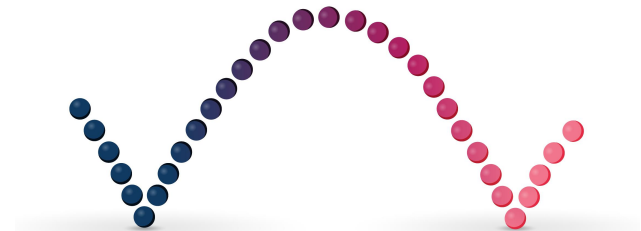


Bouncing Back: How Wellness Programs Can Survive and Thrive in 2022!

January 26, 2022



Midwest Business Group on Health

Catalysts for *Change* in Health Care & Benefits

A decorative graphic consisting of two V-shapes formed by a series of dots. The left V-shape is composed of dark blue dots, and the right V-shape is composed of pink dots. Both V-shapes are mirrored across a central vertical axis.

Welcome!

Cheryl Larson
President and CEO
MBGH

Catalysts for Change in Health Care & Benefits



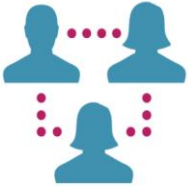
Since 1980 – One of the nation's leading and largest non-profit coalitions of HR/health benefits professionals



4M+ Lives – Represent more than 145 mid, large & jumbo self-insured public & private companies



15B+ – Annual employer member spend on health care



Community of Your Peers – A sharing and friendly environment to help you collaborate, benchmark and learn



Trusted Source – Helping benefits professionals find solutions to better manage the cost of benefits and the health of employees and families

Upcoming 2022 Educational Events

- **February 23:** Mental Health: The Other Pandemic
- **March 23:** Back to Basics: Driving Preventive Care Utilization
- **May 4-5:** 42nd Annual Conference: Beyond the Pandemic – Employer's Uniting to Accelerate Change in Health Care & Benefits
- **June 22:** Employer Forum On Pharmacy Benefits & Specialty Drugs
- **September 14:** Future of Digital Health Technologies: Innovation & Patient Care

Register at www.mbgh.org/events

MBGH 42ND ANNUAL CONFERENCE

BEYOND THE PANDEMIC

Employers Uniting to *Accelerate Change* in Health Care & Benefits

MAY 4-5, 2022 • CHICAGO



Keynote Speakers



*Beyond the Pandemic:
Generational Opportunities
to Reshape Health Care
& Benefits*

Ford Koles, Jr.
Vice President & National Spokesperson
Advisory Board

*Rebuilding Trust to Drive
Health Care Value &
Improve Employee
Engagement*



Jan Berger, MD, MJ
MBGH Medical Director & CEO
Health Intelligence Partners

Not an MBGH Member?

Join by March 1st and get two complimentary passes to this conference

Today's Program

Attending in person...

- Please silence your devices
- Ask questions!

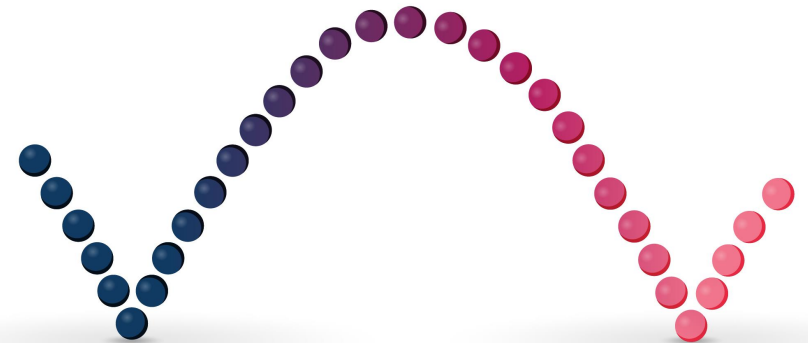


Wifi – Uclub or universityclub

Password: 3127262840

Participating virtually...

- Use the Q&A function to ask questions of the speakers
- Use the chat function to communicate with other virtual attendees and to notify staff of any technical issues



HR Certification Institute® (HRCI®) has pre-approved this activity

- Activity/Program ID: 576957
- Title: Obesity: Bouncing Back: How Wellness Programs Can Survive and Thrive in 2022!
- Credit Hours Awarded: 6
- Credit Type: HR (General)

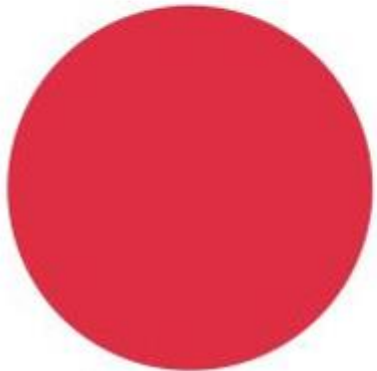


For questions, contact Allison Larsen at alarsen@mbgh.org

Keeping us safe!



=



=



No hugs or
handshakes



Thank You Sponsors!

FORUM

Big Health



Hinge Health

 **vida**

ROC GROUP

Thank You Sponsors!

EXHIBITOR



BEHAVIORAL HEALTH SYSTEMS

Behavioral Healthcare Programs for Business & Industry Since 1989



novo nordisk®

ONE DROP®

eden
health

 **spring health**

RESOURCE

● DAY
TWO

 **onduo** by
verily

WebMD®
health services

Prize Drawing

Behavioral Health Systems	GoPro
Big Health	Yeti Gift Pack (Two Yeti Wine Coolers & Yeti Mug)
DayTwo	\$200 Whole Foods Virtual Gift Card
Eden Health	Fitbit Inspire 2
Hinge Health	AirPods Pro
Onduo	Fitbit Inspire II
One Drop	AirPods Pro
ROC Group	\$200 Sunglass Hut Gift Card
Spring Health	AirPods
Vida Health	Apple Watch SE
WebMD Health Services	Aromatherapy diffuser
MBGH	(2) One-Year Employer MBGH Membership
MBGH	(2) Complimentary Passes to Annual Conference

In-Person Participants

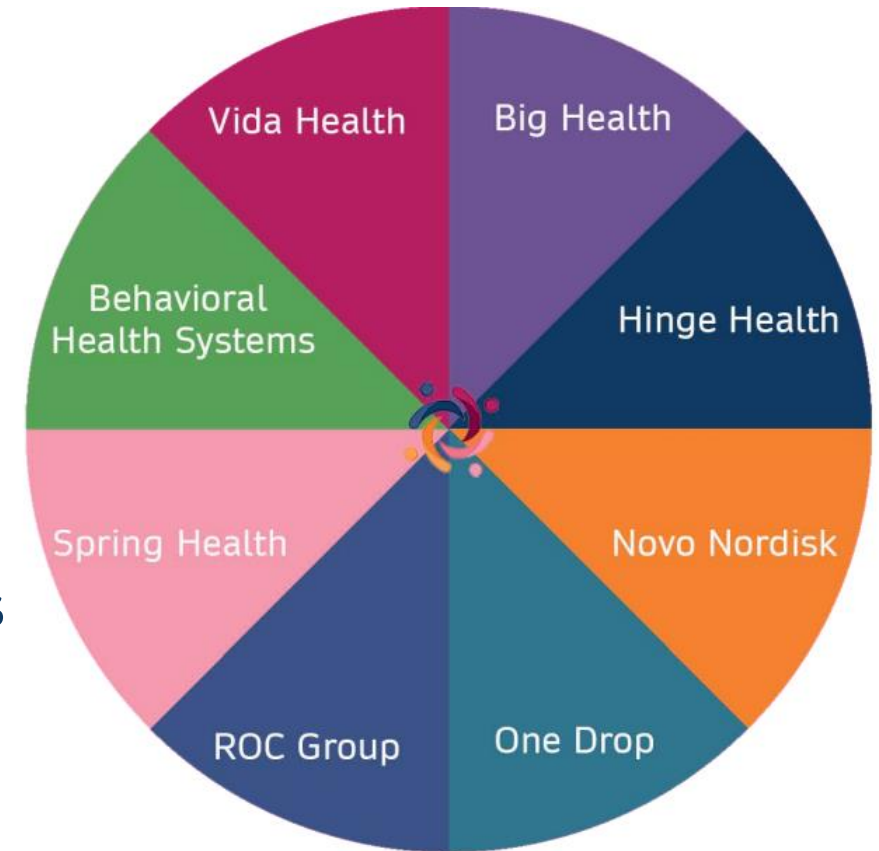
Return signed card to the registration table at end of afternoon break

Virtual Participants

Use chat and Q&A functions to interact with other participants and ask questions of speakers

Must interact least twice – once in morning and once in afternoon

Due 2:45 PM!



