HPA includes a leadership team and approximately 2,500 members. HPA collaborates with policy groups, trade associations, and educational organizations and coordinates the health promotion community in developing, supporting, and passing legislation that contributes to our mission.

HPA worked with members of Congress on legislation, which was introduced in Congress ten times between 2004 and 2009. This legislation included HELP America Act (introduced in 2004, 2005, 2006, and 2007); Health Promotion Funding Integrated Research, Synthesis and Training Act (FIRST, introduced in 2004, 2005, 2007, and 2009); and Healthy Workforce Act (introduced in 2007 and 2009).

HPA members sent more than 11,000 letters to Congress in support of the health promotion provisions that were incorporated into ACA and passed on March 23, 2010.

WH: Promoting Senator Lugar’s Health Promotion FIRST ACT and Senator Harkin’s Healthy Workforce Act have been HPA’s primary advocacy efforts. How well aligned is ACA with these pieces of proposed legislation?

JK: ACA includes provisions for grants for small businesses to develop and implement effective employee health promotion programs. These grants are important because millions of Americans work in small businesses, which often lack the financial resources to implement effective health promotion programs. The Federal government must establish processes for small businesses to apply for the grants, establish eligibility requirements for health promotion programs, and allocate funds for the program. Although the timetable for completion of these activities has not been established, HPA is optimistic that this program will begin in 2011.
WH: It appears that this legislation creates new professional development opportunities within the health promotion field. Where do you see the greatest need and reward from a professional development perspective?

JK: ACA expands current health promotion programs and encourages development of more effective programs that promote health awareness, maximize engagement and participation, and modify unhealthy behavior and lifestyle choices.

ACA increases the demand for health promotion professionals, enhanced training for health promotion professionals, and expanded research to evaluate health promotion programs and identify best practices.

WH: Now that the key legislation has been passed, where is HPA focusing its current and future efforts?

JK: Considerable work is necessary to assure that the health promotion provisions in ACA realize their full potential. HPA is focusing its efforts on:

- Tracking and influencing regulation writing specific to the health promotion provisions in ACA.
- Drafting legislation and building support to expand eligibility for the Prevention Research Centers, which were included in the original Health Promotion FIRST legislation.
- Tracking new and emerging health promotion legislation.

WH: Does your success in promoting a national health promotion agenda have any influence on international efforts to do the same?

JK: HCA’s vision is to promote healthy lifestyles among all Americans and thereby reduce medical costs and utilization, improve quality of life, and enhance productivity. Although HPA has focused its advocacy efforts primarily on the United States, it has shared information about its vision and its legislative priorities with health promotion leaders in many other countries through correspondence, meetings, conferences, and publications. ACA establishes a promising framework for health promotion in the United States and provides potentially useful models for policies and programs that other countries might consider, such as development of a national health promotion plan and enhanced health promotion research.

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Health Promotion Provisions in the ACA Legislation

1. Development of a national health promotion plan
   - Establish a national prevention, health promotion, and public health council
   - Require goals and objectives for improving health through federally-supported prevention, health promotion, and public health programs
   - Monitor progress in improving health status and reducing preventable illness and disability

2. Enhanced health promotion research
   - Establish a fund to support prevention and public health programs
   - Appropriate $7 billion for fiscal years 2010–2015

3. Technical assistance to enhance evaluation of workplace health promotion programs
   - Measure participation in employer-based wellness programs
   - Evaluate impact of wellness programs on employee health status, absenteeism, productivity, injuries, and medical costs

4. Regular periodic surveys on workplace health program prevalence and components
   - Conduct national surveys of worksite health policies and programs
   - Recommend effective employer-based health policies and programs

5. Grants to pay a portion of the cost of comprehensive workplace health promotion programs for small employers
   - Establish a federal grant program for eligible employers that provides comprehensive workplace wellness programs

6. Allow employers to offer employees a premium discount of up to 30 percent (instead of the current 20 percent) for positive lifestyle practices or participation in health promotion programs. Include safeguards, and refer to Health and Human Services to assess the benefits of increasing the portion to 50 percent
   - Establish requirements for allowing employer-sponsored programs to provide premium discounts
   - Evaluate the impact of increasing premium discounts

In 2005, the President of the University of Michigan announced her vision of making the UM a “community of health in which both the organization and the individual thrive.” She charged a University-wide task force to develop a strategic plan to achieve this vision. A subset of that task force began the work of reviewing the literature and gathering useful information to guide our planning. Many questions needed to be answered, including:

- What other organizations across the country were achieving positive results in this area and how were they doing it? What programs and services did they offer? Did they have dedicated staff and/or did they use vendors? Were they using incentives/disincentives and at what level? How were they working with their health plans?
- What were best practice employers spending on employee health management programs?
- How were effective programs measuring success?

