The American Corporation as a Surprisingly Suitable Venue for Integrative Health & Wellness

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Abstract

Rapidly rising American healthcare costs and dramatic increases in chronic disease are causing several organizations to consider new models for healthcare. Yet, many models are myopically focused on improving biomarkers, cannot thrive within the existing medical model, or require widespread culture shifts to be successful. This paper presents the Integrative Employee Wellness model – a framework for integrative health and wellness that is centered within the American corporation. Implementation of the Integrative Employee Wellness model does not require widespread paradigm shifts, but rather takes advantage of existing systems and infrastructure and is in full alignment with the 2010 Patient Protection and Affordable Care Act. The Integrative Employee Wellness model creates greater possibility for sustainable health improvement by providing for an integrative health coach who educates, supports, and guides individuals in using existing conventional and alternative medical care, while also considering other self-care activities that create whole-health in body, mind, and spirit. The model takes advantage of existing employer-provided health insurance and employee wellness programs, and the resulting productivity gains that can be realized from a healthier workforce. After describing the model, the author concludes the paper with an implementation discussion.

Key words: employee wellness, corporate wellness, integrative medicine, integrative health, integrative wellness, health insurance, health care costs, coaching, health coaching, holistic health, CAM, complementary and alternative medicine, health care reform, mind-body medicine, Patient Protection and Affordable Care Act.
Our bodies are machines. Or so said Rene Descartes, Isaac Newton, and others during the Scientific Revolution of the Seventeenth Century when it was proclaimed that the body was split from mind and spirit. Thinkers of this time suggested that only matter was real – since it was viewed as objective, quantitative, and measurable, it could therefore be comprehended. Conversely, the “immaterial universe” comprised of “feelings, emotions and human consciousness, were seen as subjective and qualitative,” and therefore outside of the realm of human understanding (Robison & Carrier, 2004, p. 26). While it may initially seem irrelevant to speak of Seventeenth Century philosophy, the views of these reductionist thinkers have formed the foundation and continue to guide the practices of today’s conventional American healthcare system. A person’s emotions, story, meaning, or capacities as her own healer are often relegated to insignificance as we turn to the expertise of modern medicine to fix what is wrong with our bodies or our minds. If our arteries are blocked, there are stents and surgeries that can fix that. If our blood pressure is high, drugs can lower it. While these measures often greatly improve longevity and quality of life, we have approached a point in our development where we must transcend the split of body from mind and spirit, and begin to construct a healthcare system that strives for the creation of health and embraces the whole person. And we must do it before the existing healthcare system implodes.

Although the Federal government and various organizations are making some progress in their work toward improving our health and rescuing our healthcare system, many are falling short. For example, numerous programs focus on specific interventions such as smoking cessation or weight loss. The latest Federal healthcare legislation deals primarily with one issue – health insurance reform. While slowly moving us in a new direction, this myopic focus on very specific interventions results in only a slight upgrade from the disease-care model of
healthcare we have today, making it challenging to truly stem the health crisis we are in. What is needed is a more integrative approach that supports people in making widespread and long-standing changes in their lifestyles and their prioritization of health. Integrative medicine (IM) centers and mind-body approaches to health have increased in popularity over the past couple decades, and are showing promise. Yet, while these programs and centers are achieving improved health outcomes, they are at the same time having difficulty financially sustaining themselves. IM centers are largely positioned within the context of a conventional medical model, and must contend with existing insurance regulations that do not support the extra attention that must be paid to the patient or client.

On the other hand, American corporations have a surprisingly significant infrastructure that makes them a suitable venue from which to launch an integrative approach to health. Corporations insure 176 million Americans (2008), many already have employee wellness programs, and companies have a vested interest in the health of employees and the resulting productivity gains that can be realized (Associated Press, 2009, para.10). Corporate resources and infrastructure, coupled with Federal healthcare reform legislation that provides for tools, technology, best practice models, and funding for employee wellness programs, results in the corporation being an interesting foundation on which to build an integrative health model. Within this context, I am proposing an integrative, person-centered approach to health that is centered within corporations. This new model, named the Integrative Employee Wellness (IEW) model, could positively impact the health of millions of people, and offers the promise of reduced health care costs as a result. The IEW model employs an integrative health coach who educates, supports, and guides individuals in choosing habits and services that result in health improvement. The health coach takes an integrative, whole-person approach to health,
developing a customized health plan in partnership with each individual, and helps people to access the best in conventional and complementary healthcare services, coupled with lifestyle practices that feed mind, body, and spirit. The health coach is available through a corporate benefits program, and people still make use of existing medical care outside of the corporation.

**Issues and Trends**

Before reviewing the details of the proposed model, it is important to understand the context within which it is arising. News reports have made us well aware that chronic illnesses such as diabetes and heart disease are on track to cripple our economy and health care system, as it is predicted that if left unchecked, chronic disease alone will “cost the U.S. economy over $4.1 trillion annually in treatment expenditures and lost economic output by the year 2023 (Partnership to Fight Chronic Disease, 2008, p. 46). The Centers for Disease Control estimate that up to 80% of chronic disease can be prevented through changes in lifestyle (pp. 54-55). As a nation, we are heavier and more sedentary than we have ever been, which greatly contributes to our risks for disease, and according to the Centers for Disease Control, has resulted in a two-thirds increase in healthcare spending within the past 20 years (pp. 38-49). The average American takes 12 prescription drugs each day (2007) and most drugs are designed to suppress body function so we no longer experience symptoms, while ignoring what is causing those symptoms to arise (Kaiser Family Foundation State Health Facts website, 2008).

In addition, we’ve observed that fixing and suppressing our body functions is big business – pharmaceutical and health insurance companies occupy 11 spaces on the Fortune 100 list, and represent four of the top 25 companies (CNN.Money.com, 2010). But is there health within this big business? Unfortunately, it doesn’t seem to be quite as plentiful as we might imagine. It is estimated that 45% of Americans suffer from one or more chronic diseases (Wu
& Green, 2000). Plus, the online journal ClinicalEvidence (backed by the British Medical Journal) recently conducted a research literature review of the effectiveness of 2,404 commonly used medical treatments (see Figure 1), and found that the effectiveness of the majority of treatments (51%) is “unknown,” while the literature showed only 11% of the most common conventional medicine treatments to be “beneficial” (ClinicalEvidence, 2010). This data is troubling at best.

