

HRSA/MCHB 2007 FEDERAL/STATE PARTNERSHIP MEETING

Building Blocks for Promising Practice Models

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Working Together To Address Obesity

LUANN HEINEN: Great job, Betsy and Sue. Thank you so much. We may have to move things along a little bit here, but I'll try not to be rattle but exodus.

Corporate health promotion, also known as worksite wellness, has arrived. And there are two harbingers of that last week. As in inside I might say that in the world of business, corporate health promotion, worksite wellness is not real high up on the pecking order. But last week, how many of you do work? Okay. Last Sunday, October 7th, Dilbert was all about worksite wellness, big Sunday color cartoon. Now, of course he was taking a jaundice view of employer motivations for sponsoring employee wellness, but we were featured.

The second big event last week was on October 11th, the current issue of The New England Journal of Medicine came out, and they haven't paid much attention to this either. And there was a wonderful article by Susan Okie called The Employer as Health Coach. And that article featured employee wellness programs generally, but specifically honed in on obesity initiatives at two large corporations in America, General Mills and Pitney Bowes. So these were big. I

think it means we can—well, we can't quite declare a victory, we can say that we're at least on the field.

The Institute on the Costs and Health Effects of Obesity was founded in 2003. We are basically a private sector entity seeking to develop some public sector partnerships. We have 38 organizations on our board, and they are corporate entities. And I'm including the Blue Cross Blue Shield Association as one. And then there are big companies. General Mills, Pitney Bowes are two of our founding board members. We have Microsoft, Bank of America, American Express. Those kinds of companies all participate because they do recognize the importance of obesity as a cause driver in health care.

But we also have two public health officials who have been on our board from the very beginning and have exerted this proportionate influence. Don't hide, Denise. One of them is Denise Sofka, who has been absolutely amazing, has really opened the eyes of many people to the world of public health and public health nutrition, and maternal and child health issues. The other is Bill Dietz, from the Division of Nutrition, Physical Activity, and now Obesity, at CDC, and they have been real soldiers and champions and advocates and have--and you're going to see their effect, the impact that they've had in some of the programs these companies are rolling out.

So our board is the leadership group for the entire National Business Group on Health, which is a nonprofit association of the big self-insured employers. And so things that I talk about aren't necessarily representative of the entire employer community, but we are working with leaders and we do think that this is--that it does represent things to come.

So, and our total membership covers health benefits for upwards of 50 million lives. So we have a potentially very large audience that we can reach with these messages. And the kinds of things that the Institute finds most important to be doing right now, to build the business case for the C sweet, not so much the people around our board table because they get it, but these are the people who are making the funding decisions in the most senior level management, promoting environmental changes at work, which includes both the food nutrition environment and the physical activity environment. We'll talk more about that.

Reaching families. It's been a big step for many companies just to realize this is their business when it comes to their own employees. So I'm going to ask this community to be a little bit patient with us as we work towards reaching families. It's getting to be a bigger and bigger issue. We've had the alliance for health regeneration come and speak to us about partnerships on childhood obesity, and I am aware of one of the largest corporations in America that is supposed to issue a press release next month on a very important initiative reaching children, having to do with children's health and weight issues in particular. So if that

stays on track, that will be the beginning. And I also believe that a lot of what we're doing to reach the parents has flow through to the families.

We design benefits--another thing people might assume from the outside is that a big company knows exactly what it's doing, and what it does is intentional and well designed and makes sense. And I'm here to say that I was at a meeting, and heard with my own ears, just as one example, a health care person who runs benefits for a huge media conglomerate all over this country--and she said, "You know, it's really a funny thing. I was looking through our detailed plan design the other day, and we do cover nutritional counseling but only for anorexia."

And so she said, "I have no idea why. We'll have to--we need to figure that out." So this all takes time, the wheels have changed and move slowly. And that's another thing that we consider as part of our mission, is to communicate the value of change. And we try to support our employers in lots of ways with communication tool kits and media work, and our words and recognition program which also speak about.

