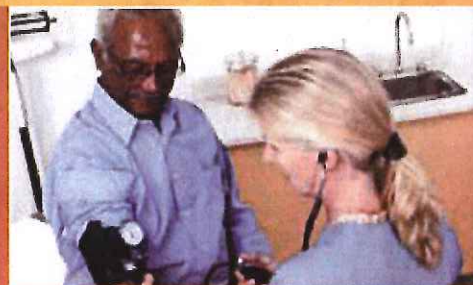


The Role of Business in Health and Wellness Innovation



**U.S. CHAMBER OF COMMERCE
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Business Civic
Leadership Center

A Business Civic Leadership Center Report
BCLC is a program of the U.S. Chamber of Commerce Foundation



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Innovations in Health and Wellness

U.S. Chamber of Commerce Foundation Business Civic Leadership Center

The role of business in health and wellness is diverse and multi-faceted. Businesses have made extraordinary advances on a number of fronts, such as disease management, organ transplants, fitness management, and surgical technologies. Innovation is happening at a rapid pace in order to keep up with the complexities of health and wellness.

Businesses spend more on health and wellness than ever before. Data from the Employee Benefit Research Institute¹ (EBRI) indicates that in 2010 employers spent a total of \$560.9 billion for group health insurance. (Includes both public and private sectors and excludes payroll tax). This is an approximate increase of 66.92% over the past 10 years with an average growth rate of 5.91%. These increased health care costs have led companies to take proactive steps to improve employee health and wellness through workplace programs. These programs keep employees healthy, and studies demonstrate that healthier employees are more productive at work and have lower absenteeism rates.

The Society for Human Resource Management² (SHRM) indicates that businesses spend approximately \$220 per employee on wellness programs. Since 2008 nearly 60% of employers have implemented workplace wellness programs³. Companies are providing more nutritious food items to employees and encouraging physical fitness through in-house exercise rooms or discounts to gyms.

Obesity has become the biggest health-related battles being faced at the moment. According to a 2010 state data report from the Centers for Disease Control and Prevention⁴ (CDC), more than one-third of U.S. adults (35.7%) are obese. In turn, obesity-related diseases such as heart disease, stroke, type 2 diabetes, and certain types of cancer are also on the



rise. Research from the Trust for America's Health⁵ (TFAH) has shown that if nothing is done to address this epidemic, by 2030, at least 13 states could have adult obesity rates higher than 60%. These striking figures have led to a huge industry movement to fight obesity. Companies like Nestle, General Mills, and Campbell offer healthier alternatives to their products and are joining forces to raise awareness about the problem through groups such as the Healthy Weight Commitment Foundation and the Partnership for a Healthier America—the private sector arm of the First Lady's Let's Move! initiative.

The American pharmaceutical sector is the leader in medical innovation with more than 300 new medicines approved

by the Food and Drug Administration (FDA) in the last decade. According to the Pharmaceutical Research and Manufacturers of America⁶ (PhRMA) more than \$49 billion was invested in research and development of new medicines. Data from the FDA⁷ shows that 303 new drug applications were submitted to the Food and Drug Administration between 2001 and 2010. Over this 10-year period, the FDA averaged about 23 new drug approvals per year. While most of the research goes to address diseases that affect sizeable populations, such as Alzheimer's, pharmaceutical companies also invest in orphan drugs—a market that was worth slightly more than \$50 billion worldwide last year. According to a "Forbes" article, this is a compounded annual growth rate of 25.8% from 2001 to 2010.⁸

According to the World Health Organization (WHO),⁹ the majority of countries have made significant progress on the health-related Millennium Development Goals (MDGs). The countries making the least progress are those affected by high levels of HIV/AIDS, economic hardship or conflict. Medical companies significantly contribute to health care solutions around the world. Abbott, Eli Lilly, GlaxoSmithKline, Johnson and Johnson, Merck, and Pfizer, account for a large percentage of all corporate global charitable giving. Merck has the proud distinction of having contributed to the eradication of river blindness.

The ultimate proof of the extraordinary contributions that have been made in this field is life expectancy. In the 1930s, when Social Security was first adopted, life expectancy for women was 62 years, and 58 years for men, according to the Social Security Administration.¹⁰ Legislators believed that anyone who lived to the age of 65 deserved a little solace.

Today, life expectancy for men and women is approximately 79 years of age, according to the CDC.¹¹ The Social Security Administration¹⁰ states that 1 in 10 seniors will likely live past the age of 95.¹²

We see these changes not only in terms of life expectancy, but in terms of healing as well. Recuperation from major surgery is of much shorter duration. Hospital stays for many health challenges have declined dramatically. Perhaps one of the brightest areas of change has been how the quality of life for amputees has changed. Many of today's military veterans have much better prosthetics than the survivors of earlier wars. While nothing can replace the loss of a limb, advances in fit and functionality have been remarkable over the past decade.

No single company can take credit for all of these advances. This is the work of markets, obstacles turned into opportunities, and the vision of many individual men and women. The genius of the private sector's contribution is that it is rooted in diversity—what this generation calls the "crowdsourcing" of solutions.



¹<http://ebri.org/pdf/publications/books/databook/DB.Chapter%2002.pdf>

²<http://www.shrm.org/hrdisciplines/benefits/articles/pages/wellnessspend.aspx>

³http://www.shrm.org/hrdisciplines/benefits/articles/pages/costs_wellness.aspx

⁴<http://www.cdc.gov/obesity/data/adult.html>

⁵<http://www.healthymamericans.org/report/88/>

⁶<http://www.phrma.org/research>

⁷<http://www.fda.gov/downloads/AboutFDA/Transparency/Basics/UCM247465.pdf>

⁸<http://www.forbes.com/sites/edsilverman/2012/08/23/orphan-drugs-rare-opportunities-to-make-money/>

⁹<http://www.who.int/mediacentre/factsheets/fs290/en/>

¹⁰<http://www.ssa.gov/history/lifeexpect.html>

¹¹http://www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60_03.pdf

¹²<http://www.socialsecurity.gov/planners/lifeexpectancy.htm>

Innovative Business Solutions in the Health and Wellness Sector

By Hanna Felleke,

U.S. Chamber of Commerce Foundation Business Civic Leadership Center



Business contributes to society in many different ways. Some are obvious—job creation, wealth creation, the development of new products and services, and increases in efficiency and productivity—the principal drivers of global development for hundreds of years. But how does business address the social and environmental conditions that are top concerns for many people?

To answer this question, the Business Civic Leadership Center (BCLC) is compiling information and producing a series of reports on how business intersects with key social and environmental issues. This report on the role of business in health and wellness innovation reflects a baseline of BCLC's research on business practices in this space. This report focuses on four topics related to health and wellness innovation: prevention, systems innovation, innovations in disease management, and market mechanism and business process innovation. This report is not meant to be comprehensive; rather it is a starting point and a foundation on which we will continue to build an understanding of how business contributes to improvements in the fields of health and wellness.

Businesses are driven to innovate and design products and services to meet the changing climate of health and wellness. This report shows that the impact of business on health and wellness innovation is varied and robust. It includes:

- A prevention program at Accenture that combines work-life balance, wellness solutions, and health benefits into one portfolio to offer employees a complete suite of health programs.
- A medicine adherence program designed by GlaxoSmithKline using technology to develop a deeper understanding of patient needs.
- A study by Inova Hospitals to learn some of the predictors underlying the high incidence of pre-term delivery and why certain ethnic populations appear to have a higher incidence.
- Medtronic's commitment to increasing patient access to appropriate health care, which in turn will increase availability of its life-enhancing therapies worldwide to patients who could benefit.

From these examples, and others, it is clear that private enterprise generates an enormous number of ideas about how to address health and wellness challenges. Not all of these ideas succeed or even make it to the marketplace, but the result is that industry is a major driver for innovation and changing the way that health care is practiced.



Why Prevention Matters

By Randel K. Johnson, Senior Vice President,
Labor, Immigration & Employee Benefits, U.S. Chamber of Commerce



Our current economic reality reminds us that now more than ever, we need to invest in the backbone of our economy: the American workforce. Without question, a significant factor threatening U.S. workforce productivity, as well as health care affordability and quality of life, is the rise in chronic conditions such as obesity, diabetes, and heart disease. As the largest providers of health coverage in the United States (approximately 170 million Americans receive employment-based coverage), America's businesses are uniquely situated to help provide leadership in finding solutions to reduce chronic diseases and their contribution to rising health care costs.

Chronic diseases are significant drivers of health care costs. The majority of American employees have at least one chronic condition. Rapidly rising health care costs are making it more difficult for businesses to continue to offer health benefits. In fact, according to the Kaiser Family Foundation, the total cost of health coverage for families has tripled between 1999 and 2012, and health care costs are predicted to further increase.

In order to help reduce these escalating costs, many companies are taking active steps to prevent and reduce chronic diseases and improve employee health, including implementing workplace wellness programs. Well-designed health management initiatives, including workplace wellness programs, can help control costs throughout the health care system by managing existing cases and preventing millions of new cases of chronic disease. A 2010 study published in the journal "Health Affairs," projected that wellness programs can reduce medical costs by \$3.27, and absenteeism costs by \$2.73 for every dollar spent.

The U.S. Chamber of Commerce has been a leader in touting the importance of workplace wellness and health programs. These programs take many different forms—on-site clinics and fitness centers, chronic disease management, flu prevention programs, nutrition seminars, and health risk assessments. The Chamber has highlighted and shared best practices in several publications including "Leading by Example," a CEO-to-CEO publication that shares details about member companies' efforts.

In fact, many employers provide incentives such as promotional items (e.g., t-shirts, caps, pens, mugs, gym bags), gift cards, cash prizes, raffles, vacation trips, extra days off, etc., to promote participation. Employers with cutting-edge programs also may vary premiums as permitted under law by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) for health-contingent wellness programs.

The Chamber supported legislation (which was ultimately included in the health care reform law) to permit employers, beginning in 2014 to provide even greater financial incentives to employees participating in wellness programs. Now, thanks to this change, employees may receive up to 30% of the cost of





their coverage for meeting various health-related targets and the Secretaries of Health and Human Services, Treasury, and Labor have the discretion to raise this amount to as much as 50% of employee health benefit costs.

In addition to highlighting innovative and cutting-edge programs that many member companies provide, the Chamber has also educated members on how to develop and incorporate these initiatives into their corporate culture and benefit design.

In April 2012, the Chamber released a toolkit to help small and medium-sized employers plan, implement, and evaluate workplace health promotion programs. The toolkit features a Chamber-branded publication, "Workplace Wellness Programs: Promoting Better Health While Controlling Costs" and video tutorials from leading-edge employers—Buffalo Supply, DonahueFavret Contractors, Goodwill Columbus, Wegmans—and author and health promotion expert Anne Marie Ludovici-Connolly, who wrote, "Winning Health Promotion Strategies."

