THE BUSINESS OF WELLNESS: THE HEALTH INSURANCE INDUSTRY'S RESPONSE TO PUBLIC HEALTH CAMPAIGNS, 1960-1990

Christiane Diehl-Taylor
University of Minnesota
George Green
University of Minnesota

ABSTRACT

This paper examines the health insurance industry's response to the wellness movement between 1960 and 1990. Based primarily on insurance and personnel management trade publications, it argues that the health insurance industry cautiously joined the wellness campaigns of the 70s and 80s despite its on-going reservations regarding the actuarial basis for rate differentials. The industry's business-like conservatism was overcome by its recognition of wellness promotion as a cost-control measure, public relations tool, and means to stave off the threat of further governmental oversight and regulation.

Since the 1960s, the healthcare industry has emerged as one of the most important and rapidly growing sectors of the U.S. economy, and healthcare coverage and costs have risen to become priority issues in the debate over public policy. As a result, U.S. business and economic historians, particularly those interested in the post-World War II period, have begun to focus more of their research on the healthcare industry and on health-related issues. This paper adds to this small but growing body of scholarship by examining the health insurance industry's response to the wellness movement between 1960 and 1990. Based primarily on insurance and personnel management trade publications, the paper argues that the health insurance industry cautiously joined the wellness campaigns of the 70s and 80s despite its on-going reservations regarding the actuarial basis for rate differentials. The industry's business-like conservatism was overcome by its recognition of wellness promotion as a cost-control measure, public relations tool, and means to stave off the threat of further governmental oversight and regulation.

The Growth of the Health Insurance Industry, 1930s-1960s

Modern health insurance developed in the depths of the 1930s depression as prepaid hospital services contracts under a network of local Blue Cross non-profit plans were organized by hospital administrators eager to assure themselves a steadier income and their communities affordable hospitalization for major illness or trauma. By 1940 the "Blues" insured six million people out of a total of twelve million insured (9 percent of the population); the other half were covered by commercial insurance companies through a variety of individual (and a few group) policies covering accidents, disability

and partial reimbursement for medical expenses. Health insurance began to expand rapidly during World War II as frozen wages led unions to bargain for health and other fringe benefits. To fend off the threat of national health insurance, doctors organized themselves into prepaid plans for physicians' services under the Blue Shield logo. By 1945 the Blue Cross/Blue Shield plans were covering 18.9 million people out of a total of 32 million with health insurance (25 percent of the total population). Coverage increased and competition intensified over the next twenty years as many of the large life insurance companies expanded into the health insurance field; by 1965 private health insurance covered 71 percent of the population, with the "Blues" seeing their market share fall to about 46 percent.[1] [See Table 1.]

During the 1960s, the health insurance industry faced a new series of challenges. Because of the on-going and rapid expansion of the health insurance market, a new level of competitiveness emerged. Aggressive pricing and enhanced product offerings and service levels became the primary tools for gaining market share. With the rapid expansion of the business, firms turned first to mechanical data processing (punchcards) in the 1950s and then to electronic computers in the 1960s to handle their claims volume. Some of the Blue Cross plans also provided automated data processing services for payroll and claims to their hospital clients. Computerization affected firms' ability to use price and service to competitive advantage because the technology speeded claims processing, helped slow the rise in administrative costs and brought a new level of sophistication and precision to actuarial analysis and rate setting.[2]

Despite these challenges, health insurance companies did not see the increased level of competitiveness as their greatest problem in the 1960s. Rather, they viewed the skyrocketing cost of healthcare and the mounting threat of governmental intervention through Medicare and Medicaid as the most pressing issues of the decade. From the early 1950s, medical care prices had been rising significantly faster than the overall price level [see Graph 1]. That above-average inflation and the rapid development and application of new medical technologies and surgical procedures meant a steady increase in personal health expenditures as a share of GNP [see Graph 2]. The disproportionate inflation aroused increased public complaints against the health providers and the health insurance industry during the 1960s and 1970s. Insurers responded by adopting a variety of cost containment measures: utilization reviews, benefits coordination, audits for consumer or provider fraud, etc.

