

Health & Productivity Management: The 4th Generation of Worksite Health Promotion

The Third National Disease Management Summit

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Presentation Outline

- Evolution of Field
- Health & Productivity Management
- UPRR Program and data examples
- Closing comments

Evolution of Field

1st Generation

Recreation Programs

- Primary Focus - Recreation
- Goal(s) - Provide recreation alternative activities.

Evolution of Field

2nd Generation

General Fitness Program

- Primary Focus - Exercise/Fitness
- Goal(s) - improve fitness levels - general well-being

Evolution of Field 3rd Generation

Risk Identification/Risk Reduction Programs

- Primary focus - identify risk factors
- Goal(s) - Reduce/Eliminate risk factors and associated costs

Evolution of Field

4th Generation

Health/Productivity Management

- Primary Focus - enhance health, increase productivity
- Goal(s) - Increase productivity/decrease absenteeism
- Decrease productivity related negative influence

Health/Productivity
Management =
4th Generation
Health Promotion

Health and Productivity Management

Moves away from cost savings and

Emphasizes:

Growth

Human capital interest

Re-examination of asset categories

Workplace

Jacob (1901-??) U.S.

- ★ Born - first wireless communications signal was sent across the Atlantic
- ★ 7 years old - First model T introduced
- ★ 12 years old - Federal Income Tax created
- ★ 20 years old - First radio broadcast
- ★ 40 years old - Television introduced
- ★ 63 years old - Before Surgeon General warned cigarettes are harmful.

Workplace

- According to Michael Mazaar - Author and Futurist:

“Changes we are going to see over the next 20 years will seem pale in comparison”

Workplace

“In a transition era - everything may be different institutions, education, politics, business and health care.”

Workplace

Moving from an Industrial era to a Knowledge
Era.

Workplace

Components of a Knowledge Era:

- The acquisition
- Dissemination
- Use
- Storage
- Manipulation
- **of Information**

Implications of this transition era:

- People become critically important

“While America may be the best place in the world to get sick, it is not the best place to be or remain healthy”.

» Tyler Norris

Organizational Health Indicators

- UPRR's Health Promotion Department
 - Maintain/Reduce Lifestyle-Related Health Care Costs
 - Improve Employee Relations
 - Improve Employee Productivity

Brief Program Overview

- Initial & Ongoing Programs
- Newer Programs/Studies
- Future Projects

Program

2001 BFDs Identified at UPRR

- Personal Injuries
- Fuel Costs
- Training
- Car Utilization
- Mexico Business
- Protection Guarantee
- Derailment Prevention
- **Health & Welfare**

Why BFD Status

- Health Care Cost Increase
- Evaluation Data
 - Cost Scenario Study
 - Relationship between health & safety

Initial & Ongoing Programs

- System Health Facilities
- Medical Self-Care
- By The Numbers: 0-1-2-4
- Health Track

System Health Facilities

- Company Sponsored exercise facilities: 450 locations in 23 states
- Most- contracts with local vendors
- Pay for usage experience - no individual memberships
- Medical and Liability form replaced with modified Par Q

Medical Self-Care

- Goals and Program Overview
- Part of consumer directed health care movement

Health Track

- Pilot Study '92-'94
- Focused on CV high-risk population
- Should model be expanded?

	%Eliminated Risk	% Improved
Blood Pressure	45	13
Cholesterol	34	20
Smoking	21	35
Weight	17	30

Blood Pressure Reduction	4.29:1
Cholesterol Reduction	5.71:1
Smoking Cessation	2.24:1
Weight Reduction	0.69:1
Net Effect	3.24:1

Health Track

High risk identification/risk reduction program

10 risk areas:

- Obesity
- Asthma
- Blood Pressure
- Inactivity
- Stress
- Fatigue
- Diabetes
- Cholesterol
- Smoking
- Depression