Practical suggestions for workplace wellness activities include: setting up after-hour exercise clubs (e.g. fitness clubs, walking clubs, running clubs, hiking clubs); and publicizing contests (e.g., softball teams, basketball teams); serving healthy food in

vending machines and in cafeterias; hosting health fairs; offering smoking cessation programs; and implementing a pedometer walking challenge.

One of the companies featured, DonahueFavret Contractors, started a weight loss challenge and partnered with a local hospital for a series of "lunch and learn" health discussions.

"Our workplace wellness program has been for us a 'win-win.' It has been a win for the employees because they're very excited about the interest our company has shown in their health and it's just been a very morale boost and effort in camaraderie building," said Maura Donohue, president, DonahueFavret Contractors.

Moving forward, businesses will continue to explore innovative ways to control health care costs by promoting better health. Businesses will continue to adjust the parameters and approaches of their health and wellness initiatives to optimize participation and improve results, and refine best practices. The next generation of workplace wellness programs is likely to incorporate community-oriented activities, which the U.S. Chamber Business Civic Leadership Center highlights in this report.

Helping Employees Succeed Through Wellness

By Julie Wilkes, North American Wellness Lead, Accenture



At Accenture, the success of the company's people is everything. In order to empower this success the global management consulting, technology services, and outsourcing company creates a work environment and unique culture that enables employees to experience the fullest professional growth and enhance their ability to deliver high performance to clients.

As a company that provides professional services, many of Accenture's people work from client sites, home offices, and other remote locations that challenge the idea of a traditional wellness program. As a result, the company created the "Live Well at Accenture" program that is designed to meet employees' needs by reaching participants wherever they are, at a time that is convenient for them.

Live Well at Accenture combines work-life balance, wellness solutions, and health benefits into one portfolio to offer employees a complete suite of health programs. Employees are provided tools, resources, and incentives needed to equip them to be fit, eat healthy, manage time, finances and stress, and enjoy an overall healthy life balance.

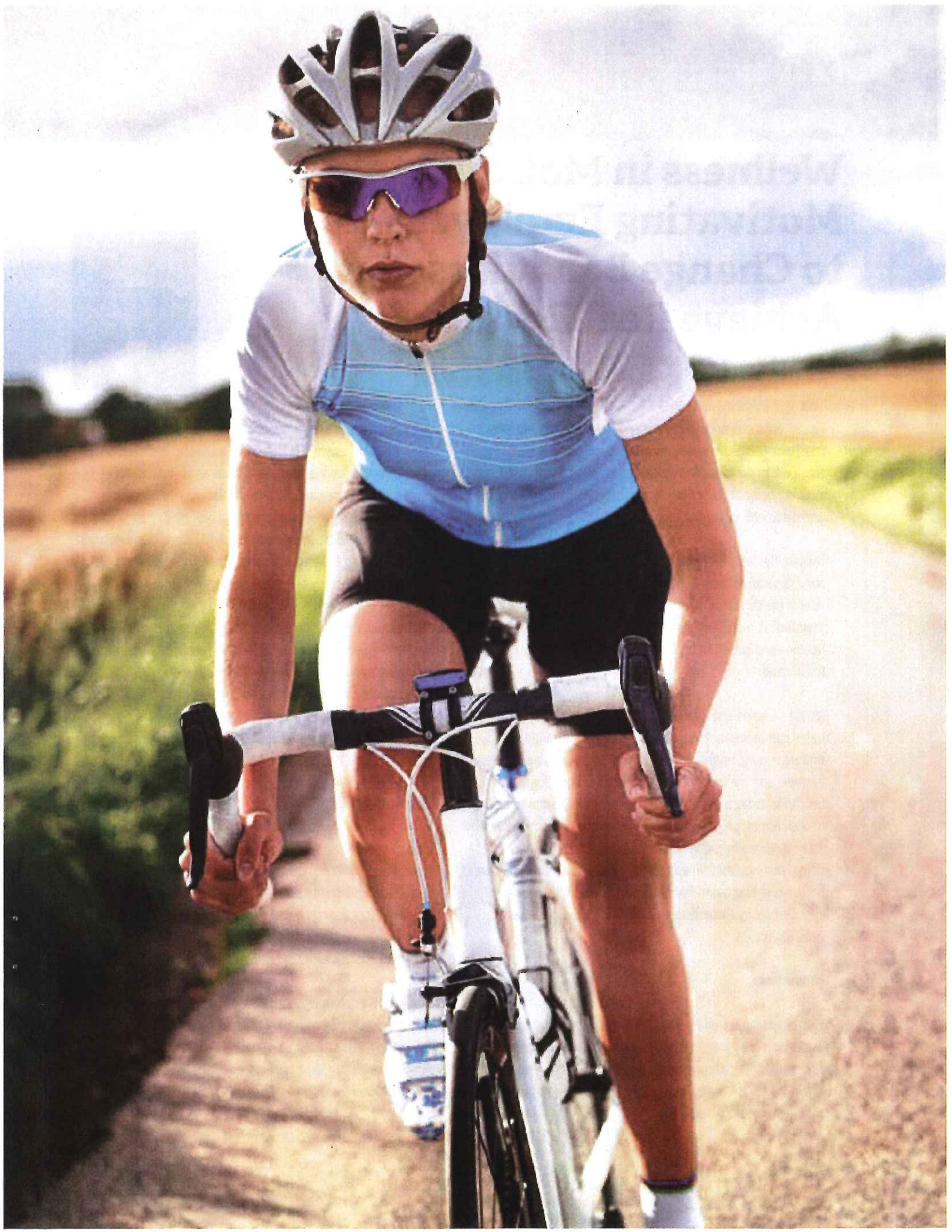
The company's Live Well program is dynamic and offers something for everyone. The program, which utilizes more than 60 Accenture wellness champions across the United States, includes:

- A customized wellness portal for every employee and their spouse or domestic partner;
- Access to discounted rates on gym memberships and health products and services;



- Team challenges where participants can collaborate together to commit to healthy nutritional and exercise habits either in-person, on-line, or through social media; and
- Incentives of up to \$300-a-year that can be earned by participants for signing up and completing an activity.

Results: By using the Live Well program, Accenture has seen its population move from a stage of health awareness to taking action. In fact, Accenture employees have more than doubled the number of hours of exercise logged in the past year and 25% of employees have participated in team challenges. In addition, attendance at the company's healthy virtual webinars has increased from 100 to 900 employees a month and 60% of Accenture employees indicated rewards were a key driver to moving them from non-active to active.



Wellness in Motion: Motivating Employees to Change Behaviors and Achieve Real Results

By Sherry Ward, Vice President of Corporate Services, Maritz



Faced with a challenging economy and ever-rising health care costs, companies are keenly aware that workplace wellness is also good for business. With more than 70% of health care claims currently being attributed to lifestyle factors that are preventable, workplace wellness has quickly emerged as a top priority.

Despite the fact that more than 90% of large companies offer some type of wellness benefit, low participation and lackluster results are common. The challenge of company wellness programs is motivating employees to take ownership of their health—and providing the tools and support employees need to succeed.

Maritz—a sales and marketing services company, which helps companies achieve their full potential through understanding, enabling, and motivating employees, channel partners and customers—has formed a unique team of cross-functional experts to formulate a progressive health approach to wellness programs. This approach is focused on four key aspects of health: prevention, physical activity, mental well-being, and nutrition. In addition to helping clients implement this unique approach, Maritz has embraced it internally to successfully motivate its own employees to achieve better wellness results.

Prevention

With prevention, there are a variety of common precautions workplaces may promote such as avoiding smoking, wearing seat belts, and getting enough sleep. However, prevention also includes talking to your doctor regularly and following the screening recommendations of your health plan—something employees will often skip because of busy schedules.

At Maritz, an onsite physician comes in twice a week to treat minor medical issues, run tests, do blood work, and even prescribe medications. Maritz also hosts an annual health and benefits fair, reaching 600 to 900 employees annually. The fair provides numerous screenings including cholesterol, osteoporosis, and blood pressure. Each fall, more than 500 shots are given during the annual flu shot clinic. These preventative programs have greatly enhanced productivity for the company.

To augment its other prevention efforts, Maritz offers a wellness incentive program with CIGNA called “Healthy Frontiers,” which is available to all health plan participants. Participants can earn 150 points (a value of \$150) for completing health risk assessments, preventative screenings and classes, joining gyms or fitness classes, and completing any of six healthy living programs.

Physical Activity

Beyond prevention, physical activity represents one of the most effective means of long-term weight loss and health. Unfortunately, today's traditional office environment doesn't require a lot of getting up and moving around. Finding creative ways to promote physical activity during the day can help improve workplace morale, employee satisfaction, and overall productivity.

In 2011, Maritz opened a 1,800-square-foot wellness space with treadmills, free weights, an elliptical machine, and space for seven fitness classes. Off campus, the company negotiates discounts with fitness centers in the area so employees can get fit with their families.

Recently, Maritz implemented a wellness research study to test the power of incentives, choice, and social interaction on behaviors related to walking. As part of the study, 500 employees were issued pedometers with the goal of walking at least 10,000 steps a day. Many began using one-on-one meeting times with their supervisors as “walking meetings” to ensure they hit their walking goal. More employees took advantage of using the stairs. To continue the momentum, Maritz will often hand out bottles of water, raffle prizes, and giveaways at random times of the day to reinforce this positive behavior.

Mental Well-Being

Being physically active makes you happier, and being happier makes it easier for you to be fit. Essentially, it is reciprocal. So even if individuals are not ready to commit to moving more, they can start improving their health by increasing their happiness. As part of one of Maritz’ wellness initiatives, employees were asked to complete positive attitude journaling. People who were rewarded for journaling completed their tasks 25% more often. Additionally, 50% of participants in the program reported having a more positive mindset.

Likewise, social support has been shown to significantly impact wellness behavior, too. In Maritz’ wellness study, participants who were asked to walk with others reported an increase in their average daily steps over those who didn’t. Thus, incorporating aspects of mental well-being and support can significantly impact your wellness programs for the better.

Nutrition

With obesity on the rise, nutrition is an aspect of a progressive health approach that is receiving a great deal of attention nationwide. Luckily, simple changes in your workplace can create big benefits for employees.

For example, Maritz worked with its cafeteria vendor to remove value meal options that encouraged soda purchases and instead constructed a “water station” with naturally flavored waters. They continued small changes by discounting the salad bar and



implementing a promotion for fresh fruit and bottled water. After 10 fruit/water purchases, employees can get one item free.

To help employees make better snacking choices, Maritz partnered with a local farmer’s market to have fresh fruits and vegetables delivered weekly as a healthy snack alternative. Self-serve snacks received a makeover as well. All vending machines within Maritz now have healthy options marked in the left hand area of each machine, with healthy choices taking up 25% of the machine offerings.