Download our Event Mobile App!

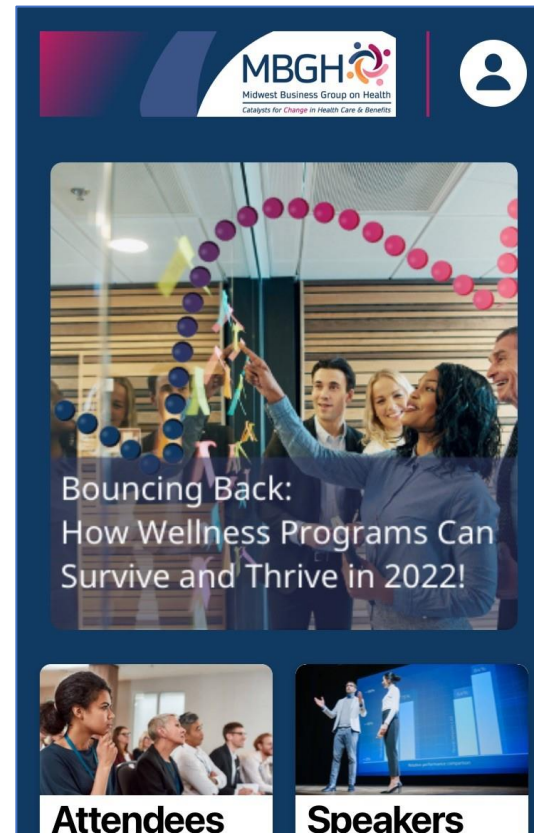


- Search “MBGH Events” in your App Store or scan a QR code below.
Login with the email address you used to register for the event.

Android:



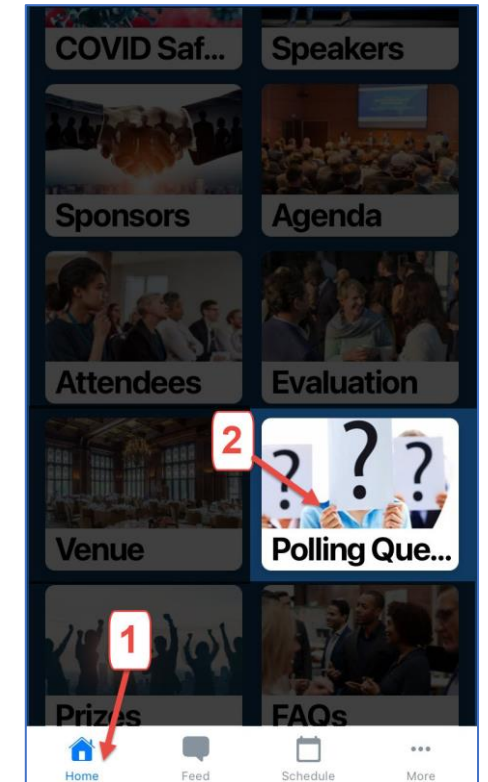
Apple:



- App includes:
 - Agenda
 - Speaker bios & presentations
 - Sponsor information
 - Attendee list
 - Evaluation form
 - Participate in audience polling questions
 - Link to MBGH COVID Safety Partner

Polling Questions

- We'll be asking for your input throughout today's event.
- All can participate – those attending in-person as well as virtually by using the MBGH Events Mobile App.
- How to participate...
 1. Click on home icon at bottom of MBGH Events App
 2. Scroll down and click on the "Polling Questions" card
 3. Answer the poll, scroll down & click "send"
- First question!





If you could be a ball,
what kind of ball
would you be?
(choose one)

- ☐ Baseball
- ☐ Basketball
- ☐ Beachball
- ☐ Football
- ☐ Softball
- ☐ Soccer ball
- ☐ Volleyball

slido

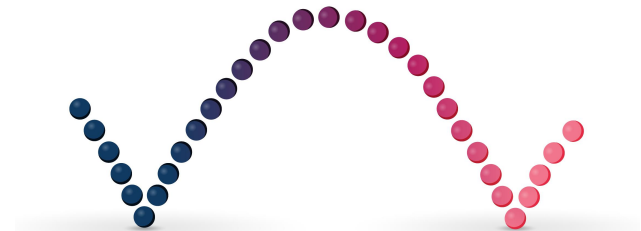


If you could be a ball, what kind of ball would you be? (choose one)

ⓘ Start presenting to display the poll results on this slide.

Employer Wellness & Wellbeing Flash Survey

January 2022

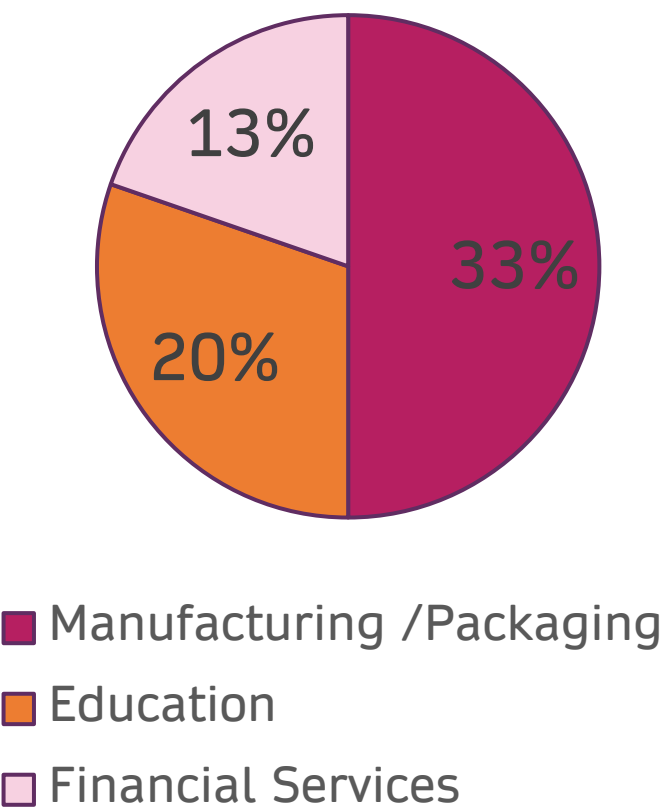


Midwest Business Group on Health

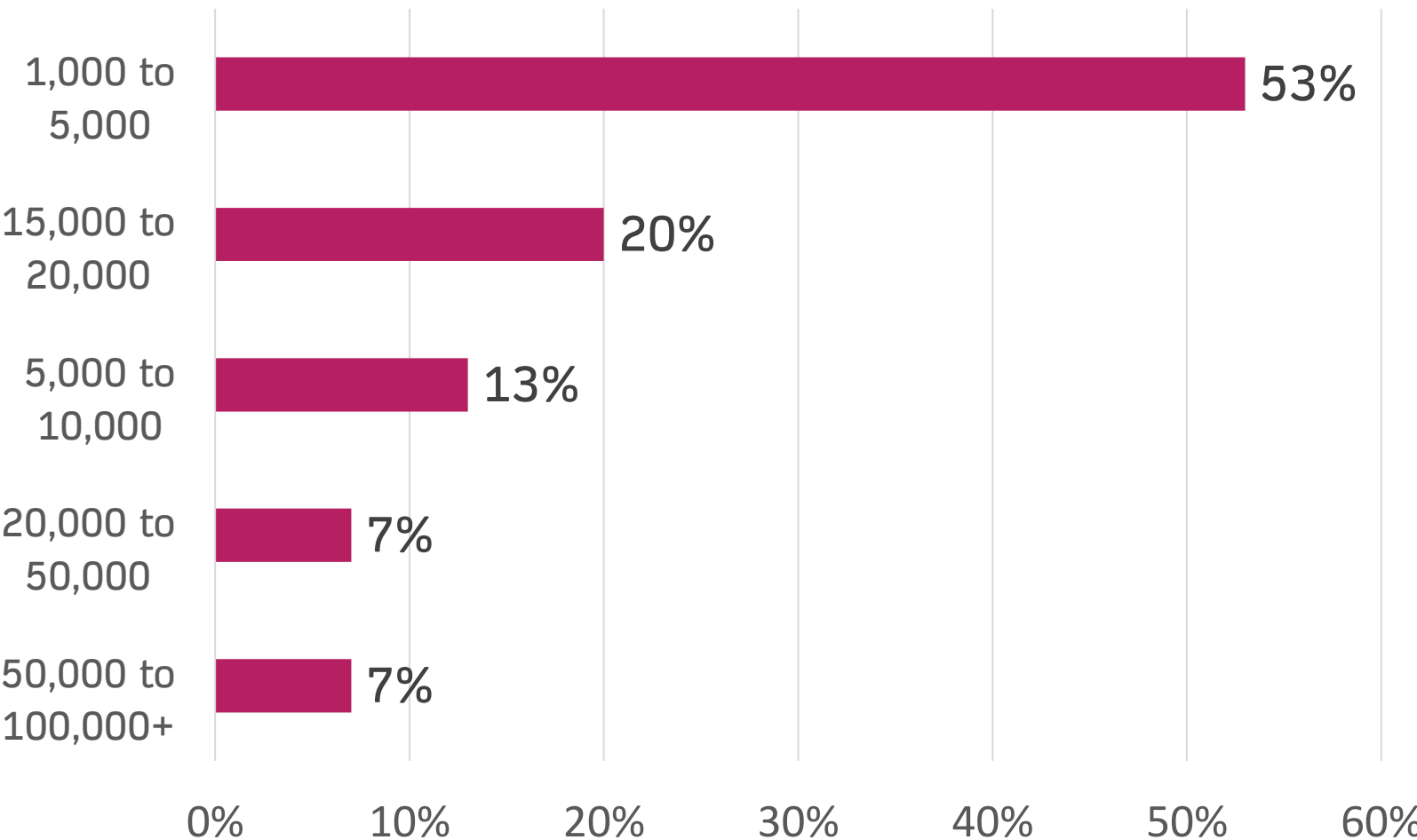
*Catalysts for **Change** in Health Care & Benefits*