Figure 1: Efficacy of 2,404 commonly used medical treatments (ClinicalEvidence, 2010).

We are fast approaching a tipping point, and change is paramount. Trends indicate that change is on its way, and many organizations including the Federal government, are approaching the issues from different entry points. For example, integrative medicine (IM) centers, which will be discussed in more detail in a later section, have grown in popularity during the last 20 years. IM centers focus on whole-person health – attending to more than the physical body, calling for a renewed attention to healing, and using a variety of modalities of care (Maizes, Rakel, & Niemiec, 2009, p. 277). Insurance companies are increasingly covering Complementary and Alternative Medicine (CAM) care, with services such as chiropractic, acupuncture and massage therapy – which tend to have a stronger evidence-base – being the most common. Coverage varies, with some insurance providers offering discounts on CAM
services rather than providing CAM coverage that is comparable to conventional care (Nahin, Barnes, Stussman, & Bloom, 2009, p. 4).

The nation renewed its focus on healthcare earlier this year with the passing of the 2010 Patient Protection and Affordable Care Act. While the act provides for enhancements in the way insurance companies do business, what is in some ways more interesting and exciting for the improvement of America’s health is the bill’s inclusion of prevention and wellness language. The bill calls for establishment of a “National Prevention, Health Promotion and Public Health Council” who are tasked with developing:

> a national prevention, health promotion, public health, and integrative health care strategy that incorporates the most effective and achievable means of improving the health status of Americans and reducing the incidence of preventable illness and disability in the United States. (Patient Protection and Affordable Care Act, 2010, Title IV, Section 4001, pp. 420-421).

Further, the Council will be comprised of a diverse group of “integrative health practitioners,” including those with expertise in worksite health promotion, health coaching, preventive medicine and community health (pp. 421-422). As stated, the act also provides support for employee wellness programs.

Health coaching is growing in popularity, but is a fledgling industry that is still defining itself (Lawson, 2009, pp. 16-17). However, it is becoming increasingly common for health coaches to be employed by insurance companies, and – to a lesser degree – by corporations (pp. 16-17). In addition, health coaching certification programs are increasing, including education being offered at prestigious universities like Harvard and Duke.

The Bravewell Collaborative, which is an integrative medicine advocacy organization that endeavors to “bring about optimal health and healing for individuals and society” has created the Healthy Nation Partnership (Bravewell Collaborative, 2009a, para. 1). The group is
comprised of public and private organizations such as the Institute of Medicine and the AARP, working with leaders and citizens to improve Americans’ health and well-being. In doing so, the Healthy Nation Partnership is hoping to ensure “our nation’s future prosperity” because a healthier nation will result in lowered healthcare costs (Weeks, January 20, 2010, para. 2; Bravewell Collaborative, 2009).

While these and other organizations are moving toward transforming healthcare in America, conventional and emerging models may fall short in a several key areas:

- Not taking an integrative approach, but rather focusing narrowly on a certain lifestyle choice such as smoking, or on a specific biomarker such as weight or cholesterol levels.

- Requiring an individual to make lifestyle changes toward health, but not necessarily meeting the person where she is, nor supporting her long-term. An example might be a healthcare practitioner asking a 100% -sedentary person to exercise for 30 minutes three times per week – beginning tomorrow – and then checking back with the individual a month later and finding she is still sedentary.

- May contain integrative elements designed to improve overall health, but require the patient to be the “integrator,” without providing any tools for her to do that. For example, a couple having trouble with fertility is using two services – in-vitro fertilization and acupuncture. The practitioners do not collaborate with one another, and further, they contradict each other’s recommendations.

- Not necessarily treating an individual as a wise partner in her health creation, such as a physician spending 10 to 15 minutes with a patient complaining of headaches.
and sending her home with a prescription for an antidepressant when depression was not among her chief complaints.

- Requiring a widespread paradigm shift to be effective, such as programs that rely upon Federal legislation or dramatic changes in culture to be successful.

**The Emergence of Integrative Health and Medicine**

As touched upon, a more integrative approach to healthcare has been growing and gaining momentum particularly during the past 20 years, with several advocates and organizations creating philosophies and models designed to improve the health of the whole person. Generally speaking, “whole person” in this context means that an integrative approach to health strives for physical health, along with emotional, mental and spiritual health to help deter disease, more quickly recover from illness, and find meaning and happiness in life no matter what our situation. While struggling to gain a foothold within the existing “disease-care” medical and health insurance model, several integrative health pioneers have nonetheless paved the way for others to build upon their foundations. Following is a summary of key integrative health advocates’ viewpoints, along with a brief discussion of the plight of integrative medical centers. These viewpoints inform the development of the proposed IEW model.

**Integrative Health Philosophies**

At the foundation of integrative health is a “salutogenesis” or “creation of health” approach to care, in contrast to the “disease-prevention” mentality that tends to dominate conventional medicine. Salutogenesis is a term that was coined by sociologist Aaron Antonovsky in 1987 to “describe the process of healing that strives toward human growth and development” (Jonas, Chez, Duffy, & Strand, 2003, p. 38). Robison & Carrier (2004) advocate in what they refer to as a “holistic” approach to health, that we emphasize the “relationships
Integrative medicine leader Andrew Weil (2009) advocates honoring the body’s capacity for self-healing and supporting this capacity – as required – with “simple interventions” (p. 52). Weil also emphasizes “whole person” medicine, “in which the mental, emotional and spiritual dimensions of human beings are included in diagnosis and treatment, along with the physical body” (p. 97). Weil cites the practitioner/patient relationship as central to healing, and advocates looking at all aspects of a patient’s lifestyle when assessing health status (p. 97).