Motivating Factors

Creating convenient healthy alternatives is an important component to any wellness program, but convenience alone won’t guarantee that your employees will take advantage of the available resources. According to Maritz’ wellness study, when rewards, social support, and choice were used as part of a wellness program, one in three participants lost weight, one in two reported more energy, and 60% reported some other health benefit.

At Maritz, wellness solutions are based on a deeper understanding of people and what makes them tick. By developing a broader wellness view that focuses not on a population of employees, but on people as individuals, you can extend the concept of wellness in the workplace without being intrusive. By leveraging organizational and social support to help people take ownership of their health lives, wellness programs offer constructive solutions before problems begin.

Case Study

Maritz

Best Practice:

A cross-functional team of Maritz professionals from The Maritz Institute, Human Resources, Maritz Research's Marketing Sciences, and Maritz Motivation Solutions' wellness team developed a three-month study called Extraordinary Measures to examine new ways to improve the effectiveness of wellness programs. The study was conducted with approximately 300 Maritz employees at its headquarters campus in St. Louis. Its goal was to analyze the impact of rewards, choice, and social support on wellness behaviors, specifically walking and positive attitude journaling.

Outcomes:

- **Rewards.** Employees who were rewarded walked an average of one mile more per day than those who didn't receive rewards, and those who were rewarded for journaling completed their tasks 25% more often. Rewards had twice the impact for people who didn't do much walking before the study.
- **Choice.** People who chose their wellness activity had higher goal completion.
- **Social Support.** Those who were assigned a social aspect as part of their walking activities reported an increase in average daily steps on a pedometer.

Lessons Learned:

People who are engaged in wellness activities need structure, goals, rewards, choices, social support, and other resources to sustain those behaviors and ultimately achieve positive health outcomes. By considering personal motivators and giving organizations the right tools, organizations can design wellness programs that focus not on a population of employees but on people as individuals. With a deeper understanding of people and what makes them tick, Maritz's solutions are designed to engage and motivate people to change their behavior and improve their lives.





Bringing Health and Wellness Directly to Employees

By Michelle DiTondo, Senior Vice President of Human Resources,
MGM Resorts International



Teamwork, integrity, and excellence are qualities that drive teams to win championships and spark innovation. Together they are the three core values that also serve as the cornerstone of MGM Resorts International and drive the company and its 62,000 employees to reach higher standards.

As MGM Resorts is regarded for creating major investments and reinvestments in the finest of resorts, it has also have long been recognized for investing in its 62,000 employees and their families. MGM Resorts, like other leading employers, recognizes that a healthy workforce contributes not only to the company's overall performance, but also to the strength of the communities in which it operates.

As the largest private employer in Nevada, MGM Resorts has introduced a portfolio of worksite wellness programs to make healthy living easy, simple, and obtainable. These programs give employees direct access to resources both onsite and away from work, and encourage them to excel in their health as well as in their service to their guests. Together, the outcome is a high-performing, guest-focused team.

Onsite Wellness Coaches

The Onsite Wellness Coaches program is an initiative that started in 2011 at three MGM Resorts Las Vegas properties: New York-New York, MGM Grand, and The Mirage. Implemented in partnership with Wellness Coaches, USA, the program utilizes coaching science and methodology to help individual workers, one-on-one and face-to-face, improve their personal health and well-being while reducing health risk factors.

Wellness coaches provide guidance on a wide variety of topics, such as nutrition, exercise, diet, weight loss, and tobacco cessation. In addition, they perform blood pressure checks and other biometric screenings such as height, weight, and BMI, to help employees manage their numbers or keep track of their progress toward their individual goals.

The program is yielding results. From January to July 2012, more than 27,585 one-on-one employee-coach interactions have been made marked by a total weight loss of 2,496 pounds. Additionally, lower levels of blood pressure and stress have been observed among participating employees.

Hope Coach Breast Cancer Screening Initiative

Annual mammograms are the most effective way to detect early-stage breast cancer. In Nevada, only 52% of women age 40 and older received a mammogram in 2010, according to the American Cancer Society, a figure well below the national average of 59%. MGM Resorts is working to help improve those numbers.

In partnership with the Culinary Union and a cancer care provider, the Hope Coach Breast Cancer Screening initiative gives MGM Resorts employees direct onsite access to digital mammography services. The program features a state-of-the-art mobile mammography laboratory, which makes frequent trips to MGM Resorts properties, offering free mammograms to most insured employees and their dependents.

More than 1,400 women per year are receiving screenings at MGM Resorts properties from the Hope Coach. Multiple cases of breast cancer have been discovered and each year the Hope Coach saves lives.

MGM Resorts Direct Care Health Plan

MGM Resorts conducted extensive research on best practices for health care delivery, sought input from health care delivery thought leaders, and reviewed case studies of established programs. Every source led back to the importance of a delivery system that is predicated on the direction of care provided by the primary care physicians of the community. The benefits of a patient having a personal, and trusting relationship with a primary care physician cannot be overstated. These benefits include increased care coordination and promotion of the use of the appropriate health care system resource, both of which contribute to the delivery of quality medicine.

For 2012, employees had the option of choosing a new MGM Resorts sponsored Health Plan—the Direct Care Health Plan. This Plan is built upon the principles of a patient-centered medical home and consists of 18 primary care physicians who share the vision for change. The physicians were part of the process of developing standardized expectations and protocols—a collaborative approach to sourcing and purchasing health care. Direct contractual relationships were established with the physicians that invested their time in discussing how best to adapt the principles of the medical home model to the unique challenges that Nevada's health care system presents.

Specifically:

- Patient access to medical care including wait times delay, timely identification, and treatment of conditions.
- Appropriate physician reimbursement that values physicians for their time, which allows sufficient time to answer patient questions, and accurately diagnose and treat the patient. It is a health plan that reimburses physicians more for quality and outcomes.
- Patient engagement in, and accountability of, their health that includes prevention/early detection/annual physicals.
- Use of technology for physician collection and review of medical data to increase the efficiency of medical care that is provided and to proactively manage the health of their patient population.

In 2012, 12% of eligible employees enrolled in the Direct Care Plan. After eight months, the early results are encouraging. Through surveys of patients and discussions with the physicians, success stories have emerged—from patients who were “lost” in a dysfunctional system to one in which a patient was immediately admitted to the hospital upon arrival at her physician's office for her annual wellness physical upon diagnosis of an emergent condition. It is among the inspirational stories that demonstrate that a difference is being made in the lives of employees and their families.

Especially encouraging is that 97% of members obtained an annual physical in 2012, a testament to the fact that when employees understand the value of taking care of their health and when barriers are removed, they are empowered to make the healthy decisions that make a difference in their lives at, and away, from the job.

Case Study

A Leading Health Insurer's Focus on its Customers' Health and Well-Being

By Jim Turner, Director of Corporate Communications, Humana Inc.

Overview: Humana has developed innovative programs and partnerships designed to help people achieve lifelong well-being. The company is particularly focused on promoting physical activity among its health plan members and driving down costs for its members and employer-customers, wherever possible.

Among its recent efforts, Humana has teamed up with Walmart to offer one of the lowest-priced Medicare Prescription Drug Plan (PDP) products available across the United States. Members enrolled in the plan have access to more than 1,500 generic medications with copayments as low as \$1 (in store) or \$0 (via mail order)—after deductible.

Humana is also helping Medicare beneficiaries live more active lives through an alliance with SilverSneakers®. Enrollees in the SilverSneakers program have access to fitness classes designed especially for seniors and taught by certified instructors, fitness equipment, health education seminars, and fun social events. Humana is also helping Medicare members and other visitors to its Guidance Centers around the U.S. benefit from free pedometers and a walking and socializing program.

Other notable programs and well-being initiatives Humana has implemented include:

- **Team Up 4 Health:** Humana is leading a one-of-a-kind, two-year pilot program in its home state of Kentucky to determine what impact small behavior changes can have in combatting chronic conditions

such as heart disease, diabetes, hypertension and obesity. Partnering with Microclinic International, Citizen Effect, and the Bell County, Ky. health department, Team Up 4 Health has established microclinics where groups of two to six residents work within their broader social networks to achieve health goals.

- **Freewheelin:** This distinctive bike-sharing program featured a fleet of 20 pedal buses available to local residents and convention delegates at the 2012 presidential conventions in host cities Tampa, Fla., and Charlotte, N.C. People biked in the pedal buses around each downtown, having fun, getting some exercise, reducing their carbon footprint, and meeting new people from around the country. Freewheelin stations also provided visitors with blood pressure and health screenings, as well as free water and fruit.
- **Multigenerational Playgrounds:** Under a partnership with KaBOOM!, a national nonprofit focused on "saving play," Humana and The Humana Foundation are building more than 50 playgrounds across the U.S., many of which feature multigenerational components for kids and adults alike.

Results: Humana is encouraged by the initial results of these programs. Specifically, Humana and its partners are:

- Inspired that in the initial phase of the Team Up 4 Health pilot program, obese people among the 200



participants reduced their body mass index by up to five times more than did nonparticipants. Participants kept off the weight they lost by the program's midpoint and kept losing more weight through the end of the 10-month program. Diabetic participants decreased their blood sugar by an amount that could translate into an 11% drop in long-term risk of death from diabetes, 7% from heart problems, and 21% from blindness and nerve damage.

- Heartened that the Freewheelin program generated more than 2,500 rides, nearly 2,000 miles pedaled, and highlighted the fact that cars aren't the only way to get around a busy metropolitan area.
- Uplifted by the healthy play that the KaBOOM! playgrounds promote and their use by young and old, a sentiment captured by Dorothy Jackson of Midway, Fla. Dorothy uses a playground Humana and KaBOOM! built in Orlando, because, "The equipment has given me a reason to stay active and a safe place to play with my grandchildren."

Listening to the Voice of the Patient: Medical Adherence and Innovation

By Dr Jacqueline Parkin, Vice President Immuno-Inflammation, GlaxoSmithKline



If you had a chronic or possibly life-threatening disease, wouldn't you be dedicated to taking the medicines that were prescribed to make you better?

It sounds perfectly logical, but in reality, only about one half of the people in developed countries who have a chronic or life threatening disease take the doses of prescribed medicine. Some stop taking their medicines before they are supposed to and others never make it to the pharmacy at all.

In health care circles, this is called medicines non-adherence and there can be serious consequences for it, including the need for outpatient medical care or a hospital stay. While no one is sure how much it costs, it is estimated that \$100 billion is spent on excess hospitalizations in the United States alone. In addition to the high financial cost, non-adherence is also reported to be the fourth leading cause of death in the U.S.

Why don't people take their meds?