Industry & Employee Size

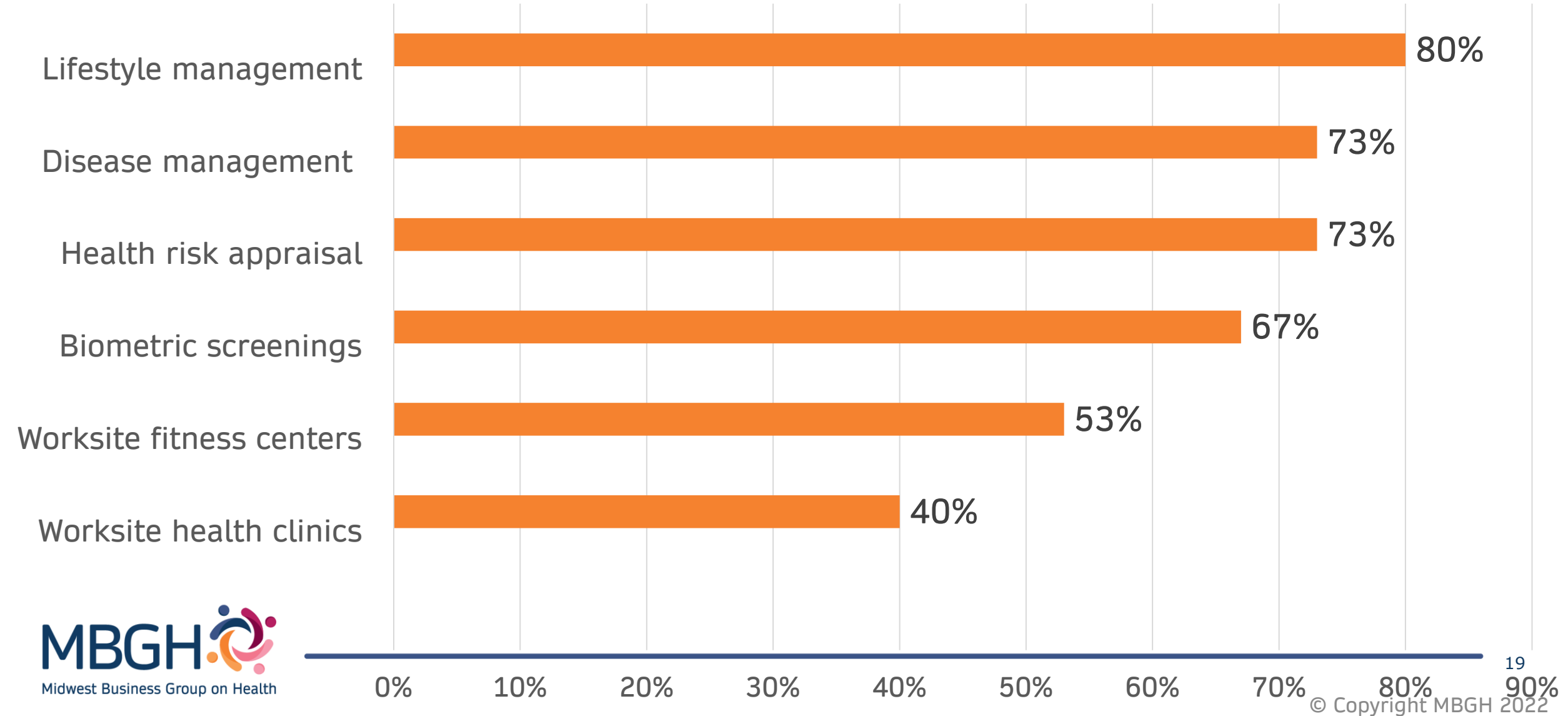
Majority of Respondents



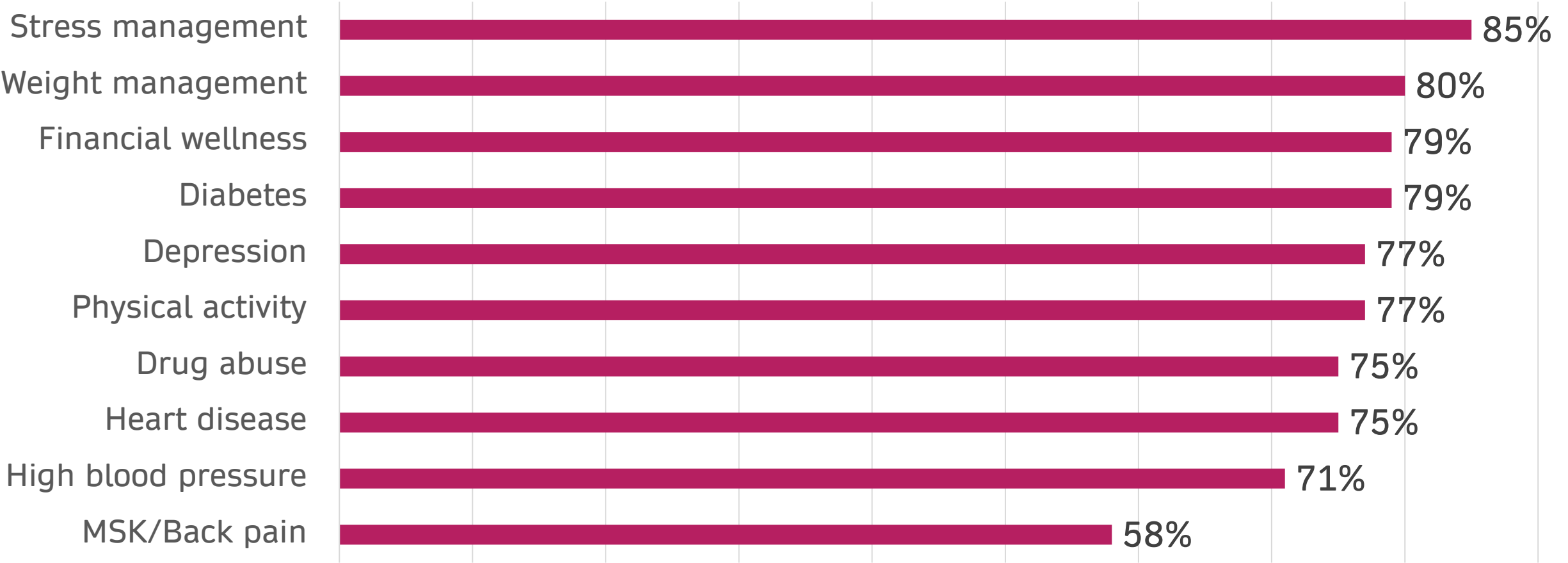
Employee Population



Programs Offered in 2022

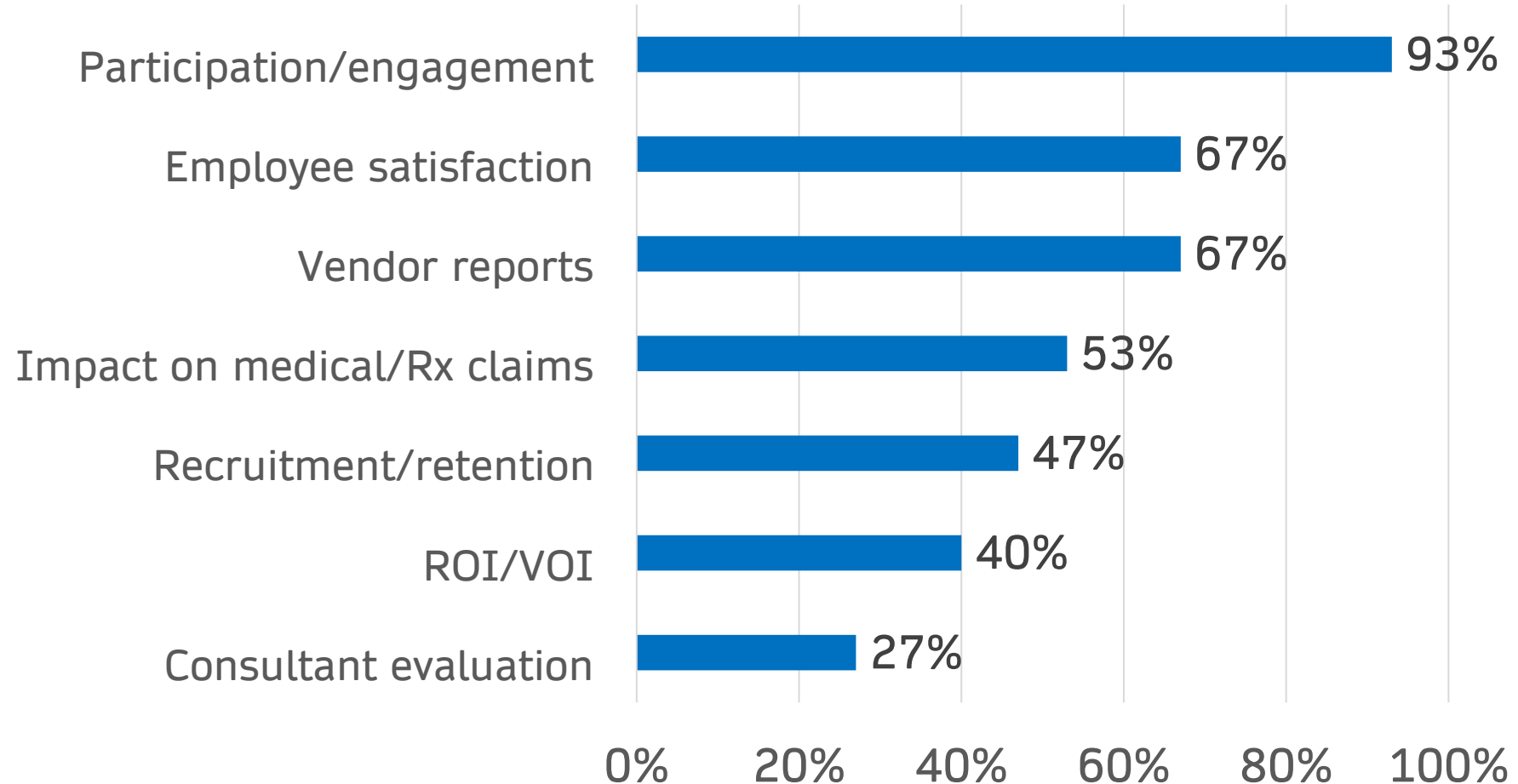


Programs Offered in 2022

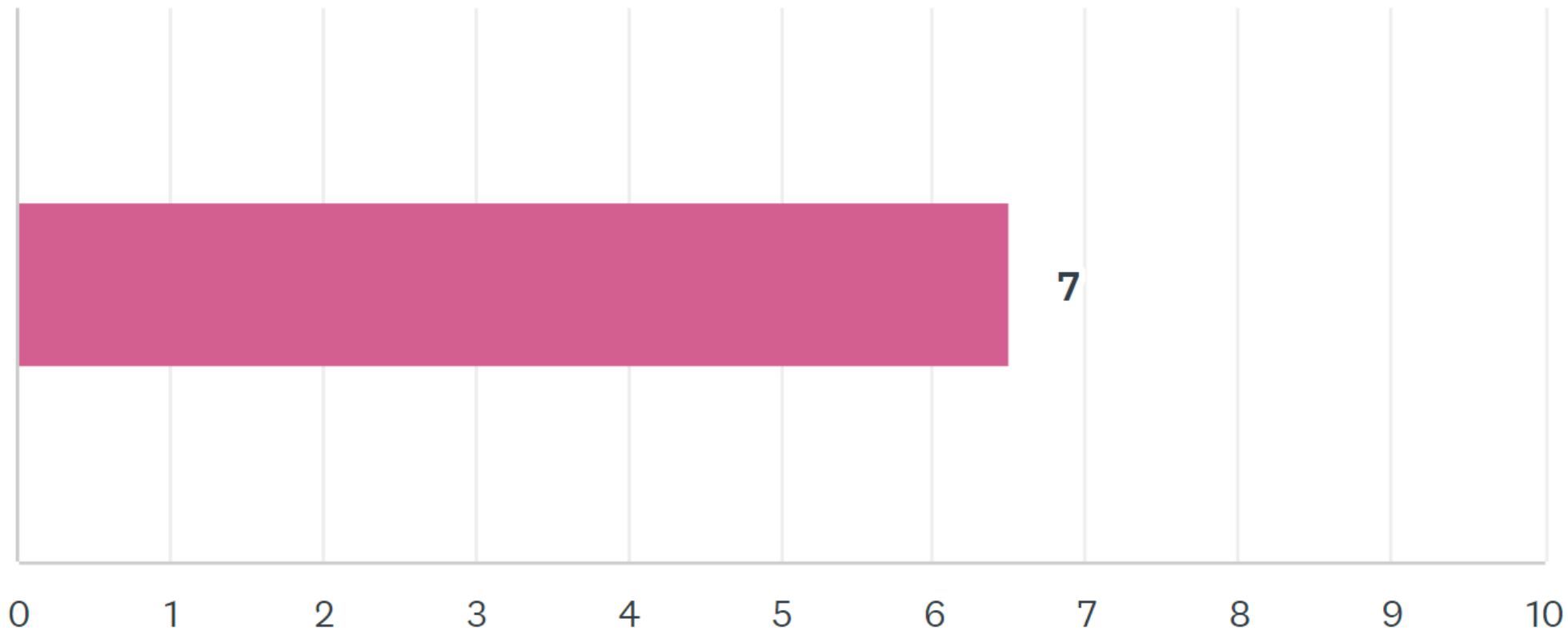


Most successful programs and how they were evaluated

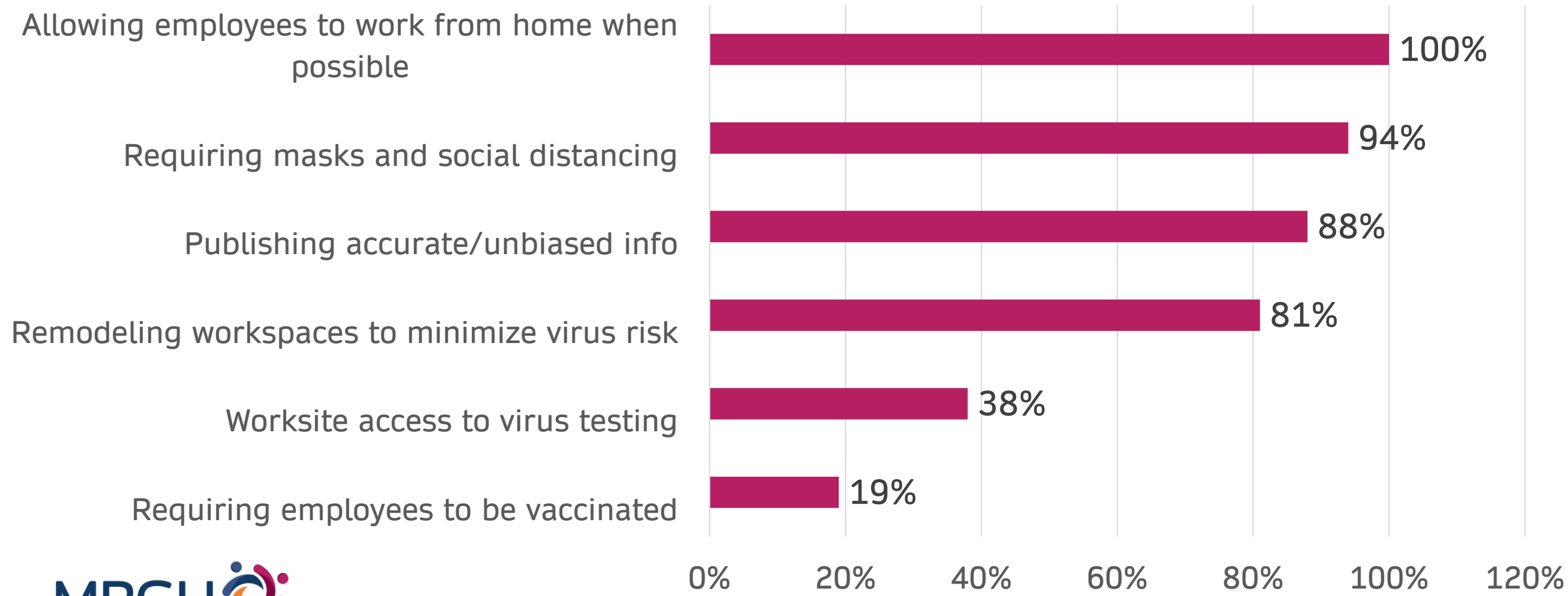
- Diabetes
- Physical activity
- Weight mgmt
- High BP
- Mental health/
Depression/
Stress

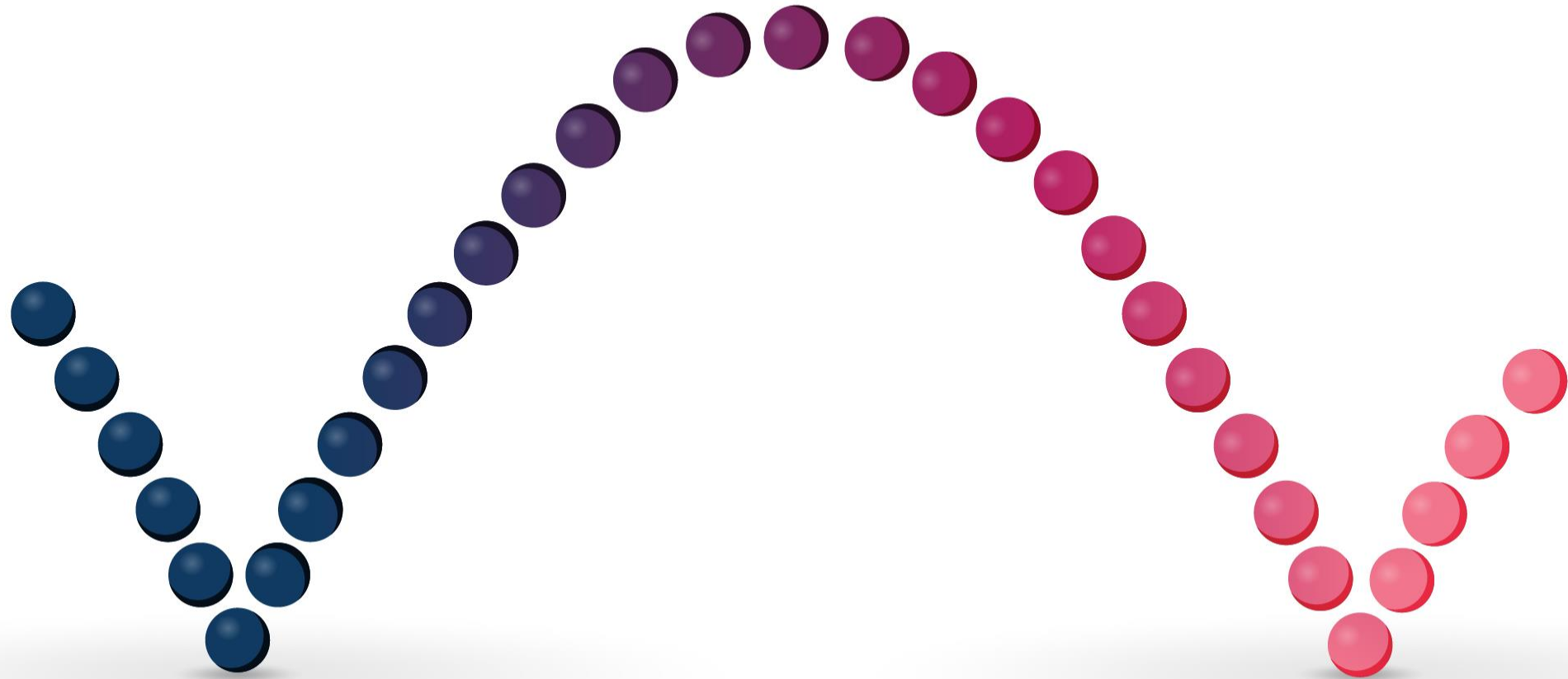


Confidence on value of investment in these programs



Steps taken to limit impact of COVID-19 on employees





What's Your Silver Lining?







Keynote Address

Bouncing Forward: Turning Silver Linings into Gold

Karen Moseley

President and CEO

Health Enhancement Research
Organization (HERO)

Learning Objectives

1. Apply lessons learned from the COVID-19 impact for a fresh approach to workplace health and well-being.
