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## Public Agency Risk Managers Association of California

### ***Employee Wellness and Health Promotion: What Works and What Doesn't?***

***February 12, 2008***

**Tom Sher  
Alliant Insurance Services, Inc.  
San Francisco**

## Overview

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- **Health Promotion Background and Concepts**
- **Levels of Health Promotion**
- **What Works: Information + Opportunity + Accountability = Action**
- **What To Do Now**
- **Wellness: It's Personal!**

## Health Promotion Background and Concepts

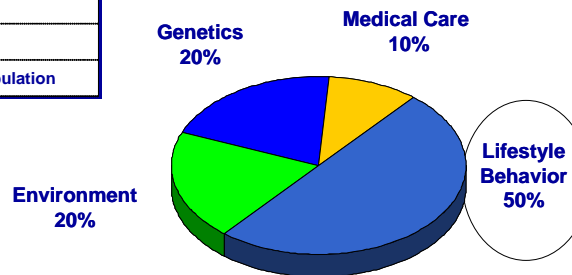
- What Makes People Sick?
- Preventing and Managing Illness and Disease
- What is Health Promotion?
- Health Promotion as Voluntary Loss Control
- Return on Investment (ROI)
- Behavioral Change
- Incentives

## Health Promotion Background and Concepts: What Makes People Sick?

### Key Drivers of Health Status

Driver	Prevalence
Obesity	66% obese or overweight
Physical Activity	28% inactive
Smoking	23% smokers
Stress	36% high stress
Aging	22% > 55 years, aging population

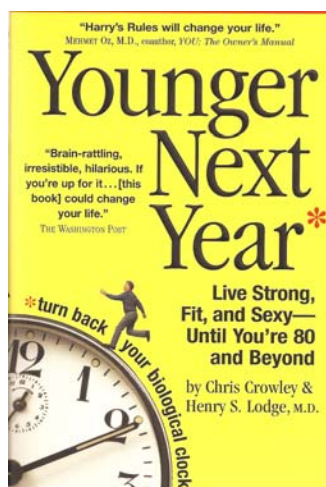
### Factors that Influence Health Status



## Health Promotion Background and Concepts: What Makes People Sick: **Behavior**

- **Potential Benefits of Improved Nutrition**
  - 80% reduction in obesity
  - 25% reduction in cardiovascular disease
  - 25% reduction in cancer incidence and mortality
  - 50% reduction in diabetes (80% for Type II?)
  - 15% reduction in digestive problems
  - 50% reduction in dental disease
- *From Report of Senate Select Committee on Nutrition and Human Needs, 1976 (!)*
- Recent statistics (NIH and other sources) confirm this 30-year old report; current figures worse in some areas, e.g. Type II diabetes

## Health Promotion Background and Concepts : Preventing and Managing Illness and Disease



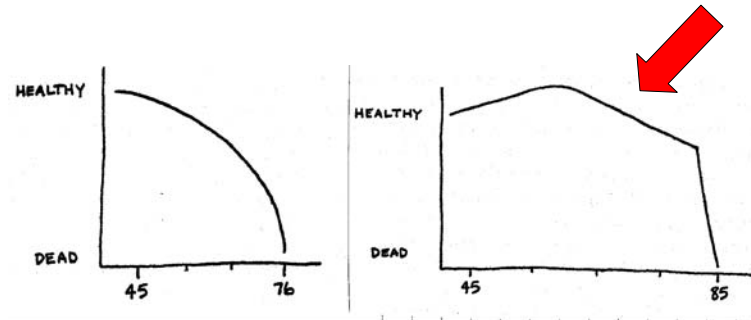
“...Most of us can be functionally younger every year for the next five or even ten years....”

“...over 50 percent of all illness and injuries in the last third of your life can be eliminated by changing your lifestyle....”

“...70 % of premature death is lifestyle-related.....”

*Henry S. Lodge, M.D.*

## Health Promotion Background and Concepts: Preventing and Managing Illness and Disease



*Which line do you want to be on?*

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## Health Promotion Background and Concepts

### ▪ What is Health Promotion?

- "Health promotion is the science and art of helping people change their lifestyle to move toward a state of optimal health. Optimal health is defined as a balance of physical, emotional, social, spiritual, and intellectual health. Lifestyle change can be facilitated through a combination of efforts to....

*.....enhance awareness, change behavior and create environments that support good health practices.*

*....Of the three, supportive environments will probably have the greatest impact in producing lasting change".*

*(American Journal of Health Promotion, 1989,3,3,5)*

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## Health Promotion Background and Concepts

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- **Specialized Health Promotion: Disease Management**
  - Disease management (DM) is the concept of *reducing healthcare costs and/or improving quality of life for individuals with chronic disease conditions* by preventing or minimizing the effects of a disease or chronic condition through integrative care including behavior modification (Wikipedia, 2008).
  
