Work, Weight, and Wellness – The 3W Program

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The Cancer Research Center of Hawaii and the JABSOM Department of Public Health are collaborating with the Kaiser Permanente Centers for Health Research in Honolulu and Portland, the University of Arizona, and with 29 Oahu hotels to conduct comprehensive lifestyle interventions to improve the nutritional and physical activity practices of more than 10,000 hotel employees. The primary aim of the Work, Weight, and Wellness (3W) program is to reduce the average body mass index (BMI) of the workers.

This study was one of the seven grants awarded by the National Heart, Lung, and Blood Institute to conduct research at worksites that is aimed at reducing the average BMI of employees. These awards were made to the Kaiser Permanente Center for Health Research, Hawaii, the University of Rochester, Cornell University, Tulane University, the Fred Hutchinson Cancer Research Center (Seattle), the University of Minnesota, and the University of Massachusetts.

The 3W program combines the credibility and expertise of a large health care system with the daily access of the workplace to deliver two levels of interventions to hotel workers. The goals of the three-year wellness program are to improve diet, increase physical activity, as well as to reduce obesity and overweight of hotel employees. Intervention level is assigned randomly for each hotel-pair based on the number of employee, the hotel size, its rating as well as its union status.

Level 1 intervention will consist of a brief anthropometric assessment, a lifestyle survey, a set of recommendations about healthy diet and physical activity practices, informational materials on how to make changes, and a list of community resources to get help. Annual employee assessments and feedback are repeated over the next 12 and 24 months.

Level 2 intervention includes all Level 1 activities plus three additional components. First, the environment of the employee area is modified to support and educate healthy lifestyles. More healthy foods are introduced into cafeteria fare and vending machines. Employees are encouraged to increase physical activity during their free or leisure time, such as taking stairs instead of elevators wherever feasible, and to participate in daily walking, either alone or in groups. Pedometers will allow individuals to track their progress. Educational brochures and posters will rotate through work areas, and publicity on program group activities will be updated regularly.

The second Level 2 intervention involves onsite weight management group meetings available approximately weekly to interested employees at each hotel. These groups consist of 48 separate modules that address nutrition, physical activity, goal setting, decision making, and related topics that support achieving a healthy weight. The groups include personal interaction and involve relapse prevention, social support, and related behavioral approaches.

The third Level 2 intervention is termed the “Re-Invent Yourself” program. These 90-minute group meetings are explicitly designed for persons who are highly motivated to make major lifestyle changes. Beginning in January, 2006, employees interested in “re-inventing” their lifestyles will be invited to attend weekly meetings in the Waikiki area to obtain education and support in achieving their goals and sustaining their long-term modifications of lifestyle.

During the second year of intervention, 3W staff will train hotel employees to deliver and manage the program. After two years, 3W staff will be withdrawn, but continued observation will determine the extent to which the program remains in effect at each site. All Level 2 materials and consultation will be made available to Level 1 hotels at the end of intervention activities to help them implement Level 2 activities if they so desire.

The effects of the two intervention levels on weight, BMI, waist circumference, stages of changes in lifestyle practices, absenteeism, and worker compensation claims will be assessed at the end of the program.

“Despite considerable publicity, the public is not very aware of just how rapidly the average American waistline has been expanding, or the dramatic changes in health and health care costs that have resulted from these gains in BMI,” says Dr. Thomas Vogt, the Principle Investigator of the project. In 1991, only four states had more than 15% of their population with a body mass index (BMI) over 30 (the level classified by the federal government as obese). No states were higher. Just twelve years later (2003), 34 states had more than 20% of their population in this category, and four states exceeded 25% (CDC, 2005). Nearly two-thirds of US adults are overweight or obese based on the National Health And Nutrition Survey of 1999-2000. Health care costs attributable to obesity were estimated at nearly $93 billion in 2002 (Finkelstein et al, 2003)—about $370 for every US resident.

In addition to the increase of direct health care costs, obesity is associated with increased indirect costs of disability, work limita-
tions, absenteeism, and with decreased worker productivity (Hertz et al, 2004). An August 1, 2005 article in USA Today reported that for every dollar invested on worker wellness programs aimed at reducing weight, the employer can gain as much as $3 in benefits due to lower medical claims, particularly in asthma and diabetes costs. Financial support of worksite wellness programs may be one of the best strategies for employers and employees to battle against rising health care costs.

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For more information on the Cancer Research Center of Hawaii, please visit our website at www.crch.org.

References