2. Gain an understanding of low-cost actions employers can take to positively impact employees' social needs and mental health.
3. Examine the practices found to be the strongest predictors of program participation, health and medical cost impact, and employee perceptions of organizational support.
4. Utilize an organizational best practices scorecard to support employee health and well-being.
5. Identify new areas of research interest for workplace well-being post pandemic.



Vision

All employers value health and well-being as a business imperative.

Purpose

HERO connects science and practice to demonstrate value of a health and well-being employer ecosystem.



Global Employer Members



JPMORGAN CHASE & CO.

Prudential



WELLS
FARGO



Gallup: What We Learned in 2021

1. The 'Great Resignation' can be stopped with a great manager.
2. Remote workers experienced higher engagement – but also higher stress and worry – than on-site workers.
3. Millennials and Gen Z want employers who care about their well-being.
4. A 4-day work week can increase well-being – but also disengage workers.
5. Burnout-proof employees have high engagement, and high well-being, within supportive culture.

20



22

20



20 too

HERO Health & Well-being Best Practices Scorecard in Collaboration with Mercer®(HERO Scorecard)



- Free online survey tool
- US and International versions
- Instantaneous report
- Compare results against the national averages
- Over 2,000 companies have taken the Scorecard since 2006
- <https://hero-health.org/hero-scorecard/>



Are you familiar with or have you completed one or more organizational scorecards? (choose all that apply)

- ☐ AHA Workplace Health Achievement Index
- ☐ CDC Worksite Health ScoreCard
- ☐ HERO Scorecard
- ☐ WELCOA Well Workplace Checklist
- ☐ Other scorecard(s)
- ☐ None of the above

slido



Are you familiar with or have you completed one or more organizational scorecards? (choose all that apply)

ⓘ Start presenting to display the poll results on this slide.

Why take the Scorecard?