In his book, Integral Health, Elliott Dacher (2006) suggests we seek health that is motivated by “a positive state of well-being,” and he identifies the “signs and symptoms of health” as having a sense of inner control, competence, and self confidence, creating and sustaining healthy relationships, and having a sense of meaning and purpose in life (p. 13). Dacher directly contrasts his view with our culture’s tendency to look outside oneself and count on someone else to “fix” the health situation into which we have gotten ourselves (p. 12). He believes in meshing the best external resources, while summoning one’s own internal resources (pp. 12-13).

Ken Wilber (2007) recommends that four perspectives be considered in formulating the solution to any issue: one’s individual-interior perspective (thoughts and intentions), one’s individual-exterior perspective (behaviors), the interior of the collective (culture), and the exterior of the collective (systems) (p. 71).

**Integrative Medicine**

Dovetailing the emergence of integrative health philosophies is the practice of Integrative Medicine (IM), with IM centers popping up all over the country beginning in the early 1990s.
While there is not a universally agreed-upon definition for IM, “commonalities are a reaffirmation of the importance of the therapeutic relationship, a focus on the whole person and lifestyle – not just the physical body – a renewed attention to healing, and a willingness to use all appropriate therapeutic approaches whether they originate in conventional or alternative medicine” (Maizes, Rakel, & Niemiec, 2009, p. 277).

Integrative medical centers tend to take a preventive, person-centered approach and view patients taking personal responsibility for making lifestyle changes as central to the efficacy of their care (Clohesy Consulting, 2003, p. 8). Integrative medical centers offer various services and education from conventional and CAM philosophies, making it easier for a patient to see different practitioners as required. Some IM centers also offer the opportunity for practitioners to collaborate on each patient’s case, thereby enhancing care and partially or fully eliminating a patient’s need to integrate her own care (p. 8).

While an integrative approach to healthcare has been shown to improve health outcomes, and patient and physician satisfaction, IM centers are having difficulty surviving, let alone thriving (Verhoef, Mulkins, & Boon, 2005). About 90% of centers that opened during the 1990s have closed (Zunin, 2008, p. 28). Since then, best practices have been established, but it is still quite a struggle for IM centers to become and remain profitable, as their approach runs directly counter to the conventional “disease-care” medical paradigm that exists today and is rewarded by our health insurance system. Fortunately, a handful of integrative medical centers are surviving while serving thousands of patients, including centers aligned with distinguished universities such as Duke University or University of California, San Francisco (Bravewell Collaborative, 2007, p. 52). Thriving centers are also commonly aligned with large healthcare systems such as
Scripps Health System in California or Advocate Health Care in Illinois (Bravewell Collaborative, 2007, pp. 40 & 61).

While an integrative approach to healthcare is promising, there have also been challenges. Integrative medical centers are having difficulty achieving financial solvency and an integrative approach to health has not been adopted in any widespread way. In addition, there is the issue of access and scale, as integrative medical centers often require self-pay, rely upon relatively narrow best-practice models of success, and as a result can only serve a small subset of the population (Clohesy Consulting, 2003; Bravewell Collaborative, 2007).

**Integrative Employee Wellness Model: A Solution for Integrative, Person-Centered Health**

However, what if we took the premise – and promise – of integrative health and placed it into an environment where millions of Americans could affordably choose to take this type of approach to their health? What if that solution does not require a widespread paradigm shift (i.e. is not dependent on a new or upgraded health care reform bill, drastically changing the way insurance companies do business, or a dramatic shift in American culture)? Instead, existing systems and infrastructure would be uniquely organized – while incorporating trend-informed upgrades – to create deeper integration and better overall health within the existing American healthcare paradigm. Doing so would result in improvements that can be realized within months or years, not decades. With such a solution, it would be possible to improve the health of Americans and stem the tide of chronic disease.

I am proposing a model of integrative, person-centered health that achieves these objectives. Figure 2 provides a visual of the solution, named the Integrative Employee Wellness (IEW) model.
Figure 2: The complete Integrative Employee Wellness (IEW) model. (Please note that the position of arrows within the center box is inconsequential.)

At the IEW model’s foundation are the integrative health philosophies embraced by the advocates described in the previous section, centered within an environment in which integrative health can thrive and scale. Surprising to some, that milieu is the American corporation. Within this health model, an individual receives her health insurance from her employer as usual, and within the framework of a corporate wellness program, has access to an integrative health coach. The coach educates, guides, supports and partners with an individual in developing and taking on a healing plan that includes conventional medical care along with other important factors such as movement, nutrition, relationships, preventive lifestyle measures and more. The healing plan is
customized for the individual based on her health needs and desires. Plus, a significant proportion of the infrastructure required for the model’s success already exists.

It is important to note, however, that while the IEW model calls for corporations to be the locus for integrative health, the intention is not for corporations to bring in-house services that are currently being provided by hospitals, physician’s practices, pharmacies, complementary medicine providers and other healthcare providers. Nor is there an intention for corporations to take on the responsibilities of health insurance providers. Health services such as health coaching and wellness programs would be accessed at the worksite, while medical and other services would be accessed outside of work as they traditionally have been.

The remainder of this paper will speak to key elements of this model, beginning with corporations’ suitability as the venue for an integrative health program, followed by a definition of the terms “integrative” and “person-centered” in the context of the IEW model, and then a summary of the role of integrative health coach. In discussing each element of the model, recommendations will be positioned within existing systems and trends, and the paper will conclude with a discussion of practical paths to implementation.

**Why Corporations Provide Suitable Venues for Integrative Health and Wellness**

Depending on how “healthy” one perceives her work environment to be, she might not count her workplace as central to her health care. But full-time workers spend a large percentage of their lives at work, and usually receive their health insurance through their employer. Plus, employee wellness programs are becoming increasingly popular, and are favored in the 2010 Patient Protection and Affordable Care Act. These factors, coupled with the incentives corporations have for enhancing the wellness of their workforce results in corporations offering a surprisingly optimal venue at which to launch a more integrative, person-centered model of
health care. In Figure 3, the yellow highlighting indicates what services and programs are provided by the corporation as envisioned in the IEW model.