In the early 1960s industry journals contained articles attacking government intrusion into their market as "nullifying [federal] support of the private enterprise system." Insurance company spokesmen argued that the government was inherently inefficient and that the continuing expansion of private insurance coverage could take care of most Americans; let the government

Table 1

Percent of U.S. Population Covered by Private Insurance and Blue Cross Blue Shield Market Share

	Privately Insured As Percent of Total Population	Blue Cross Blue Shield Percentage of Private Market
1940	9	50
1945	23	59
1950	50	51
1955	61	50
1960	68	47
1965	71	46
1970	77	54
1975	83	49
1980	82	46
1985	76	43
1990	73	39

Source: Health Insurance Association of America, *Sourcebook of Health Insurance Data, 1995* (1996), 40.

merely subsidize a pool of private health insurance companies to cover the remaining low income/high risk segment.[3] But once Medicare and Medicaid became politically inevitable in 1965, the industry moved quickly to participate. Congress appointed the Blue Cross Association to administer about 90% of the Medicare claims and audit hospital finances, and nearly all companies, Blues and commercials alike, offered Medicare supplement plans.[4] Even as the industry profited from its collaboration with the government insurance programs, the fear would remain that further expansion toward "national health insurance" could deprive them of their markets in the future.

The Promotion of Wellness Within the Workplace

Although the promotion of wellness within the U.S. workplace has nearly a century-long history, the rationales for and the components of such programs have undergone significant change since the 1950s. From approximately 1900 to mid-century, companies' wellness efforts on behalf of their employees centered on safety promotion, epidemic prevention, and stress reduction. In order to prevent fires or explosions, firms admonished their workers about the dangers of smoking on the job. Rules posted around

the workplace reminded employees to wash their hands in order to stop the spread of disease, to get a good night's rest, to eat well balanced nutritious meals, to moderate their intake of alcohol off the job and to refrain from drinking on the job so that they would remain productive and alert workers who were not prone to accidents. To promote further job safety and screen for contagious diseases, companies conducted employment physicals that determined whether individuals were fit to perform their assigned tasks. Company recreation programs, such as baseball, bowling and golf teams, began to emerge in the 1920s as a way not only to build employee loyalty but to offer workers diversions from job-related stresses and worries that could make them more accident and illness prone.[5]

Although firms continued to operate such employee health-related programs in the 1950s, workplace wellness efforts took on a new form for company executives, particularly those employed by large firms. By the 1940s, public health officials had clearly identified heart disease and cancer as the leading causes of death among American adults. Therefore, there was a new emphasis on assuring that individuals were screened by their physicians for the early signs of heart disease and cancer. Public health officials as well as the medical community also began to emphasize moderate diets and exercise and stress-reduction as key ways to prevent heart attacks. By the early 1950s, leading corporations took these messages to heart, particularly in regard to their executives, whom they considered very expensive to replace and more prone to heart attacks because of the higher levels of stress associated with their jobs. Many of the Fortune 100 firms began offering their executives annual physicals and athletic club memberships as part of their executive compensation programs. Moreover, business publications geared to executives began to emphasize the benefits of moderate diet and exercise as a way to reduce the risk of heart attacks.[6]

Beginning in the late 1960s and continuing throughout the 1970s, however, workplace wellness took on a much broader meaning and involved employees below the executive level. This change was spurred, in large measure, by findings published by the federal government, such leading health organizations as the American Cancer Society and the American Heart Association, and the medical community. The 1964 Surgeon General's Report clearly linked the incidence of smoking with increased risk for lung cancer and heart disease. Subsequent Surgeon General's reports such as those in 1972, 1974 and 1979 made the linkage between smoking, even secondary smoke, and cancer and heart disease even stronger. The 1979 Surgeon General's Report, entitled *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention,* stressed the fact that a key element in disease prevention, particularly of such leading causes of death as diabetes, cancer and heart disease, involved encouraging individuals to engage in healthier lifestyles, such as eating a low fat diet, undertaking programs of moderate exercise and not smoking. These finding were echoed by studies issued throughout the 1960s and 70s by a diverse group of governmental, public, and private health and medical related organizations, including: the President's Council on Physical Fitness, the Vet-

erans' Administration, the National Institute of Health, the American Cancer Society, the American Heart Association, the American Lung Association, the National Diabetes Foundation and such leading medical facilities as Harvard Medical School and the Mayo Clinic. In short, promoting a healthy lifestyle as a means of preventing disease was coming to the fore.[7]

