

HDSP CONNECTION

Connecting programs, events, resources, research and people in the Minnesota heart disease and stroke prevention community.



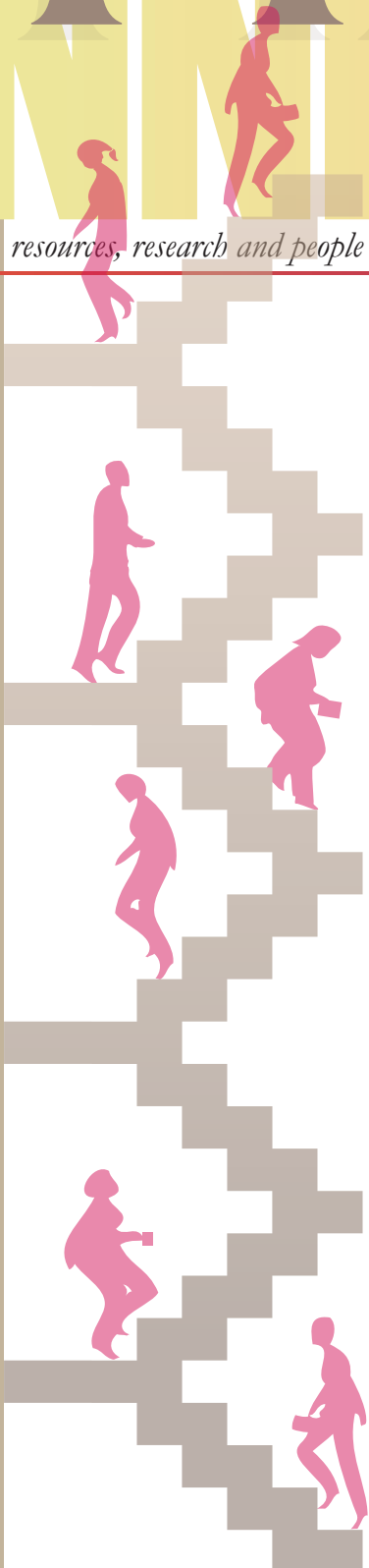
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From the Editor:

I'm pleased to present the Summer Issue of the Connection newsletter. The focus of this issue is on worksite health. The articles explore leadership involvement, public policy, and how to engage employees. I would like to point out a new feature to the newsletter called HDSP State Plan Implementation. This new feature will keep you informed of activities around the 2011-2020 Heart Disease and Stroke Prevention State Plan.

~ MaryJo Mehleisch

Don Klassen, Founder of The Klassen Performance Group, a training organization focused on "Influential Leadership" as the competitive advantage

Warren Buffett continually says, "The quality of leadership, more than any other single factor, determines the success or failure of an organization".

Truer words were never spoken

Worksite Health Program Leadership

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KLASSEN PERFORMANCE GROUP

when applied to worksite health initiatives.

Our organization trains thousands of executives each year in our Superior Leadership and Maximum Influence seminars. The reason that companies invest in the development of their leadership is simple. Superior leadership results in superior performance and competitive advantage. We measure effective leadership in part by the ability of leadership to include sustainable worksite wellness in their vision for the future of their organizations.

Each organization is dependent upon the vision of its leadership and the ability of that leadership to turn good ideas into meaningful action. One of the best ideas a leader can have is to seriously pursue the very best worksite health program that they can. Success will require vision, creativity, constant employee re-engagement and a strategic approach for sustainability. But, the pay-offs are huge!

Benefits to employers include higher employee productivity, less health related work absence, improved morale and the means of stemming the rising cost of health care. The typical organization with an effective worksite health program will earn a six to one return on each dollar invested and those numbers don't include enhanced employee morale and employee loyalty to leadership that cares.



The role of the leader in workplace health initiatives:

1. Create a vision for workplace health that is specific to your organization,
2. Include workplace health as part of the organization's annual strategic planning process,
3. Set workplace health priorities and measurable goals,
4. Create policies that make the healthy choice the "default" decision,
5. Be a role model for your worksite health program and a constant advocate,
6. Leverage your leadership influence by sharing worksite health success stories regularly, and
7. Collaborate with other organization leaders in the community to share best health policies and practices.