  - "...treatment for seven chronic diseases including cancers, mental illnesses, heart disease, lung conditions, hypertension, stroke, and diabetes ran to nearly \$280 billion in 2003... That was dwarfed by productivity costs [loss] of more than \$1 trillion, however..."

*From WebMD reporting on "An Unhealthy America: The Economic Burden of Chronic Disease," Milken Institute, Oct. 2, 2007.*

## Health Promotion as Voluntary Loss Control

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- **Workers Compensation has Loss Control for occupational injury and disease**
  
- **Why doesn't non-occupational medicine perform Loss Control?**
  - Coverage and participation is voluntary and employees spend some of their own money
  - Not usually self-insured
  - No real employer control of network or access to providers
  - Patient care decisions are not challenged
  - Privacy issues
  
- **Health Promotion is an attempt to establish voluntary loss control protocols for non-occupational medicine**

## Health Promotion Background and Concepts

### Concepts: **Return on Investment**

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- **Return on Investment: (ROI) the ratio of money gained or lost on an investment relative to the amount of money invested**
  - "...38% measured financial results of their wellness programs...successful... programs report medical claims cost reductions of 4% or more..." *Willis, 2006*
  - If average annual medical insurance premium = \$9,000
    - 4% savings = \$360; 6% savings = \$540; 8% savings = \$720
  - Typical health plan DM fee: \$3 per employee per month \$36 per year
  - Some health plans now guarantee savings of 2 to 1 on DM

## Health Promotion Background and Concepts

### Concepts: **Return on Investment**

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- **Return on Investment: (ROI) the ratio of money gained or lost on an investment relative to the amount of money invested**
  - Typical wellness program fees: \$2 - 6 per employee per month (\$24 to \$72 per year), plus \$150/year per participant for incentives; more with health coach
  - Towers Perrin September 2007 study of Sutter Health Partners Comprehensive Wellness Program
    - Medical savings: 2.5% per employee: \$224/year
    - Absenteeism and presenteeism: 1.9% of pay: \$765 @ \$45,000 to \$1,434 at \$75,000

## Health Promotion Background and Concepts

### Concepts: **Return on Investment**

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- **Measurable (sometimes) Sources of ROI from Health Promotion**
  - Reduction in medical claims: non-occupational
  - Reduction in medical claims: occupational (Workers Comp)
  - Reduction in sick leave expense (absenteeism)
  - Reduction in disability claims
  
- **Other Sources of ROI from Health Promotion**
  - Work effectiveness (improved presenteeism)
  - Better decision-making
  - Better customer service
  - Better morale
  
- **Expect results in 18 months to three years**

## Health Promotion Background and Concepts:

### Behavioral Change: **Learning Theory Overview**

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- **New, complex behavior means changing many small behaviors**
- Example: attain goal of walking 30 minutes per day
  - Start with 10 minutes per day
  - Add 5 minutes per week
  - New behavior must replace or compete with old behavior, e.g. watching TV
- Most behaviors are reinforced by anticipated future rewards
  - Physical: looking better
  - Extrinsic: compliments, t-shirt, money
  - Intrinsic: feeling of accomplishment
- Extrinsic rewards may not be a reliable factor in sustaining lifestyle change

*Jim Grizzell, Perspectives on Health Promotion, CSU Pomona, January 27, 2007*

## Health Promotion Background and Concepts: Behavioral Change: **Selected Learning Theories**

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- **Health Belief Model:** perception of severity of potential illness, susceptibility to that illness, benefits of prevention, barriers to action
  - *Examples: breast cancer gene, parent with colon cancer*
- **Transtheoretical Model:** self-changes depend on doing the right things (processes) at the right time; must be ready to change
  - *Examples: death of a close friend, post-divorce self-improvement*
- **Relapse Prevention Model:** develop support systems for changed behavior
  - *Examples: "it's too cold to exercise," "I'm too tired to make dinner."*

*Jim Grizzell, Perspectives on Health Promotion, CSU Pomona, January 27, 2007*

## Health Promotion Background and Concepts: Behavioral Change: **Selected Learning Theories**

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- **Social Cognitive Theory:** behavior change affected by environmental and personal factors; belief in self efficacy is key; "I think I can!"
  - *Example: Biggest Loser (TV)*
- **Social Support:** takes the form of instrumental, informational, emotional, appraising support
  - *Examples: AA, some work site group programs*
- **Ecological Approach:** create a supportive environment: individual, organizational, governmental
  - *Examples: State anti-smoking campaigns, local ordinances; anti-cancer campaigns*

*Jim Grizzell, Perspectives on Health Promotion, CSU Pomona, January 27, 2007*



## Health Promotion Background and Concepts: Behavioral Change: **Organizational Change**

- **How to Create Organizational Change?**
  - "...In the vast majority of settings, successful wellness programs must focus on creating better work, family and community environments..."

