

Integrating Health Promotion into National Health Policy

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Likelihood of Success

- **Some “Health Reform” Passing 2009** 95%
- **Health promotion components in final bill** 99%
- **100% of health promotion components in final bill** 1%
- **Key health promotion components in final bill** 70%

Potential

Reality

Health Promotion Provisions in Patient Protection and Affordable Care Act

- **Wellness Incentives: Health Plan Premium Differential**
- **Grants for Small Business Comprehensive Health Promotion Programs**
- **National Prevention and Health Promotion Strategy**
- **Evaluation of Workplace Health Promotion Programs**
- **Bi-Annual Surveys of Workplace Health Promotion**

- **TITLE IV: PREVENTION OF CHRONIC DISEASE AND IMPROVING PUBLIC HEALTH**

- **Wellness in Medicare**
- **Wellness in Medicaid**
- **Wellness in Health Insurance**

Health Promotion *Advocates*

Vision: Integrate health promotion concepts into all sectors of society.

Mission: Promote healthy lifestyles among all Americans and thereby reduce medical costs and utilization, improve quality of life and enhance productivity

Strategy: Engage the health promotion community in developing, supporting and passing legislation that contributes to our mission.

www.HealthPromotionAdvocates.org

Health Promotion Advocates Developmental Timetable

- 1999: Genesis in Korea
- 2000: Announced ASHPC in Colorado
- 2001: ASHPC & Hill visits in DC
- 2002 : Interviews, coalition building
- 2003: ASHPC & Hill visits in DC
- 2004: Incorporate Health Promotion Advocates
- 2006: Grass Roots Network
- 2009: Senior Leadership Development Council

**Building Health Promotion and Disease Prevention into the National Agenda
Resolution of 2001, 2001**

HELP America Act: 2004, 2005, 2006, 2007

**Health Promotion Funding Integrated Research, Synthesis and Training Act
(FIRST) : 2004, 2005, 2007, 2009**

Healthy Workforce Act: 2007, 2009

Patient Protection and Affordability Act, 2010

Wellness Incentive

Mechanism to pay for comprehensive health promotion programs that is cost-neutral to employers and most employees and engage full population in programs.

Prediction: Employer norms will change; this will become the predominant model

Safeway Amendment, supported by Health Promotion Advocates

TITLE I—QUALITY, AFFORDABLE HEALTH CARE FOR ALL AMERICANS

Subtitle C—Quality Health Insurance Coverage for All Americans

Sec. 1201. Amendment to the Public Health Service Act.

“SEC. 2705. PROHIBITING DISCRIMINATION AGAINST INDIVIDUAL PARTICIPANTS AND BENEFICIARIES BASED ON HEALTH STATUS.

Wellness Incentive

TITLE I—QUALITY, AFFORDABLE HEALTH CARE FOR ALL AMERICANS

Subtitle C—Quality Health Insurance Coverage for All Americans

Sec. 1201. Amendment to the Public Health Service Act.

“SEC. 2705. PROHIBITING DISCRIMINATION AGAINST INDIVIDUAL PARTICIPANTS AND BENEFICIARIES BASED ON HEALTH STATUS.

- **Broad terms to prevent group or individual health plans from limiting eligibility based on health status, medical conditions, claims experience, utilization, medical history, genetic information insurability (including domestic violence, disability, other factors**
- **Codifies existing regulation allowing employers to offer premium differentials based on health conditions in conjunction with wellness programs**
 - **Increases premium differential (or deductibles, co-payments) from 20% to 30%, effective January 1, 2014**
 - **Differential can be applied to spouses and dependents**
 - **Programs must be offered to all similarly situated individuals**
 - **Provides waiver for employee who has condition that contraindicates program participation**
 - **“The wellness program shall be reasonably designed to promote health or prevent disease. A program complies with the preceding sentence if the program has a reasonable chance of improving the health of, or preventing disease in, participating individuals and it is not overly burdensome, is not a subterfuge for discriminating based on a health status factor, and is not highly suspect in the method chosen to promote health or prevent disease.”**
- **Articulates option for incentives based on program participation**
- **Allows Secretaries of HHS & Treasury to increase differential to 50% if appropriate**
- **Directs Secretaries of Labor, HHS & Treasury to issue report by 2013 based on employer data on the 1) effectiveness of wellness programs in improving health and preventing disease, 2) impact of programs on access to care and affordability of coverage for participants and non-participants, 3) impact of premium based and cost-sharing incentives on changing health behavior and 4) the effectiveness of different types of rewards.**
- **Individual insurance market**
 - **10 state pilot on premium differential starting July 1, 2014**
 - **Expand to 50 states July 1, 2017 if pilot “is effective”**

Relevant Empirical Findings

- Financial incentives integrated into the health plan increase participation to 70%-90% range compared to 20%-40% for programs with just good marketing and strong leadership support.