Non-adherence is a complex issue. Regardless of whether a person has diabetes or asthma or cancer, they sometimes forget to take their medicines, find the schedule of taking them difficult, or can't afford what is prescribed. Attempts have been made to address these issues and some have worked, but not on a widespread basis.

In general, people create their own logic about whether they do or don't need medicine; with recent research consistently showing that around 70% of non-adherence in chronic disease is intentional. Common barriers are perceived risks of over-medication, side effects, becoming addicted to, or resistant

to the treatment. Many question whether they really need as much medication as they are prescribed.

These concerns are rarely discussed with health care providers (HCPs), with non-adherence remaining largely a hidden problem, but it is starkly present in pharmacy assessments of the amount of time it takes for a patient to finish or refill a prescription. Many patients feel too guilty to raise the problems they face with their HCPs.

Understanding the patient

The more we understand about the beliefs and behaviors that drive people to take their medicine the better we can come up with potential solutions to mitigate the risks. It's an issue of which GlaxoSmithKline (GSK) and the pharmaceutical industry as a whole are keenly aware. And while the industry alone can't provide the solution, it can help in a variety of ways.

Pharma companies are starting to include an adherence strategy in the design and delivery of medicines based on a deeper understanding of patient needs. For example, we're considering medicine-taking regimes that factor into account the time and place patients take their medicines and can adjust for occasional missed doses. We've also learned that one size doesn't fit all when it comes to adherence and that it's important to focus on a patient's disease and overall treatment rather than just an individual product or brand. Recognizing that some of these interventions will take time, there has been a significant focus on finding faster solutions for faster impact by linking what we know about patient behavior with digital technology.

Technology can play an important role in improving adherence to medicines in many ways; for example, by providing customized information, sending on-time reminders, or remotely monitoring a patient's vital signs. The adoption of technology isn't a total solution, but can contribute to designing, testing, and implementing more effective and customized ways to help patients to take their medicines.

The collision of innovation and adherence

More than 235 million people globally have asthma and it provides a good example of a condition that can be very well managed, yet isn't.

In the European Union (EU), approximately 50% of people with asthma don't have it under control. GSK has put a great deal of effort into trying to improve that figure and initially tried to address adherence issues with health care providers. But after spending a significant amount of time focusing on control assessment tools and guidelines, their work took them back to patients, who, for a variety of reasons, weren't taking their medicines properly.

The GSK team had a strong desire to do something different—something innovative—using technology to help improve asthma control. Based on the recommendations and insights they collected through research with patients and physicians, they came up with a smartphone application, or “app,” called MyAsthma, which was first made available in the U.K. in 2011.

The purpose of the app was to engage patients in their own asthma management through a program that allows self-monitoring and access to tailored content, offering both education and agitating positive behavior change. Once MyAsthma is opened, the customer is profiled both to determine their level of current asthma control and for their individual asthma beliefs, needs, and concerns. This profiling enables individually tailored messages to be sent at intervals, according to customer preferences, to address



specific behavior changes and linking in to relevant educational content. This approach had been shown in academic research to lead to a sustained increase in adherence. In addition there is a range of patient engagement hot spots, including self-monitoring through the Asthma Control Test (ACT) score, providing individual feedback on their disease control as a barometer of the effectiveness of their medicines, and even actions that can be taken based on the local pollen count.

The ability of the tool to be used by caregivers and the information shared with health care providers, under the patient's control, raises the potential of more effective information exchange and the expectation that patients will be more engaged when they talk with their physicians. MyAsthma is not focused on specific medicines, but broad disease management, and is a test of the effectiveness of applying the available behavioral knowledge into practice in the real world. The ultimate impact and sustainability will take time to determine, but evaluation is a key element, along with enhancements built on ongoing feedback. Data from the app may also have utility to further academic research in this field.

We don't yet know what overall impact technological innovation will have on improving medical adherence, but these initial findings are encouraging. The GSK team says that innovation doesn't have to be complicated but it does require that you start with the needs of your customer. Listen to your audience and they will dictate the right way to go.

Fostering Sustainable Models of Change

By Bridget Burke, Manager, Public Affairs, Health Care Service Corporation

Health Care Service Corporation (HCSC), a customer-owned health benefits company that operates the Blue Cross and Blue Shield plans in Illinois, New Mexico, Oklahoma and Texas, has focused on improving the health and wellness of its plan members and communities for more than 75 years. The health care industry is complex and constantly evolving and, therefore, new ways and channels of communication are necessary to respond appropriately to new challenges. HCSC is prepared for the evolution of the marketplace and has developed and implemented innovative approaches that deliver valued health products and solutions to all plan members—in any environment.

While targeting issues and creating innovative projects to tackle specific health problems across HCSC's four states is important, a shift in thinking around how the organization approaches all opportunities is imperative to overall success. Autonomous work to improve health outcomes is no longer appropriate as HCSC strives to incorporate partnership, collaboration, and innovation to find reasonable solutions to these challenges. Involving and leveraging expertise, experience, products, services, and many other assets from both the public and private sector, the communities in which HCSC operates, in addition to their own employees, serves to create an environment that fosters sustainable models of change. HCSC approaches these opportunities with the goal of creating a system of change that can be replicated in other circumstances, environments, and communities.

Two key examples of these models of change are highlighted.

JointADventure

Knee osteoarthritis (OA) is a major cause of arthritis-related disability in the United States. Difficulty doing activities, such as walking, climbing stairs, or rising from a chair may be due to knee OA and, as a result of the obesity epidemic in this country, has led to growing numbers of adults with this condition. As a health insurer, HCSC became aware of OA's impact on the health and wellness of their members, communities, and its own employees. In response to this, HCSC partnered with Northwestern University's (NU's) arthritis prevention research group to support JointADventure, a pilot program intended to address knee symptoms and improve the quality of life. NU has found that knee OA is already a major cause of work disability and work absenteeism, and it is responsible for approximately 400,000 total knee replacements annually. Through this partnership, HCSC will leverage one of its greatest assets—its own employees—to participate in this research program.



Employees voluntarily participate in a six-month workplace intensive intervention program focusing on diet and exercise lead by a dietitian and occupational therapist. The program goals of JointADventure are to enhance scientific knowledge related to behavior change and to improve clinical practice pertaining to OA. However, the long term intended outcome of this program is to determine the most impactful approaches to the way lifestyle interventions are delivered to large employed populations. The pilot phase with HCSC's employees began in June 2012 and the intention is to replicate this program and offer it to employer groups, consisting of HCSC's plan members, to make it available to their employees. The potential reach of this program is significant as HCSC plans serves more than 13 million members across its four states. Additionally, there is opportunity to replicate this program for a much larger audience and make an even more significant impact on reducing the incidence of OA caused by lifestyle choices.

Lawndale Diabetes Project

Individuals and families who are uninsured or lack access to health care providers generally utilize emergency departments and urgent care clinics as their primary means of receiving care. Low-income communities, where this is most typical, have a higher prevalence of chronic disease and as a result they collectively face significant health issues. This affects not only those individuals, but entire families and the overall health of the community as well. The Sinai Health System (SHS) has found this to be true with regard to the North and South Lawndale communities on Chicago's west side, which face a disproportionately high prevalence of Type 2 diabetes. While a national epidemic of diabetes has been identified with 9% of the U.S. population now diabetic, North and South Lawndale's prevalence rate hovers between 25-28%. As a result, HCSC is partnering with SHS, to implement an innovative model that utilizes community health workers and navigators to address the diabetes epidemic in these two communities.



The Lawndale Diabetes Project has three primary goals: 1) to reduce the burden of diabetes and childhood obesity in the communities of North and South Lawndale, 2) to orient resources in the community so that sustainable change takes place and remains after the two-year program concludes, and 3) to learn how to best treat chronic diseases in underserved urban populations, which will help guide best practices ahead of the implementation of state health insurance exchanges. Community Health Workers (CHW) go door-to-door in the predominantly African American North Lawndale as well as in the Latino South Lawndale communities. They conduct interviews and survey and screen families for diabetes and pediatric obesity and offer interventions that include free first-time primary care physician visits. Those identified as candidates are referred to a community health navigator (CHN) to assist in accessing follow-up care and provide education about managing their conditions. The model's potential for lowering the cost of care and reducing chronic disease is promising. It's hoped that such cost-effective interventions can be replicated in other communities facing similar health issues. Linking these residents to the health care system is critical to lowering chronic disease rates like diabetes, and the CHWs and CHNs work to build the community's trust and ensure that sustainable change continues well after the program has ended.

Investing in the Future of Health

Interview with John Niederhuber, M.D., CEO, Inova Translational Medicine Institute



John Niederhuber, M.D., CEO of the Inova Translational Medicine Institute (ITMI), is taking genetics research to a new level. Since July 2011, the Institute has been involved in a study focused on sequencing the DNA of 250 babies delivered full-term at Inova Fairfax Hospital and 250 babies delivered prematurely and admitted to the Neonatal Intensive Care Unit (NICU) under the care of Robin Baker, M.D., and his team of pediatric specialists. Among the goals of the study is to learn some of the predictors underlying the high incidence of pre-term delivery and why certain ethnic populations appear to have a higher incidence.

What will this research yield?

This research could lead to either a diagnostic marker to identify individuals at risk for pre-term delivery or a pharmaceutical target for the treatment of a woman at risk for pre-term delivery. The ultimate goal is to identify genomic components that can lead to the prevention and the targeted treatment of disease. Preventing pre-term birth would result in a significant decrease in the lifelong disease burden for the infant as well as a huge savings in resources and costs.

How are other hospitals and research institutions reacting to the work of ITMI?

Everyone has been amazed at how much ITMI has accomplished in such a short time. ITMI has had numerous inquiries about access to our large-scale data set as well as inquiries about potential collaborations and partnerships. They also have been interested in our other projects and in the recent (April 2012) launch of the Inova Childhood Longitudinal Cohort Study involving 2,500 Inova families.

How can this research benefit patients and consumers?

Patients and consumers of Inova benefit from the discovery aspect of ITMI projects where new knowledge concerning disease diagnosis or a potential new target for intervention is found. Perhaps more importantly, our patients benefit by having the expertise that resides within the ITMI team. Our team can provide the services of genomic characterization and genomic analysis when it is deemed appropriate for a patient's particular chronic disease or for their family.

Why has Inova taken the lead in the area of genomics?

Inova has made the commitment to be a leader and not a follower in this new arena of future health care. This corporate decision led to the establishment of ITMI and the recruitment of the ITMI leadership for this effort.