The team quickly determined that gathering benchmarking information on other organizations’ practices would be helpful. Within the employee health management space, benchmarking can be defined as “the process of identifying, understanding, and adapting outstanding practices from target organizations to help other organizations improve performance.” Some of the key benefits or uses of benchmarking are:

- determining the characteristics and practices of best-practice organizations
- providing a baseline assessment or gap analysis of the “current state” of an organization compared to best practices
- developing a framework for strategic planning and goal setting
- educating management and employees about the business case for worksite health management and the necessary elements and goals to be effective
- measuring progress over time
- offering a process for valuable sharing and learning with other organizations

The University of Michigan used both the HERO Scorecard (www.the-hero.org) and the Partnership for Prevention’s Leading By Example Organizational Assessment (www.prevent.org) as part of our benchmarking efforts. We also conducted a telephone survey of some of the C. Everett Koop Award (http://sph.emory.edu/healthproject) winners and other university peers. The information gained through these benchmarking efforts was used to create a gap analysis and a strategic framework for the development of a five-year plan. It was invaluable for gaining leadership support and approval for a five-year budget. We are now using such information as one source for monitoring progress and staying abreast of improvements in the field.

Best practice benchmarking is an important process for advancing the field of employee health management. The willingness of leading employers to share their practices and outcomes and to participate in benchmarking is crucial to the continuous improvement and enhanced effectiveness of our efforts. Benchmarking helps to “raise the bar” for all of us, improve the sophistication of our work, and increase the likelihood that we will be successful in demonstrating the total value of employee health management to our respective organizations and to the communities in which we work.

### Recommended Action Steps for Benchmarking

1. Determine what key information is needed. What are you interested in learning more about (e.g., programs and services offered, staffing, funding support, incentives, organizational structure)?
2. Review the literature for potential best practice information.
3. Identify national organizations that may offer tools, databases, and members with which you could benchmark.
4. Develop or select benchmarking questions carefully to assure consistent comparisons (i.e., apples to apples). For example, it is important to define the program scope for specific questions (e.g., are you asking about wellness programs only or also including employee assistance programs, occupational health, disability management, disease management).
5. Identify potential organizations from whom you’d like benchmark information.
6. Determine the process to be used for benchmarking (e.g., use of existing tool or database, survey).
7. Compile results and use as appropriate for gap analysis, strategic planning, re-engineering, monitoring progress, etc.
8. Report results and recommendations to key stakeholders. Keep stakeholders informed on an ongoing basis.
In January 2010, five years after the launch of the Energize Your Life (EYL) program at DTE Energy, Steve Roberts decided it was time to do something good for himself. As a journeyman lineman, Steve was busy each day, active and on the go doing labor intensive work. So when he got home, he was just too tired to move more. But then, on a cold January day in Michigan, something clicked and he was ready. He found the fitness room at his work location and began to use it—often. Three months later and 26 pounds lighter, Steve was a new man.

“I feel great! Before all this, I was not a nice person. I was grumpy, unhappy, and didn’t feel great about myself. After about a month, things started to turn. I was noticing the benefits and feeling better. I made it a priority to get in here most days at the end of my shift and it’s been one of the best things I could have done. My life is still the same—I have my day job, my own business on off hours, and the same demands and issues I had before. But, now I feel better about everything, I’m nicer and my self-esteem has improved. I still have to drag myself to work out some days, but I know it will be worth it. My wife is even coming in here with me on weekends. And now, I want everyone who works at this location to know about this room and work out in here with me. That’s my mission.”

Steve’s story is an inspiration to the health and productivity management staff at DTE Energy and a reminder of the reality that change takes time.

DTE Energy is a diversified energy company headquartered in Detroit, MI. In late 2004, DTE Energy was feeling the pressure of rapidly increasing healthcare costs as well as a desire to improve workforce morale and engagement. With 10,400 employees in more than 125 locations across 25 states, delivering efficient healthcare benefits and fostering employee engagement can be challenging. In addition, the workforce is a combination of both non-represented and represented employees from five different unions with negotiated contracts. Benefits are provided, at an approximate cost of $400 million per year, to 22,000 employees, spouses, and dependents and 10,000 retirees.

The initial EYL program was launched in late 2004 with great fanfare to promote health risk assessment completion, health coaching, disease management, and corporate campaigns. Employees were enthusiastic about the program, due in part to the $50 gift card each employee and spouse received for completing the health assessment. The program grew over time to include preventive screening messaging, self-care manuals, and onsite health screenings. With all the essential elements in place, participation grew steadily until 2008 when it hit a plateau.

