UNIVERSITY OF NEW ENGLAND

Center for Community and Public Health
716 Stevens Avenue
Portland, Maine 04103

TO: Maine Worksite Wellness Initiative (MWWI) 2009-10
FR: R.H. Ross, Convener
DA: 29 June 2010
RE: 2009-10 MWWI Meeting 6, June 15, 3:00-4:30pm, UNE Center for Community and Public Health, Portland ME. **Present**: Algozzine, Allumbaugh, Bubar, Catlett, DiPasquale, Downing, Forke, Laliberte, Leonard, Lavorgna Landry, McPeck, Orourke, Primmerman, Ross, Spaulding, Stableford (guest). **Regrets**: Klane. Inaccuracies are the Convener's.

Roundtable. Tom Downing described Southern Maine Wellness Council's tobacco workshop (33 registered) and the 12 Totally Coached classes (eg. see http://www.welcoa.org/ppn.php?contentid=65) that since April SMWC he has run. Bill Primmerman recalled that his shop had employed the totally coached model in 2001-02. Jaime Laliberte announced the Wellness Council of Maine's worksite wellness conference scheduled September 23 in Auburn. Bill McPeck (see http://billmcpeck.idwellness.org/) reported that he attended (May 21) a Wellcoaches webinar led by CEO Margaret Moore on the evidence base supporting coaching mechanisms: "Margaret told us that there are now over 200 peer reviewed published studies in the area of coaching and at least 7 professional journals dedicated to the coaching profession."

Briefing: Dee Edington, Director, Health Management Research Center (34 employees in Ann Arbor, 5 in Singapore), University of Michigan, Professor in the Division of Kinesiology, Research Scientist in the School of Public Health, briefed us on "Metabolic syndrome and Workplace Outcome," reporting work Alyssa Schultz and he conducted at Crown Equity (http://www.akama.com/company/Crown_Equity_Group_Inc_a18641369365.html) in Ohio. Dee defined MetS as three or more of five conditions: waist Circumference ≥ 40 inches men, ≥ 35 inches women; triglycerides ≥150 mg/dl; HDL <40 mg/dl men, <50 mg/dl women, or taking cholesterol meds; blood pressure ≥130/85 mmHg, or taking BP meds; fasting plasma glucose ≥100 mg/dl, or taking diabetes meds; all risk factors which change together (triglycerides is most predictive). Of 8,303 HRA participants at Crown (5,688 employees, remainder spouses), 29.2% of employees, 23.9% of spouses had MetS (n=2287). These were significantly older and more male (p=<.0001) and had significantly less education and household income and were more married and Caucasian (=<.05). A significantly higher percent had >240 mg/dl cholesterol, had > 5 illness days the past year, had life dissatisfaction, took relaxation meds, were in poor or fair physical health, were physically inactive, smoked, and were stressed no significant differences on alcohol >14 drinks/wk or on job dissatisfaction) and likewise reported having arthritis, back pain, chronic pain, depression, diabetes, heartburn, heart disease, and migraine (not allergies, asthma, bronchitis/emphysema, cancer, or stroke). Associated cost outcomes were:

Workplace Outcomes Associated with Number of MetSRisks (Employees in 2007)				
	N	**Annual Health Care**	**Annual Pharmacy**	**Annual STD**
None of the Risks	1050	$2044	$185	$62
Any One of the Risks	1209	$2027	$237	$80
Any Two of the Risks	1117	$2567	$360*	$106*
Any Three of the Risks	873	$2112	$440*	$109*
Any Four of the Risks	463	$3924*	$682*	$149*
All Five of the Risks	154	$4175*	$726*	$180*
No MetS (<3 risk factors)	3376	$2211	$261	$82
MetS (3+ risk factors)	1490	$2888**	$545**	$129**
* Generalized linear model p<.05 compared to those with zero risks, controlling for age, gender, marital status, education, ethnicity and income.				
** Generalized linear model p<.05 compared to those without MetS, controlling for age, gender, marital status, education, ethnicity and income.				

Dee concluded: MetS is prevalent in working populations: 29% among at this manufacturing corporation and 24% among their spouses. Those with MetS are significantly more likely to have additional health risks, health conditions, and higher health care, pharmacy, and STD costs. All of the risks contribute to changes in overall MetS status (no one single risk is responsible for changes). Employees with MetS but no disease in 2007 were more likely to newly report chronic pain, diabetes and heart disease in 2008 compared to those without MetS. Those with MetS and a health condition had significantly higher costs than other employees. The majority of employees with MetS had not yet developed a health condition and their costs were not significantly greater than those without MetS. This is encouraging to organizations investing in keeping employees healthy. MetSis an important issue for corporate medical departments and worksite health promotion practitioners. Employees with MetS have higher costs. Those with MetS have a total cost (health care + pharmacy + STD) about 1.4 times higher than those without MetS, ($3562 vs. $2554, p<.05). Since most employees are low-risk for MetS (70% in this company), programs and

benefit designs should be geared to low-risk maintenance as well as risk reduction. Even in employed populations, MetS has predictive power for new cases of chronic pain, diabetes, and heart disease. Current guidelines for MetS focus on lifestyle changes as first line of treatment followed by pharmacotherapy. Physical activity can yield improvements in weight, BP, and glucose utilization and is an important component.

Presentation: Joel Allumbaugh, CEO, National Worksite Benefit Group, President, Maine Association of Health Underwriters, presented on "Patient-Centered Health Plans: Designing the Path to Wellness." Of employees per year, 13% have coverage but don't use any health care and remain healthy (best case: cost is net premiums only), 5% have coverage and have catastrophic health event (worst case: net premiums + maximum out of pocket), 82% are in-between. Of Northeast adults 18-44 years old privately insured (2005 MEPS data, www.meps.ahrq.gov) median health care use came to $626/year, mean to $2178/year. But high use is not consistently high use: while of the top 10/100 health care consumers one year (>$5,000 in 2005, consumed 65% of all health care used), just 4 (41%) will be in the top 10 the next year, of the bottom 50/100 (<$800 in 2005, consumed 7% 0f all heath care used), fully 38 (75%) will be in the bottom 50 the next year (AHRQ, Nov 2007, Statistical Brief #191). In patient-centered plans, at $2,500 deductible, 76% of patients controlled all the HC $'s used and all patients collectively controlled 41% of all HC $'s used. Under the old model, employer premiums covered all costs (e.g. $405), under the new model, it is employer premiums ($96) plus employee Health savings account (HSA) with optional employer contribution ($83) plus Health reimbursement account (HRA) with employer promise to pay ($216). The keys to An Effective Patient-Centered Benefit thus include fostering a culture of health care consumerism among all employees, beginning with senior executives; implementing a focused employee education campaign; offering wellness programs and incentives for healthy behaviors, as well as 100 percent coverage for preventive care; and carefully constructing a benefits package that includes appropriate levels of employee financial responsibility. Accordingly the Blue Cross Blue Shield Association 2007 CDHP Member Experience Survey showed HSA plan members were more engaged in wellness and prevention, researched cost and quality of providers much more; planned for health expenses more thoroughly. Nice work, Joel.

Meeting 1 of the 2010-11 MWWI will be held September 30, 2010, 3:00-4:30pm, in Augusta (location to be determined). There will be a call-in number. Later this month (July 2010) you will receive the Year 1 (2009-10) MWWI Survey on which you will be asked to record you evaluations of our first year's operation. Thank you in advance for completing and returning the Survey. Good summer months all, R.H. Ross