A Healthy Packaged Beverage

By Heidi Paul, Vice President Corporate Affairs, Nestlé Waters North America



In 2011, Brooklyn, N.Y. mom Barbie Rodriguez and her family of nine joined the Nestlé® Pure Life® Hydration Movement. They pledged to swap one 12 ounce sugared beverage a day with water, like Nestlé Pure Life, for a year to trim more than 50,000 calories from their diet. Inspired by her commitment, Nestlé Pure Life surprised Barbie's family with a year's supply of bottled water. Barbie was thrilled to receive the supply to help keep her family committed to drinking more water. "We are a very active family," noted Barbie. "We go to the park, we go fishing, hiking, walking... so we need the hydration!"

Barbie Rodriguez isn't alone in trying to make healthier choices for her family. More than 110,000 families have participated in the Hydration Movement to date, and around the country millions of Americans are seeking to live healthier lives—starting with cutting down on beverage calories. And they're right to start there. Studies show 21% of our daily caloric intake comes from beverages—a number that has doubled in the past 40 years.

Why bottled water? Every day, Americans purchase one billion beverages that come in a can or bottle—because it's a convenient part their busy lives. When people reach for bottled water—a portable, packaged beverage without calories, sugar, or additives—they're choosing an essential ingredient in the fight against obesity.

Bottled water also protects people and saves lives. When tap water is disrupted by anything from a power outage to a pipe breach to a disaster, bottled water provides a reliable second source of safe drinking water. And from a quality standpoint, federal health officials recommend bottled water for people with weakened immune systems.



We know that bottled water is already making a difference in the lives and health of Americans. Bottled water is the top reason why people—including Barbie and her family—are drinking 280 fewer calories from carbonated soft drinks every week. In the past 10 years, people have been giving high-calorie beverages like carbonated soft drinks less and less real estate in their fridges, tote bags, and lunchboxes, while bottled water consumption has grown by 75%.

At this pace, bottled water is on track to become the most consumed packaged beverage in America in this decade. In 2011, the \$11 billion bottled water industry was a dynamic part of the U.S. economy. Bottled water companies directly employ 145,000 Americans, paying them \$6.9 billion in wages and benefits. When adding those indirectly employed, such as distributors and retailer partners, the total reaches 500,000 Americans employed.

Driving Awareness for Pediatric Cancer—An Automaker's Road Towards a Cure

By Zafar Brooks, Director of Corporate Social Responsibility,
Hyundai Motor America



No child should ever have to hear the words, "you have cancer." Yet doctors unfortunately utter these words every 36 minutes across the United States. With three words, a child loses their innocence and parents' hearts break as days, months, and years of treatments begin. But, thanks to modern day medicine, up to 80% of these children will survive. However for the remaining 20%, the diagnosis is terminal. Cancer remains the leading cause of death by disease in U.S. children. This is why Hyundai Motor America and Hyundai Hope on Wheels have made it their mission to help find a cure.

Hope On Wheels began 14 years ago as a local initiative supported by a group of New England—area-Hyundai dealers to raise money for childhood cancer research through the Jimmy Fund at Boston's Dana-Farber Cancer Institute. Today, Hyundai Hope On Wheels is non-profit 501(c)3 organization and is the united effort of Hyundai and its more than 800 dealers across the U.S. Its goal is funding pediatric cancer research at Children's Oncology Group (COG) institutions across the country.

Together with its medical advisory committee and dealer advisory board, Hope on Wheels developed two programs to provide research funds: Hyundai Scholar Grants, and Hyundai Hope Grants. Both are designed to fund research at children's hospitals across the U.S. A leading panel of pediatric oncologists from across the nation reviews and selects grant applications and then funding investigators, whose research is likely to have a significant impact on improving the understanding of the biology of childhood cancer or developing novel diagnostic and therapeutic approaches for pediatric malignancies.

By the end of 2012, Hope on Wheels will have awarded more than \$57 million dollars to hospitals for pediatric cancer research, since the program began. These dollars are generated directly from dealer new vehicles sales, and matching funding by Hyundai Motor America. You don't have to buy a vehicle to support the cause. The public may also donate via the Hope on Wheels web site.

In 2011, Hope On Wheels made its single largest research grant award in the amount of \$10 million to CHOC Children's Hospital of Orange County. The funds are being used for a breakthrough project focused on pediatric genomics research. The new research center became the Hyundai Cancer Institute at CHOC Children's.

Just one year after this donation, the Hyundai Cancer Institute at CHOC Children's announced that it is the first organization to utilize Illumina's RapidTrack Whole Genome Sequencing service for cancer samples. This allows the doctors to gather whole genome sequencing data in high depth within 14 days, the fastest sample-to-data turnaround time currently offered. The data generated will then be analyzed to provide efficient, customized interpretation to the CHOC physicians and researchers, who are part of the hospital's Molecular Profiling Tumor Board.

Highlighting the project's impact on patients and their families, the Hyundai Cancer Institute's Medical Director and principal investigator of the study, Leonard Sender, M.D., says, "We want to be a game changer for patients and their families who are faced with the scary diagnosis of recurrent cancer.

With the ability to rapidly translate samples to data in the lab, we will have an immediate bedside impact by offering more accurate diagnoses and personalized treatments that save children's lives."

Not only does Hope On Wheels seek to fund innovative research, but it seeks to improve the well-being of children and their families with a contagious message of hope. During treatment, sometimes just a friendly smile can help improve a child's day. C.J. George, Hope On Wheels' National Youth Ambassador, can attest to that. Diagnosed at age nine, C.J. was crushed when he was told he couldn't play hockey anymore. Four years later, C.J. is cancer free and back on the ice thanks to the treatment he received at Joe DiMaggio's Children's Hospital.

But even for the 80% that survive pediatric cancer, the battle may not be over. Three out of five kids will suffer long-term side effects from treatment. As Hope On Wheels continues its mission towards a cure and to alleviate these side effects and symptoms, the program travels to the funded hospitals spreading hope in the form of handprint ceremonies.

There is nothing more personal and unique than a handprint. At the handprint ceremony, each child survivor's hand is placed in colorful paint, then on a white canvas or Hyundai vehicle. With each handprint, another unique story of cancer is shared. Whether honoring those currently battling cancer, celebrating the lives of those that survived their battle or commemorating those lives that have been lost, Hope On Wheels finds strength and spreads hope with each colorful mark.

Expanding the program and funding each year, Hope On Wheels has grown to include sponsorships of 5K Walk/Runs



in major cities across the nation, additional funding to sponsor hospital teen rooms titled Hyundai Hot Spots, and additional online funding campaigns partnered with COG hospitals. Hope On Wheels has even taken its mission to Washington, D.C., as part of the Annual Childhood Cancer Summit, examining current childhood cancer legislation and future advancements that will benefit these children and families.

With no direct end in sight, Hyundai Hope On Wheels will continue its journey towards a cure, closely monitoring and eagerly awaiting results from the hundreds of funded projects across the country.

We believe that this goal is attainable as we join together for a cure. We congratulate and commend each institution for their important and life-changing work, and thank our supporters who help continue our efforts. To learn more about the program, visit www.HyundaiHopeOnWheels.org.

Using Innovative Partnerships and Programs to Address the Global Burden of Noncommunicable Diseases

By Gary Ellis, Chief Financial Officer, Medtronic,
Chair, Medtronic Foundation Board of Directors



The rapid rise of chronic, noncommunicable diseases (NCDs) is one of the major challenges to global health and development.

NCDs are the leading causes of death¹ worldwide, and the anticipated economic burden of the four primary diseases—diabetes, cardiovascular diseases, chronic respiratory diseases, and cancer—will reach \$30 trillion by 2030.²

Eighty percent of people who die from NCDs live in low- and middle-income countries and lack sufficient access to treatment. With nearly half of those dying in their productive years (under age 70) the impact on emerging economies is staggering.³

With expertise in treating a range of chronic illnesses—including diabetes and cardiovascular diseases, two of the four leading chronic illnesses globally—Medtronic is committed to increasing patient access to appropriate health care, which in turn will increase availability of its life-enhancing therapies worldwide to patients who could benefit. However, global access to the company's technologies remains a challenge. Only a small fraction of the individuals who could benefit from Medtronic products receive them. A variety of factors, including inadequate medical infrastructure and cost, contribute to the problem.

By collaborating with health care professionals, policy makers, regulators, government agencies, patient advocacy groups, non-governmental organizations, and other corporations, Medtronic is actively pursuing innovative strategies that improve the awareness, availability, and affordability of effective treatments.

Awareness

Medtronic is committed to driving awareness of the challenges chronic diseases present for global populations and economies and is equally dedicated to sharing best practices, creative solutions, and information related to patient care.

Through its Global NCD Initiative, Medtronic engages in NCD-related activities that support the formulation of public policy and the appropriate investments—both public and private—that raise awareness about and combat this growing health issue. For example, the company participated in the global preparation for the United Nations High Level Meeting on the Prevention and Control of Noncommunicable Diseases (NCDs) that was held in September 2011. Closely involved in activities before, during, and after the meeting, Medtronic was one of a select group of companies with representatives at the event.

Medtronic also invests in patient awareness. The company's Patient Care Center in Beijing, China educates patients and caregivers about therapy options. Medtronic recently opened four additional hospital-based patient care centers in China at facilities in Beijing, Tianjin, and Wuhan.

Philanthropically, the Medtronic Foundation also funds organizations that foster dialogues, conduct research, and share methods to address chronic diseases. This includes support of the NCD Child Conference and ongoing support of research on cardiovascular disease and diabetes conducted by National Heart Lung and Blood Institute (NHLBI) Collaborating Centers of Excellence in Argentina, China, Guatemala, India, Peru, and South Africa.

The Medtronic Foundation PatientLink program also partners with patient organizations worldwide, empowering individuals through awareness, education, and advocacy.

Availability

Medtronic works to increase the availability of its therapies worldwide by building health care capacity and strengthening regulatory frameworks.

The company is strengthening health systems globally by supporting the training of health care professionals and promoting the ability of health systems to address chronic diseases. Medtronic invests approximately \$50 million annually in physician education to teach the safe and effective use of its products, with an increasing focus on emerging regions. Complementing these efforts, the Medtronic Foundation funds initiatives that build health system capacity in developing countries, such as:

- The NHLBI Centers of Excellence in China, India, Latin America, and South Africa, mentioned previously, that share best practices in diagnosing and treating chronic, noncommunicable diseases (NCDs).
- A Partners in Health program in Rwanda that integrates treatment of NCDs into primary care systems, which can be modeled in other countries.
- The development of curriculum by the Harvard School of Public Health Teaching to Transform Global Health Initiative for the education and training of public health leaders, doctors, nurses, pharmacists, and other health professionals in best practices.

In many key markets around the world, Medtronic is working with multilateral bodies at international and national levels to promote sound regulatory policies and build regulatory capacity. For example, members of the company's regulatory staff travel to various geographies to teach their colleagues and local regulators about practices in other regulatory systems. The company also has leading roles in regional and international regulatory forums

that promote internationally harmonized regulatory standards and practices to further reduce barriers to patient access.

