

# Employee programs teaching health care 'consumer' skills may also produce health benefits

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A workplace program designed to teach employees to act more like consumers when they make health care decisions, for example, by finding and evaluating health information or choosing a benefit plan, also improved exercise, diet and other health habits, according to a new study in the latest issue of the *American Journal of Health Promotion*.

The study randomly assigned 631 employees of two large Midwestern companies to two programs and a [control group](#). A traditional health education intervention program promoted better nutrition, [physical activity](#), [injury prevention](#), [smoking cessation](#) and [stress management](#), while an “activated consumer” program taught participants to evaluate

sources of health information, choose a health benefits plan, use preventive services and take medications properly. A control group received no health education interventions.

High-risk employees in both intervention programs, those at risk for cardiovascular disease or premature death, were offered individualized coaching. Coaching for the “activated consumer” participants however, was less intensive than the traditional model with roughly half as many sessions and was designed to focus on building skills with using health care resources.

Two years later, 51 percent of participants completed a follow-up survey and screening. Participants were evaluated on a personal wellness profile, assessment of general health status, a Patient Activation Measure™ score, productivity, and on their ability to recognize a reliable health website.

Both intervention groups saw improved self-reported health risk behaviors, such as reducing dietary fat and increasing [exercise](#), although the overall effect “favored the traditional approach” said Paul Terry, Ph.D., first author of the paper, who was with the Park Nicollet Institute in Minneapolis at the time of the study. Terry is now CEO of StayWell Health Management, St. Paul.

While improvement in reducing risk-behaviors might have been expected in the traditional health education group, similar improvements within the group receiving consumer education suggest that “consumerism skills generalize into self-health management skills,” the authors noted.

Although all three groups of participants registered improvements in measures of health consumer activation, such as the ability to recognize reliable health web sites, only those in the activated consumer program

did significantly better than control. Clinical health outcomes and productivity were not affected in the two year period following the survey.

“I think because activation results were positive, favorable and involved a lower overall investment, the lesson learned is not to give up on traditional approaches to [health education](#) but to layer in an emphasis on consumer skills, especially for clients who lack them and want to take advantage of new resources,” Terry said.

Sue Baldwin, Ph.D., of Buffalo State College, co-chair of the American Public Health Association’s working group on worksite health promotion, agreed that “the combination is key. Using both approaches, not just one” deserves further research, she said. The finding that less intensive coaching worked as well as more frequent contact was of particular interest, she observed.

More generally, “if it’s not part of a company’s policy to have healthy employees, they will never support worksite wellness, and businesses will not implement such policies until they have research that proves it works. [The current study] does a great job in starting to look at that,” Baldwin said.

**More information:** Terry, P., et al. The ACTIVATE study: results from a randomized controlled trial comparing a traditional worksite health promotion program with an activated consumer program. *Am. J. Health Promotion* 26(2), 2011.

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