Health Track

- Health Risk Appraisal
- Staging
- Group 0
- Group 1: 1-2 Risk Factors
- Group 2: 3-4 Risk Factors
- Group 3: 5+ Risk Factors
- Group 2-Action (2-4) & Group 3 = Telephonic Counseling
- Group 1 & 2 (pre action) stage based materials

Time 1 vs. Most Recent Survey

Area	Number at Risk-- Survey #1	Eliminate Manage Number	Reduced Number	Worsen Number	Stayed The Same Number	Eliminate Manage Percent	Reduced Percent	Worsen Percent	Stayed The Same Percent
Smoking	1982	266	1012	340	364	13.42 %	51.06 %	17.15 %	18.37 %
Weight	5494	237	1763	2640	854	4.31 %	32.09 %	48.05 %	15.54 %
Fatigue	1081	115	520	NA	446	10.64 %	48.1 %	NA	41.26 %
Inactivity	3562	1572	169	717	1104	44.13 %	4.74 %	20.13 %	30.9 %
Depression	1110	677	48	41	344	60.99 %	4.32 %	3.69 %	30.9 %
Asthma	792	308	NA	NA	484	38.89 %	NA	NA	61.11 %
Blood Pressure	2727	1350	275	362	740	49.5 %	10.08 %	13.27 %	27.14 %
Cholesterol	2460	564	977	331	588	22.93 %	39.52 %	13.46 %	23.9 %
Stress	896	NA	713	57	126	NA	79.58 %	6.36 %	14.06 %
Diabetes	663	485	NA	NA	178	73.15 %	NA	NA	26.85 %

Date Range: 04/01/2000 to 06/30/2002

Time 1 vs. Most Recent Survey

Area	Number at Risk-- Survey #1	Eliminate/ Manage Percent	Reduced Percent
Smoking	1982	13.42 %	51.06 %
Weight	5494	4.31 %	32.09 %
Fatigue	1081	10.64 %	48.1 %
Inactivity	3562	44.13 %	4.74 %
Depression	1110	60.99 %	4.32 %
Asthma	792	38.89 %	NA
Blood Pressure	2727	49.5 %	10.08 %
Cholesterol	2460	22.93 %	39.72 %
Stress	896	NA	79.58 %
Diabetes	663	73.15 %	NA

Newer Programs

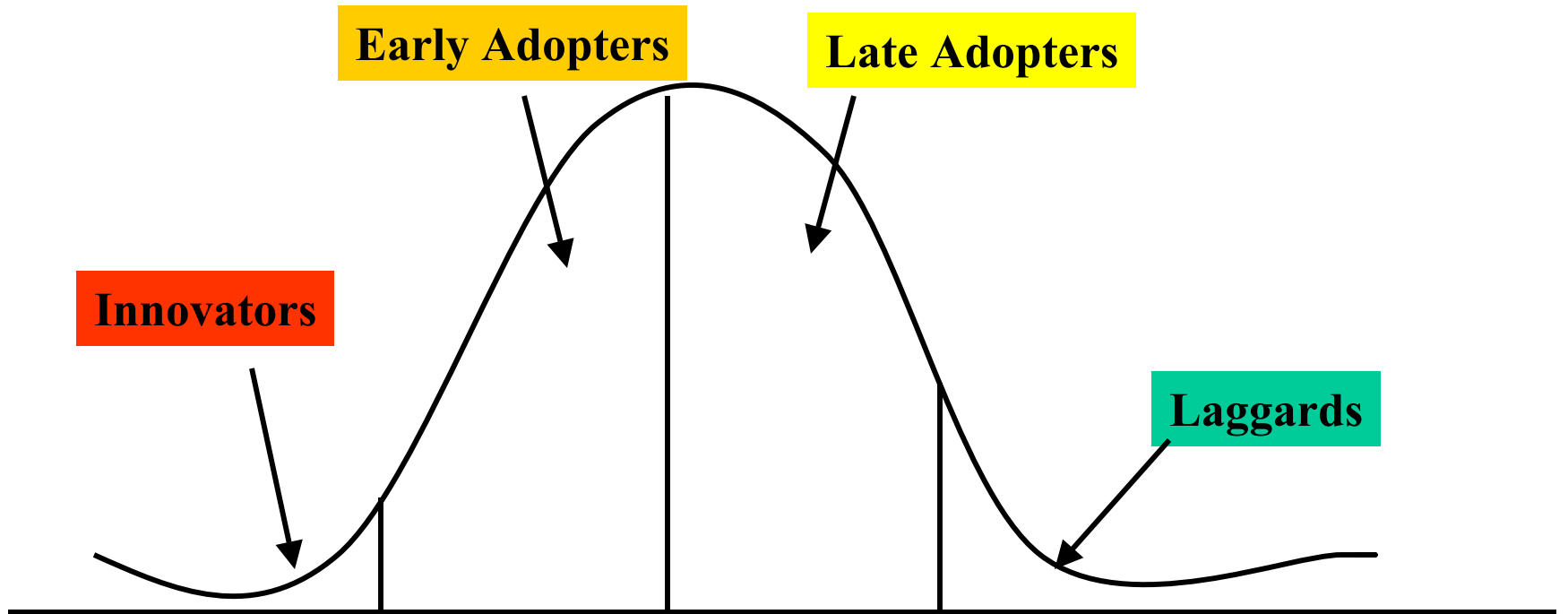
- Menu
- Know Your Numbers
- B.O.B.