- Taitel MS, Haufle V, Heck D, et al. Incentives and other factors associated with employee participation in health risk assessment. *J Occup Environ Med.* 2008;50:863–872.

- Seaverson ELD, Grossmeier J, Miller TM, Anderson DA. The role of incentive design, incentive, value, communications strategy, and worksite culture on health risk assessment participation. *Am J Health Promot.* 2009; 23:343.

- Employees with risk factors (stress, tobacco use, overweight, inactivity, high blood pressure, high cholesterol, poor nutrition, and excess alcohol use) have costs 3.28 higher than employees who did not: \$3,000 vs \$9,840.

- Fellows JL, Trosclair A, Adams EK. Annual smoking-attributable mortality, years of potential life lost, and economic costs—United States, 1995–1999. *MMWR Morb Mortal Wkly Rep.* 2002;51:300–303.

- Finkelstein E, Fiebelkorn IC, Wang G. The costs of obesity among full-time employees. *Am J Health Promot.* 2005; 20:45.

- Goetzel RZ, Anderson DR, Whitmer RW, et al. The relationship between modifiable health risks and health care expenditures: an analysis of the multi-employer HERO health risk and cost database. *J Occup Environ Med.* 1998;40:843–854.

- O'Donnell MP. Integrating financial incentives for workplace health promotion programs into health plan premiums is the best idea since sliced bread. *Am J Health Promot.* 2010 Mar-Apr;24(4):iv-vi.

- Well designed programs reduce medical costs about \$3.00 for each \$1.00 invested

- Aldana SG. Financial impact of health promotion programs: a comprehensive review of the literature. *Am J Health Promot.* 2001 May-Jun;15(5):296-320. Review.

- Baicker K, Cutler D, Song Z. Workplace wellness programs can generate savings. *Health Aff (Millwood).* 2010 Feb;29(2):304-11. Epub 2010 Jan 14.

Conclusion: Financial incentives will engage almost the full population. It is fair to charge employees with risk factors more because they cost more, but if they participate in programs, they will qualify for lower premiums and their health will improve. Savings will exceed program costs for employers and employees.

Health Goal Format :

Incentive or Reward Options

- Discount or rebate of a premium or contribution
- Waiver of all or part of a cost-sharing mechanism
 - such as deductibles, copayments, or coinsurance
- Absence of a surcharge
- Value of a benefit that would otherwise not be provided under the plan

Recommended Application, Health Condition Approach, Now

- Keep it simple; Use 3-5 objective measurable health goals.
 - 1) Participate in screening, 2) tobacco free, 3) BMI ≤ 27.5 or pass fitness test, 4) normal biometrics (blood pressure, cholesterol, triglycerides, glucose)
- Earn 5.0% premium discount for each goal met
- Earn 3.0% premium discount for each goal not met but addressed through approved program (eg. 2) tobacco cessation, 3) weight control (including exercise + nutrition), 4) appropriate medical care + at least one lifestyle change program
- Include health promotion program in total health plan cost, eg $\$5,750 + \$250 = \$6,000$

Example: Health Condition Approach, Now

- Total premium \$6,000; employer contributes 70% and employees 30%
 - 70% = \$4,200
 - 30% = \$1,800
 - 20% = \$1,200
 - 5.0% = \$300; 3% = \$180
- Premium discounts earned from meeting goals
 - Screening + 3 goals met: \$1,200
 - Screening + 2 goals met: \$900
 - Screening + 1 goals met: \$600
 - Screening + 0 goals met: \$300
- Premium discounts earned from participating in programs if do not meet goals
 - Screening + participate in programs to meet 3 goals: \$840
 - Screening + participate in programs to meet 2 goals: \$660
 - Screening + participate in programs to meet 1 goals: \$480
 - Screening only: \$300
- Actual \$ are adjusted based % of employees who meet goals and participate in programs
 - Simple case: low \$1,200, high \$2,400

