Collaboration across public health programs: CSTE Occupational Health Surveillance Subcommittee Meeting

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The findings and conclusions in this report are those of the author and do not necessarily represent the official position of the Centers for Disease Control and Prevention
We have an Epidemic of diabetes

- *Diabetes affects almost 26 million Americans (8.3%), one quarter of whom don’t know they have it.*
- Another 79 million Americans have pre-diabetes, which raises their risk of developing type 2 diabetes, heart disease, and stroke.
- About 1.9 million new cases of diabetes were diagnosed in people aged 20 or older in 2010.
- 1/3 will have diabetes by 2050 if current trends continue
- Cost: $245 billion (direct costs and others costs like productivity)
We Have an Epidemic of Diabetes!
Why diabetes education for a health promotion intervention at a business?

- Effective interventions promote multiple good outcomes
- Loss of productivity due to uncontrolled diabetes may be improved with better glucose control
- Improve quality of life for employees
- Many employees (both current and future) have or may be at risk for developing diabetes

- Unique opportunity for education
- Less time away from work
- Improves employer-employee relations and shows employer cares about employees
- Model for other chronic conditions (ex. Self-management skills)
Healthy People 2020: Opportunity to incorporate the diabetes objectives and the worksite specific objectives

- Increase the proportion of worksites that offer an employee health promotion program to their employees.
- Increase the proportion of employees who participate in employer-sponsored health promotion activities.
- Reduce the disease and economic burden of diabetes mellitus (DM) and improve the quality of life for all persons who have, or are at risk for, DM.
- Improve control of the ABCs of diabetes.
- Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education.

Where is the community partner?
Symbiotic Relationship:
Opportunity knocks to open the doors between business and community health

• The health of a community impacts the economic health of its businesses.
• Corporations are able to play a unique role in the development of a community’s health and continued vitality.
• A “healthy” community produces “healthy” potential employees who can increase productivity and positively impact the economics of a business.
• Healthy and productive employees can have a positive impact upon the community.
• Employers know that it takes collaborations on several levels to nurture a healthy community, and are searching for the right partners and vehicles to accomplish this together.

• NBGH Kellogg paper
Business vs Community Health

- ROI
- Stay in business
- Productivity
- Profit and loss
- Overhead
- Employees as a capital investment

- Public good
- Healthy people
- Public and private partnerships
- Non-profits
- Advocacy
Community and Public Health

- Community health is the primary domain of the public health entities.
- Models, based on epidemiological evidence, target populations with identified health risk factors or conditions.
- Engaging businesses in such activities is challenging, and many community health development efforts lack effective partnership with local businesses.
Know the Language: Terms may Have Different Meanings

• Example: What is the definition of population health?

• Employer: population base = employees, retirees, dependents

• Health plan: population base = covered lives

• Public health: “all people at risk because of a risk factor or exposure”

• A joint initiative of CDC and NIH

• Materials for health care providers, for people who have diabetes and the people who care for them

• Materials have been focus group tested by diverse audiences/ Multiple languages

• NO COPYRIGHT
NDEP Structure and Goals

• CDC and NIH program formed after evidence showed that better glucose control translated into fewer complications
• Public and private partnerships to improve diabetes treatment and outcomes
• Increased public awareness of the seriousness of diabetes, its risk factors, and strategies for preventing diabetic complications

• Joint initiative of the National Institutes of Health and the Centers for Disease Control and Prevention
• Partnership with over 200 others:
  – State Diabetes Prevention and Control Programs
  – Public and private organizations
  – Traditional (e.g., American Diabetes Association) and non-traditional partners (e.g., National Urban League)
NDEP Business Health Strategy Stakeholders’ Group

- To increase awareness of the benefits of quality diabetes care among employers, benefits managers and managed care decision makers
- To provide employers, health plans and employees with tools and information for incorporating diabetes education programs into the workplace
- To promote the value of investing in prevention

- CDC and NIH
- Large and small businesses: GE, GM, Land’s End
- Unions
- Occupational health professionals
- Public health agencies state Diabetes Prevention and Control Programs
- Managed care groups
- National associations representing employers, business coalitions and health care insurers
NDEP Campaign Materials: Control & Prevention
Tool to help businesses and health care companies to assess the impact of diabetes in the workplace,

Provide intuitive information to help employees manage their diabetes and take steps toward reducing risks for related complications

Target Audiences

- Occupational Health Providers
- Diabetes Educators
- Health Promotion Programs
- Health Plans
- Decision Makers
- People with or at risk for Diabetes, their families and caregivers
www.diabetesatwork.org: Content

- General Diabetes Education
- Managing Diabetes Complications
- Cardiovascular Disease Risk Factors
- Nutrition, Physical Activity, and Weight Control
- Emotional Well-Being
- Feet Care
- Guide to Choosing a Health Plan
- “Lunch and Learns” Topics
- Shift Work
- Supervisor’s Guide
- Links to NDEP Websites
Some DAW Projects