**Figure 3: Integrative Employee Wellness (IEW) Model, with corporate-provided components highlighted in yellow.**

**Corporate-provided health insurance.** American corporations insure 176 million Americans today (2008) and more than half of the United States’ $1.7 trillion annual medical budget (2003) is “in the hands of private corporations” (Associated Press, 2009, para. 10; Weeks, 2006, para. 5). Given these statistics, corporations – and their employees – will be deeply affected as our overall health declines and health care costs spiral out of control.

Corporate-provided health insurance coverage (with employees continuing to pay a percentage of the costs) is a critical component of the recommended IEW model. The 2010 Patient Protection and Affordable Care Act provides for broader insurance coverage and less discrimination based on pre-existing conditions, but still leaves Americans largely at the mercy of what health insurance providers deem necessary to cover. As we know, today’s health
insurance tends to primarily cover conventional medical care, but while in a conventional health care model health insurance is of the utmost importance, it does not hold the same level of prominence in the proposed integrative health model. This is because, when considering health from an integrative perspective, conventional care is only one element of a multi-dimensional solution. Since the goal is to take smaller steps upon which widespread change will be built (rather than trying to implement a paradigm-crumbling solution today), I have approached health insurance in the context of building upon existing systems while also considering trends.

Fortunately, integrative health approaches such as movement, spiritual connection, relationships, mindfulness and community involvement cost little to no money (and therefore do not require any health insurance!). Plus, 75% of Americans today have reported using some kind of CAM services, and there is increasing evidence that people are willing to spend beyond what health insurance covers to receive this type of care (Barnes, Powell-Griner, McFann, & Nahin, 2002). For example, in 2009 Americans spent $33.9 billion out-of-pocket on CAM. This figure represents 11.2% of total out-of-pocket expenditures on healthcare (NIH National Center for Complementary and Alternative Medicine, para. 1).

Corporations with a large pool of employees and clout with their insurance carriers might develop a partnership with a local integrative medical center so employees could take advantage of that approach to health care. Since the proposed IEW model provides for a health coach who partners with an individual long-term, the coach can also assist in developing a healing plan and integrating care across different practitioners and modalities as needed. The health coach’s role within this model will be discussed in more detail in a subsequent section of this paper.

Corporations who implement the IEW model should offer employees insurance plans that enable them to take advantage of the conventional and complementary services offered by
integrative medical centers and individual practitioners. Specifically, following are a few options that corporations could consider for employee health insurance plans, based upon currently available insurance products.

**Preferred Provider Organization (PPO), including some CAM Coverage.** PPO plans are popular among corporations, and often provide employees with more flexibility than HMOs. PPO plans also commonly include reimbursement opportunities for employees who want to use out-of-network providers (My Health Insurance Advisor, 2010, para. 8). A corporation may wish to offer a Flexible Spending Account as well to provide additional options.

**Consumer-Directed Health Plan (CDHP) with Health Savings Account (HSA).** CDHPs with HSAs offer an employee more choice in the selection and purchase of healthcare and generally provide more flexibility for people wanting an integrative approach to care (Blue Cross Blue Shield of RI, 2010, para. 3). For example, a primary care physician diagnoses someone who has CDHP coverage with diabetes and offers them medication. The individual might also be offered through their CDHP additional information about their condition, the opportunity to participate in a program or support group designed specifically for people with diabetes, and nutrition information. The employee may wish to take on a more aggressive nutrition and lifestyle program to try to reverse his diabetes (which the integrative health coach would support her in doing), or she may choose to keep her habits the same and take medication, knowing from the provided information that she is likely heading for insulin dependence. CDHPs allow the individual to decide, based on his values and lifestyle, what a desirable approach and outcome might be (Cross, 2007, para. 8). A health coach provided for in the IEW model could also support an individual in her decision making. CDHPs are coupled with a tax-sheltered HSA, which enables subscribers to save money to pay for medical expenses (qualifying
expenses are often more expansive than the health plan offers, and may include chiropractic, homeopathy, nutrition and more), and which employers may wish to contribute to on the employee’s behalf (Department of the Treasury: Internal Revenue Service (IRS), 2009). Because studies have shown that the overall costs to employers can be lower with CDHPs, an employer may also wish to cover a portion of the CDHP’s deductible, which is a minimum of $1,150 when coupled with a HSA (IRS, 2009; Diamond, 2009, para. 4).

**Corporate wellness programs.** In the proposed IEW model, a corporate wellness program would provide the framework within which the model operates. Wellness programs are becoming more commonplace and wellness services are no longer considered optional to corporations when choosing a health plan (Butcher, 2008, paras. 1-2). Each corporation adopting this model could choose the breadth of wellness services it wishes to offer. Corporate wellness programs often include services such as a fitness center, stress management courses, smoking cessation and weight loss programs, walking clubs, health fairs and nutrition education (Infinite Wellness Solutions, 2008). Depending on the company, wellness offerings run the spectrum, with progressive organizations such as Google offering on-site massages, healthy fresh food, an on-site doctor and more (Google, 2010). Company-offered wellness services dovetail well with the proposed IEW approach to health because, as applicable to an individual’s particular health situation, an employee would have the option to take advantage of services the corporation is already offering. Doing so is convenient and cost effective for the employee. Plus, greater employee participation has been shown to improve the Return on Investment (ROI) of wellness programs, which would benefit the corporation as well (WELCOA, 2010, p. 5). For required services not provided by the corporation, the integrative coach would make recommendations based on her vast knowledge of local resources.
It is important to note that wellness must be embraced within the organization from the top down, and corporate culture should support health while honoring individual choice. Workplace well-being researcher and advocate Dr. Dee Edington recommends corporations carefully craft “the vision for health and well-being, and articulate it throughout the organization” (quoted in WELCOA, 2009, p. 3). William W. George (2009) of Harvard Business School advocates creating a corporate culture “where health is something that is honored and enjoyed” and wellness and prevention become the “essential characteristic of every workplace in America” (pp. 144-145).