Recommended Application, Health Condition Approach, 2014

- Keep it simple; Use 3-5 objective measurable health goals.
 - 1) Participate in screening, 2) tobacco free, 3) BMI ≤ 27.5 or pass fitness test, 4) normal biometrics (blood pressure, cholesterol, triglycerides, glucose)
- Earn 7.5% premium discount for each goal met
- Earn 5.0% premium discount for each goal not met but addressed through approved program (eg. 2) tobacco cessation, 3) weight control (including exercise + nutrition), 4) appropriate medical care + at least one lifestyle change program
- Include health promotion program in total health plan cost, eg $\$5,750 + \$250 = \$6,000$

Example: Health Condition Approach, 2014

- Total premium \$6,000; employer contributes 70% and employees 30%
 - 70% = \$4,200
 - 30% = \$1,800
 - 7.5% = \$450; 5% = \$300
- Premium discounts earned from meeting goals
 - Screening + 3 goals met: \$1,800
 - Screening + 2 goals met: \$1,350
 - Screening + 1 goals met: \$ 900
 - Screening + 0 goals met: \$ 450
- Premium discounts earned from participating in programs if do not meet goals
 - Screening + participate in programs to meet 3 goals: \$1,350
 - Screening + participate in programs to meet 2 goals: \$1,050
 - Screening + participate in programs to meet 1 goals: \$750
 - Screening only: \$450
- Actual \$ are adjusted based % of employees who meet goals and participate in programs
 - Simple case: low: \$900, high: \$2,700

Wellness Incentive: Program Participation Option

No limits on amount of incentive.

Program options:

- A program that reimburses all or part of the cost for memberships in a fitness center.
- A diagnostic testing program that provides a reward for participation and does not base any part of the reward on outcomes.
- A program that encourages preventive care related to a health condition through the waiver of the copayment or deductible requirement under group health plan for the costs of certain items or services related to a health condition (such as prenatal care or well-baby visits).
- A program that reimburses individuals for the costs of smoking cessation programs without regard to whether the individual quits smoking.
- A program that provides a reward to individuals for attending a periodic health education seminar.

Grants for Small Businesses to Provide Comprehensive Wellness Programs

Mechanism to make health promotion programs cost effective to small business who are not self insured.

Prediction: Small employers will develop more comprehensive programs. Venders who work with small employers will become experts in applying for grants

Emerged from Healthy Workforce Act (was tax credit)