American businesses, particularly the Fortune 100 firms, took this new message seriously, but not merely because they were concerned about their employees' long-term well-being. They also were worried about their pocketbooks. As indicated previously in Table 1, by 1970 approximately 77% of Americans were covered by some form of private health insurance, and employers represented the overwhelming majority of such coverage. Moreover, as a result of spiraling health care costs (indicated in Charts 1 and 2), employers' insurance premium costs were spiraling as well. By 1970, health insurance premiums matched pension outlays as the two leading expenses within firms' benefit packages. On average, the two alone accounted for nearly two-thirds of the benefit costs a company incurred on each employee.[8]

Health insurance cost containment became a primary focus among employers. While companies turned to such tactics as self-insurance, employee utilization reviews and benefits coordination as approaches to limiting expenditures for employee health care, many large firms, particularly during the mid to late 1970s, began initiating healthy lifestyle programs for all their employees. The elements constituting these wellness programs varied from company to company. Many businesses expanded their employee health risk assessment and counseling. Employees completed a self-administered questionnaire regarding their health habits and family health history. After the survey was tabulated and analyzed by an outside firm specializing in health risk analysis, a counselor from the outside firm shared the results with the employee and attempted to help him/her develop a realistic plan for reducing and eliminating detrimental health habits. The most frequent company follow-up programs included worksite classes in drug and alcohol abuse, nutrition, stress management, and smoking cessation. A number of firms also offered employees physical fitness programs on-site or through an affiliated athletic club.[9]

By 1978 a national survey conducted by Fitness Systems of the top 300 U.S. industrial firms and the top 50 national companies in the fields of life insurance, commercial banking, utilities, retailing and diversified financial and transportation revealed the spread of wellness programs. Two-thirds of the firms surveyed had drug and alcohol abuse programs, and half offered their workers nutrition and smoking cessation classes, while one-third conducted classes in stress management and one-quarter had some sort of employee physical fitness program. While initially the costs of implementing such programs were greater than the realized savings in employee health insurance premiums, by 1989 organizations such as the Health Research Institute reported that those firms with worksite wellness programs had experienced health care cost increases of only 4.5% between 1985 and 1986 while those without such programs reported an increase of 10%.[10]

The Promotion of Wellness by Health Insurance Companies

Until the mid to late 1970s, health insurance companies did little to promote the concept of wellness. What little was said and done regarding wellness prior to this emerged almost solely within the life insurance sector of the industry.

Responding to the increased awareness on the part of public health officials and medical authorities of cancer and heart disease as leading causes of death during the 1940s and 1950s, large life insurance companies such as Metropolitan Life and Northwestern National Life produced magazine ads as well as informational brochures dealing with the warning signs for cancer and the means of reducing heart disease. Yet, such educational efforts remained sporadic and were not industry-wide.[11]

As public health and medical officials began redefining wellness during the 1960s to mean the promotion of healthy lifestyles, life insurance companies focused their attention almost solely on one aspect of the promotion of healthy lifestyles — smoking cessation. While a vocal minority called for life insurers to promote smoking cessation and to offer discounts to nonsmokers, the majority remained strongly opposed to such ideas. The over-riding concerns revolved around risk determination, verification, and the potential loss of customers who smoked.

In the early 1960s only a few smaller life insurance firms attempted to improve their market share by offering non-smoker discounts. The first was Executive Life of California, a one-year-old company, which offered a 5% discount to nonsmokers in January 1963.[12] When the Surgeon General's Report appeared in early 1964, the industry debate heated up. Fear was expressed that any national company adopting a nonsmoker's discount would face consumer rebellion from smoking policyholders and political retaliation in the tobacco states. Objections were raised again about feasibility: "It will take ingenuity to offset the attempts of chiselers to get the nonsmoker's credit while continuing to smoke." The CEO of Equitable Life Assurance Society of New York concluded that "we believe that we are not ready for the practical complications involved." Yet within months another smaller company, State Mutual Life, offered the discount even while admitting the lack of solid actuarial data.[13] By 1965 *National Underwriter* was editorializing that it was the life insurance industry's social responsibility to "get on the humanitarian bandwagon" and "find ways to give the nonsmoker a break." Any delay would mislead the public, "contributing, by inaction, to the impression that such knowledgeable authorities on mortality as life insurers are not sufficiently impressed with the anti-cigarette evidence to at least take a position against it."[14]