Incentives to corporations. Another reason that corporations provide a suitable venue for an IEW approach to health is because they have a vested interest in the benefits of greater employee health and productivity that invariably results from health enhancement programs. According to William W. George (2009), an employer’s first focus in providing wellness and preventive health services should be on moving in the direction of 100% employee productivity (p. 143). With healthier workers and enhanced productivity, health costs naturally decrease. ROI of employee wellness programs that increase productivity by reducing absenteeism and presenteeism (on-the-job productivity loss due to poor health), along with reduced health insurance costs, have been well documented. For example, health and productivity expert Dr. Ron Goetzel states current ROI expectations to be $1.5 to $2 saved for every $1 spent, and advocates using “multi-component health promotion programs that target a variety of risk factors simultaneously” to realize the greatest ROI (quoted in WELCOA, 2010, p. 5).

In terms of presenteeism, a study showed a 28% drop in productivity when employees missed work, but a 72% drop when they were at work while sick (Stewart, Matousek, & Verdon, 2003, p. 1234). Kaiser Permanente has taken to modeling the cost of presenteeism due to issues
such as back pain, depression and arthritis, and has totaled the costs at as much as $21,000 per employee per year (Kaiser Permanente, n.d., p. 2). Figure 4 is Kaiser’s visual comparing “direct” medical costs versus “indirect costs,” including presenteeism.

Figure 4: Comparison of corporate health care costs. Direct medical costs in the form of conventional medical care and medications are compared with indirect medical costs in the form of presenteeism, absenteeism, and short- and long-term disability (Kaiser Permanente, n.d., p. 2).

Though there are only a few programs of its kind, leading integrative medicine advocates and corporate executives are teaming up to explore clinical outcomes and business cost-effectiveness of prevention and disease management programs at corporations, using an integrative approach. Dr. Kenneth Pelletier (2010), a long-standing advocate for integrative medicine, has partnered with the Program in Integrative Medicine at the University of Arizona, which is headed by Dr. Andrew Weil. The team in 1984 founded the Corporate Health Improvement Program (CHIP). CHIP includes more than a dozen top corporations, such as Ford Motor Co., NASA, IBM, Kimberly Clark and Nestle, which each provide a $25,000 grant and participate in research and pilot programs (para. 7). In terms of cost savings, Pelletier stated that “62 of 63 studies of cost effectiveness, cost benefit, and return on investment have shown positive results” (as cited in Dossey, 2009, p. 183). CHIP’s studies have shown the return
usually takes an average of 3.25 years to materialize, which is consistent with data cited by other experts in workplace wellness (p. 183).

CHIP is focusing its efforts on programs with some integration, though their programs are not as extensive as the proposed IEW model (possibly due to research study design). For example, CHIP developed a program for stress management at NASA that includes a worksite assessment coupled with meditation and relaxation programs that employees can utilize (Weeks, Sept. 2006, para. 5). Another CHIP program uses conventional medicine plus chiropractic, acupuncture, mind-body skills and “back-saver education” to help employees at Ford to find relief from back pain (Weeks, 2006, para. 5).

**Defining “Integrative and “Person-Centered” In Context of the Proposed Model**

One distinction of the IEW is its integrative approach, addressing the health of the whole person in body, mind and spirit. An additional distinction is that it is person-centered, and honors an individual’s active participation in improving her health. Figure 5 identifies the areas of the IEW that pertain to “integrative” and “person-centered” concepts. Following are descriptions of these two concepts in the context of the IEW.

**Person-centered approach.** The proposed integrative health model is person-centered, with an individual’s power to choose the type of health care she desires, and her confidence in making health-promoting changes in her life being foundational elements.
Integrative Employee Wellness Model

Figure 5: Integrative Employee Wellness (IEW) Model, with “integrative” and “person-centered” elements highlighted in yellow.

In this model, an individual’s ability to contribute to and direct her own healing is valued as equal to a practitioner’s contribution of knowledge, training, technology and compassion. This person-centered approach honors one’s innate wisdom regarding the optimal healing path for her. As such, an individual choosing to take on self-care practices is central to a person-centered philosophy. While initially, asking an individual to change self-care practices and health habits might seem like a too-dramatic culture shift, this emerging model provides for support and partnership from a integrative health coach, which will greatly increase an individual’s chances of success. In addition, if an individual chooses to practice mindfulness (present moment awareness), taking on self-care activities more naturally follows (Brantley, n.d., para 11). Of course, there needs to be a will on the part of the person, and the corporation must create a top-down culture of health while still honoring and supporting people whether they choose to take on lifestyle changes or not.
This person-centered approach used within the IEW model is adapted from the philosophy of an emerging clinical trend in healthcare, commonly referred to as a “patient-centered” approach to care, which tends to arise most frequently in integrative medicine circles. To provide context, following is an overview of three of the basic tenets of patient-centered care, followed by a discussion of how a conventional model differs.

1. Biopsychosocial perspective: The practitioner asks questions and exhibits a “willingness to get involved in the full range of difficulties patients bring to their doctors, and not just their biomedical problems” (Mead & Bower, 2000, p. 1088).

2. The patient-as-person: A practitioner’s willingness to understand the “individual’s experience of illness,” and relate to the patient as “an experiencing individual rather than the object of some disease entity.” A patient’s story of illness is important, as is attention to the presenting symptoms as well as the “broader life setting in which they occur” (p. 1089).

3. Sharing power and responsibility: There is a shift in doctor-patient relations from that of a “paternalistic” style where physician-knows-best, to a more egalitarian relationship of mutual participation between adults. As such, the patient’s needs, preferences, and wisdom now share center stage with the physician’s knowledge and training (p. 1090).

