

Chronology of the Steelcase Wellness Study

Written by Dee W. Edington

Director, University of Michigan

Fitness Research Center

In the spring of 1982 one of the Steelcase risk management executives attended our first Worksite Wellness Conference. Following the conference and visualizing the potential, he invited us to come to Grand Rapids to discuss the possibilities of Steelcase offering a wellness program for their employees. Later that year and during the first part of 1983 we worked with Steelcase to build a strategic plan for wellness.

Steelcase approached the issue as we think all organizations should: build a healthy culture; a culture where employees work in an environment which facilitates personal growth and development. The strategic approach was to work to create the order to measure progress. Steelcase authorized the initiation of a 10-year study. The first two years of the health care cost data were discarded because of unusable records of the insurance company, delaying the start of the integrated wellness tracking system until 1985.

In 1985 all Steelcase employees were offered an opportunity to participate in a Health Risk Appraisal which evaluated their health risk and lifestyle behaviors. Consequently, the employees were offered lifestyle behavior change programs if they were interested in change. Tracking systems were set up to monitor individual employees risk, absenteeism and health care claims costs. High risk individuals were referred to a third party health organization which contacted individuals to facilitate change.

Based on the results of the health risk appraisals in 1985, each employee were classified as high risk, low risk, or a non-participant. Healthcare claims costs were monitored for 1985, 1986, and 1987 and individuals were classified as high cost or low cost according to if they fell above or below the average cost for the organization.

In 1991 the results of Phase I of the study were published. The results demonstrated that high risk individuals were also high cost. This is not as trivial as it may appear since risks are typically classified as health risks related to future chances of disease. For the same health risks and behaviors to be related to cost is truly remarkable. Several other articles and presentations were made regarding the Steelcase data, including a 1992 article in the Journal of Occupational Medicine, documenting the relationship of high risk behaviors to absenteeism.

The major question facing the wellness profession and health care cost containment is, "If health risks are reduced will health care cost follow, and, if so, in what time frame?" The reason the University of Michigan and Steelcase Inc. decided to present these data in a press release was that for the first time, the answer to this all important question is available. Phase 2 of this longitudinal study provided the results.

In 1988 all Steelcase employees were again given the opportunity to complete a health risk appraisal. From that health risk appraisal employees were again separated into high and low risk. We followed the health care costs for the next three years including 1988, 1989, and 1990. At the conclusion of the Phase 2 portion of the study, it was documented that those individuals who were high risk in 1985 and remain high risk in 1988 remained high cost during the 1988-1990 time period. For those individuals who were high risk in 1985 but changed to low risk in 1988, their health care costs were reduced to low cost. Those individuals who were low risk in 1985 and remained low risk in 1988 remained low cost. Finally, those individuals who were low risk in 1985 and became high risk in 1988, became high cost.

The results of the Phase 2 study currently supports the notion that if individuals change from high risk to low risk their health care claims cost will also change from high cost to low cost over a three year period. This single important results was enough to suggest to Steelcase and the University of Michigan to proceed with a news release on these results.

Two unexpected and important results also came out of the Phase 2 study. The first unexpected result was related to what happened to the low risk individuals. For those individuals who were low risk in 1985 some remained low risk by 1988 but others changed to high risk. This is an important finding for corporations and their wellness programs. The message is to pay attention to those people who are already low risk. Programs need to provide activities for these people so they maintain their low risk status. If left unattended, many will change to high risk and subsequently high cost.

The second unexpected major finding suggests a new way to evaluate the success of wellness programs: compare the number of people who change from high risk to low risk to the number of people who change from low risk to high risk. If an equal number of people are changing in the two directions then the program is essentially standing still.

Phase 3 is awaiting the results of the third year of health care claims costs (1993) and Phase 4 is beginning with collection of the health risk data for 1993.