These are the kinds of facts that get the attention of Corporate America. So the fact that a sedentary lifestyle and overweight and obesity contribute to more than a quarter of our health care costs by some good estimates. The second bullet refers to Cantor, peace and economists who did a study on health care trend.

Health care trend is another very important number to employers. It's the rate of increase in health costs year over year.

And then again, the issue of costs and health concerns for our children is really beginning to hit the radar screen. It's well documented that there are clear associations between increasing levels of body mass index and direct health care costs, as well as absenteeism particularly in women. But that's only the tip of the iceberg, proverbial iceberg. So for about a quarter of the costs that employer's bear a direct medical, the other three quarters are indirect. And a really large chunk, according to this Harvard Business Review article, is attributable to something called presenteeism, which is the notion that employers are looking at more and more, which is you can be at work, and we've all experienced this, I've experienced it, and not be fully present. So your mind is distracted by its stress or its worries about your child's health or something like that. And these are very important cause. And obesity is a driver for every single piece of this pie, and that has been pretty well established.

So the obesity epidemic is like a tsunami, and it's a tsunami whose effects we've not yet fully felt. And also, the effects of the obesity tsunami, like other tsunamis, aren't born equally across the population. And here I'm talking about heart disease and stroke, which are two conditions that are driven in part by obesity and affect us disparately by gender and by racial background. And this cartoon isn't very funny because it's all too true in some cases, another group on which

the tsunami--the effects of being felt, through no fault of their own, is our kids. And some data, again, you've probably heard that this week, and I'm going to skip through so I can spend some more time on employer examples, but these are the kinds of data that we share with employers about the impact on children.

And we've identified the problem, and it's us. It's that while we've made progress on some health habits, the headline is that only three percent of us follow all these recommended health practices, these four recommended practices. So we need to start with adults, and a good place to reach them--wait a sec. Let's skip ahead. Yes. Okay. I'm not going to--I wonder, how much time do I have?

UNKNOWN SPEAKER: Ten minutes.

LUANN HEINEN: Ten minutes, okay. I'm going to say that we have common goals with public health, and I'm going to skip ahead to get to the employer examples. Okay. So employees are at work for over a third of their--that should be waking hours. We're not talking about--sounds like that presenteeism problem I was talking about. And while they're at work, the group environment can support behavior change. And The New England Journal article talked about that she--the author interviewed some of the employees at General Mills, and they really talked a lot about the support they got from the group environment. Employers have clear financial incentives, and they are turning around and passing the money on to employees. There's a lot of--it's not at all uncommon

for employers to be paying out 200, 300, \$600 a year in health incentives to their employees.

So what employers are doing, number one, the foundation for everything what employers should be doing, and to a great extent are doing, is covering clinical preventive services. And I'll show you an example of one our finest moments here, and a partnership between the Maternal and Child Health Bureau, who funded this project. It was executed by another division of the business group, not mine. And this is a wonderful, since I didn't work on, I can say it's a highly readable, usable, beautifully done, and very often downloaded guide from employers as to what they should be doing.

The next thing is Worksite Health Promotion, and here are some of the key components in what we're seeing in the companies that are executing it well, is very strong leadership, employee involvement at the grass roots level. You need to assess the health status of the entire employee covered life population and provide both population level and individual reportings. This is often done through health risk assessments. You need some behavioral change and counseling interventions, such as Betsy described. Telephonic counseling is all the rage right now, telephonic coaching. I think the jury is still out as to how successful that is or what's the best way to achieve the behavior change and counseling intervention, what those intervention should look like. And there's also a need for

evaluation and improvement. Speaking--not so much for the health plans, they may do a better job, but inside the employer walls, evaluation is not a strength.

