on several outcome measures at multiple points over a 2-year period. At the experimental site, health promotion programs (stress management, healthy eating, etc) included substance abuse messages and materials, most of which were videos and print materials specially developed by the research team. A full description of methodological issues associated with this project has been published elsewhere. The health promotion programs were also presented at the comparison site, but without the substance abuse prevention material. At both sites, the health promotion programs were called Prime Life 2000.

The primary dependent measures were substance abuse attitudes and behaviors as measured on a self-report survey and healthcare cost and utilization data provided by the company’s managed care organization (MCO). Human resource (HR) data on performance ratings, turnover, absenteeism, and disciplinary action were also collected; however, given some organizational and procedural changes that occurred during the course of the study, these data were not suitable for comparative analysis.

The main dependent measures were the self-report data collected on 2 occasions from the entire workforce at the experimental and comparison locations. A total of 1167 employees (full-time