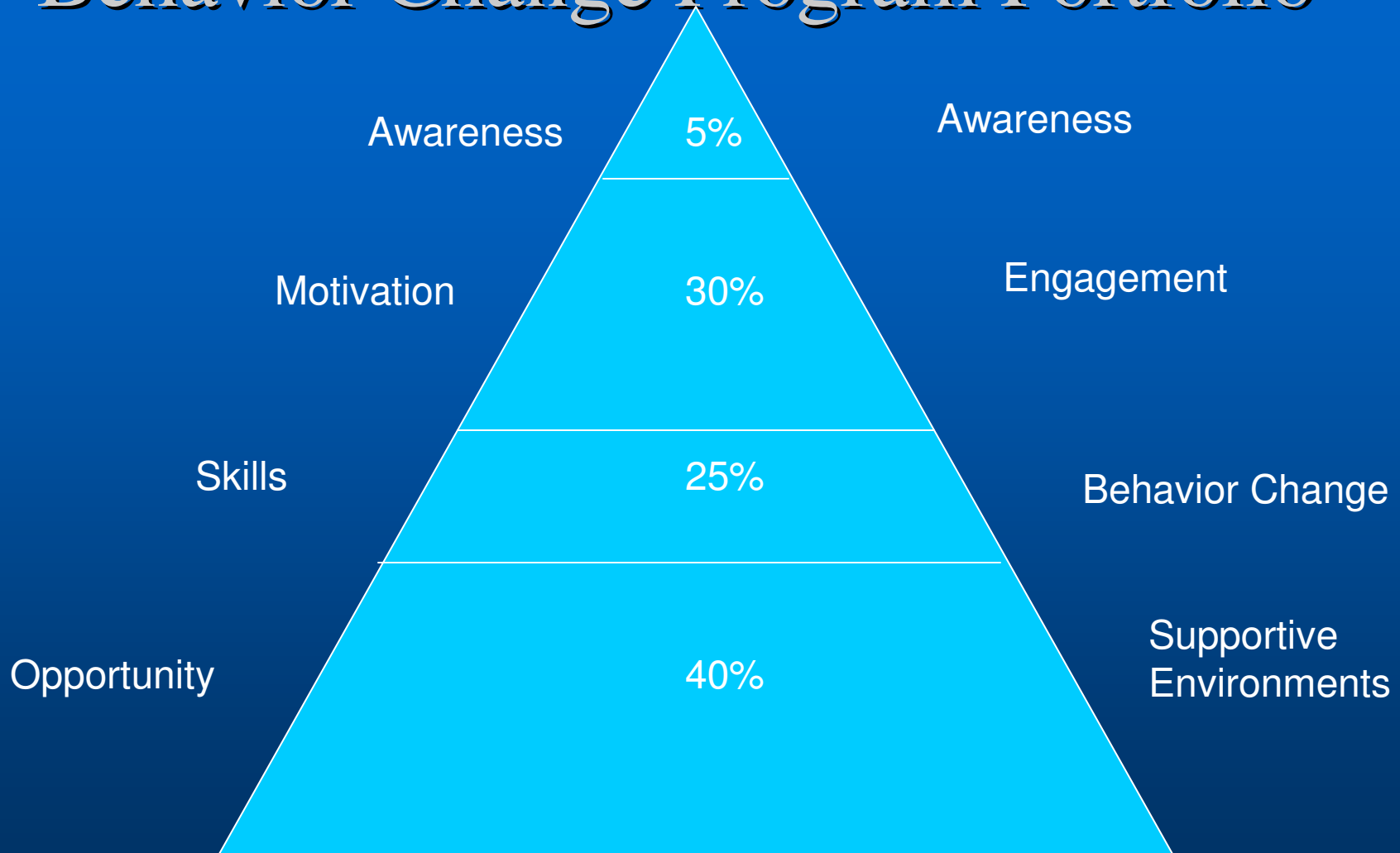
TITLE X—STRENGTHENING QUALITY, AFFORDABLE HEALTH CARE FOR ALL AMERICANS

Subtitle D—Provisions Relating to Title IV

Sec. 10408. Grants for small businesses to provide comprehensive workplace wellness programs.

AMSO Framework

Behavior Change Program Portfolio



Grants for Small Businesses to Provide Comprehensive Wellness Programs

- \$200,000,000 for 2010-2015
- Employers with 100 or fewer employees working 25 hours or more per week
- No existing health promotion program
- Secretary will develop criteria, consistent with evidence based best practice. Best guess, rules by late 2010
- At least 3 of 4: Awareness, engagement, behavior change, supportive environment

National Prevention and Health Promotion Strategy

Mechanism to integrate health promotion into all aspects of national health policy.

Prediction: Could transform the nation. Transportation and agriculture industries may fight tooth and nail to maintain status quo.

Emerged from Healthy Promotion FIRST

TITLE IV—PREVENTION OF CHRONIC DISEASE AND IMPROVING PUBLIC HEALTH

Subtitle A—Modernizing Disease Prevention and Public Health Systems

Sec. 4001. National Prevention, Health Promotion and Public Health Council

National Prevention and Health Promotion Strategy

- Council of Secretaries of Agriculture, Transportation, Education, HHS, Labor & others, led by Surgeon General
- Advisory Group on Prevention, Health Promotion, and Integrative and Public Health
 - 25 experts in worksite health promotion, community services, community health centers, preventive medicine, health coaching, public health education, geriatrics, rehabilitative medicine
- Coordination of all federal activities related to prevention, health promotion, public health, integrative care
- National preventive, health promotion, public health, integrative care strategy based on input from stakeholders
- Recommendations to Congress and the President on changes in public policy to enhance national wellness, health promotion, public health
- Propose evidence based models, policies, innovative approaches for transformative models
- Establish processes for continual public input, including states, regional and local leadership
- Submit report no later than 1 year after enactment of PPACA.
 - Specific goals and objectives to improve health through federally supported prevention, health promotion, and public health programs
 - Specific and measurable actions and timelines to carry out strategy, with accountability by Department and Agency
 - Annual report, first one on July 1, 2010

Potential

- Mission of the Department of Agriculture from maximizing agribusiness profits to supporting an agriculture industry that can provide the most nutritious food to the greatest number of people at an affordable price.
- Mission of the Department of Transportation to supporting transportation modes that move people and products efficiency, but do so in such a way that enhances health through active transportation modes (like walking and cycling), facilitates social interaction and creation of a sense of community, and minimizes environmental toxins.
- Mission of the Department of Education were to improve the physical, emotional, social, intellectual and spiritual health of the youth of the nation.
- Create an national environment in which the healthy choice is the easiest choice.

How to Maximize Success

- Collaborative experts are appointed to the Council
- Focus remains on broad public policy, not just traditional health services
- National dialogue on the benefits of good health and honest assessment of the impact of changes on the economy, jobs and communities.