In our leadership training courses we stress the importance of influential communications. We know that "reason drives the decision but emotion will drive the action". We all need to demonstrate the same excitement and pride in our worksite health programs that we do when sales are up or customer satisfaction numbers are improving or market share is up. This is easy when we remember that healthy, productive employees result in competitive advantage and that it is our leadership that will make the difference.

Klassen Performance Group through our Presidents Network will be facilitating free 2-hour Worksite Wellness workshops throughout Minnesota in the months ahead. We invite you to attend and share your ideas and challenges with other leaders who are seeking continual improvement in their Worksite Wellness Initiatives.

Please email me for further information at dklassen@skypoint.com





Public Policy and Worksite Health:

A National Perspective

LuAnn Heinen,
Vice President, National Business Group on Health

Today more than ever, policymakers recognize the value of wellness, prevention and health improvement initiatives at the workplace. Congress and the Obama administration have sought to grow and promote workplace wellness programs, transfer the knowledge and experiences of very large employers to smaller and mid-sized employers, and encourage companies to extend their employee programs to family members – including children.

Over the last few years Congressional committees have held hearings on such topics as workplace programs to address child and adult obesity, small business and wellness programs, and the role of financial incentives in employer-sponsored wellness initiatives. Several provisions of the Patient Protection and Affordable Care Act (ACA) relate to wellness programs.

In particular, the ACA:

- Raises the allowable incentive from the current HIPAA-permitted 20% to 30% of total health plan costs per person, beginning in 2014. Currently about half of large employers use financial incentives to promote healthy behaviors and improve health outcomes, usually in the form of reduced premium contributions. (The average private employer incentive in 2010 was about \$300 per employee, which does not approach the 20% threshold.) Completion of a health risk assessment (HRA) is the most common requirement to earn an incentive followed by participation in smoking cessation and weight management programs, along with compliance with preventive care guidelines and completion of biometric screening.
- Requires an evaluation of the federal wellness programs related to any changes in the health status for the American public and the federal workforce, including the absenteeism and productivity of employees, the rate of workplace injuries and medical costs incurred by employees. The evaluation will also consider the health conditions provided (including workplace fitness, healthy food and beverages) and incentives in the Federal Employee Health Benefits Programs. The ACA requires HHS to submit a report to the Congress with reasons why the existing programs have proven successful or not.
- Provides \$200 million in federal grants from 2011-2015 to small businesses, with less than 100 employees who work 25 hours or more per week, to establish workplace wellness programs that meet federal standards. The programs must include health awareness initiatives (including health education, preventive screenings, and health risk assessments); efforts to maximize employee engagement (including mechanisms to encourage employees' participation); initiatives to change unhealthy behaviors and lifestyle choices (including counseling, seminars, online programs, and self-help materials); and supportive environment efforts (including workplace policies to encourage healthy lifestyles, healthy eating, increased physical activity, and improved mental health).
- Requires the Centers for Disease Control and Prevention (CDC) to provide employers with technical assistance and tools for employers to evaluate employer-based wellness programs including all of the federal standards required under the small employer wellness grants. In order to accurately evaluate workplace wellness policies and programs, the CDC will conduct a national survey every two



years of worksite health policies to assess employer-based wellness programs and submit recommendations to Congress for the implementation of effective employer-based wellness programs. The ACA states that the federal government can not use any of the recommendations, data or assessments carried out to mandate federal requirements for workplace wellness programs.

- Requires the HHS Secretary to publish guidelines for “personalized prevention plans” under a new annual wellness benefit for Medicare beneficiaries. The Secretary must develop a HRA for the public that will identify chronic diseases, injury risks, modifiable risk factors, and urgent needs of individuals.
- Mandates a study of worksite wellness by the DHHS Assistant Secretary for Planning and Evaluation to describe the existing use of wellness programs and employee incentives; examine the effectiveness of premium-based and cost-sharing incentives and other types of rewards on program participation and health behavior; and assess the impact of wellness programs on affordability of coverage and access to care, health behavior, and health outcomes. RAND Corporation is conducting the study which involves a survey of 3000 public and private employers.

