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The Shifting World Of EAPs

By: Sean Slater

Over the past two decades, Employee Assistance Programs (EAPs) have helped change the world of work. But the world of work has changed so radically during this time that EAPs have now reached a crossroads in their evolution. It's time to rethink their role.

The core of EAPs as we know them today – confidential, short-term counselling for employees with personal problems that affect work performance – really took hold in Canada in the 1980s. Since then, EAPs have grown dramatically in scope to include **health** and wellness information and resources, employee and manager training, absence management, organizational **consultations**, trauma response, and much more.

EAPs took hold because organizations realized that productivity was intrinsically linked to employee mental **health** and that employee **health** has a profound impact on the bottom line. A 2005 survey by Hewitt Associates found that an organization with 2,000 employees stands to lose more than \$3 million a year as a result of absenteeism. That's a mere drop in the ocean when presenteeism – workers being on the job, but, because of physical and mental **health** issues, not fully functioning – is factored into the equation. In a 1999 U.S. study by the Employers **Health** Coalition, researchers calculated that the costs of presenteeism are 7.5 times greater than costs due to absenteeism.

So the idea of supporting employee **health** – both physical and mental – was a sound business proposition and EAPs became an important part of most organizational plans.

However, as the 2000s dawned, a new workplace reality emerged.

The New Reality

By the early 2000s, the days of plentiful human capital were over and employers were finding it more difficult to find skilled workers to fill the growing vacancies left by departing baby boomers. So while promoting health and productivity was still important, attracting – and retaining – talent became the number one item on the human resources agenda. The responsibility for employee satisfaction and well-being began to shift to managers and EAPs answered the call by developing more manager training and consultation offerings.

Technology had also transformed work. Twenty years ago, technology promised to relieve workload and reduce stress. Quite the opposite has happened as many employees are plugged into the office 24/7 thanks to home computers, PDAs, cell phones, and pagers. The result is that today's workers often struggle to find time for personal responsibilities and recreation, and stress-related disorders are now costing Canadian businesses \$12 billion annually. Again, EAPs reacted by introducing stress management, concierge services, and other programs.

Technology has also contributed to a more sedentary lifestyle. Over the past 30 years, obesity rates have steadily risen (23 per cent of us are overweight compared to 14 per cent of us in 1979) and, as a result, obesity related diseases such as type-2 diabetes, hypertension, heart disease, and some cancers have also risen in all age brackets. In 2007, the total cost to Canada of illness, disability, and death from the four leading preventable chronic diseases – cardiovascular disease, cancer, respiratory illnesses, and diabetes – was estimated at \$45 billion annually. Imagine those costs in 10 or 20 years.

The effects of these diseases, together with growing depression and anxiety figures, have sent prescription drug costs through the roof.

EAP providers again responded, this time with new programs to help workers deal with depression and chronic diseases. Still, no matter how many programs they offered, EAPs then were reacting and responding to issues rather than getting out in front of them by offering prevention based programming.

Best-in-class EAP providers realized that their true value to an organization was in the aggregate and comparative data they were able to gather and share with partner organizations. Armed with this data, together with a full quiver of prevention-based interventions, organizations and their EAP partners were able to take aim at the issues that, until then, were only negative impacts on productivity, health, and, ultimately, a company's bottom line.

A New Direction

So what should EAP providers be doing?

The first step is to abandon the onsize-fits-all, cookie-cutter approach to physical, mental, and social health and, instead, partner with individual client organizations to create customized, targeted, pro-active EAP, and wellness interventions that address each workforce's particular challenges. Such partnerships begin with conducting in-depth workplace research – beginning with demographics. What is the average age of the workforce? Is that workforce mostly male or female? Blue collar or white collar? Skilled or non-skilled? You can't look at an organization's future without first understanding its present.

Absenteeism and short- and long-term disability rates must also be examined. Are rates rising because of workplace accidents or injuries, health and wellness issues, or workplace issues? What chronic diseases are most affecting the company? If these rates are increasing now, you can be sure they will continue to do so if the root causes are not dealt with today.

What about drug costs? Are they going through the roof? What kind of medications are being prescribed? What about EAP utilizations? What services are most accessed? Again, these costs will continue to rise if left unaddressed and they cannot be addressed without knowing what is most affecting employee health and wellness and, beyond that, their preferred method of accessing help and support.

A New Future

With a clear picture of the demographic make-up of a workforce and the issues that are presently affecting productivity, the next step is to discover what future physical and mental issues will strain resources. This can be achieved with an in-depth Health Risk Assessment (HRA). HRAs are a powerful tool. They are far more than personalized appraisals of health risks for individuals. They are a way to uncover emerging health issues that will most affect tomorrow's prescription drug costs, absenteeism, skills loss, and disability rates.

An HRA assesses, either on-line or with a hard copy, an individual's personal health risks based on lifestyle, behaviours, family history, current medical data, and environmental influences. Users then receive detailed information and support to help reduce risks to their future health. A good HRA tool will provide opportunities to set goals and track progress. General, non-identifying data is collected into a report that provides an overall snapshot of an organization's workforce health. This is data that cannot be measured in other ways as HRAs report on lifestyle issues such as eating habits, activity levels, alcohol use, sun exposure, stress levels, and resilience. A first-rate HRA will also measure users' willingness to make behavioural changes.

Equipped with all this information, an EAP provider can then assist in tailoring a comprehensive, customized, and strategic health and wellness plan that targets not only present needs, but future challenges. Being strategic allows dollars allocated for employee health to be spent wisely and provides the greatest return on investment.

Being strategic also means addressing organizational health as well as employee health. EAPs should help companies create and maintain a healthy psychosocial environment. This will be tough because managers and human resource professionals are no longer dealing with one homogenous workforce. They need support in understanding the complexities of an increasingly multi-generational, diverse, and global staff. They need guidance in developing creative and innovative policies, programs, and procedures that will not only maximize the present and future physical, social, and mental health of young and old alike, but will attract and retain the best and brightest.

Brave New World

Technological advances in our wired society will continue to happen at the speed of light and EAPs must be more open to new ways of delivering services that appeal to all generations while at the same time offering opportunity to access programs in a manner that encourages de-stigmatization of mental health issues. Programs designed for individuals will still be preferred by older workers, but tomorrow's employees won't necessarily access information on their own because they've been hard-wired to work and play in groups. They're also extremely comfortable with cutting-edge technologies and are more likely to seek help electronically. Therefore, EAPs need to be creative and become technologically innovative. For example, most providers already offer e-counselling, although it's still in its infancy. Are there appropriate ways to offer confidential group e-counselling and support alongside confidential individual e-counselling? Can web-cams and instant messaging be utilized to deliver counselling or practical advice?

EAP providers need to look to podcasts, webinars, self-assessments, and more interactive tools that provide solid information while, at the same time, engage younger workers. As new technologies and approaches emerge, EAPs must be quick to evaluate them. Today's fullservice EAP providers walk a fine line between introducing new technologies and access points to the wired generation while continuing to focus on traditional strengths of delivering confidential, personal interventions in a clinically appropriate, timely fashion.

As EAP providers, we must lead, not follow, the march into a brave new world of organizational health and wellness. ■

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