Workplace Health Promotion: Negotiating the Ethical Tightrope

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Background

• Workplace health promotion programs (WHPPs) continue to grow in popularity
• WHPPs seek to help employees stay healthy, control risks, and manage existing conditions
• From the very beginning, health promotion efforts in all settings have raised a number of ethical issues
• Recent efforts to enhance the uptake/effectiveness of WHPPs have brought some of these issues back to the forefront
Outline

• Examine the territory occupied by WHP: Where its been and where it is
• Examine the ethical issues that have been raised specific to WHPPs
• Review some of the laws and regulations that apply to WHPPs such as ADA and HIPPA
• Examine some of the major sources of guidance for designing, implementing, and evaluating WHPPs
• Offer a set of recommendations for addressing and minimizing ethical concerns
WHP: Then and Now

Health promotion essentially outgrowth of health education
• **HE** = providing learning experiences that foster voluntary behavior change
• **HP** = behavior change but also the importance of social, economic, and environmental conditions that facilitate/impede health

Siegerist (1945): “Health is promoted by providing a decent standard of living, good labor conditions, education, physical culture, means of rest and relaxation.”

The Ottawa Charter (WHO, 1986): “Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental, and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment.”

In the U.S. we have tended to emphasize the individual over the environment. Individual behavior change and responsibility
WHP: Then and Now

• Early WHPPs typically involved simple educational and behavior change activities with participation voluntary

• As WHP has developed in the U.S., individual behavior change has remained central with programming increasingly more multi-dimensional and evidence-based

• Current landscape is dynamic:
  • comprehensive/integrated programming
  • tracking and analysis of biometric/financial data
  • participation and outcome-related incentives
  • involvement of insurance companies and third party providers
  • Creating cultures of health

As employers make greater investments in WHP, they expect greater returns
WHP Ethics: There are more questions than answers here, but true progress requires awareness and acknowledgement and strategies for addressing
Ethical Issues

In 1978, *Health Education Monographs* devoted an entire issue to ethical issues in health education and lifestyle interventions. Other discussions followed in the 1980s and again most notably during the previous several years.

**Enduring Issues**
- Privacy/confidentiality
- Coercion/voluntariness
- Victim-blaming/stigmatization
- Conflicting loyalties

**Other Issues**
- Unintended consequences
- Paternalism
- Corporate social responsibility
Privacy/Confidentiality

• WHPPs often collect and use personal health data
• These data useful for determining risk levels, tailoring interventions, and assessing progress/effectiveness
• What is proper/improper use? – who should data be shared with?
• Does use of aggregate data protect the individual?
• What about protection against data breaches?
• Increasing capabilities to combine data from multiple sources: phones, fitbits, websites, sensor embedded badges, genetic testing
Coercion (voluntariness)

• Early WHPPs were voluntary
• Are even voluntary programs really voluntary in the context of the workplace?
• Is an incentive to participation a penalty for not participating?
• Coercion in spotlight today with increasing use of incentive to boost participation and results
• Is “pay for performance” appropriate in the health arena?
Use of Financial Incentives or Penalties (Claxton et al., 2015)

<table>
<thead>
<tr>
<th>Program Element</th>
<th>Small Firms (3-199 workers)</th>
<th>Big Firms (200 or more workers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HRA completion</td>
<td>29%</td>
<td>62%</td>
</tr>
<tr>
<td>Program participation or completion</td>
<td>15%</td>
<td>38%</td>
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</table>

In 2007, 66 percent of insurers indicated that they were somewhat or very likely to employ incentives for health enhancing behaviors and 44 percent said they would probably charge higher premiums for members with characteristics that put them at higher risk (as cited in Mello & Rosenthal, 2008)
Use of Incentives in WHPPs

Among Large Firms, Distribution Of Incentives Employees Can Receive For Health Promotion Programs, 2015

Victim-Blaming/Stigmatization

“to the victim belongs the flaws” Editorial in AJPH (Galanter, 1977)

• Do we focus more on the victims than the problems? Is that the easier path?
• Are all people equally in control of their lives and circumstances?

Allegrante and Sloan (1986) “the use of behavior change strategies must be balanced with enlightened management practices designed to address organizational-level factors contributing to health risk and approaches that foster the empowerment of workers to engage in system-challenging responses”
Conflicting Loyalties

• WHP professionals – Who are they responsible to? Their employer or their participants?

• How is their performance assessed” Program participation rates, outcomes, costs?