In addition, in November 2010 the EEOC issued final regulations under the Genetic Information Nondiscrimination Act of 2008 (GINA) that are important to workplace wellness. The rules allow employers to offer incentives to complete health risk assessments which may include questions on family medical history and other genetic information, as long as incentives are not based on responding to these questions and it is clearly stated that employees need not complete medical history and genetic questions to receive the incentives. In addition, employers may use family medical history data from health risk assessments to refer employees into disease management programs, wellness initiatives or other healthy lifestyle programs as long as employees recognize participation is voluntary.

In sum, it is clear that federal policymakers are aware of the benefits of workplace health improvement and have worked to remove potential barriers to employer efforts to expand the reach and impact of these programs. ■

While not essential to workplace wellness initiatives, financial incentives are often a key component of these programs because they typically increase awareness and participation. A range of rules and regulations apply and must be individually considered when designing wellness incentives for employees:

Health Insurance Portability and Accountability Act of 1996 (HIPAA) Nondiscrimination Rules regulate health plan-covered entities and prohibit them from discriminating against individuals on the basis of health status-related factors. The nondiscrimination rules set important limits, but also clarify how the health plan may be designed to provide financial incentives. The Affordable Care Act raises the allowable incentive from the current HIPAA-permitted 20% to 30% of total health plan costs per person, beginning in 2014.

Americans with Disabilities Act of 1990 (ADA) Amendments Act of 2008 (ADAAA) impact how health plan benefits and health improvement programs may be designed; how health risk assessments and screenings may be used; and how on-site challenges and wellness campaigns should be delivered. ADA's non-discrimination provisions apply to wellness programs even if the programs do not involve a group health plan because it also covers discrimination in employment as well as in benefits.

Tax laws regulate the extent to which an employer may deduct the cost of health promotion program incentives; the extent to which the employer must impute to employees' income the value of the incentives; their own ability to deduct expenses, the extent to which employees can use cafeteria plans and tax-favored health accounts to pay any cost-sharing for wellness programs, and the extent to which vendors are responsible for issuing 1099 forms related to prizes and incentives paid directly to employees.

Genetic Information Nondiscrimination Act of 2008 prohibits employers from requesting or collecting genetic information from employees in connection with an incentive-based wellness program, including family medical history in the part of the provision pertaining to non-discrimination in health benefits. The more recent regulations pertaining to discrimination in employment permit incentives as long as they are not tied specifically to completing the family medical history questions.

State lifestyle discrimination laws protect employees' rights to engage in lawful activity outside of work; therefore, they may impact health promotion programs that reinforce certain behaviors. Self-insured employers who have wellness programs provided in connection with group health plans may be affected by these state laws even though ERISA usually preempts state laws relating to self-insured plans because these state laws often apply to employment and not only to benefits.

Pregnancy Discrimination Act of 1978 requires incentive programs to provide a reasonable alternative for women whose pregnancy makes it medically inadvisable to meet a desired health standard.

Federal civil rights laws ensure that employers offer the same incentives and programs to employees of different races, national origins, religions, sexes and ages (i.e. Civil Rights Act of 1964, Equal Pay Act of 1963, Age Discrimination in Employment Act of 1967).



Put Yourself in Your Employees Shoes:

New Ways to Engage Individuals in Workplace Health Management Programs

Benjamin Heinz RD, LD; Sr. Manager,
Program Development, StayWell Health Management

Getting individuals engaged in workplace health management program offerings is an ongoing challenge presented to employers implementing these programs. With this challenge, a common question among these employers is, "What are some new ways we can get individuals engaged in our health management program?"

Many workplace health management programs include communications, incentives, health assessments, and health related program offerings (e.g. campaigns, health coaching, and classes), but in many situations employers are not seeing engagement rates as high as they would like. So, what's missing? In today's fast-paced society, employers who want to engage more individuals in worksite health management programs should consider putting themselves in their employee's shoes.