The plateau coincided with the economic downturn in late 2008 and a renewed focus on continuous improvement across the board at DTE Energy. With the principles of continuous improvement in mind and a goal to become a best-in-class program, the benefits team began to evaluate the current program and identify opportunities to improve in three specific areas: user experience, administrative complexity, and impact.

To that end, DTE Energy wanted to replace two separate vendors for health and disease management coaching with a high-impact, innovative vendor that could deliver both services from an integrated platform.

After several months and a false start with one potential replacement vendor, it became apparent the program would benefit in many ways from a dedicated health and wellness manager to lead the charge. Despite a hiring freeze, DTE Energy hired its first full-time direct manager of health and wellness, solidifying its commitment to develop and implement a best-in-class initiative with outcomes to prove it.

The manager’s first order of business was to learn the history of EYL and gain a thorough understanding of the current state of health and wellness at DTE Energy. Pulling together reports and materials from the past five years provided insight for successful programs and opportunities in the future.

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<th>HRA Risk</th>
<th>Total 2009 Medical and Drug Costs per Self-Insured Enrollee</th>
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<tr>
<td>Low Risk</td>
<td>$1,000 - $2,000</td>
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<tr>
<td>Moderate Risk</td>
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<tr>
<td>High Risk</td>
<td>$4,000 - $8,000</td>
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<tr>
<td>Nonparticipants</td>
<td>$8,000 - $16,000</td>
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Through qualitative inquiry, the manager quickly learned the EYL program was well-liked—a positive brand that employees viewed as a valued benefit. A number of opportunities were revealed through qualitative inquiry including a review of healthcare claims and health risk assessment (HRA) data from the Thomson Ruters data warehouse. Specifically, it became apparent that the focus of future program engagement should include spouses and nonparticipants who were found to be driving significant costs.

Understanding the past history and current state of EYL, the manager began to benchmark best-practice programs and companies that are similar in size, demographics, and/or make up. Using various award criteria and scorecards such as the Leading By Example Organizational Assessment tool available from Partnership for Prevention, we surveyed a number of companies. The success factors consistently noted among the best practice programs were leadership engagement, cultural alignment, data-driven approach, focus on entire continuum of health, and pervasive communications. The results from the benchmarking heavily influenced the development of the new comprehensive health and productivity management strategy.

Moving into the planning stages with a sense of the past, understanding the drivers of DTE Energy overall, and knowing what makes best practice programs successful, provided a platform for creating a health and productivity management strategy that would fit the organization successfully. Once the strategy was outlined, it was shared with a steering committee of top leaders to gather their feedback and insight.

Moving forward, plans are set to share the strategy with the Executive Committee, followed by focus groups, and pilots with various populations to test newly identified strategies and resources. Meanwhile, steps are being taken to have all the pieces of the puzzle in place when the re-charged strategy launches later this year. If all goes as planned, the new strategy will:

- Integrate internal resources (and eliminate silo mentality).
- Strive to engage spouses through communications sent to the homes, and campaigns designed for family participation.
- Focus on aligning culture and climate with health beginning with opportunities that will be identified through a future health culture audit.
- Foster personal and business unit-based stewardship of health and through various initiatives tailored to promote partnership with individuals and business units.
- Maximize investments in current partners through focused efforts to increase utilization of tools and resources available through health plans, onsite medical services, and EAP.
- Leverage the success of the EYL brand by integrating wellness, health, and financial programs under the EYL umbrella, and drawing attention to financial wellness resources available through our 401K vendor and other financial partners.
- Increase collaboration and coordination through facilitated vendor summits and internal stakeholder summits.
- Capitalize on collaborative efforts among Michigan businesses to support health improvement initiatives in the communities we serve.

Experience and benchmarking taught us that communication is integral to the success of best practice programs. So we are developing a comprehensive communication strategy to ensure stakeholders receive the right messages via the right vehicles, from the right sources, at the right time.

Rejuvenating a five year-old health and wellness program has been an interesting experience with many lessons learned along the way. These lessons include:

- Change takes time. Decisions rarely happen as fast as one might hope. This is especially true during tough economic times when the corporate focus tends to shift as the economic climate shifts. Success depends on flexibility and patience along the way.
- One of the hot topics we discovered was the need to help employees manage the demands of work and taking care of elderly parents and family members. This prompted the creation of a caregiver support network that will include monthly sessions with various eldercare experts and provide opportunities to connect with others in similar situations.
- “The last thing we need is another initiative.” This sentiment was heard often during the initial planning and feedback stages. Therefore, we are focused on tying the new strategy to existing corporate priorities where applicable (e.g., healthy employees are engaged employees).
- The toughest challenge has been to keep employees engaged in what is left of the program. Without a health coaching partner, online portal, health assessment, and overall strategy, there is little left to promote. Ongoing efforts included weekly health improvement messages and reminders posted on the intranet, which provided EYL ambassadors periodic updates on progress, and the continuation of lunchtime Walking Wednesdays.