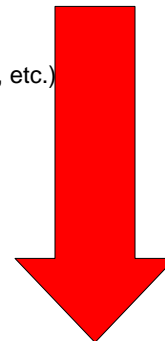
*Achieving Health Promotion Through Cultural Change Systems,  
American Journal of Health Promotion, 1986*

- **Alternatives for Cultural Change**
  - Cascading change, train the trainer, Wellness Champions ("missionaries")

## Health Promotion Background and Concepts: Incentives: **from Participation to Persistence**

- **Extrinsic**
  - Praise
  - Encouragement
  - Money (lower premiums or contributions, gift card, cash, etc.)
  - Time off
- **Physical**
  - Look better
  - Feel better
  - Live longer
- **Intrinsic**
  - Feeling of accomplishment, enhanced self-worth

**PARTICIPATION:  
EXTERNAL**



**PERSISTENCE:  
INTERNAL**

## Levels of Health Promotion

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- **Awareness Programs**
  - Newsletter, special events, flyers, posters, meetings, lunch seminars, internet
- **Health Management Process**
  - Orientation
  - Personal assessment
  - Goal setting
  - Skill building
  - Ongoing programs
  - Leadership training
- **Supportive Environment**
  - Employee ownership
  - Employer policies
  - Physical environment
  - Work protocols
  - Ongoing process and structures

## Levels of Health Promotion: Selected Tactics

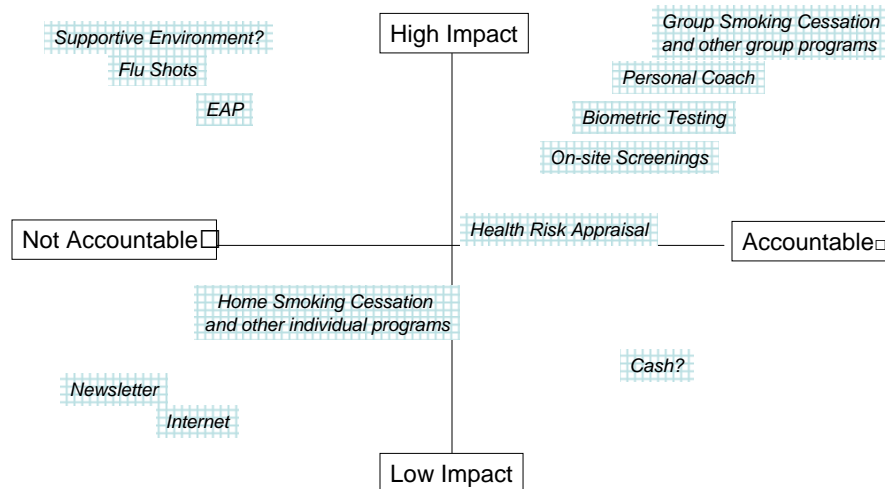
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- Home-delivered, health-related newsletters
- Electronic or paper educational and/or promotional materials
- Flu shots
- Health risk appraisal (personal evaluation and analysis)
- On-site health screenings (biometric testing of heart rate, blood pressure, flexibility, body mass index (BMI), etc.)
- Blood tests (cholesterol, glucose levels, etc.)
- Group or home-based smoking cessation

## Levels of Health Promotion: Selected Tactics

- Group or home-based weight management
- Group or individual stress management
- Group or individual exercise program
- Group or individual nutrition program
- Home-based targeted intervention (blood sugar, weight, etc.)
- Employee Assistance Program
- Telephonic outreach from health coach
- Supportive environment

## Levels of Health Promotion: Accountability vs Impact



## What Works: Information + Opportunity + Accountability = Action

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- **Information:** provide comparative data about cause and effect of various behaviors
- **Opportunity:** create times, places and environment to support behavioral change
- **Accountability:** make each individual accountable for their actions; personal responsibility is the key to sustainable change in behavior

## What Works: Typical Health Plan Model: *Blue Shield Healthy Lifestyle Rewards (BSC HLR)*

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- Payroll stuffers, open enrollment materials and meetings, employer email, etc.
- Health Risk Assessment
- On-line programs for education and compliance: nutrition, weight loss, exercise, smoking cessation, etc.
- Incentives of \$175/year for HRA completion, on-line program completion (charged to employer, plus administration fees)

What Works: **Information** + Opportunity + Accountability = Action: **BSC HLR**

### MyHealth Assessment : Summary

#### Your MyHA Score

**89**

Tina, based upon your answers, your calculated MyHA score is 89, compared to your peer average of 86. An area you need to address to improve your score is nutrition.