Menu

- Change in our approach
- Restaurant example
- Not if, but WHAT?
- Employees can participate in multiple programs varying in intensity & time commitment.

Menu

- Benefits of Menu Approach
 - More options
 - Greater participation
 - Able to track progress
 - Possibly able to get HMQ filled out later.
 - Increase participation in HMQ new participants.



MENU OF OPTIONS – DEFINITIONS

BUTT-OUT & BREATHE (BOB)

This system-wide smoking cessation program consists of four components:

- Readiness Review
- Pharmacological Assistance (Zyban)
- Behavior Change Support Materials
- Periodic Assessments

HEALTHMEDIA.COM

Participants will be given access to a healthy website for assistance in one of three areas:

- “Breathe”—Smoking Cessation Program (if you are interested in quitting smoking, enroll in BOB . “Breathe” is the internet behavior change support option)
- “Balance”—Weight control
- “Nourish”—Nutrition Counseling

HealthMedia.com provides online assistance with personalized messages and three newsletters

YOUR HEALTH COACH

Qualified health counselors, or “coaches” are ready to talk to you about making a healthy behavior change. Your “coach” will set goals with you, provide any needed resources, and will call you only when it’s convenient.

MINI LIFESTYLE SURVEY

This short survey asks what risks YOU would like to reduce or eliminate and which behavior change support materials would work best for you

SYSTEM HEALTH FACILITIES

Become a member of our System Health Facilities and have access to 450 participating clubs located across the system for members to use free of charge!

HOME & TRAVEL EXERCISE PROGRAM

This detailed booklet will help you get a safe and effective workout anywhere without the need of an exercise facility!

SHIP II

(System Health Facilities Injury Protocol)
Available in limited UPRR facilities

SHIP II is designed to help improve overall fitness to possibly avoid an injury among employees with cardiovascular risk factors who may be at-risk for injury because of low fitness levels. Please call your Regional Health Coordinator for a list of participating facilities in your area.

HEALTH MONITOR QUESTIONNAIRE

The Health Monitor Questionnaire (HMQ) is UPRR’s Health Risk Appraisal. If you complete the online HMQ (in the Health Track section of myUPInvolvement.com), you will receive immediate feedback on your health status. If you complete a paper version, you will receive your results within two weeks. *Don’t forget, you also earn IdeaWorks points by completing the HMQ!*

HOW TO ASSIST

Become a mentor and learn how to support others in making a positive behavior change. This program will also help **you** make positive changes.