DTE Energy is driven by the following purpose:

We energize the progress of society. We make dreams real. We are always here. The healthier our workforce is, the easier it will be to achieve our purpose. The next five years will be exciting and challenging at the same time, and we look forward to hearing more stories like Steve’s along the way.
Japanese law mandates workplace health promotion. The reference to occupational safety and health in the Japanese law states that companies have the responsibility to check the general health condition of their workers and work-related health problems in the workplace. Furthermore, occupational physicians are responsible for advising workers of positive findings relevant to their workers’ health as a step toward preventing further development of adult diseases or work-related diseases. This system can be very effective in influencing employee health if specialists take advantage of its full potential.

**Health Promotion Program in Tochigi Factory of Honda**

Honda has a total of 11 medical centers for occupational health and medical services in Japan. Our prime responsibilities include the provision of routine check-ups, health promotion, prevention, work-related disease, and clinical services. Our secured IT network system and database has been in use for the past 20 years. It is used to accumulate data from checkups and related information, to analyze various problems, and seek solutions in the area of health promotion for 40,000 Honda associates.

The Tochigi Factory is the smallest plant in Japanese Honda with 1,300 associates. We produce and assemble a variety of metallic motor parts. For the past five years, the medical center of this factory, with one physician, three nurses, and supportive staff, has strengthened health promotion management. Our policy is:

- Communicate as frequently as possible.
- Welcome at any time (be available).
- Listen as much as possible.
- Be patient and encourage associates to find their own answers and solutions.
- Instruct or dictate as little as possible.

We focus on effective communication during the check-up process, which is an ideal opportunity (“teachable moment”) for health promotion. In our opinion, other companies do not emphasize this essential step enough.

We have implemented four communications programs for all associates:

1. Well-trained nurses conduct mental health interviews to screen for depression and promote individual daily self-care.
2. Associates are asked about individual health awareness and changes, within two years, in basic check-up data (body weight, waist size, blood pressure, and body composition) just before the occupational physician takes check-up measurements.
3. Outpatient physician provides associates with a review and interpretation of the check-up results and discusses associate expectations.
4. Conduct onsite “60-minute mental health seminars” six times per year, by occupational physician and nurse.

Programs (1) and (2) are scheduled on the check-up day before the physical, and (3) is on the feedback interview day, two to three weeks after the check-up.

We also have special programs for high-risk associates with metabolic syndrome or very high mental stress. As a result of all of the programs, we observed modest declines in percent ages of obesity (-2 percent), diabetes (-3 percent), hypertension (-4 percent), elevated cholesterol (-3 percent), and absence by depression to date.

In conclusion, these programs have been effective in focusing associates on managing their own health, while the Tochigi Factory remains in compliance with the Japanese legislation that mandates workplace health promotion.
Peer support, the assistance given to achieve and maintain health

Climate, the level of social cohesion seen in the sense of community, shared vision, and positive outlook

Where structure is clearly visible in some way, culture is more of a collective psychological perception shared by a group. Some cultural characteristics manifest themselves visually (e.g., touch points), but most reside in the mind.

Structure and culture appear to be causally related. As the health structure improves, corresponding changes in the health culture follow. However, this relationship would appear reciprocal as an improving health culture would influence the creation of more health-supporting structures. These possibilities need to be examined in future research.

This brings the discussion back to our earlier paper and the identification of the workplace health environment. By recent definition, the term “environment” refers to “the aggregate of surrounding things, conditions, or influences” or “the social and cultural forces which shape the life of a person or population” (Dictionary.com, retrieved July, 2010). In other words, an environment is the totality of influences that effect individuals, including cultural factors. Subsequently, creating a culture of health really refers to creating a health-supporting environment that includes both structural and cultural characteristics.
Member Insights

Q. What opportunities exist for worksite health promotion due to the Patient Protection and Affordable Care Act?

JANET EDMUNSON, MEd, FAWHP
Professional Speaker; Former President, AWHP

“I remember when we had to convince companies about worksite wellness programs, and now we have a federal program that validates it. The ‘up to 30 percent’ premium discount could just possibly be the incentive that will drive deeper into the ‘contemplator’ pool of employees to encourage healthier behaviors.”

RALPH COLAO
Principal and National Practice Leader for Small and Mid-market Wellness & Productivity, Mercer; Former President, AWHP

“For small- and mid-sized employers who self-fund their employee medical plans, the healthcare reform debate and the ensuing legislation has provided opportunities for a deeper exploration of plan designs, employee healthcare consumer behavior, and overall cost management. The role of wellness and employee health management has received much greater attention, as a result.”

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