#### Your Modifiable Risks

Did you know that the higher your risk factors, the higher your risk of developing health conditions is in the future? See your modifiable health risk factors below, organized by level of risk.



**Highest Risk**  
Nutrition: Eat a healthier diet.

Exercise

Weight

Blood Pressure

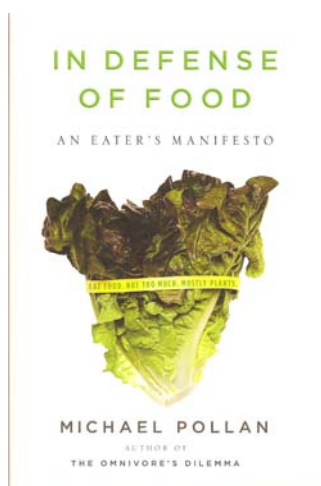


**Medium Risk**  
Stress, Blood Sugar, Tobacco Use, Emotional Health



**Lowest Risk**  
Cholesterol, Alcohol Use, Substance Use, Safety

What Works: **Information** + Opportunity + Accountability = Action: **BSC HLR**



“...Eat food, not too much, mostly plants...”

“...don't eat anything your great-grandmother wouldn't recognize as food..”

“...shop the peripheries of the supermarket and stay out of the middle...”

“...among 18 to 50 year-old Americans, roughly one-fifth of all eating now takes place in the car...”

“...as technology reduces the the cost of food, we tend to eat more of it.....”

**What Works: Information + Opportunity +  
Accountability = Action: *BSC HLR***

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- Cafeteria, snack bar, vending machines or food service modified to provide lower fat, more nutritious food; eliminate junk food
- Healthy Meetings
  - Food (Donuts????)
  - Stretch breaks
- Group and individual or on-line nutrition counseling
- Community-supported agriculture (CSA); more fresh vegetables for more people

**What Works: Information + Opportunity +  
Accountability = Action: *BSC HLR***

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- Receive Incentive for performance (cash or gift card)
- Re-take Health Risk Assessment after one year
- Re-Take on-site health screening after one year
- Participate in Group Nutrition and Weight Management Program
- Create possibility for objectively measuring results

## What Works: Typical Health Plan Model: *Hospital Chain Program*

- Awareness campaign: payroll stuffers, open enrollment materials and meetings, employer email, etc.
- Health Risk Assessment, on-site screening, biometric testing
- Risk stratification: personal coach assigned to high risk members
- Incentives for HRA completion, coaching program completion (charged to employer, plus administration fees)

## What Works: **Information + Opportunity + Accountability = Action: *Hospital Chain Program***

### A1c Blood Sugar Conversions

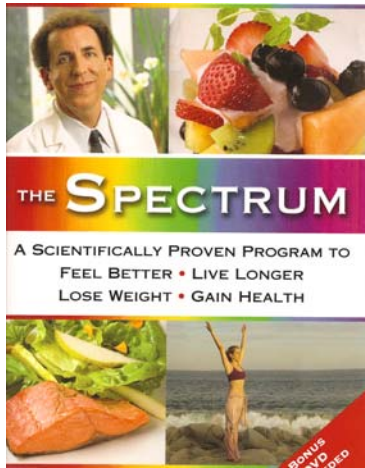
A1c: Approximate conversion to blood sugar levels					
	A1c Value	Glucose mmol/L ( mean )	Glucose mg/dL ( mean )		
   	12.0 %	19.5	345		
	11.0 %	17.5	310		
	Action Suggested	10.0 %	15.5	275	
		9.0 %	13.5	240	
	Caution	8.0 %	11.5	205	
	Excellent	7.0 %	9.5	170	
		6.0 %	7.5	135	

Adapted from :American Diabetes Association Standards of Medical Care in Diabetes Diabetes Care 28:S4-S36, 2005

\* Biometric testing and health screening reveal patient with untreated type II diabetes

\* Personal coach contacts the patient, offers support to manage the condition

**What Works: Information + Opportunity + Accountability = Action: *Hospital Chain Program* □**



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***Coach helps patient become informed***

...just one session of exercise can reduce blood sugar...”

“...In the *Women’s Health Study*...those who walked just 15 minutes per day cut their risk of death from heart attack and stroke in half...”