Take Fred for an example. Fred works 40-50 hours per week, is married, has two children and is 30 pounds overweight. He has heard about his employer's health management program and knows his weight is a problem, but he is a very busy man and making weight loss a higher priority is difficult with all of the other things going on in his life. How can Fred's employer help him?

Make the Program High-Touch

The program needs to be high-touch, personalized and tailored down to each individual, to Fred. Using knowledge about Fred, along with technology to create and deliver meaningful, personalized and tailored communications and programs, his employer can increase his interest and likelihood of engagement.



Making traditional ways of engagement, like the health assessment, high-touch could be an area for Fred's employer to focus on. The health assessment by itself does not interest Fred. However, his interest might change if he knew that, after taking the health assessment, he was able to talk with a health professional that was able to answer his health related questions and provide him with personalized and tailored information around his health assessment results and program offerings. A call like this will help inform him about his health and increase his likelihood of engagement into additional program offerings that are right for him. Fred's interest would increase even more if his employer offered an incentive for completing this call.

But it doesn't stop there. For Fred to engage in additional program offerings, he needs to be able to fit it in his busy schedule. What more can his employer do?

Make the Program High-Tech

Technology can make program offerings more enticing and easier for individuals to incorporate into their daily lives. It can also help the individual expand their resources and support network. Fred's employer should consider incorporating program elements like text messages, videos, social networks, email, and webinar meetings.

Fred discovered, through his call with the health professional, after taking the health assessment, that his employer was offering a weight management class at the worksite. He was excited about the opportunity to participate in this program until he found out that it was not offered at his location. In this situation Fred's employer could, and should, make it easier for Fred to engage by making the class high-tech (and higher touch) by utilizing web and phone technology. This would allow Fred and other employees not at the worksite, to participate with simply a phone and a computer. In addition, adding elements like live chats, email, text, and/or a social networking to this class can increase participation, enhance communication, and help employees form a support network in, and outside of, meetings, which can be vital to Fred's quest to lose weight.

In summary, Fred's employer should continually work to understand his needs. Utilizing this knowledge to strategize and integrate additional tools, like those mentioned above, will assist Fred's employer, and other employers, in increasing engagement and, most importantly, helping Fred and other individuals make health more of a priority in their daily lives. ■

HDSP State Plan Implementation

Sueling Schardin, MPH, RD,
Heart Disease and Stroke
Prevention Unit, MDH

Heart disease and stroke continue to be leading causes of death for Minnesotans despite advances in medicine and public health. This Minnesota Heart Disease and Stroke Prevention Plan 2011-2020 aims to leverage the progress made from 2004 to 2010. The current plan focuses on prevention, acute treatment and disease management with

recommended objectives, strategies, tactics and potential organizational champions.

Health care professionals in the cardiovascular and primary care fields, policy-makers and all other stakeholders can help design, implement and sustain initiatives of the plan. The success of the plan depends on champions from a wide range of organizations working together to implement various aspects of the plan. Suggested organizational champions are identified throughout the plan.

The Minnesota Heart Disease and Stroke Prevention Plan 2011-2020

can be found and downloaded on the HDSP website, www.health.state.mn.us/cvh. HDSP staff will regularly update the website with current activity around the tactics identified in the plan. If you would like to notify the HDSP unit about activities occurring in the state that impact the state plan, please email Sueling Schardin at Sueling.schardin@state.mn.us. In the future, you will be able to enter the activity directly on our online reporting form.

The Connection newsletter will highlight activities that move the plan forward in meeting our goals.





New Resource

The Minnesota Stroke Partnership is pleased to announce the release of the “Minnesota Emergency Medical Services Ischemic and Hemorrhagic Stroke Consensus Statement.” This statement includes key principles for the acute management of patients presenting with stroke symptoms at hospitals in Minnesota, including recommendations for identification of stroke patients, recommended facility capacities, the need for patient transfers in addition to evidence-based interventions for ischemic and hemorrhagic stroke management. It was developed to be applicable to all Minnesota hospital emergency departments regardless of hospital size and/or location. Tess Sierzant, Neuroscience Clinical Nurse Specialist with HealthEast Care System, said, “this Consensus Statement is an important step in our efforts to ensure the best stroke care for every citizen of Minnesota.” For more information, visit www.mnstrokepartnership.org and click on “Resources” on the left banner.