In spite of these appeals, the "humanitarian bandwagon" for nonsmoker discounts on life insurance policies did not travel far in the 1960s. Articles appearing in 1967 and 1972 explained why:

It is without question that many non-cigarette smokers are preferred risks, but there are also cigarette smokers who are preferred risks. Cigarette smoking is not as harmful to some as to others. How do we identify those who are harmed? ...In the meantime, if a

company wished to use the non-smoking pitch as a sales gimmick, who is to say that it is right or wrong? But one company who is doing it has discovered that identifying non-smokers is not as easy as they anticipated.[15]

Despite the potential impact of smoking as a new risk factor for insurability, very few insurance companies have considered it sensible to adopt a history of cigarette smoking as a major underwriting criterion. The reason for this is the drastic effect that would have from separating smokers and nonsmokers into two separate policyholder groups.... The smokers would constitute a huge, new rated class needing an extra premium.... It would be extremely difficult to justify to the public such a radical reclassification of insurability of the 90 percent or so of the insurance market that is now eligible for standard life insurance, as long as smoking remains such a widespread and socially accepted habit.[16]

While life-insurers openly debated the issue of discounts for nonsmokers during the 1960s and early 70s, the health insurance industry stood by fairly quietly on the sidelines regarding not just the issue of smoking cessation but the entire matter of establishing wellness programs. On occasion, their reticence to promote healthy lifestyles became apparent, and their hesitancy revolved around the issues of risk assessment and the cost-effectiveness of establishing wellness programs.

There have not been enough cost effectiveness studies done regarding preventive programs and these need to be conducted if the insurance companies are to become involved in prevention programs...The subject is obviously one which demands and merits more study on a broad base. Of value also would be studies of the effects of specific prevention programs such as those devoted to weight, smoking, alcohol, and tension control.[17]

During the mid to late 1970s, their concerns over risk assessment and cost-effectiveness apparently were no longer insurmountable barriers, and health insurance companies slowly joined their colleagues in other business sectors in the active promotion of healthy lifestyles for their own employees as well as their current and potential subscribers. The change had come about because of continuing concerns over increased federal regulation, particularly national health insurance, and their public image, especially in regard to ever-increasing health care costs and health insurance premiums.

Even after the passage of Medicare, threats of regulation and expanded national health insurance kept the industry on political alert from 1975 through 1980. *Best's Review* kept the industry informed as the Justice Department and National Antitrust Commission considered removal of the insurance industry's exemption from federal antitrust laws, the Federal Trade Commission searched for fraud in the sale of "Medigap" insurance and Senator Ted Kennedy drafted various national health insurance bills.[18] As the published evidence of the dangers of smoking expanded during the decade, the political pressure on the insurance industry increased. In response, John Snore, Vice President for Underwriting at Prudential, testified on behalf of both the Health Insurance Association of America (HIAA) and the American Council of Life Insurance (ACLI)

before the House Subcommittee on Health and the Environment. He argued that "most [life and health] insurers today are giving credit for nonsmoking within their regular rating systems [i.e., through medical exams and underwriting rates] without creating a special class for nonsmokers." For group insurance plans, special rates were necessary because "it is to the employer's advantage to encourage good health habits in his employees. Thus to the extent that nonsmoking in the employee group leads to lower claims, the premium cost is automatically, directly and immediately reduced in the experience rated plan." Finally Snore defended the industry by pointing to the companies' efforts to help people protect their personal health and safety: "These include a wide range of preventive care and education efforts on behalf of their employees... including group smoking cessation programs.... Many of these companies also provide health information to policyholders and involved themselves in a diversity of community health programs."[19]

As the last quotation from Snore indicates, the industry belatedly was beginning to promote wellness. The insurance industry could no longer delay joining the wellness movement. To have done so would have meant ignoring the public groundswell for disease prevention through the adoption of a healthier lifestyle, particularly among the huge segment of the population known as "baby boomers." For this generation it was time to heed the Surgeon General's warning and quit smoking. Diet and exercise were no longer words that inflicted pain and suffering, they were ways to avoid heart disease, diabetes and cancer. By the late 1970s the number of Americans who began to cut down on smoking, to exercise and even to eat more balanced, less fatty meals began to increase rapidly. The surge would last well into the 1980s to become fodder for feature stories in magazines like *Time* and *Newsweek* and to spur new publications such as *Walking, Runner's World* and *Cooking Light.* This generation equated such behavioral changes not only with feeling better but with fewer doctor visits and hospitalizations.

