Healthiest Maryland Businesses
Maryland Health Quality and Cost Council
January 2010

Why focus on wellness and prevention now?

As our nation considers sweeping health care reforms, Maryland's reform efforts focus on improving both health care and health. Maximizing wellness and prevention is the foundation for improving health and eliminating health disparities for all Marylanders. The health of our workforce is an economic driver of Maryland's fiscal health.

What is Healthiest Maryland?

Healthiest Maryland is a statewide movement to create a culture of wellness—an environment that makes the healthiest choice an easy choice.

There are three components of Healthiest Maryland-- Healthiest Maryland Businesses, Healthiest Maryland Schools, and Healthiest Maryland Communities. Healthiest Maryland Businesses is the cornerstone of the Healthiest Maryland initiative.

Healthiest Maryland Businesses recruits business leaders to conduct a self-assessment and provides referral to resources and technical assistance through online tools and ambassadors. Workplaces that are exemplary or make substantial improvements will receive public recognition by the Governor and Lieutenant Governor, media, and events such as "Capital for a Day."

Who can be a partner in Healthiest Maryland Businesses?

All CEOs, owners, and other decision makers who employ Marylanders are invited to join the Healthiest Maryland movement by completing an online version of the Health Management Initiative Assessment http://prevent.org/content/view/30/57/, a survey developed and validated by the Partnership for Prevention, and signing a commitment letter.

Businesses with exemplary workplace wellness policies and practices that they are willing to share with others can become ambassadors.

When can I join?

An April 2010 launch of the Healthiest Maryland campaign is planned. Potential ambassadors are being recruited now.

For additional information about Healthiest Maryland, please contact your professional organization's designated Healthiest Maryland contact or:

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Did You Know?

Not unlike other states, Maryland is facing a quadruple threat to our fiscal health—an economic recession, an aging population, rising costs of health care, and rising rates of chronic disease. Health care expenditures for chronic diseases account for 75 cents of every health care dollar.[1]

Despite Maryland's high median household income, high levels of educational attainment, and world-renowned health care, Maryland's health status is mediocre. One indicator portending worsening health status is the rising rates of obesity in Maryland adults. Between 1999 and 2008, the obesity rate increased 47%.[2]

Eating healthy, being physically active, and abstaining from tobacco use can prevent[3]

- 80% of Heart Disease and Stroke
- 40% of Cancer
- 80% of Chronic Lung Disease
- 80% of Type 2 Diabetes

According to the Partnership for Prevention:

- The indirect costs (e.g., absenteeism, presenteeism) of poor health can be two to three times the direct medical costs.[4,5,6,7]
- Productivity losses related to personal and family health problems cost U.S. employers $1,685 per employee per year, or $225.8 billion annually.[8]
- A review of 73 published studies of worksite health promotion programs shows an average $3.50-to-$1 savings-to-cost ration in reduced absenteeism and health care cost.[9]
- A meta-review of 42 published studies of worksite health promotion programs shows:[10]
    - Average 28% reduction in sick leave absenteeism
    - Average 26% reduction in health costs
    - Average 30% reduction in workers' compensation and disability management claims costs
    - Average $5.93-to-$1 savings-to-cost ratio

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[1] Centers for Disease Control (CDC), National Center for Chronic Disease Prevention and Health Promotion. Chronic Disease Overview. October 7, 2009. <http://www.cdc.gov/nccdphp/overview.htm>. Accessed [December 10, 2009]

[2] Maryland BRFSS, www.MarylandBRFSS.org

[3] World Health Organization (WHO*)*, Preventing Chronic Diseases: A Vital Investment (Geneva: WHO, 2005).

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[5] Burton WN, Pransky G, Conti DJ, Chen CY, Edington DW. The association of medical conditions and presenteeism. J Occup Environ Med. 2004;46(6) suppl:S38-S45

[6] Pelletier B, Boles M, Lynch W. Change in health risks and work productivity over time. J Occup Environ Med. 2004;46(7):746-754

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[8] Stewart WF, Ricci JA, Chee E, Morganstein D. Lost productive work time costs from health conditions in the United States: results from the American productivity audit. J Occup Environ Med. 2003;45(12):1234-124

[9] Aldana SG. Financial impact of health promotion programs: a comprehensive review of the literature. Am J Health Promotion. 2001;15(5):296-320

[10] Chapman LS. Meta-evaluation of worksite health promotion economic return studies. The Art of HealthPromotion. 2003;6(6):1-16