Affordability

Reimbursement is an important factor in patient access to therapies. To this end, Medtronic works with payers (government funds, private health insurance, and HMOs) to develop and support policies that fund therapies for patients who cannot otherwise afford them and to ensure that its therapies meet all standards for coverage and payment.

In addition, the company has piloted successful patient finance programs in emerging markets. Through a program in India designed to improve patient access to credit for therapies, Medtronic provided distributor cash flow and risk sharing on defaults for health care loans. With the success of the pilot, the company rolled out the program in additional locations. Medtronic also is involved with private and public sector financiers to provide both distributors and end-use customers access to ongoing, inexpensive financing in other markets.

To expand development of therapies that are tailored to the needs and economic realities of various geographies, Medtronic reviewed and benchmarked best practices for research and development in India and China. The company's goal is to be more nimble and flexible by forging partnerships in these regions that facilitate the development of products that satisfy rapidly rising health care demands. To support these efforts, Medtronic recently opened an Innovation Experience Center in Shanghai, China, and has appointed local R&D staff.

Innovative partnerships and programs are at the heart of Medtronic's work to address the global burden of NCDs. As noted in the company's vision, Medtronic is committed to: creating a world where every person suffering from chronic disease who could benefit from our diagnostic, therapeutic, and disease management solutions will get them.

¹Global Status Report on Noncommunicable Diseases 2010, World Health Organization

²The Global Economic Burden of Noncommunicable Diseases, a report by the World Economic Forum and the Harvard School of Public Health, September 2011

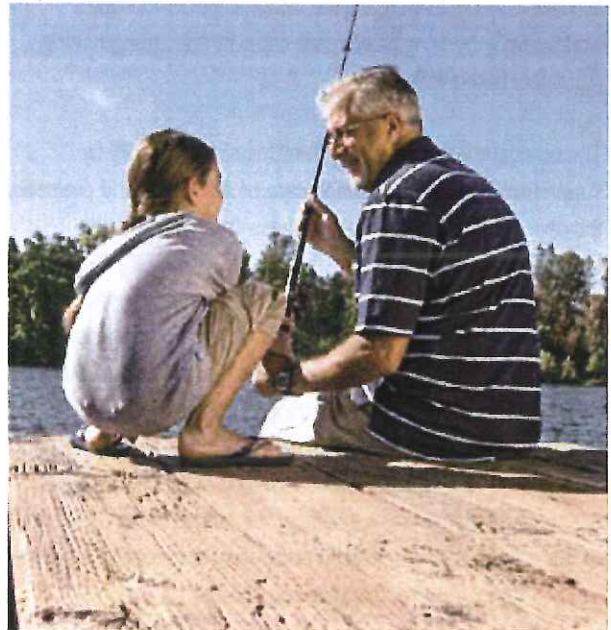
³Global Status Report on Noncommunicable Diseases 2010, World Health Organization

The Role of Vision Care in Health and Wellness Innovations

By Susan Egbert MBA, Director of Eye Health Strategies, VSP Vision Care

Today, innovative health care organizations are tapping into available data more than ever to help understand and control rising health care costs. When that data isn't immediately available, health plans, companies and even governments are forging partnerships with organizations like VSP® Vision Care to capitalize on the benefits of data-driven disease management. Here's why:

- Health conditions such as diabetes, high blood pressure, and high cholesterol cost the United States tens of billions of dollars every year. Employers foot a large portion of this cost through medical benefits premiums, but there is also lost productivity, turnover, and other latent issues.
- The onset of these serious health conditions can often be avoided—and the associated costs thereby exponentially reduced—if they are identified and treated earlier.
- Oftentimes when one of these three conditions is identified through an eye exam, people had no idea they were affected and therefore had not been tested or treated.
- A comprehensive eye exam can detect the risks or presence of many chronic illnesses, such as diabetes, hypertension, and high cholesterol. (The eye is the only place on the body where blood vessels can be viewed non-invasively.)
- According to the Vision Council of America, approximately 75% of adults use some sort of vision



correction and are therefore going in to see their eye doctors regularly. This may be the only touch point a person has with a medical professional all year.

- In general, people who haven't had a prior need for vision correction begin experiencing the need at about the same age as their risks for chronic illness begin to increase (35-40 years).

When we take a look at these facts, we see a simple way to take advantage of the data from vision plans to help manage chronic diseases. Millions of people receive an annual eye exam and are in fact up to three times more likely to get one over a routine physical. The opportunity lies in working back with companies like VSP Vision Care to get actionable data for disease management and prevention.

In 2005, VSP Vision Care, the nation's largest not-for-profit vision benefits and services company began a collaboration with thousands of eye doctors across the country. Known as the VSP Eye Health Management® Program, the collaboration allowed doctors to electronically report HIPAA-compliant chronic disease data—either self-reported to them through patient history or identified by the doctor—to VSP as part of the claims process. With the appropriate permissions and in accord with federal patient privacy guidelines, this information is then shared with patients' health plans to enable outreach for follow-up care at the patient level. Aggregate data is also provided to employers to help tailor wellness initiatives.

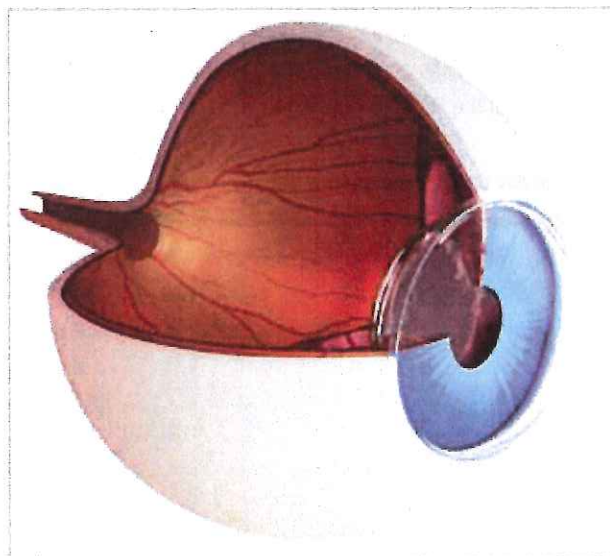
In 2008, and then again in 2010, an independent health data analytics company, the HCMS Group (Human Capital Management Systems), conducted a retrospective study on the potential health and cost effectiveness of early disease detection through the VSP vision exam experience. HCMS studied a sample of over 200,000 VSP members by connecting their vision data with their overall health, and job performance data (which HCMS already had). Here is what HCMS found:

- **Early Detection**—The study determined that 20% of the patients with diabetes had an eye exam soon before they were first diagnosed with the condition, or, had a diagnosis of diabetes but were not seeking condition-related health care until soon after their eye exam. The early detection rates for hypertension and high cholesterol were 30% and 65% respectively.
- **Cost Avoidance**—Patients with diabetes, whose vision exam led to earlier disease detection, realized \$2,800 less costs over a two-year period when compared to those with diabetes who were diagnosed through traditional means. The study concluded that this difference was largely attributable to patients entering the health care system earlier in the progression of the disease, resulting in fewer complications, fewer hospital admissions, more use of lower-cost

preventive services, and better productivity at work. The same cost avoidance analysis for hypertension and high cholesterol revealed \$3,000 and \$1,145 respectively over two years.

- **Use of Eye Exams as Preventive Care**—The study found that the only annual health-related examination for 27% of people studied was an eye exam. In fact, VSP has found that people are up to three times more likely to have their eyes examined routinely than to have a routine physical examination. It is also important to note that during these eye exams, patients have ample time with their eye doctor to discuss eye and overall health.

Health care businesses are quickly recognizing the need to make use of as much information available to them as possible to help identify ways to streamline care and reduce costs. As health care reform begins to shape the landscape of care, demands for efficiency with fewer resources will become commonplace. It is up to health plans and organizations to collaborate with their customers and other like-minded organizations to innovate solutions that not only improve patient outcome but also reduce long-term costs.



Case Study

VSP Vision Care

Overview

In 2010, Human Capital Management Services (HCMS) conducted a study to evaluate the impact of comprehensive eye exams as a cost-effective means of detecting chronic disease, allowing for earlier and more effective management of the chronic diseases. With a focus on diabetes, hypertension, and high cholesterol, the study found that eye exams lead to earlier diagnosis of these diseases when compared with other medical care methods, such as general physical examinations. The results showed eye exams are a cost-effective preventive health service for employers, leading to lower health plan costs, less lost-time, and lower job turnover.

Key Findings

1. Early Detection—Eyecare providers often detected signs of chronic disease before other health care providers—65% of the time for high cholesterol, 20% of the time for diabetes, and 30% of the time for hypertension.
2. Cost Avoidance—Patients with early detection of certain chronic disease from an eye exam realized significant cost savings. They entered the health care system with fewer complications and co-morbidities, and experienced lower rates of emergency room visits and hospital admissions.

3. Employer ROI—For every dollar the employers in the study spent on eye exam services, they recouped \$1.27 over two years, attributable to early disease detection.

4. High Prevalence Rate—More than 43% of the individuals in the research database have diabetes, high cholesterol, or hypertension—diseases with signs that can often be first detected by an eye care doctor.

Conclusion

The study found that individuals who were diagnosed through their eye exam had better outcomes and lower health plan costs associated with their condition than those who were diagnosed through other health care methods. These results show eye exams are an effective method of diagnosing chronic diseases earlier in their progression. The results of this study strongly suggest that a vision benefit should be considered as a component of an overall healthcare benefits strategy.



Collaborating with Physicians to Deliver Better Health and Lower Costs

By Alan M. Muney, M.D., Chief Medical Officer, Cigna



For most of its history, Cigna has been known as an insurance company. When one thinks of an insurance company, one typically imagines an organization that collects premiums and then pays claims.

However, the Cigna of today is much more than that. It's a health service company that constantly looks for ways to help people improve their health and well-being and lower their health care costs through health coaching and chronic condition support programs, case management and online educational resources. But keeping people healthy and controlling health care costs continues to be a challenge.

Cigna's employer clients and their employees, like many Americans, spend a tremendous amount of money every year on health care. Nevertheless, diabetes, heart disease, and other chronic conditions remain a health and economic burden for millions of Americans, and health care costs continue to rise as a percentage of the nation's GDP.

Much of the problem stems from the inefficient way the health care system compensates physicians. We pay doctors based on the number of procedures they perform, not for the health outcomes of their patients. That's called paying for volume, and it's a system that Cigna is working to change through a program called collaborative accountable care (CAC). Collaborative accountable care aims to create a health care delivery and payment system that compensates doctors for the quality and value of their services, not the volume.