Lockheed Martin program
Planning and Implementing
Corporate Breakfast Meetings: Example of Collaboration

• Land’s End
• Wisconsin DPCP
• The Alliance (a coalition)
• Palmer and Cay insurance

• Lessons Learned
• Securing Appropriate Partners
• Program Content
• Logistics
• Promotion
• Evaluation

Land's End
The Alliance
Employer Health Care Alliance Cooperative
Trane Wellness Program: A Public Private Partnership

• It started in a supermarket.
• Medical providers (occ med professionals, docs, nurses, wellness coordinators)
• Sources of expertise: Public health, NDEP (CDC/NIH), state DPCP (Diabetes Control and Prevention Program), University of Kentucky, Local Health Department
• Community groups, AHA, ADA
Trane Wellness Program: A Public Private Partnership

- Makers of the necessities of life (toilets and furnaces)
- Public/Private Partnership NDEP, state DPCP, University of Kentucky, Local Health Department
- Community groups, AHA, ADA
- On site training of all shifts
- Plan: Spread to other plants in the US
- Used basic fact sheets from www.diabetesatwork.org
- 2 messages: Better diabetes control and Primary prevention

Evaluation and Comments from “what would keep you from attending 2008 classes”
- If my boss won’t let me come
- If unpaid time
- Getting fired
- Going on strike
- Death
- Wild Horses
Lessons learned from evaluations of Trane and GE programs

• Work with existing programs: True collaboration, not competition)
• Include many community and health organizations and the health plan
• Don’t re-create the wheel: Use evidence based materials developed by agencies such as CDC and NIH
• Support from the top: Management understood link between health status and productivity
Community Resources

• Hospitals
• Health departments
• DPCPs (CDC funded Diabetes Prevention and Control Program Teams
• Businesses
• Faith based
• Schools
Draft indicators for DPCPs’ programs and worksites

- **Care Indicators**
  - Proportion of worksites that offer programs to manage and control diabetes
  - Proportion of employers that pay for programs to manage and control diabetes as a covered health insurance benefit for employees with type 2 diabetes
  - Proportion of worksites that offer incentives for persons with diabetes to participate in programs to manage and control their diabetes
  - Proportion of worksites with policies or programs to increase physical activity

Indicators analyzed for: Resources needed, strength of evaluation evidence, utility, face validity, accepted practice
New model for chronic disease teams

- New joint model state teams: 1305 FOA “State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health
- Worksites actually like an integrated model, not just “disease specific”
- Training webinar on how to work with worksites
  
  External Partnerships: Employers and Public Health Working Together Toward Improving Worksite and Community Health

http://www.dttac.org/services/external_partnerships/index.html
CDC Workplace Health Promotion Toolkit and Portal

www.cdc.gov/workplacehealthpromotion

- Planning/Workplace Toolkit
  - Leadership Support
  - Governance Structure and Management
  - Workplace Health Improvement Plan
  - Dedicated Resources
  - Communications
  - Workplace Health Informatics
National Healthy Worksite Program
www.cdc.gov/NationalHealthyWorksite

• **Reduce** the risk of chronic disease among employees through science-based workplace health interventions and promising practices.

• **Promote** sustainable and replicable workplace health activities such as establishing a worksite health committee, having senior leadership support, and forming community partnerships and health coalitions.

• **Promote** peer-to-peer business mentoring.
New worksite program at CDC called Work@Health

• An employer training program that will launch early next year.
• Two arms to the program. A) An employer focused curricula for those who wish to implement workplace health programs in their own worksites. B) A train-the-trainer curricula for those who are interested in training others to implement workplace health programs.
• The train-the-trainer curricula begins with a review of the employer curricula. Both arms cover the basics of design, implementation, and evaluation of comprehensive programs.
• See the links below for information and to register for the employer training.
• [http://www.cdc.gov/workathealth](http://www.cdc.gov/workathealth) - Homepage
• [http://www.cdc.gov/workathealth/get-involved.html](http://www.cdc.gov/workathealth/get-involved.html) - Get Involved page
Lessons learned: Make new friends

- Chronic disease state teams
- Universities/training programs
- Health department
- Private practitioners; all types (MD, DOs, RN, PA, Pharmacists)
- Occ med providers
- Local orgs like American College of Occupational and Environmental Medicine (ACOEM), National Business Coalition on Health (NBCH)
- Faith based orgs (KSU program)
Do your homework and educate

- Environmental scan of programs: How can you connect?
- How can you help worksites improve the health of their employees?
- Health Department: Not just for vaccines and reportable illnesses
- Get a champion
Summary

- Know your resources: environmental scan
- Make new friends
- Learn the language
- Make the case for a win/win situation
- Make it easy
## Resource List

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<tr>
<th>Resource</th>
<th>Website</th>
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<tbody>
<tr>
<td>Diabetes at work</td>
<td><a href="http://www.diabetetesatwork.org">www.diabetetesatwork.org</a></td>
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<td>Healthy People 2020</td>
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