Now, sometimes--oh, this is--we're talking about environmental change was the third bullet, the third thing that employers need to be doing. So it's clinical preventive services, worksite health improvement, and environmental change. Sometimes environmental change can be as simple as signage. So this is, "Don't let the machines win. Take the stairs." It's from Blue Cross Blue Shield of Minnesota's do campaign, and it's very clever and creative. And this next one is my favorite, Free Stairmaster. So it's great. So this can increase people's awareness, can get people moving in the right direction.

Another kind of communication hard for you to read, this is just a sample of much bigger sheet. We really--one of the places that has really kind of brought us to our needs more than anything else has been the problem of trying to help clean up food, and we run into that--sort of that brick wall of, "Don't mess with my food." And so we roll back then and talk a lot about choice, and that you can make better choices at any restaurant, unless this shows you some of the different consequences of different choices at fast-food restaurants. And we--these things are available. All of our members can download them and use them with their employees.

Another thing we've worked on to reward and encourage employers and give them some recognition for the great strides that they're making. It's been the Best Employers for Healthy Lifestyles awards program that we started in 2005, and we have given 96 awards in three years at the silver, gold, and platinum level from employers who--and there's a bunch of criteria, and outside judges, and I won't go through all that, but it's been--it's been something they actually compete for. And I'll tell you one funny story. This was Boeing, and don't tell that I told you, but they'd been--the gal in Seattle in charge of corporate wellness had been just working and working, and she couldn't get approval for anything. She want to bring Weight Watchers on site, and they said, "What's the ROI on that?" And just one battle after another. ROI being return on investment. Of course no one has that data for Weight Watchers.

So finally, she cobbled together. They're a big company. There's lot of packets of money. She cobbled together a wellness program, and it wasn't bad. She used her health plan resources and other things available to her in the community, and they, she was thrilled, thrilled, thrilled, thrilled that they got a silver award. Well, then the other shoe fell. The big guys in Chicago, which is where headquarters is, kind of got wind of this, and I hope it was from our board member and our contact and not from the media, but somehow they heard that Boeing had won a silver award. So they called her up and said, "Why do we only get silver?"

So, she tried not to focus on the disconnect. And she said, "This is a golden opportunity, and let me tell you what we need." And so it's been a great success for her. This is a short list of—with 96 winners. This is just an example listing. And I apologize to Betsy that I've left off Blue Cross Blue Shield North Carolina, They were a winner. They won silver. I can't—I think they were at least gold. They have a wonderful program for their own employees, which is sometimes different from what they're selling in the marketplace. And it's one of the things that we advise our corporate purchasers to look for. And the vernacular is, are they eating the dog food? Are they using the same programs internally that they're trying to sell you? And there are very few health plans that have won an award, so they're in an elite group here.

Now, these companies--this is--I'm going to talk a little bit about companies. The first three bullets refer to companies who are extremely mature with very robust programs, a culture of health. You can't even really call these health promotion programs anymore. These are companies with integrated health management delivery. And they—so I'm going to talk--just going to hone in on one aspect of their program, and that's they do much, much more. But IBM, they have 140,000 employees in the U.S., and they, in 2004, did something really quite dramatic and pretty radical in the employer world, and that is--they said to their employees, "If you undertake a physical activity initiative or program, you participate, we'll pay you \$150. And we're calling it our physical activity rebate because we believe it's so important."

“What you—all--what you need to do is 20 minutes, three times a week, for 10 out of 12 consecutive weeks, you need to do something physical,” and there might have been some criteria for what would count as that, “and you need to log into this virtual fitness center on the Web and document it.” And it’s on the honor system, so in theory you could sit at your desk all lunch hour and log in. But they’re not too worried about that. They don’t think that’s happening. And they paid out in the most recent year, for which I have data--they paid out that incentive to 106, 000 employees. So that’s big.

And they’re moving on in some other areas. They’re doing rebates for preventive services and looking at some additional rebate programs like that. They call it a rebate. Johnson & Johnson, again, has done many wonderful things. They called their program Healthy People. They based the strategy on Healthy People 2010. And they compare--they benchmark their own performance company-wide, 55,000 domestic employees, to the U.S. national average. And then they set their targets based on how are we doing compared to Healthy People, and the U.S. average.