Collaborative accountable care is Cigna's approach to achieving the same population health goals as accountable care organizations (ACOs)—the "triple aim" of improved

health outcomes (quality), lower total medical costs, and a better patient experience. It's an enhanced relationship between Cigna and a physician practice, which could be a large primary care practice, a multi-specialty group, a fully integrated delivery system, a physician hospital organization (PHO), or an independent practice association (IPA). Cigna now has 42 CAC arrangements in 18 states (as of Oct. 2012).

CAC is based on the principles of the patient-centered medical home, which means a physician practice improves patient access to care through extended evening and weekend hours, provides health education and other resources, uses electronic medical records to better track medical history, and becomes responsible for monitoring and coordinating nearly all aspects of its patients' medical care.

Cigna then builds on this foundation through collaboration and communication with the physician practice. The company has vast stores of claims and predictive modeling data that can be valuable to physicians. For example, Cigna

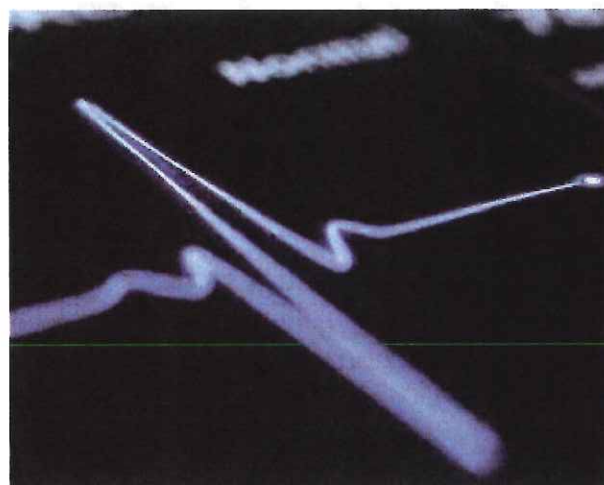


can identify patients who might be at risk for a hospital admission. The company can provide a list of patients who are being discharged from the hospital who may be at risk for readmission, as well as a list of patients who may have missed a prescription refill or may be overdue for important screenings or tests, such as a mammogram or colonoscopy.

As part of the CAC program, the physician practice hires at least one embedded care coordinator—typically a registered nurse—who studies the data Cigna provides and then calls patients to ensure they get the follow-up care and access to resources they might need.

These care coordinators can refer patients to Cigna's clinical support programs, such as chronic condition management or health coaching programs. Care coordinators also work closely with Cigna's case managers to ensure that the patient (Cigna's customer) is making use of all the resources that Cigna offers. Cigna recently restructured its case management organization. Care coordinators from each CAC physician practice are now aligned to a team of Cigna case managers to ensure a high degree of collaboration between the medical group and Cigna that ultimately results in a better experience for the individual.

In addition to sharing useful data with physician practices, and having care coordinators use that data for patient outreach and follow-up, physician compensation is an important part of the CAC program. Cigna compensates physician groups for the medical and care coordination services they provide. In addition, each physician practice is accountable for meeting annual targets for improving quality (measured by how well the group follows evidence-based medical guidelines) and lowering total medical costs. The physician groups are rewarded with additional compensation if they meet both targets. Improving only quality or only cost isn't enough to earn additional compensation.



In places where it's been introduced, the program is helping to improve the health of Cigna customers while holding the line on medical costs. The CACs are helping to close gaps in care, such as missed health screenings or prescriptions refills, and they're reducing unnecessary use of hospital emergency rooms, increasing the number preventive health visits, and improving follow-up care for people transitioning from the hospital to home.

For example, in 2011, Medical Clinic of North Texas improved total medical cost trend by 4.4% while maintaining quality at 4% better than the North Texas market. During the same period, EMHS (Eastern Maine Healthcare Systems) maintained quality at 5% better than its market peers, while avoidable emergency room visits for Cigna Medical Group were 24% lower than the Phoenix market.

When Cigna launched its first CAC in 2008, the company considered it a pilot program. Now Cigna sees CACs as a standard way of doing business. The company plans to have 100 of these arrangements in place by the end of 2014, reaching one million customers.

The Role of Outcomes and Evaluation in Effective Worksite Wellness Programs

Michaela Conley, MA CSMS CWP, CEO and Founder, HPCareer.Net



Worksite wellness programs are viable tools to reduce rising health care costs. However, an effective program requires planning. A key part of the planning process involves data collection and evaluation to ensure the program meets its targeted goals and objectives.

Some might suggest that worksite wellness programs need only consist of health fairs, biometric screenings, and regularly occurring, friendly competition or other health awareness activities. No data is collected with the possible exception of general employee sentiment. However, without outcomes data any program may run the risk of being seen as nonessential during economic downturns and also may not obtain additional resources or much needed upper management support.

Return on Investment (ROI) is a common means of evaluating program effectiveness that can be calculated as the amount of money saved versus the cost of the program. Typical reported ROI results can range from approximately 3:1 to 5:1 with others even higher. However most companies rely on simple evaluation techniques to measure outcomes due to costs and time limitations.

Designing a wellness program with measurable outcomes as part of the planning process is critical to determine program results. Process and outcome evaluation begins when the program goals and objectives are planned. Overall program goals may range from: reducing costs related to modifiable health risks, such as diabetes; benefits utilization, absenteeism, or even employee retention depending on the employee population. Specific program objectives focus on program components such as health risk interventions,

activities, and educational sessions. Well-planned goals and objectives determine the ability to measure program outcomes accurately and simply.

As with other aspects of a business, the skills and qualifications of the person managing the program are essential to measurable program outcomes. One way to ensure programs are designed to deliver results is to hire a manager who has the essential academic background. An undergraduate or graduate degree from an accredited university in health promotion or health education-related fields is recommended due to the understanding of program planning and evaluation. An employer who hires a Certified Health Education Specialist (CHES), can be even more confident that their wellness program will deliver results.

Fortunately HPCareer.Net, LLC. (HPNet) is uniquely positioned within the health promotion industry as the leading comprehensive resource for advertising jobs specifically in health promotion and closely related fields. HPNet advertises career opportunities in real-time and directly to its 30,000+ registered users and subscribers. We also automatically publish all opportunities throughout popular social media platforms such as Facebook, Twitter, and LinkedIn, thereby effectively reaching far beyond our significant and unmatched industry penetration. HPNet partners with leading membership organizations, publishers, and credentialing bodies, to support their member/subscriber career goals with continuing education opportunities.

Employers and wellness professionals are in a constant struggle to obtain the latest evidence-based strategies for wellness programs implementation and evaluation in the most

time and cost efficient manner. This is particularly the case with small-sized employers with limited resources and access to expertise. As a contribution to the field HPNet provides free weekly professional continuing education opportunities with nationally and internationally recognized industry experts on topics important to professionals in health promotion related fields through Health Promotion LIVE (HPLive). All webinars are recorded live, archived, freely available, and optionally are continuing education eligible for key health promotion credentialing designations. The evidence is clear: some of HPLive's largest live audiences have been on the topic of program planning and evaluation. Most, if not all, wellness manager jobs advertised through HPNet identify planning and evaluation as required skills.

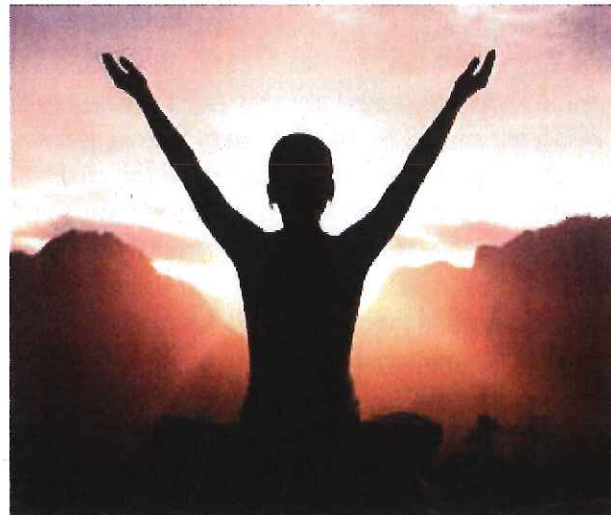
Businesses are looking for the most effective means to improve health and are turning to health professionals for answers. Interestingly, public health at both a national and state level now provides some level of guidance and support of worksite wellness programs. Many states employ worksite wellness coordinators to assist private business with programs. State worksite wellness leaders can benefit from an efficient way of sharing strategies and resources with each will result in better program outcomes.

State of Wellness (SOW) began with the partnership of HPLive and Kentucky's Business Coordinator for Worksite Wellness, Teresa Lovely, MS CHES, with a series of webinars highlighting different state-based approaches to worksite wellness program support as an efficient method for worksite wellness coordinators to share resources and strategies. The webinars evolved into a web site with archived webinars and other sharing tools. SOW is now a non-profit organization whose mission is to enhance wellness in each and every state of the union by helping states develop and support employer-based wellness programs.

Program evaluation is important to assure the most effective use of resources in any size or type organization. Planning for evaluation should be one of the early steps of developing your

program. Both process and outcome evaluation is important and should be used in program evaluation. Process indicators will be easier to measure and will give quicker feedback on how well the program is performing. These include items such as participation rates, web site hits, observations or counts, participant satisfaction with activities and programs, and policy or environmental changes. Outcome evaluation can be more difficult to track and may take longer to reveal impact. Examples include pre/post surveys, vending items being chosen, cafeteria menu options, health indicators/reduced risk factors, corporate costs, and ROI. Annual workplace assessments and employee surveys can provide evaluation information for gauging progress or issues. However, computing savings from reduced health care claims may be harder to calculate for some companies particularly small-sized ones.

The most important thing to remember about wellness program evaluation is that, although necessary, it does not have to be complicated as long as it is a part of the planning process. An academically trained worksite wellness professional is familiar with proper program evaluation. Reliable expert assistance is available from organizations such as HPNet, HPLive, and SOW for program evaluation and all aspects of worksite wellness program development.



Practical Innovations in Health Care Delivery

By Richard Migliori, M.D., Executive Vice President for Health Services,
UnitedHealth Group

Creating a modern, efficient, and sustainable health care system that provides access to high quality, affordable health care is a major challenge facing policymakers, providers, payers, and other health care stakeholders. Doing so requires addressing variations in the quality of care, the increased prevalence of chronic diseases, and the fragmentation of existing information.

As the nation's largest health services and benefits company, UnitedHealth Group is uniquely positioned to develop and bring-to-market practical innovations that address that challenge and help Americans live healthier lives. UnitedHealth Group invests \$2 billion annually in technology to help make those innovations a reality. That investment has paid off. For example, UnitedHealth Group has embraced wellness and prevention programs and fostered behavioral changes; empowered consumers with decision support tools through transparency initiatives; and aligned incentives and driven better health outcomes through data analytics and payment reform.