At the same time, however, their insurance premiums kept rising. They soon began to question their health insurers as to why they did not promote healthy lifestyles as an insurance cost containment measure. This sentiment was not lost on the insurance companies. In 1977 the HIAA and ACLI appointed an Advisory Council on Education and Health to design health education programs. Soon a three-year study was launched, "The Lifecycle Preventive Health Services Study," to promote more cost-effective and demographically specific preventive care programs. At the conclusion of the study in 1981, HIAA published a paper by Dr. Charles Berry (former chief medical director of the U.S. space program), entitled "Good Health for Employees and Reduced Health Care Costs for Industry." The paper and a consumer booklet were widely distributed by insurance companies and employer groups. HIAA also produced a kit of materials to help insurance companies promote cost containment in the wider business community.[20]

In 1978 the Blue Cross Association published a free 96 page booklet, "Help Yourself," designed to persuade consumers that "much, if not all, modern disease is preventable through the modification of dangerous lifestyle habits." It included a risk factor chart showing the mortality effects of bad lifestyle habits. In the same year, Michigan and

Connecticut Blue Cross plans introduced worksite blood pressure control programs. By 1980 the New York plan had begun a broader series of "90 minute workshops on such topics as stress, smoking, dieting, backaches and general preventive care" for members of its Teamsters Union plan.[21]

By 1983 HIAA and ACLI were sending letters to member companies urging them to adopt and promote smokefree workplaces. The exhortation was needed: a 1986 article pointed out that only 95 insurance companies had restricted smoking areas and only four banned smoking entirely.[22]

Although the political dangers of any form of national health insurance had diminished greatly with the election of Ronald Reagan in 1980, the wellness campaign in the insurance industry had found its own internal momentum. Throughout the 1980s there was a steady flow of articles in industry trade journals espousing preventive health ideas, describing the spreading adoption of a variety of action programs and providing evidence that such programs contributed to cost containment for both the insurers and their customers.[23]

Conclusion

By the late 1970s then, health insurance companies could no longer ignore the issue of disease prevention through lifestyle changes. The campaign to increase awareness about lifestyles and disease had turned into a full-scale, multi-faceted wellness movement that included health education programs in the workplace and schools, employee physical fitness programs, wellness screenings, and the banning of smoking in public facilities as well as the workplace. Moreover, the movement's messages constantly tied the concept of wellness and disease prevention to health care cost containment. Despite ongoing problems for the formulation of actuarial data and prices that reflected life-style differences, health insurance companies, ever vigilant for new cost-containment programs and ways to retain and attract subscribers, climbed aboard the wellness bandwagon. By the early 1980s, health insurance companies began to offer differential rates for non-smokers, to establish preventative health and lifestyle education programs for their subscribers as well as the general public and to become active participants in voluntary public health campaigns.

Notes

1. Health Insurance Association of America, *Source Book of Health Insurance Data*, 1994, 37.

2. *The Blue Cross and Blue Shield of Minnesota Story: A Sixty Year History* (St. Paul: Blue Cross and Blue Shield of Minnesota, 1993), 26-27, 40-48, 58-63.

3. Kenneth T. King, "Health Care and the Government," *Best's Insurance News: Life Edition*, 63, no. 9 (January 1963): 63, and 64, no. 10 (February 1964): 81-83, 92. J.F. Follmann, Jr., "Government vs. Private Medical Care," *Best's Insurance News: Life Edition*, 65, no. 2 (June 1964): 20-27, 76.

4. *The Blue Cross and Blue Shield of Minnesota Story: A Sixty Year History*, 63-66.

5. Victoria George and William E. Hembree, *Breakthroughs in Health Care Management: Employer and Union Initiatives* (New York: Pergamon Press, 1986), vi-vii; Robert Cunningham, *Wellness at Work* (Chicago: Blue Cross Association, 1982), 11-12; Michael P. O'Donnell and Thomas H. Ainsworth (eds.), *Health Promotion in the Workplace* (New York: John Wiley and Sons, 1984), 657-658.