In clinical settings, studies have shown that a patient-centered approach improved patients’ satisfaction with care simply through the perception that the physician was focused on them, along with a sense that common ground with the practitioner had been established (Stewart et. al., 2000, p. 796). In addition to resulting in greater patient empowerment and satisfaction, studies on a patient-centered approach have also found improved health status and increased efficiency of care due to fewer diagnostic tests and referrals (p. 796).
The person-centered approach I have proposed in the IEW model, in many ways, runs counter to a conventional medical model that might place the “disease” or the physician at the nexus of health care. For example, in a conventional medical model, the health care provider is viewed as the “expert” who disperses her knowledge upon patients during a 20 minute session (The Commonwealth Fund, 2010, para. 1). This approach often leaves patients feeling disempowered rather than motivated. Instead of feeling like one has agency in changing one’s health, a conventional model of health care can often leave us feeling like we are the victim of our genes, or bad luck, and that only the doctor has the power to “fix” our ills (Sierpina, 2009, p. 44). Tracy Gaudet (2009) of Duke Integrative Medicine speaks to the deficiencies of our current “disease care” model, in that it:

inadequately addresses the significance of personal health behavior in maintaining health and preventing disease. Unless health care professionals can help patients understand their sense of meaning and purpose and the sources of joy in their life, people do not alter their lifestyle choices or modify their health behavior (p. 66).

**Integrative approach to health.** In creating the philosophy for the IEW model, I have also taken cues from trends in integrative medicine that place central importance on mindfulness and self-care, and indicate that healthy habits can contribute to illness prevention. Figure 6 highlights the elements of the IEW that pertain to self-care, mindfulness and integrative health.
Figure 6: Integrative Employee Wellness (IEW) Model with self-care, mindfulness, and integrative health services highlighted in yellow.

Dr. Karen Lawson (2009) writes, “it is estimated that our formalized healthcare system affects only about 10% of our measurable health. The remaining 90% of health outcomes is determined by factors over which healthcare providers have little or no control, such as lifestyle choices, social condition and the physical environment” (p. 16). In addition, Duke Integrative Medicine (2009a), places mindfulness at the center of their “Wheel of Health” model, with “mindful awareness of physical, mental, social, and spiritual well-being” as the key to “start the process of positive change” (paras. 1-2).

Specifically, the IEW model of health I am proposing includes the following foundational elements that a health coach might support an individual in exploring as it relates to her health.

*Conventional Medicine.* The “traditional” medical services we have become used to accessing, such as visits to our physician, regular physicals, preventive screenings such as OB-GYN checkups, and pharmaceuticals, surgery, etc.
**Integrative Medicine.** Services provided by medical doctors but also integrating CAM and mind-body therapies, nutrition and more. There is emphasis on the doctor/patient therapeutic relationship, a focus on the whole person and lifestyle – not just the physical body – and attention paid to healing, (Maizes, Rakel, & Niemiec, 2009, p. 277).

**Relationships & Community Connection.** Support systems and relationships are critical to healing (Bradway, 2001, Abstract). Relationships might include family, friends, co-workers, healthcare practitioners and people who make up the larger communities in which individuals are a part.

**Movement & Exercise.** Movement is commonly prescribed as a way to prevent disease or contribute to healing numerous physical conditions. In addition, the psychological benefits of movement and exercise have also been well-documented, with exercise having been shown to enhance well-being, reduce depression and alleviate anxiety (Reed & Henert, 2009, Abstract). The emphasis in this proposed integrative health model would be on identifying movement that is enjoyable for each individual, such as gardening, dancing, walking a dog, or hiking with friends.

**Food and Nutrition.** Food is foundational to the creation of health, and a healthy diet of vegetables, whole grains, healthy protein, etc., considered along with lifestyle and genetics, can greatly contribute whether we end up with a chronic disease for example (Ludwig, 2010). In our day-to-day lives, what and how much we eat can make a difference between how much energy we have every day, the state of our mood, how stress affects us, our physical stamina and more (Ross, 1999, pp. xxi-xxii).

**Mental Health and Emotional Well-Being.** One’s emotional state can have a profound effect on her ability to heal. For example, the field of psychonueroimmunology has shown us
that our emotions can directly affect our biochemistry, with “positive” emotions being associated with our bodies functioning more optimally (Pert, 1999, p. 181). Studies have also found an association with heart problems and absence of love or intimacy, further suggesting a deep connection between psychology and physiology (Perlmutter, 1998, p. 118). In considering mental health and emotional well-being, I am not simply speaking of absence of depression, anxiety, or a clinical mental health condition, but rather the presence of feelings of hope, courage, optimism, and a sense that what one has to say is heard and important that will support someone in taking on changes that move them toward health.

**Stress Management.** Today’s business environments thrive on stress, but humans’ rather primitive physiological stress responses cannot tell the difference between a looming work deadline and an unexpected meeting with a stranger in a dark alley (Sapolsky, 2004). Our bodies react the same in both situations, and stress can potentially affect every system in our bodies – our neurochemistry, digestion, endocrine function, muscle function, cell integrity, our ability to detoxify and more (pp. 5-10). Finding personalized ways to handle inevitable stress is critical to creating and sustaining health.

**Spiritual.** Although it has sometimes been difficult to “prove” exactly “how” spiritual connection or a spiritual practice contributes to health and well-being, numerous studies have found a correlation (Byrd, 1998, Abstract). Each person’s definition and relationship with spirit is different, and to the extent that an individual is interested or willing, this proposed IEW model considers spiritual connection in the equation of healing.

**Mind-Body Practices.** Research has shown a deep connection between the mind’s ability to affect the body’s functioning and vice versa (Gordon, 2006, p. 147). Mind-body medicine relies on what the individual can do for herself in the form of self-care activities that might
include yoga, visualization, tai chi, biofeedback and meditation (pp. 147-149). Mind-body techniques have been shown to decrease blood pressure, decrease the intensity of asthma attacks, support immune function and change mood (p. 148).

**Healing physical environment.** A healing physical environment can encompass many factors, from placing photographs of loved ones and plants at our desks, to an ergonomic workspace, proper feng shui in our homes, an electronics-free bedroom and using all-natural cleaning and self-care products. Leaders from the Samueli Institute, who are focusing on creating optimal healing environments in healthcare, cite the following factors as important to consider in a “healing space” that supports health: architecture, color, relationship to nature, sound, music, art and light (Jonas & Chez, 2004, p. S-5).