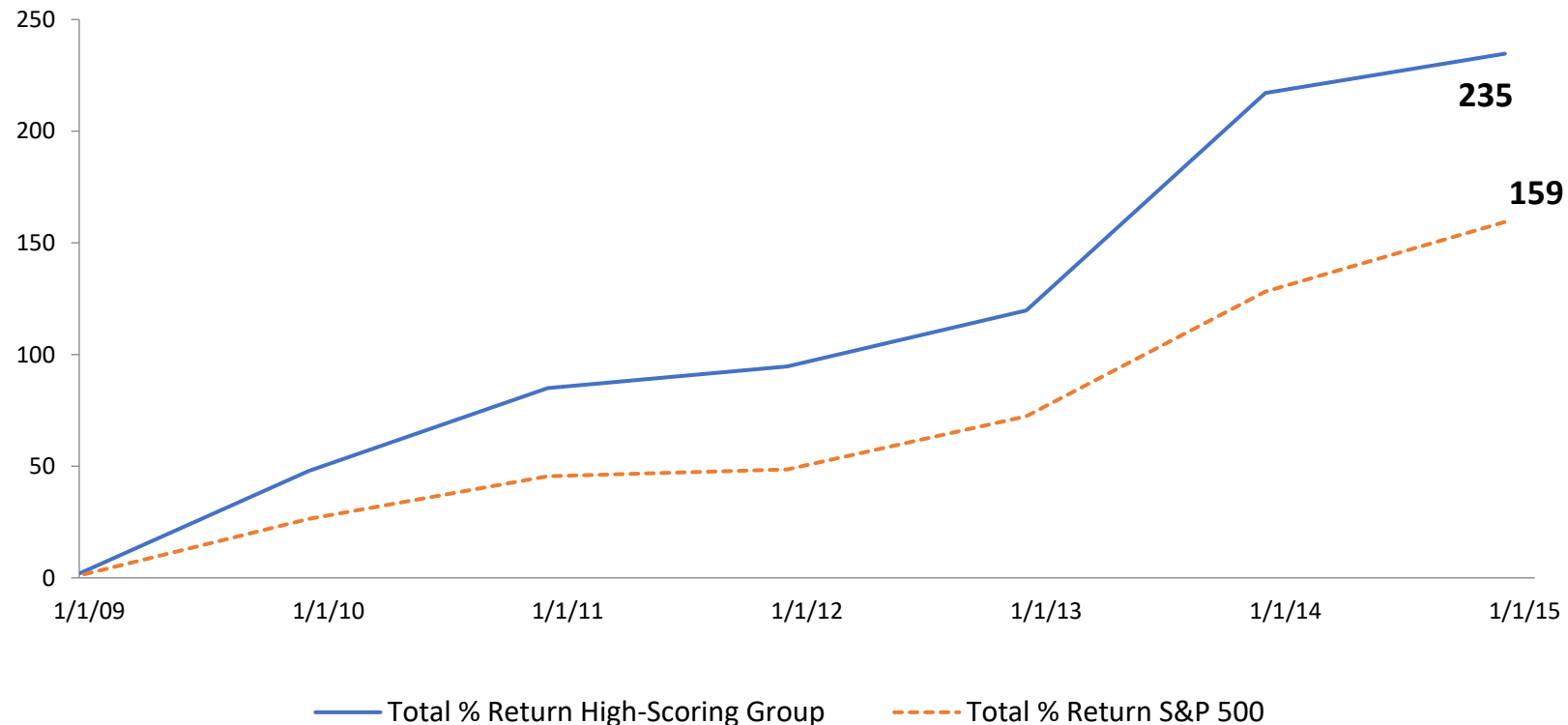


- To learn:** V5 incorporates current and emerging employee health and well-being best practices
- To plan for the future:** V5 will help identify new opportunities for improvement
- To benchmark your program:** HERO will release new benchmark data as the database grows so you can see how your programs compares to similar organizations and national averages
- To contribute to new research:** HERO relies on the database to inform the best practice database



HERO Scorecard Validation

- Higher scores linked to superior company stock performance trends



Source: Grossmeier J et al. Linking workplace health promotion best practices and organizational performance. Journal of Occupational and Environmental Medicine. January 2016.



4 KEY AREAS OF INFLUENCE

(In order of significance)



Organizational and Leadership Support



Incentives



Comprehensive Programs



Program Integration

Imboden et al . Development and validity of a workplace health promotion best practices assessment . JOEM . 2020;62(1):18-24 .

Grossmeier et al . Workplace well-being factors that predict employee participation, health and medical cost impact, and perceived support . AJHP . 2020;34(4):349-358 .

BEST PRACTICES THAT DRIVE WELLNESS SUCCESS

Organizational and Leadership Support

Demonstrate organizational commitment to health and well-being.
Engage employees at all levels of the organization.
Develop a strategic plan and reporting for multiple stakeholders.
Target communications to diverse groups.

Incentives

Offer financial incentives for specific activities.
Allow benefit-eligible spouses/partners to earn incentives.

Comprehensive Programs

Offer individualized, population-based programs in multiple channels.
Offer lifestyle and disease management programs.
Ensure programs include robust features (e.g., social connection).
Provide tools to track health.

Program Integration

Integrate programs, communications, data, and strategy.
Integrate well-being programs with other employee benefits.



Current Scorecard (V5)

200 Total Possible Points		
Section 1: Strategic planning 50 points	Section 2: Organizational and cultural support 60 points	Section 3: Programs 20 points
Section 4: Program integration 20 points	Section 5: Participation strategies 30 points	Section 6: Measurement and evaluation 20 points

WHAT'S NEW: HERO SCORECARD V5
Version 5 of the HERO Scorecard, coming in early 2021, reflects growing knowledge and research around health and well-being best practices with additions related to:



Involvement
in the
community.



**Mental and
emotional**
well-being.



**Social
determinants**
of health.



Integration
with diversity,
equity, and
inclusion.



**A broader value
proposition** for investing
in employee health and
well-being.



Does your organization have a formal, written strategic plan for health and well-being? (choose one)

- ☐ Yes, a long-term plan (two or more years) only
- ☐ Yes, an annual plan only
- ☐ Yes, both a long-term and annual plan
- ☐ No

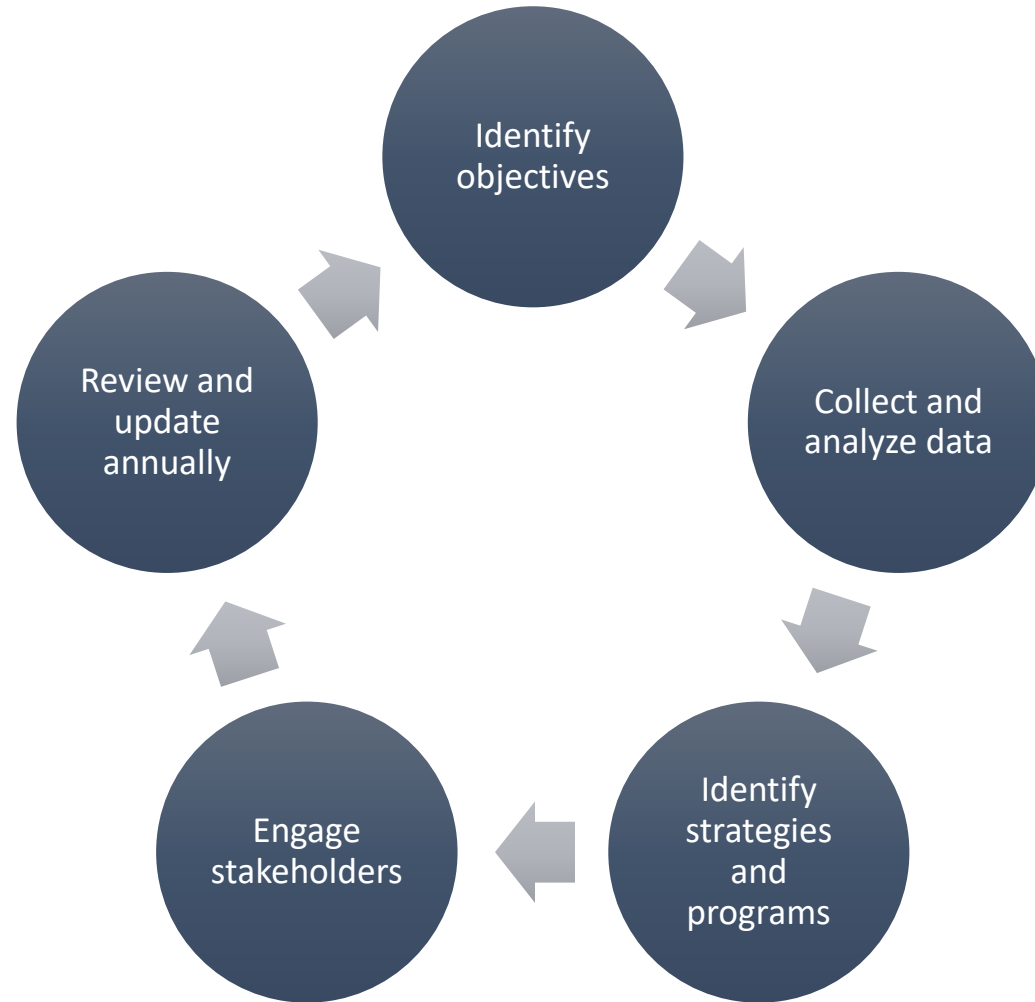
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Does your organization have a formal, written strategic plan for health and well-being? (choose one)

① Start presenting to display the poll results on this slide.