SPOTLIGHT

Upcoming Events

inVesting in our Values and Vision

September 14-16, 2011

Breezy Point Conference Center, Breezy Point, Minnesota

The 2011 Community Health Conference theme, inVesting in our Values and Vision, reflects our dedication to supporting and sustaining quality public health programs and services in the midst of the challenges and opportunities that lay ahead. Health reform, voluntary national accreditation, interoperable data systems, electronic medical records, increasingly diverse communities, climate change, an aging workforce and ongoing budget challenges are very real. Throughout this year's conference attendees will increase their knowledge of and ability to use strategies, tools, and insights to turn these challenges into opportunities and help us confidently move forward.

Please visit the website for more information:

<http://www.health.state.mn.us/divs/cfh/ophp/system/conference/index.html>

2nd International Public Health Nursing Conference: Visibility and Voice in Public Health Nursing

Sponsored by the University of Minnesota, School of Nursing

October 9 – 11, 2011

University of Minnesota Continuing Education and Conference Center

St. Paul, Minnesota

Public health nurses will: identify the similarities and differences in health policies, PHN practices, and health outcomes between their countries; share innovative strategies to prevent disease and promote health; energize a global public health nursing workforce and share best practices in public health.

Please visit the website for more information:

www.tinyurl.com/InternationalPHN



Many Faces of Community Health Conference

October 27 – 28, 2011
Hilton Minneapolis-St. Paul Airport
Mall of America Hotel
Bloomington, MN

Many Faces of Community Health is a two day conference that explores ways to improve care and reduce health disparities in underserved populations and among those living in poverty.

The 2011 theme is “**Building Blocks for Better Health.**” We will look at many of the elements coming together under health care reform such as Health Care Homes, Integrating Services (Oral Health-Behavioral Health-Primary Care), IT Meaningful Use, Accountable Care Organizations, and more.

Please visit the website for more information: <http://www.many-facesconference.org/>

Save the Date! The 2011 Midwest Worksite Health Promotion Conference: Making Connections, Engaging People

November 3, 2011
St. Paul RiverCentre, St. Paul, MN

The day is filled with educational sessions, networking opportunities, best practice program ideas, research and insight to new and diverse programming. Rejuvenate your energy and connect with other professionals in the field.

September is Cholesterol Education Month

September is dedicated to increasing awareness and understanding about high cholesterol. High cholesterol affects over 65 million Americans. High cholesterol is a risk factor for heart disease, the leading cause of death in the United States.

For more information please visit one of these websites:

American Heart Association

http://www.heart.org/HEARTORG/Conditions/Cholesterol/Cholesterol_UCM_001089_SubHomePage.jsp

Centers for Disease Control and Prevention:

<http://www.cdc.gov/Features/CholesterolAwareness/>

National Cholesterol Education Program

<http://www.nhlbi.nih.gov/about/ncep/>

September is P.A.D. Awareness Month

One in every 20 Americans over the age of 50 has peripheral arterial disease, or P.A.D. P.A.D. Awareness Month is a time to inform Americans about the risk factors, warning signs and consequences of P.A.D.

For more information please visit one of these websites:

The American Heart Association:

http://www.heart.org/HEARTORG/Conditions/More/PeripheralArteryDisease/Peripheral-Artery-Disease-ATH_UCM_002082_SubHomePage.jsp

The National Heart, Lung, and Blood Institute:

<http://www.nhlbi.nih.gov/health/public/heart/pad/>

The P.A.D. Coalition:

<http://www.padcoalition.org/>

The Vascular Disease Foundation:

<http://www.vdf.org/>

Please direct any comments, questions or suggestions for newsletter content to Mary Jo Mehelich at (651)201-5419 or mary.mehelich@state.mn.us

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