As previously mentioned, in this IEW model of health, health services such as coaching and wellness-program services would be accessed at the worksite, while medical and other services/activities would be accessed outside of work as they traditionally have been. Figure 7 highlights the elements of the IEW related to health coaching.

**The Critical Role of Integrative Health Coach**

Central to the proposed model of IEW is the opportunity for each employee who desires it to initiate a long-standing relationship with an integrative health coach.
Figure 7: Integrative Employee Wellness (IEW) Model with integrative health coach elements highlighted in yellow.

As health coaching is an emerging profession, different organizations have various takes on exactly what a health coach is or does. For example, Managed Care Magazine reported that in 2006 health coaches were explaining deductibles, helping people to choose physicians and trying to “turn high-risk members into health-conscious decision-makers” (Butcher, para. 2). CIGNA HealthCare (2007) described their health coaches as providing feedback on health screenings (such as measurements of glucose levels, cholesterol and blood pressure), facilitating understanding about what the results may mean, and offering “specific and personalized information to help them take action” (para. 4). The 2010 Patient Protection and Affordable Care Act mentions health coaches but gives no indication as to what role they are to serve (Title IV, Section 4001, pp. 422). Tracy Gaudet (2009) of Duke Integrative Medicine advocates for healthcare teams that are not necessarily centered around a physician. Gaudet suggests that an integrative health coach can fill a currently unmet need in the system as “a professionally trained provider whose expertise is in partnering with patients to help them enact the lifestyle changes

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and behavior that result in better health” (p. 67). Among the most progressive definitions of health coaching today comes from Dr. Karen Lawson (2009) of University of Minnesota, who describes integrative health coaches as:

professionals who apply the tenets of the coaching process to meet the needs of people actively seeking to improve their well-being in the midst of complex and often confusing healthcare options. It is practiced from a holistic perspective that sees each person as intrinsically healthy, whole, wise and the ultimate expert in his or her healing journey. It also applies an integrative philosophy that supports the client’s utilization of practices from the broad spectrum of healthcare, from conventional to complementary (p. 17).

Dr. Lawson’s definition of coaching most closely resembles the recommended approach in this IEW model of health. Also present is a long-standing relationship between coach and employee, such that the coach can help people over time as various health and wellness issues arise. In addition, the coach is able to meet with individuals in person at least part of the time, which helps to enhance trust. The integrative health coach’s caseload should be manageable such that she can develop personal relationships with people. In this IEW model, the health coach would provide three primary functions:

1. Serve as an “integrator” or “navigator” who helps the individual look at her health holistically, and helps map out an integrative healing plan based on an individual’s unique health situation, desires and needs.

2. Meet the individual at whatever stage of change she is at and support her in making changes in her health and her life at a speed that is comfortable to her.

3. Provide resources and educate individuals on healthy self-care practices such as healthy eating, mindfulness, stress management, or others specifically related to their health condition.

**Integrative coaching versus conventional coaching.** Following is a discussion of how the integrative coaching role as defined in the IEW model differs from a “conventional” health
coach, yet aligns with emerging trends in integrative health and medicine. The coaching role and relationship that is central to the IEW model builds upon these trends but provides for upgrades in several areas. For example, while in recent years both health insurance companies and corporations have been increasingly offering health coaches as part of an insurance benefit or corporate wellness program, and are seeing the value of supporting individuals in making positive changes to move toward health, the coach’s scope is limited. Coaches are most commonly hired for specific interventions related to risk management, such as weight management, smoking cessation or stress management (Healthcare Intelligence Network, 2009, p. 22). A “conventional” coach’s scope is often limited to change in physical risk factors such as weight, cholesterol levels, or number of alcoholic beverages consumed each week. While targeting risk factors does improve health and save money ($500+ for every health risk factor reduced), an integrative model creates greater possibility that the changes will be sustained – thereby creating ongoing savings over time. Plus, the long-standing relationship with integrative coach that is provided for in the IEW model creates opportunity for an individual to identify additional areas of change and be well supported by a trusted coach-partner. In contrast, the majority of coaching programs today are conducted over the phone, whereas coaching in a corporate environment can allow for greater in-person interactions and faster relationship and trust building. In addition, “conventional” client-to-coach caseload can be quite large, with Hummingbird Coaching Services reporting that each coach may work with 400 to 500 active cases per month, often aided by electronic tools to keep track of everything (pp. 21-22). An integrative, person-centered approach naturally calls for a smaller caseload.

Although today a typical health coach employed by a corporation or insurance company often operates a bit differently than they would using the proposed IEW model, two of the
leading integrative-focused health coaching education programs (Duke Integrative Health and University of Minnesota) both train their health coaches to serve in the key capacities recommended in the IEW approach to health (Duke Integrative Medicine, 2009b, paras. 3-4; University of Minnesota Center for Spirituality & Healing, 2010, para. 4).

To provide clarity as to how an integrative coach’s roles might play out in an IEW coaching relationship, following is an integrative coaching illustration for an employee who has been newly diagnosed with diabetes.

**Integrative coaching case study.** John is a 57-year-old executive who is married with children who live away from home. His doctor has prescribed medication to control his diabetes, and he does not need to be dependent on insulin at this time. His doctor has also suggested a new diet and increased exercise. John didn’t know how to begin, so he decided to take advantage of his company’s health coaching service.

At the beginning of the meeting, John expressed anger with the diagnosis. The integrative health coach listened to his story, which nobody had done in the past. Then the coach asked John what he wanted to focus on. He said that from his conversation with his doctor, it sounded like diet is pretty important to managing his blood sugar so he wanted to start there. He also said he and his wife eat out most nights, which makes it more difficult to choose the right meal. The coach asked if he or his wife liked to cook, and he said that his wife used to cook more often when the children lived at home. With the coach using a motivational interviewing technique, John came up with the idea of asking his wife to cook a diabetic-friendly meal once per week. As John had always prided himself as the strong provider of the family, he was a little bit uncomfortable asking this help of his wife, but decided that it was something he could take
on. The coach offered John some recipes and nutrition information on eating to support blood sugar balance, which he took.