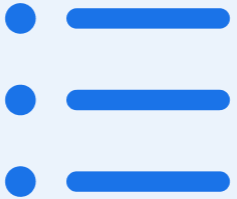
Strategic Planning: Steps





Does your organization convey its health and well-being values in any of the following ways? (choose all that apply)

- ☐ The vision/mission statement
- ☐ Our goals or value/belief statements
- ☐ Includes employee health and well-being measures in public reports
- ☐ Regularly communicates the value to employees
- ☐ Recognition for individual/group achievements
- ☐ None of these



Does your organization convey its health and well-being values in any of the following ways? (choose all that apply)

ⓘ Start presenting to display the poll results on this slide.

Spotlight: Organizational Philosophy



Tom's of Maine pays the lowest-paid workers more than 25% above a living wage.



Walmart and PepsiCo extend health initiatives across their entire value chains, including suppliers, local communities, and the general public





Has your organization taken any of the following actions to address the impact of “social determinants of health”? (choose all that apply)

- ☐ Analyze disparities in healthcare outcomes
- ☐ Address health literacy and health awareness
- ☐ Ensure health plan network providers match workforce needs
- ☐ Foster social connectedness
- ☐ Provide/facilitate access to child/elder care
- ☐ Provide/facilitate transportation to work
- ☐ Provide/facilitate access to housing
- ☐ Address food insecurity
- ☐ None of these

slido



Has your organization taken any of the following actions to address the impact of "social determinants of health"? (choose all that apply)

ⓘ Start presenting to display the poll results on this slide.

Spotlight: Health & Well-being Benefits



Deployed an anonymous survey to measure employees' subjective well-being that included SDOH.



Anchor Institutions

Universities, healthcare systems, and other organizations rooted in their communities



❖ UNIVERSITY SPOTLIGHT

University of Southern California: program to increase employment in neighborhoods immediately surrounding campus

❖ HEALTHCARE SYSTEM SPOTLIGHT

Geisinger Health System: Fresh Food Farmacy™ with Springboard Healthy Scranton to increase access and availability of healthy foods

Geisinger



Spotlight: Work Scheduling & Pay

GREYSTON BAKERY

Greyston Bakery's 'Open Hiring' policy seeks to employ previously incarcerated individuals with a goal to educate and train and to address the cycles of poverty that impact health status.



Spotlight: Work Physical Environment

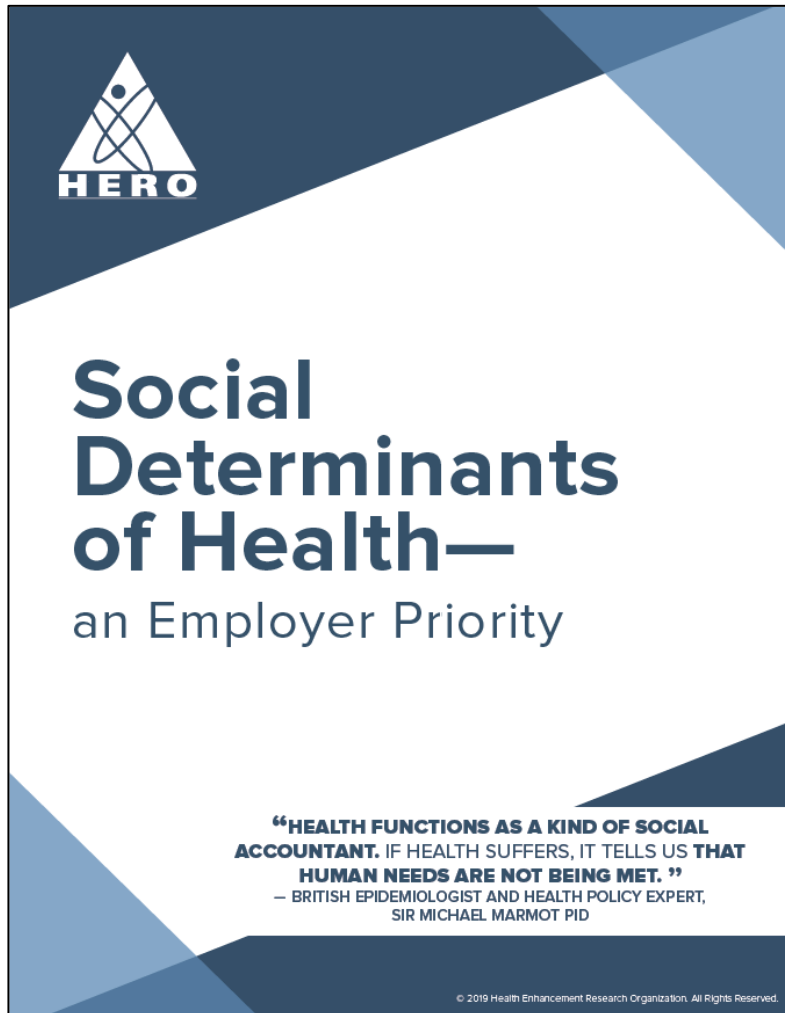
Campbell's

Always getting better.

Campbell Soup Company's Healthy Communities campaign works to improve food security, bringing together government, nonprofits and businesses



Resources



- A New CSR Frontier: Business and Population Health <[bsr.org](https://www.bsr.org)>
- Build Healthy Places Network <[buildhealthyplaces.org](https://www.buildhealthyplaces.org)>
- Chief Executives for Corporate Purpose <[cecp.co](https://www.cecp.co)>
- Community Commons <[communitycommons.org](https://www.communitycommons.org)>
- County Health Rankings & Roadmaps <[countyhealthrankings.org](https://www.countyhealthrankings.org)>
- Good Health Is Good Business
<bipartisanpolicy.org/report/good-health-is-good-business>
- HERO Publications
<hero-health.org/resources/committee-publications/>
 - Category: Healthy Workplaces, Healthy Communities
 - Category: Employer-Community Collaboration Study Committee
- Health Means Business <[uschamberfoundation.org](https://www.uschamberfoundation.org)>
- National Academies: Health and Medicine Division
<[nationalacademies.org](https://www.nationalacademies.org)>
 - Action Collaborative on Business Engagement in Building Healthy Communities
 - Communities in Action: Pathways to Health Equity
<[nationalacademies.org/promotehealthequity](https://www.nationalacademies.org/promotehealthequity)>
- WIN Network – Vital Conditions <[winnetwork.org/vital-conditions](https://www.winnetwork.org/vital-conditions)>



Employee Mental Health & Well-Being: Emerging Best Practices and Case Study Examples



Raise Awareness About the Importance of Mental Health and Well-being



Assess Mental Health and Well-being Needs and Measure Intervention Impact



Provide and Promote Access to Evidence-based, High Quality Mental Health Care



Integrate Mental Health and Well-being into a Comprehensive Wellness Strategy



Partner with Local and/or National Organizations to Extend and Share Mental Health and Well-being Practices

[HERO_MHWP_BestPractices_CaseExamples_091520.pdf](#)
(hero-health.org)

HERO

Research

Agenda

2021



Thank You!

Karen Moseley

HERO President & CEO

Karen.Moseley@HERO-health.org

Direct: (717) 868-7150



Questions?





Hinge Health



Employer Keynote

BeWell@McD: Elevating Our Employee Experience through Wellbeing

Sarah Erzinger

Director of Benefits

McDonald's

About Me

- Became a **first-time parent in 2021** (Wyatt will be a year in March!)
- My 2022 **New Years' Resolution**....none
- **Last vacation** was my wedding destination in Hilton Head, SC (2 years ago!)
- To **support my own wellbeing**, I put myself & family first, and forget the rest.



Who We Are

McDonald's is not just a hamburger business - it's a people business.

- McDonald's is proud to be one of the most recognized brands in the world, with **restaurants in over 100 countries** that **serve 70 million customers daily**. As the global leader in the food service industry, our legacy of innovation and hard work continues to drive us.
- From drive thru updates to delivery to mobile order and pay, we are innovating quickly and growing.





We are good neighbors.

Our purpose is to feed and foster **community**, and it's at the local level where we are strongest. Wherever you find a McDonald's you'll find a good neighbor.

To learn more visit corporate.mcdonalds.com

Our Values

At McDonald's, we see every day as a chance to create positive impact. We lead through our values centered on **inclusivity, service, integrity, community** and **family**.