“...walking 20 or 30 minutes a day - and not even that fast or all at once - may reduce risk of premature death from heart disease by 50%...”

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**What Works: Information + Opportunity + Accountability = Action: *Hospital Chain Program***

- Provide coach
- Offer support for physical activity
- Shift schedules or extend lunch periods to allow time for physical activity
- Encourage movement at work
- Sponsor work site group programs

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**What Works: Information + Opportunity + Accountability = Action: *Hospital Chain Program***

- Receive incentive for participation
- Re-Take Health Risk Assessment
- Re-Take Biometric testing
- Personal Health Coach
- Participate in Group Exercise and Nutrition Programs
- Create possibility for objectively measuring outcomes (*results validated by Towers Perrin study*).

**What Works: Information + Opportunity + Accountability = Action: KAISER PERMANENTE.**

- **Moving from participation to persistence**
- **Assessment**
  - Workplace and environment assessed, Wellness Champions, Total Health Appraisal (THA) combined with Biometric Screenings
- **Diversity of Programs**
  - Individual, Group, and On-Line programs, overseen by Wellness Coordinator
- **Targeted Incentives:**
  - Customized Reward Programs
- **Communication**
  - Multidimensional and ongoing communication
- **Employer Reporting**
  - Aggregate reporting and evaluation data

**PARTICIPATION:  
EXTERNAL**



**PERSISTENCE:  
INTERNAL**

## What Works: Information + Opportunity + Accountability = Action: *King County, WA*

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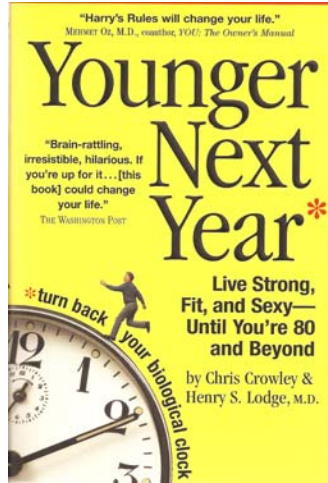
- **Complete restructure of all health plans**
- **Big incentives for participation and compliance**
  - Better benefits at less payroll deduction expense
  - Must participate in health improvement programs to earn incentive
  - Spouse must participate too
- **Strong labor involvement**
- **For more Information**
  - <http://www.metrokc.gov/employees/benefits/>

## What to Do Now?

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- **Do an inventory**
  - Existing programs, resources both in risk management and benefits budgets/departments, issues, labor relations, find out what your health plans can offer, consider scale and geographic dispersion, who in your organization can be health promotion leaders?
- **Think about what it will take to create change in your employees' behavior**
  - Top down or bottom up, decentralized or centralized?
  - Wellness champions needed!
- **Ask for advice**
- **You can't afford not to act**

## Wellness: It's Personal!



"...Most of us can be functionally younger every year for the next five or even ten years...."

"...over 50 percent of all illness and injuries in the last third of your life can be eliminated by changing your lifestyle...."

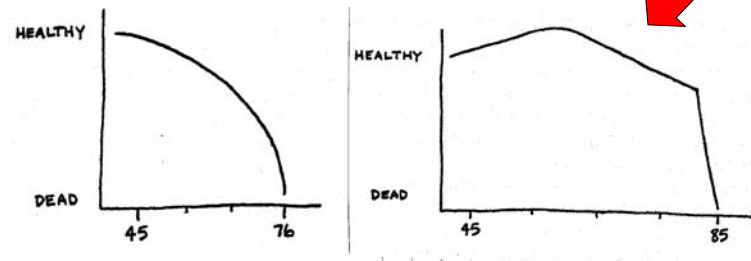
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## Wellness: It's Personal!



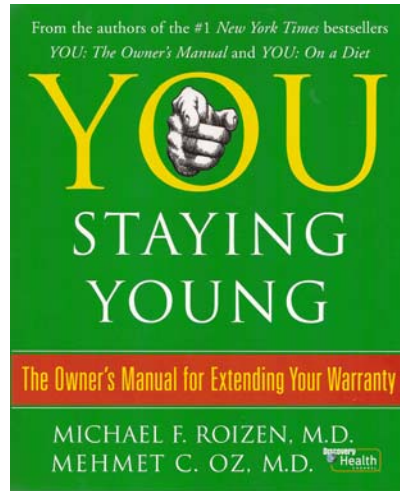
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## Wellness: It's Personal!

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"...For example, just ten minutes of walking turns on a gene that decreases the rate of cancer growth....

...and resveratrol (the ingredient found in red wine), turns on a gene that slows or stops a dangerous inflammatory process.....

*Mehmet Oz, M.D.*

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