But one thing I found particularly interesting--and this is just a pilot, so it hasn’t been rolled out everywhere yet--is that they have really--are trying to set the bar much higher than the norm. And they’ve defined what they call nutritionally

dense whole foods, and they're working with their cafeteria vendors and suppliers to say, by the end of 2008, we want to have 80 percent of everything that's offered or consumed on our food services, catering, conferencing, vending and in-house restaurants and dining cafes and all that, must be 80 percent nutritionally dense whole foods. And then the year after that, we want to go to 90 percent. So they are really pushing it. And they call that Eat Complete. That's the name of that program.

Now, another example, Florida Power & Light--they're a little bit smaller. They're a utility in Florida, headquartered in Juno Beach. And again, they have a long tradition of--I think it began more kind of on the safety side. Sometimes companies who have strong safety cultures, it's easy for them to move into health promotion, health improvement. They have on-site their own registered--at least one registered dietician, maybe more in some of their other locations, and exercise physiologists. They have a very supportive, healthy weight initiative called Steps to Success. And for many years, they have been subsidizing healthy foods in their on-site dining. And a lot of people eat breakfast there. They start early, they eat breakfast, and they are there for lunch. And they can show--they have data where they can show by subsidizing meals, how much they've increased sales of the healthiest selections year over year, and that's pretty neat.

And the next example, General Mills, here, it's interesting. I'm going to bring this

stuff in contrast, no money changes hands. No money changes hands because this program is just about, really, leadership and culture and setting the tone and making it fun. And they--the chief medical officer there, head of--I think its head of Health and Safety--is a former college gymnast. And so he's gone around and figured out what everybody's physical activity, passion is. And he's made a DVD showing, especially senior leadership people, the sales guy rollerblading through the cubicles, and he ends the whole thing up with—and this was a big shocker, and don't ever appear on a podium with him because he's a shameless show-stealer--he showed the video ending up with this somebody--figure you couldn't see doing these unbelievable back flips. And the guy is 55 years old, and then he stops doing the back flips and there it is, Dr. Tim from General Mills. So he's--had a big impact, and he--again, they were written up in New England Journal article.

The last example—and I know we need to go--is that not every company is in pharma or manufacturing and has a central headquarters and has very big profit margins. So companies like HEB, which is in San Antonio, Texas, it's a retail grocer, and Hannaford Brothers out of Portland, Maine, two very large grocer companies that for retail companies with disparate—HEB, the primary language is Spanish and much of their workforce--these are lower-wage employees, higher turnover and razor-thinned margin industries.

So what they have done, they take some really interesting approaches as well.

HEB, of course, for years has been translating its health risk assessments into Spanish. And they got--last year they had 72 percent of their workforce take a health risk assessment, and which is amazing because they don't all have computer access. They're not sitting at workstations and they have had to set up kiosks, and they do provide incentives. They have a lot of work. They have a very large prevalence of diabetes and pre-diabetes in their population. And one of the things they've done is they have five percent of their pre-tax profits go to community partnerships with--in Northern Mexico and in Texas, and they are funding nutrition, hunger and diabetes programs with their—from a corporate philanthropy perspective.

And Hannaford, I'm running out of time here, but they've done some interesting things with incentives and their population as well. We think that the most fruitful and fertile areas for partnership between the public and the private sector are these things. Childhood obesity is really getting to be a hot topic, and I think that in 2008, there's going to be continuing momentum and more and more activity. The employers I'm talking about have a bit more resources available to them, but there are many, many more out there who will want to emulate some of these companies and don't have the in-house expertise, don't have the benefit of being able to get on the phone with Maternal and Child Health people. We would love to be able to say, here's a hotline to your state expert on some of these issues. And I hope that we can work together to find ways, to partner more successfully and more fully in the future. Thank you.