MENU OF OPTIONS

SMOKING

- B.O.B. (Butt-Out & Breathe)
- Healthmedia.com – “Breathe”
- Your Health Coach - Smoking

WEIGHT CONTROL

- Healthmedia.com – “Balance”
- Your Health Coach – Weight Loss

INCREASING PHYSICAL ACTIVITY

- Your Health Coach – Physical Activity
- System Health Facilities Membership
- Home and Travel Exercise Program
- SHIP II (System Health Facilities Injury Protocol)

OTHER HEALTH IMPROVEMENT OPTIONS

- Mini Lifestyle Survey
- How to Assist
- HealthMedia.com – “Nourish”
- Health Monitor Questionnaire.
- Your Health Coach

Name: _____

SSN OR UPID: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Know Your Numbers

- Broad-based Education Initiative
 - Health related quantitative values all employees Should know
 - 2002
 - 30 Exercise
 - 24 BMI
 - 80+ Health Monitor Index
 - 8 Sleep requirements
- | 2002 | 2003 |
|------|-----------------|
| | 33(%) Diabetics |
| | 7 Cancer |
| | 3500 Calories |
| | 10 Strategies |

Behavior Change

- Successful individual behavior change depends on:
- individual, group, institutional and community influences.
- Public policy
- A supportive environment

What About B.O.B.?



- Readiness Review
- Pharmacological Assistance
- Behavior Change Support
- Personal Progress Surveys
 - SPD-program part of benefits

Projects/Studies Underway

- R.O.N
- T.E.D
- NHLBI
 - Cholesterol
 - Weight
- De Soto Project

R.O.N.

- Following B.O.B. format
- 7 intervention Strategies
 - Pedometer
 - Onsite or Telephone Counseling
 - Coaching Points
 - Stage Based Materials
 - Interactive Website
 - Pharmacological Assistance
 - Periodic Assessments

T.E.D.

- Purpose: To determine if increased blood glucose monitoring and control can be achieved through an educational and compliance reminder program.
- 3 groups
 - Control
 - Education
 - Education + compliance reminder phone calls

NHLBI

- Cholesterol
- Weight
- Both- testing messaging and delivery to determine impact on behavior change

DeSoto Project

- Comprehensive Site design
 - Health Track
 - Environmental Policy Changes
 - Community Outreach
 - Local Physician Involvement

Program

- Future Direction
- Alertness Management Program Integration
- Health Index
- Benefits/Safety integration

★ **Projected Costs of Four Different Program Scenarios of the Effectiveness of Health Promotion, in Constant 1998 Dollars. AJHP**
 Sept/Oct 2000, Vol. 15, No.1

	Scenario 1	Scenario 2	Scenario 3	Scenario 4
Current Costs (1998, in millions)	381.9	381.9	381.9	381.9
Projected Costs (2008, in millions)	99.6	88.5	78.9	22.2
Increased Costs, 2008-1998				
Millions	481.5	470.4	460.8	404.1
Percentage	26.1%	23.2%	20.7%	5.8%
Difference from Scenario 1				
Millions	\$0.0	\$11.1	\$20.7	\$77.4
Percentage	0.0%	2.9%	5.4%	20.3%

HERO Results

Table 5 Projected Costs for Four Different Program Scenarios

	Scenario 1	Scenario2	Scenario 3	Scenario 4
1998 costs (in millions)	381.9	381.9	381.9	381.9
Projected Cost Increase (2008, in \$M)	99.6	88.5	78.9	22.2
Total 2008 Costs	481.5	470.4	460.8	404.1
Percent increase from 1998 to 2009	26.1%	23.2%	20.7%	5.8%

No Change

1% Reduction

\$77.4M Opportunity

UP is predicted to have a 2.6% annual increase in lifestyle related claims cost

“We spend about \$550 Million a year on health care...It’s a huge number. We’ve had several outside experts estimate that our wellness program saves us about \$40 Million...It’s one hell of an investment”.

Dick Davidson, CEO
Union Pacific Railroad
WELCOM CEO Breakfast
July 2000