6. George and Hembree, *Breakthroughs in Health Care Management*, vi-vii; Cunningham, *Wellness at Work*, 11-12; "Longevity," *Best's Insurance News: Life Edition*, 49, no. 1 (May 1948): 12; "Blood Pressure," *Best's Insurance News: Life Edition*, 52, no. 3 (July 1951): 25; "Cancer Mortality," *Best's Insurance News: Life Edition*, 53, no. 5 (Sept. 1952): 101; Edward A. Lew, "Mortality Trends," *Best's Insurance News: Life Edition*, 55, no. 3 (July 1954): 18-19; "Health Education: A Management Responsibility?" *Personnel*, 34, no. 6 (May 1958): 7.

7. Jonathan E. Fielding, M.D., *Corporate Health Management* (Reading, Mass.: Addison-Wesley, 1984), 649-665; O'Donnell and Ainsworth, *Health Promotion in the Workplace*. 648; George and Hembree, *Breakthroughs in Health Care Management*, 53-58; "The Heart," *Best's Insurance News: Life Edition*, 63 (Jan. 63): 23; Susan Olson, "Clearing the Air," *Best's Insurance Review: Life and Health Edition*, 86, no. 1 (May 1985): 112; Thomas J. Hammel, "The Survival of Cigarette Smokers," *Journal of Insurance*, 31, no. 4 (December 1964): 613-619; "Heart Disease Researchers Pose Dilemma For M.D.'s," *Insurance Advocate*, 42 (Oct. 24, 1981): 34; Dr. Donald C. Kent, Martin Schron, and Louis Cenci, "Smoking in the Workplace: A Review of Human and Operating Costs," *Personnel Administrator*, 27, no. 8 (Aug. 1982): 29.

8. Fielding, *Corporate Health Management*, 12; J.F. Follmann, Jr., "Health Insurance and Health Education," *Best's Insurance News: Life Edition*, 67, no. 2 (June 1966): 58-64.

9. Cunningham, *Wellness at Work*, 22; George and Hembree, *Breakthroughs in Health Care Management*, 11-14, 53-58; Murray P. Naditch, "Wellness Program Reaps Healthy Benefits for Sponsoring Employer," *Risk Management*, 28, no. 10 (Oct. 1981): 20-24; "Health Risk Estimation Seen As Coming Method of Disease Prevention, Reduced Claims Incidence," *Insurance Advocate*, 93, no. 35 (Sept. 4, 1982): 25; K. Per Larson, "How Companies Can Rein in their Healthcare Costs," *Personnel Administrator*, 24, no. 11 (Nov. 1979): 29; Stephen W. Hartman, "Wellness in the Workplace," *Personnel Administrator*, 29, no. 8 (Aug. 1984): 108; "Health Risk Profiles Identify and Evaluate Employee Lifestyles," *Employee Benefits Review*, 39, no. 3 (Sept. 1984): 97; "Small Business Creative in Wellness Approach," *Employee Benefits Review*, 41, no. 3 (Sept. 1987): 90.

10. Fielding, Corporate Health Management, 287-289; "Workplace Wellness," *Employee Benefit Plan Review*, 43, no. 9 (Mar. 1989): 30-43.

11. *Best's Insurance News: Life Edition*, 41-60 (Jan. 1940-Dec.. 1959).

12. *National Underwriter: Life & Health Issue*, 67, no. 1 (Jan. 5, 1963): 24.

13. "Editorial: Effect of the Cigarette Report," and "Too Soon to Vary Rates for Smokers: Equitable," *National Underwriter: Life and Health Issue*, 68, no. 4 (Jan. 25, 1964): 16, 4. "Cigarette Shunners to Get Rate Cut on State Mutual Policy," *National Underwriter: Life and Health Issue*, 68, no. 13 (Mar. 28, 1964): 21. "State Mutual Ad," *Best's Insurance Review: Life Edition*, 68, no. 7 (Oct. 1967), back cover.