Program Evaluation Assistance

Mechanism to conduct more & better program evaluation

Prediction: We will have better data to improve and justify programs

Emerged from Healthy Workforce Act

TITLE IV—PREVENTION OF CHRONIC DISEASE AND IMPROVING PUBLIC

Subtitle D—Support for Prevention and Public Health Innovation

Sec. 4303. CDC and employer-based wellness programs.

“PART U—EMPLOYER-BASED WELLNESS

PROGRAM

“SEC. 399MM. TECHNICAL ASSISTANCE FOR EMPLOYER-BASED
WELLNESS PROGRAMS.

& “SEC. 399MM–2. PRIORITIZATION OF EVALUATION BY SECRETARY.

Program Evaluation Assistance

- CDC will provide technical assistance, consultation, tools and other resources to evaluate programs.
 - Measuring participation and methods to increase participation
 - Developing standardized measures to assess policy, environment and systems changes
 - Evaluating changes in health status, absenteeism, productivity, injury rate, and medical costs
- CDC will build capacity among employers program staff to evaluate their own programs
- Priority will be evaluating federally funded programs before privately funded programs. **Employers must request assistance.**

National Surveys on Workplace Health Promotion

Regular monitoring of workplace health promotion programs.

Prediction: Better ability to monitor the marketplace

Emerged from Healthy Workforce Act

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Sec. 4303. CDC and employer-based wellness programs.

“PART U—EMPLOYER-BASED WELLNESS

PROGRAM

“SEC. 399MM–1. NATIONAL WORKSITE HEALTH POLICIES AND PRO-

GRAMS STUDY.

National Surveys on Workplace Health Promotion

- Periodic studies, first one within 2 years of enactment, then determined by Director. (Need to keep pressure on Director to conduct surveys.)
- Report to Congress after each survey including recommendations of effective policies and programs

TITLE IV: PREVENTION OF CHRONIC DISEASE AND IMPROVING PUBLIC HEALTH

Subtitle A—Modernizing Disease Prevention and Public Health Systems

- Sec. 4001. [National Prevention, Health Promotion and Public Health Council.](#)
- Sec. 4002. [Prevention and Public Health Fund.](#)
- Sec. 4003. Clinical and community preventive services.
- Sec. 4004. [Education and outreach campaign regarding preventive benefits.](#)

Subtitle B—Increasing Access to Clinical Preventive Services

- Sec. 4101. School-based health centers.
- Sec. 4102. Oral healthcare prevention activities.
- Sec. 4103. [Medicare coverage of annual wellness visit providing a personalized prevention plan.](#)
- Sec. 4104. Removal of barriers to preventive services in Medicare.
- Sec. 4105. [Evidence-based coverage of preventive services in Medicare.](#)
- Sec. 4106. [Improving access to preventive services for eligible adults in Medicaid.](#)
- Sec. 4107. Coverage of comprehensive tobacco cessation services for pregnant women in Medicaid.
- Sec. 4108. Incentives for prevention of chronic diseases in Medicaid.

Subtitle C—Creating Healthier Communities

- Sec. 4201. Community transformation grants.
- Sec. 4202. Healthy aging, living well; evaluation of community-based prevention and wellness programs for Medicare beneficiaries.
- Sec. 4203. Removing barriers and improving access to wellness for individuals with disabilities.
- Sec. 4204. Immunizations.
- Sec. 4205. Nutrition labeling of standard menu items at chain restaurants.
- Sec. 4206. Demonstration project concerning individualized wellness plan.
- Sec. 4207. Reasonable break time for nursing mothers.

Subtitle D—Support for Prevention and Public Health Innovation

- Sec. 4301. Research on optimizing the delivery of public health services.
- Sec. 4302. Understanding health disparities: data collection and analysis.
- Sec. 4303. [CDC and employer-based wellness programs.](#)
- Sec. 4304. Epidemiology-Laboratory Capacity Grants.
- Sec. 4305. Advancing research and treatment for pain care management.
- Sec. 4306. Funding for Childhood Obesity Demonstration Project.

Subtitle E—Miscellaneous Provisions

- Sec. 4401. [Sense of the Senate concerning CBO scoring.](#)
- Sec. 4402. Effectiveness of Federal health and wellness initiatives.

Likelihood of Success

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Potential

Reality

Thank You

If you'd like to speak with a HealthMedia® representative today to find out how we can help you achieve measurable outcomes that demonstrate improved productivity, reduced health care costs, and drive your business forward, please contact us by calling 734-623-0000, ext. 300 or email sales@healthmedia.com.

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