• In many respects, WHP has become a commercial enterprise

• Care is needed in how it is advertised and what kinds of promises are made to employers and employees (simple, effectives, non-disruptive, suitable for all employees)
Unintended Consequences

• Current actions designed to encourage WHP participation/outcomes may end penalizing some workers – low wage workers, those with serious health problems

• WHPPs may create unrealistic expectations and consequent disappointment and frustration

• Some WHP initiatives may increase near-term health care costs for both employers and employees – e.g., biometric screenings and follow-up
Paternalism and Corporate Social Responsibility

- Do WHPPs represent employer intrusion into areas where they have limited legitimate control: lifestyle, personal health behaviors, biologic/genetic characteristics?
- WHPPs sometimes presented as examples of good corporate social responsibility
- Do WHPPs represent inappropriate expressions of social control and/or corporate jurisdiction?
Relevant Federal Legislation

Including:

• ADA – Americans with Disabilities Act
• HIPAA – Health Insurance and Portability and Accountability Act
• PDA – Pregnancy Discrimination Act
• GINA – Genetic Information and Nondiscrimination Act

All of these laws were designed to minimize discrimination on the basis of health or disability

But these laws are all complex with multiple provisions – thus, there are gaps, oversights, and inconsistencies
Legislative Complexities: Examples

ADA: “safe harbor” provision for WHPPs conducted in conjunction with a benefits plan. Such programs are exempted from certain ADA restrictions on unnecessary medical examinations and inquiries contained in the workplace clause of ADA.

Patient Protection and Affordable Care Act (PPACA): in spirit of promoting WHPPs, some employees may face choice of providing personal health data or paying a fine of up to 30% of the cost of their insurance plan.

(see Brown, 2017)
Moving Forward

There has been no shortage of advice on how to design and conduct WHPPs, but ethics have not been a central topic

For example:

• There have been a number of benchmarking studies of WHP best practices (e.g., Goetzel et al, 2007; Kent et al, 2016; Pronk, 2014)

• Evaluative scorecards have been developed (e.g., CDC; HERO)

• International guidance is also available (e.g., ENWHP; EU-OSHA)
Benchmarking Studies
(from Kent et al., 2016)

1. O’Donnell et al., 1997
2. Goetzel et al., 2007
3. Terry et al., 2008
4. Sparling, 2010
5. DOD – Attitude Inc., 2013
6. NIOSH, 2014
7. Pronk, 2014
8. Fonarow et al., 2015
### Best Practices from Benchmarking Studies (adapted from Kent et al., 2016)

<table>
<thead>
<tr>
<th>Practice (selected)</th>
<th>Study 1</th>
<th>Study 2</th>
<th>Study 3</th>
<th>Study 4</th>
<th>Study 5</th>
<th>Study 6</th>
<th>Study 7</th>
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<td>Effective communications</td>
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<tr>
<td>Participatory decision-making</td>
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WHPP Guidance

• Confidentiality and participation emphasized in only two of eight benchmarking studies
• These two studies are also among the most recent
• European guidelines are similar in terms of emphasis on business objectives, comprehensiveness, communications, etc., but assign greater importance to participation and job design and work organization. Confidentiality not major feature
• Participation also included in discussions of health culture and integrated programming
Health Culture

• Building or improving the health cultures of organizations has become a popular topic, however, the body of direct research is quite limited

• Some would argue that the practices denoted in the benchmarking studies represent attributes of a positive/supportive health culture

• Conventional thinking on organizational culture would point to policies and practices enacted by the organization as key ingredients

• Discussion of health culture frequently mention the importance of communication and trust building
No magic or fool-proof formula for eliminating or controlling all ethical issues in WHPPs
Recommend a four step process to help build trust, effective two-way communication, and meaningful participation.

*Trust, communication, and participation* are often mentioned as important but seldom discussed in any detail.
1. Recognize/understand ethical & legal issues

• Incorporate into program planning process
• Obtain additional expertise as needed
• Use role playing or other exercises to gain perspective
2. Adopt and disseminate specific policies related to ethics, privacy, etc.

- Describe program policies and procedures
- Specify employee/participant rights
- Provide mechanism or mechanisms for addressing problems or conflicts that might arise
3. Communicate effectively

• Communication planning should be systematic, collaborative, and multi-modal
• Stories and scripts should be prepared
• Consideration should be given to both “sense-giving” and “sense-making” communications
4. Provide opportunities for meaningful participation

- Assess employee readiness to participate in a meaningful way
- Specific training experiences may be needed
- Consider specific participatory models
e.g., Lawler – High Involvement work processes (PIRK Framework)
  - Power – Information – Knowledge – Rewards
  All 4 elements needed. Does little to have employees involved in decision-making if they lack information or power to execute
Thank You

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