14. "Editorial Comment: More Help Needed Against Cigarettes," *National Underwriter: Life and Health Issue*, 69, no. 3 (Jan. 16, 1965): 22. See also Earl Opstad, M.D. (Associate Medical Director of Northwestern National Life), "Says There's More Against Cigarettes Than Surgeon General's Report Cites," *National Underwriter: Life and Health Issue*, 69, no. 19 (May 8, 1965): 6; Jefferson Stulce (VP and Actuary, Gulf Life), "Actuary Urges That Insurers Take Stand Against Cigarettes," *National Underwriter: Life and Health Issue*, 69, no. 24 (June 12, 1965): 8.

15. Clifton L. Reeder, M.D., "A Look into the Future," *Best's Insurance Review: Life Edition*, 68, no. 8 (Dec. 1967): 40-44.

16. Richard B. Singer, M.D., "To Smoke or Not to Smoke," *Best's Insurance News: Life and Health Editions*, 72, no. 9 (Jan. 1972): 52-54.

17. J.F. Follmann, Jr., "Insurance and Preventive Medicine," *Best's Insurance Review: Life and Health Edition*, 75, no. 8 (Dec. 1974): 32-34, 84-90.

18. *Best's Review: Life/Health Edition*, 76, no. 1 (May 1975): 5; 77 (Feb. 1977): 5; 77, no. 11 (March 1977): 5; 78, no. 3 (July 1977): 5; 78, no. 5 (Sept. 1977): 6; 79, no. 1 (May 1978): 5; 79, no. 5 (Sept. 1978):

5-6; 79, no. 7 (Nov. 1978): 5; 79, no. 9 (Jan. 1979): 5; 79, no. 10 (Feb. 1979): 5; 79, no. 12 (April 1979): 6; 80, no. 2 (June 1979): 5; 80, no. 3 (July 1979): 6; 80, no. 6 (Oct. 1979): 5; 80, no. 7 (Nov. 1979): 6; 80, no. 8 (Dec. 1979): 5; 80, no. 11 (Mar. 1980): 5. Martin Richards, "Perspective on National Health Insurance: Optimality vs. Feasibility," *Best's Review: Life/Health Edition*, 78, no. 11 (March 1978): 12, 82-84.

19. "HIAA, ACLI Answer Secretary Califano's Plan for Nonsmokers," National Underwriter: Life and Health Issue, 82, no. 9 (Mar. 4, 1978): 1.

20. O'Donnell and Ainsworth, *Health Promotion in the Workplace*, 638-641.

21. "Blue Cross Blue Shield Plans to Publish Free Health Booklet Stressing Disease Prevention," *Insurance Advocate*, 89, no. 31 (Aug. 12, 1978): 28. "Two Blue Cross and Blue Shield Plans Testing Project Designed to Control High Blood Pressure," *Insurance Advocate*, 89, no. 43 (Nov. 4, 1978): 26. "Blue Cross, Blue Shield Start Health Education Program for Teamster Group," *Insurance Advocate*, 91, no. 40 (Oct. 11, 1980): 29.

22. "Efforts to Promote Nonsmoking Stoked by Health Resolutions," Insurance Advocate, 94, no. 5 (Jan. 29, 1983): 28. "Wellness Program Video," *Employee Benefit Plan Review*, 38, no. 3 (Sept. 1983): 137. Susan Olson, "Clearing the Air," *Best's Insurance News: Life and Health Edition*, 86, no. 10 (Feb. 1986): 112-114.

23. A sampling of the articles would include the following. "Smoking in the Workplace: A Review of Human and Operating Costs," *Personnel Administrator*, 27, no. 8 (Aug. 1982): 29; Louis C. Sullivan, "The Other Side of the Smoking Worker Controversy," *Personnel Administrator*, 28, no. 3 (Mar. 1983): 72; "Health Risk Estimation Seen as Coming Method of Disease Prevention, Reduced Claims Incidence," *Insurance Advocate*, 93, no. 5 (Sept. 4, 1982): 25; Andrew J.J. Brennan, "Worksite Health Promotion Can Be Cost-effective," *Personnel Administrator*, 28, no. 4 (April 1983): 39; Mary F. Davis, "Workplace Health Promotion," *Personnel Administrator*, 29, no. 12 (Dec. 1984): 45; Richard P. Sloan and Jessie C. Gruman, "Does Wellness in the Workplace Work?" *Personnel Administrator*, 33, no. 7 (July 1988): 42; John D. Adams, "A Healthy Cut in Costs," *Personnel Administrator*, 33, no. 8 (Aug. 1988): 42.