UnitedHealth Group's prevention programs use technology to identify and mitigate the risk of disease by fostering behavioral changes. To prevent the onset of diabetes, we partnered with the CDC and the Y to develop the Diabetes Prevention Program. This diet and exercise program helps create healthy lifestyles for people on the cusp of developing diabetes. The results confirm that this program works, with a 5% mean weight loss for program participants.

UnitedHealth Group also rewards consumers for adopting healthier lifestyles and behaviors in their daily routine through the UnitedHealth Personal Rewards program.

The CDC estimates that roughly 50 percent of a person's overall health stems from daily lifestyle choices. Personal Rewards addresses that by encouraging healthier lifestyles and behaviors.

Created by UnitedHealth Group in 2010 and adopted by more than 40 large employers, the program serves greater than 2 million people. The program has led to increased awareness of an individual's health, better care-seeking behaviors such as wellness program enrollment, a reduction in Emergency Room use, an increase in PCP wellness exams, and weight loss. Outcomes include:

- A 19.6% reduction in diabetes-related complications
- A 12.3% decrease in coronary artery disease costs
- A 3.3% reduction in hospital admissions
- A 5% reduction in Emergency Room use

The investment in the health of employees helps keep a productive workforce and helps employees and their families live high-quality lives. As we look to modernize the Medicare and Medicaid systems, we should consider how we can incentivize those populations to make the right behavioral changes and informed care decisions, just as employers are doing in the marketplace.

UnitedHealth Group's decision support tools empower people to be better health care consumers and decision makers. Our Treatment Cost Estimator provides our consumers a comprehensive view of how treatment costs differ from doctor

to doctor. The tool delivers personalized cost estimates for various treatment options. It covers a broad range of care options, provides cost and quality data for more than 400 geographic areas covering 116 diseases, 90 different types of surgeries and procedures, 500 individual services, lab tests, and radiology tests, and more than 3,000 medications. Utilizing significant amounts of data from a variety of sources, this tool equips our consumers with personalized information to make informed decisions on where to seek care. Empowering consumers with this information allows them to be more confident about the quality of their care and in control of the economics surrounding it.

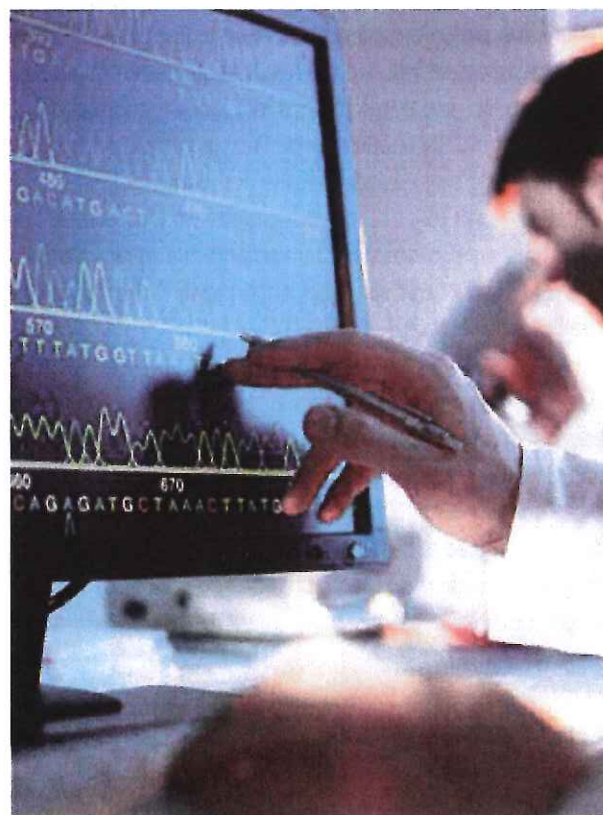
Finally, effective delivery system reform requires aligning incentives and driving better outcomes through broader adoption of pay-for-performance programs and data analytics. Our Premium Designation Program is a comprehensive transparency tool for physician performance assessment. We assess care quality as defined by specialty societies and other independent, credible medical experts. High-performing doctors are designated in our online and mobile directories. These statistics demonstrate that the program works:

- Premium physicians deliver care that is 14% lower in costs, largely on the basis of fewer complications.
- Cardiologists who earn a quality designation have 55% fewer redo procedures and 55% lower complication rates for stent placement procedures than cardiologists who did not receive the quality designation.
- Orthopedic surgeons who earn a quality designation have 46% fewer redo procedures and a 62% lower complication rate for knee arthroscopy surgeries than other orthopedic surgeons who did not receive the quality designation.

All this makes for a more efficient and sustainable system. When providers deliver high quality and efficient care, we offer value-based reimbursement that reinforces optimal results.

UnitedHealth Group is proud to be an innovator in the delivery of health care services. But as a country, we have a long way to go. For example, while many innovative approaches are deployed in the private marketplace today at full scale, they are not as widely available in government health programs such as Medicare and Medicaid. Broader adoption of these kinds of programs would lead to better quality outcomes at a lower cost for federal and state governments and the American people. For example, 50% of seniors entering Medicare have pre-diabetes. If Medicare fully embraced and reimbursed programs like the Diabetes Prevention Program, UnitedHealth Group estimates that the federal government could save about \$70 billion over 10 years.

When the private sector and the private sector commit to bringing cost-saving, care-enhancing innovations to market, then we will be on the way to creating a modern, sustainable health care system that works better for everyone.



Bringing Company Expertise and Innovation to Corporate Philanthropy

By Lance Chrisman, Executive Director, WellPoint Foundation



When a company evaluates the role it wants to play in charitable giving and community involvement, two approaches are commonly considered. The “fund anything” approach which attempts to support a broad range of causes (often without rhyme or reason), and the “fund one cause” approach that picks a particular issue and focuses all of the company’s charitable efforts in that one area. While neither approach is wrong, the all or nothing nature of this decision may not be the most effective way for the company to utilize its broad expertise and make a meaningful difference.

As the provider of health benefits to nearly 34 million Americans, and a company committed to improving the lives of the people it serves and the health of its communities, WellPoint, Inc. has a tremendous industry experience to lend to community health efforts. Through its philanthropic arm, the WellPoint Foundation, the company and its affiliated health plans across the country work to identify the issues most in need of attention and then direct their financial support and volunteer efforts toward improving health in those areas.

Like most corporations and corporate foundations, WellPoint Foundation receives far more sponsorship requests and grant applications—virtually all of them for worthy causes—than it can possibly fund. However, even if all of these requests could be fulfilled at some level, the impact would likely be minimal because the dollars would be spread thin over a very broad spectrum of causes.

In recognition of this, the WellPoint Foundation adopted a “signature focus” funding approach it calls Healthy Generations to give depth and meaning to its charitable

efforts. Central to Healthy Generations are WellPoint’s State Health Index measures, which were identified by the company’s Clinical Health Policy team as the issues with the greatest need and where the expertise and effort of the company could make a positive impact. The majority of the WellPoint Foundation’s charitable giving funds programmatic activities and organizations involved in addressing one of its Healthy Generations focus areas: childhood obesity; prenatal/maternal measures; immunizations; smoking cessation; and disease states, such as cancer, heart disease, and diabetes.

The WellPoint Foundation’s philanthropic strategy has not always been this streamlined and its approach continues to mature to meet the ever-changing health needs of communities. While Healthy Generations was developed with a specific, strategic focus; it allows a degree of flexibility to accommodate the unique needs of the diverse communities served by WellPoint.

Over the past two years, WellPoint Foundation initiated several major grant relationships to translate the strategies behind Healthy Generations into measurable programs that are improving health, including:

- A three-year, \$5 million grant to Boys & Girls Clubs of America to support and expand the nonprofit’s Triple Play wellness program, which encourages members to eat healthier, become more physically active, and increase their ability to engage in healthy relationships.
- A two-year, \$2.7 million grant to the OASIS Institute to expand the CATCH Healthy Habits program to an



estimated 5,000 children and adults. This unique, intergenerational program pairs adult volunteers (age 50-plus) with children to encourage healthier eating and physical activity.

- A \$1 million grant to the March of Dimes to support CenteringPregnancy in 13 states, a prenatal care toolkit in California, and the Broadcasters for Babies prematurity awareness campaign in Missouri. CenteringPregnancy is a model of group prenatal care delivery that has successfully reduced c-sections, preterm births, and low birthweight babies.
- A two-year, \$1.5 million grant to the American Cancer Society to help fund 17 Patient Navigator programs in 14 states over the next two years. The Patient Navigation Program creates one-on-one relationships between patients newly diagnosed with cancer and specially trained patient navigators, who provide information, support, and personal guidance throughout a cancer experience.

- A three-year, \$4.5 million grant to the American Heart Association to support its Hands-Only CPR campaign and mobile training tour. Nearly 400,000 Americans suffer out-of-hospital cardiac arrests every year, and almost 90% die because they don't get immediate CPR. Through this campaign, WellPoint Foundation is contributing to the American Heart Association's work to double survival from cardiac arrest by 2020.

While the organizations and health issues receiving grants are varied, at its core, Healthy Generations has a single focus—improved health. However, rather than pick one health cause over many others, the WellPoint Foundation's dynamic giving model allows it to respond to the changing health needs of the country and ensure that the company and its foundation remain relevant and valued community partners.

Through a focus on "outcomes" rather than "activities"—WellPoint and its foundation are demonstrating that corporate innovation and expertise can be additive to corporate philanthropy efforts and drive results in ways other giving strategies cannot.

Case Study

CATCH Healthy Habits

Best Practice:

WellPoint Foundation funding supports OASIS Institute's CATCH Healthy Habits program, a unique intergenerational program that overcomes barriers contributing to obesity by instilling lifelong healthy eating and active living habits among children and adults, specifically targeting those from under-served communities.

Adapted from the nationally recognized, evidence-based Coordinated Approach to Child Health (CATCH) curriculum, trained adult volunteers, age 50 and over, serve as volunteers to teach children in grades K-5 ways to adopt a healthy diet and become physically active through a series of hourly sessions facilitated in after-school and summer camp settings.

Outcomes:

Child participants report increased physical activity during structured and unstructured out-of-school-time, increased fruit and vegetable consumption, decreased screen time (i.e., less time spent playing videogames and watching television), and an improved understanding of health issues.

Adult participants have reported increased physical activity, a healthier diet, and increased food labeling reading.

Lessons Learned:

Program results support that evidence-based health and health education practices can be adapted to be effectively led by volunteers with comparable positive health impacts to fee-based staffing models. By increasing volunteer program engagement, both as direct service (program delivery) and capacity-building (program support) volunteers, reductions in operating costs increase program efficacy and sustainability. This program also demonstrates how community-based intergenerational physical activity and nutrition programs can increase healthy eating and active living knowledge and behaviors among children and adults in support of federal and school-based curriculum, physical activity, and nutrition standards.



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