John was exercising fairly regularly but was mostly doing weight training at the company fitness center. While the weight training is helpful to managing blood sugar, a mix of weight training and cardiovascular exercise is ideal. The coach asked if there was an activity John could do with a friend, because she knew that relationships and support can be helpful to people dealing with a chronic health condition. John said he used to play tennis, and would ask his friend if he wanted to start playing again.

The coach knew from listening to John’s story that he had a lot of stress at work, and that he tended to be a very independent person. She inquired about his stress levels and support system, but John was not ready to talk about those topics at that time. As John was leaving, the coach asked if he would like some educational materials on managing diabetes and he agreed to take them.

After the meeting, the coach made notes for future conversations about John’s healing plan, including the possibility of recommending a nutritionist, helping John to manage stress by potentially using techniques such as meditation, yoga or deep breathing, additional exercise ideas, and keeping an eye on John’s social support.

John and his coach met three weeks later and John reported that although it was difficult, he had asked his wife to cook a diabetic-friendly meal once per week, and she had agreed. However, he had not asked his friend to play tennis. After a bit of questioning the coach learned that John had not contacted his friend because he did not want to tell him that he had diabetes. Using a coaching technique to identify what is blocking someone from moving forward, John realized that as a strong and accomplished executive, his diabetes diagnosis made him feel weak.
He and the coach talked a little more and agreed upon a first step that would move him toward a sense of strength while living with diabetes.

During this second session John was also ready to tackle his stress a bit, and as a first step, he and his coach came up with the idea of putting photos of his wife and family in his office. An avid sailor, John also decided to hang a large photo with a view from the helm of a beautiful wooden sailboat, saying that he feels calmer while sailing.

In future sessions that would take place over several months, John and his coach would look into his working with an integrative nutritionist who specializes in diabetes, integrating more movement into his routine, exploring additional options for stress management, discussing spiritual connection, and considering John’s joining a diabetes support group.

**IEW Model Implementation Considerations**

There are several considerations that would affect implementation of the IEW model. Following is a summary of key issues:

1. **Pilot phase:** Corporations should consider a pilot phase of the program implementation, during which an internal and consultant (if required) team is assembled. Insurance providers should also be involved in the process. A consultant may help with implementation, and then a wellness director or Human Resources representative should be assigned to oversee the program after implementation. Goals and project plans should be created, corporate culture examined, and CEO and executive buy-in secured along with identification of tactics for them to communicate buy-in. Team members also may wish to conduct a needs assessment of stakeholders and a cross-section of all employees to determine what services are most desired. Models for ROI measurement should be defined, and an employee assigned to
gather and report data. Initially, the program should be rolled out to one region or facility so that any issues can be identified and addressed prior to all-company rollout.

2. Company size considerations: The model is designed for larger companies that already have some kind of wellness program in place. Larger corporations generally have greater resources and infrastructure, as well as a larger pool of employees to participate, which is valuable because greater participation enhances ROI. However, once best practices are established by larger corporations, smaller companies or consortiums of small businesses, and non-profit and community organizations can adapt the model for implementation in their environments. Alternatively, smaller companies with less than 100 employees who did not have a wellness program in place as of December 24, 2009, could apply for a Federal grant to establish a wellness program. Two hundred million dollars is available for the years 2011 through 2015 through the Patient Protection and Affordable Care Act (section 10408, pp. 2285-2287).

3. Top-down embracement of program: The CEO and top executives must communicate their support of the program, and be willing to model good health themselves for the program to be successful.

4. Honoring an individual’s right to choose: While a culture of health must be established, it must also honor an individual’s right to choose whether and to what degree she wants to participate without feeling pressured or ostracized by peers.

5. Generating participation: Corporations should have a plan to generate the greatest possible participation, while still honoring an individual’s right to choose. Organizations such as Welcoa offer many best practices for generating participation in wellness programs. A consultant may be useful in developing this type of plan as well.
6. The coach’s employer: Corporations may wish to request that their insurance carrier provide an integrative health coach. Alternatively, the corporation may wish to employ the health coach(es) rather than relying upon the insurance carrier to provide a coach. Coaches could be full-time or contract depending on the corporation’s needs. The coach should reside locally or regionally in relation to the population she is serving, and different regions of the corporation will likely require different health coaches. It is important for the coach to be local so that she has knowledge of local/regional resources and can also meet clients in-person at larger corporate campuses. Phone-only coach/client interaction may be necessary for smaller and satellite offices.

7. Health insurance: A corporation should choose one of the health insurance options recommended in this report, and should also plan to re-negotiate rates with their health insurance provider as employee health improves.

8. Be willing to wait: According to experts, ROI may not be achieved for three years after implementation of a program such as this, so management and the implementation team should be apprised of this. It will likely be possible to realize ROI much more rapidly in specific programs within the model, so the implementation team should devise a measurement schedule for this as well. For example, targeted programs such as smoking cessation program can be more likely to show returns in less than a year.

9. Accessing services at work: Management should provide people with the time to meet with their health coach during work hours, and should also offer some educational or support programs (such as a brown-bag lunch on healthy eating for example) during “regular” working hours.
Summary

The IEW model creates the possibility of improved health and employee productivity, while lowering healthcare costs. Rather than tearing down existing paradigms and calling for widespread culture change, the IEW model builds upon existing infrastructure and is well informed by research studies and trends. The model calls for the American corporation as the locus for launching an integrative approach to healthcare. An integrative coach supports, educates, and guides employees to trust their inner healing wisdom, while taking advantage of conventional and integrative medicine, mind-body philosophies, and other lifestyle choices to best support themselves and create health. The IEW model also makes use of corporate-provided health insurance and increasingly common wellness programs. It also is in alignment with the 2010 Patient Protection and Affordable Care Act, which calls for (and funds) a renewed focus on employee wellness, health coaching, and integrative and preventive care. I do not see the IEW model as an “end-all-be-all” healthcare solution, but rather as a grassroots step that moves us closer to a nation of healthier people and lower healthcare costs without causing us to demolish the existing healthcare system and start over.
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