Where Values Meet Experience

2022 Global People Priorities

SERVE	INCLUSION	INTEGRITY	COMMUNITY	FAMILY
-------	-----------	-----------	-----------	--------



Values



Elevate the employer reputation starting with the experience



Accelerate the capabilities



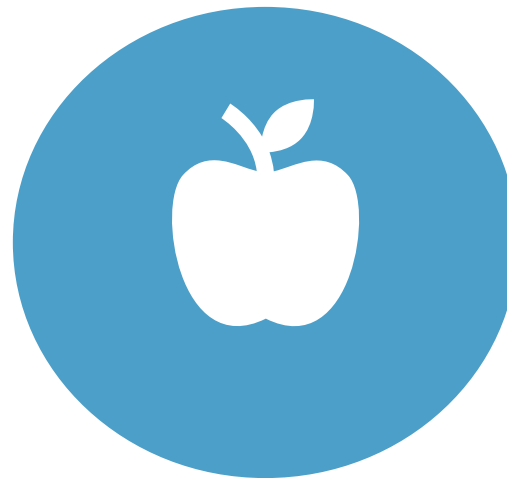
Technology

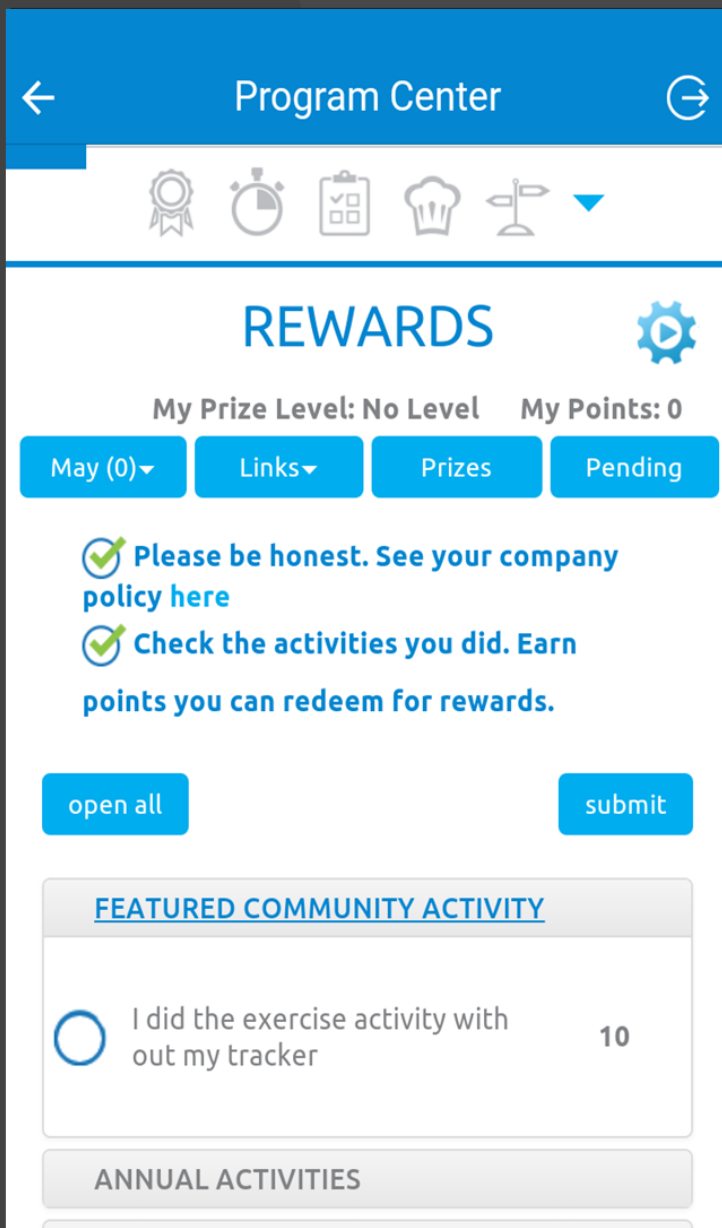


What is Wellbeing at McDonald's?

Common Perception of Wellbeing...

Move More & Eat Healthy!





How
Employees
Think of
Wellbeing...



**How Benefit
Professionals
Define
Wellbeing...**

Global Perspective

“

“Wellbeing” may not be the term used globally to describe how we show we care – about ourselves and others – but it **is a global imperative for McDonalds**.

Senior leadership needs to understand and **embrace wellbeing** and its connections.

Wellbeing is not a program, but a culture. **It is how I, a McDonald's employee, see and feel that McDonald's cares about me and my family** every day. It is how McDonald's gives me the opportunity to make the most of my life.

Leading a wellbeing initiative needs to go beyond education and communication. **It must have a practical, tangible component** for managers to act on and implement in their restaurants.

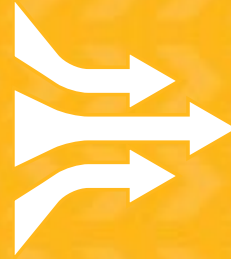


For crew, wellbeing is about my physical work environment and **feeling that I am safe/secure** with my working hours, supported by my manager/restaurant management team.

”

The Catalyst for Change...

The global pandemic, political unrest, & civil unrest created more stress, anxiety, and burnout within the workplace.



We heard our employees and stepped into action.

Introducing....

BeWell@McD

Supporting Who You Are, Wherever you are





Our Vision

We deliver Feel Good Moments every day to our customers and want to do the same for our employees and their families.

At McDonald's, one of the ways we live out our Values is by putting our people first.

BeWell@McD reinforces our culture of care through a variety of programs so you and your family thrive each and every day, at home and at work.

Be Well. Be You.

Our Five Pillar Framework



Our Guiding Principles

We are led by our values, with guiding principles to enhance the employee experience, emphasize culture, and provide relevant programs.



***Enhance the Employee Experience
of Working at McDonald's***

...by demonstrating support and care through BeWell@McD



Connect to Our Culture

...by directly linking BeWell@McD to our values and our focus on diversity, equity & inclusion



***Provide Relevant Programs
to Support Employee Needs***

...by sponsoring activities and programs across the physical, financial, social, emotional and workplace aspects of BeWell@McD





Global resource center for
BeWell@McD

Supporting who you are,
wherever you are



Health, Wellness or Wellbeing can mean different things across the globe. But here at McDonald's, they are an important part of our culture and a way we support our people: no matter who you are, wherever you are. With a global focus on BeWell@McD, this toolkit helps you develop a BeWell approach and bring the brand to life for employees in your market. You'll find our wellbeing ambition, vision, principles and more. To begin building your BeWell plan, **start here**.



Get to know BeWell@McD

- Our ambition
- Vision



Your role

- The process to build your market plan
- Governance Standards



Standards

- Guiding principles
- Framework
- Branding

Quick Links

[Our Values](#)

[Mental health resources](#)

[Global wellness institute](#)

Global BeWell Campaign

Coming in early 2022!



Data insights

- Global wellbeing trends & regional



Tools & templates

- Inventory assessment /



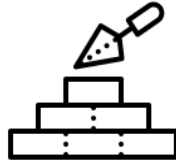
How to measure your success

Global Wellbeing Resource Center

Deployed January 2022

Launching Our Brand

2021



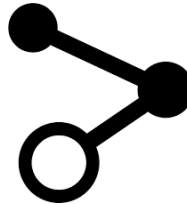
Building our Foundation

- ✓ Finalize global strategy, governance and framework
- ✓ Develop communication/listening strategy to promote wellbeing culture
- ✓ Develop regional toolkit
- ✓ Develop global wellbeing champion network
- ✓ Promote existing programs and offerings

2022



We are here



Reinforcing our Commitment

- Emphasize connectivity to people, values and other strategies
- Incorporate wellbeing into employee lifecycle (recruitment → retirement)
- Identify short-term goals (communication, mental health, financial wellbeing)
- Refresh market data to identify new trends

2023



Evolving our Wellbeing Brand

- Evaluate measurement strategy to determine sustainability and adaptability
- Review data and insights to inform future plan
- Refine success metrics
- Refresh communications strategy to reinforce culture

U.S. Activation

Wellbeing Deployment in 2022

Q1 '22

Q2 '22



Evaluate current state.

What have we done so far to help our people?



Identify gaps and needs.

What do our people need from McDonald's to further their wellbeing?



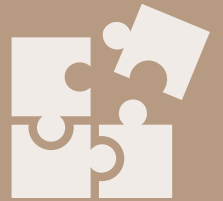
Consider global standards.

Are we meeting all of these areas through our offerings: employee experience, culture, or relevancy?



Define metrics of success.

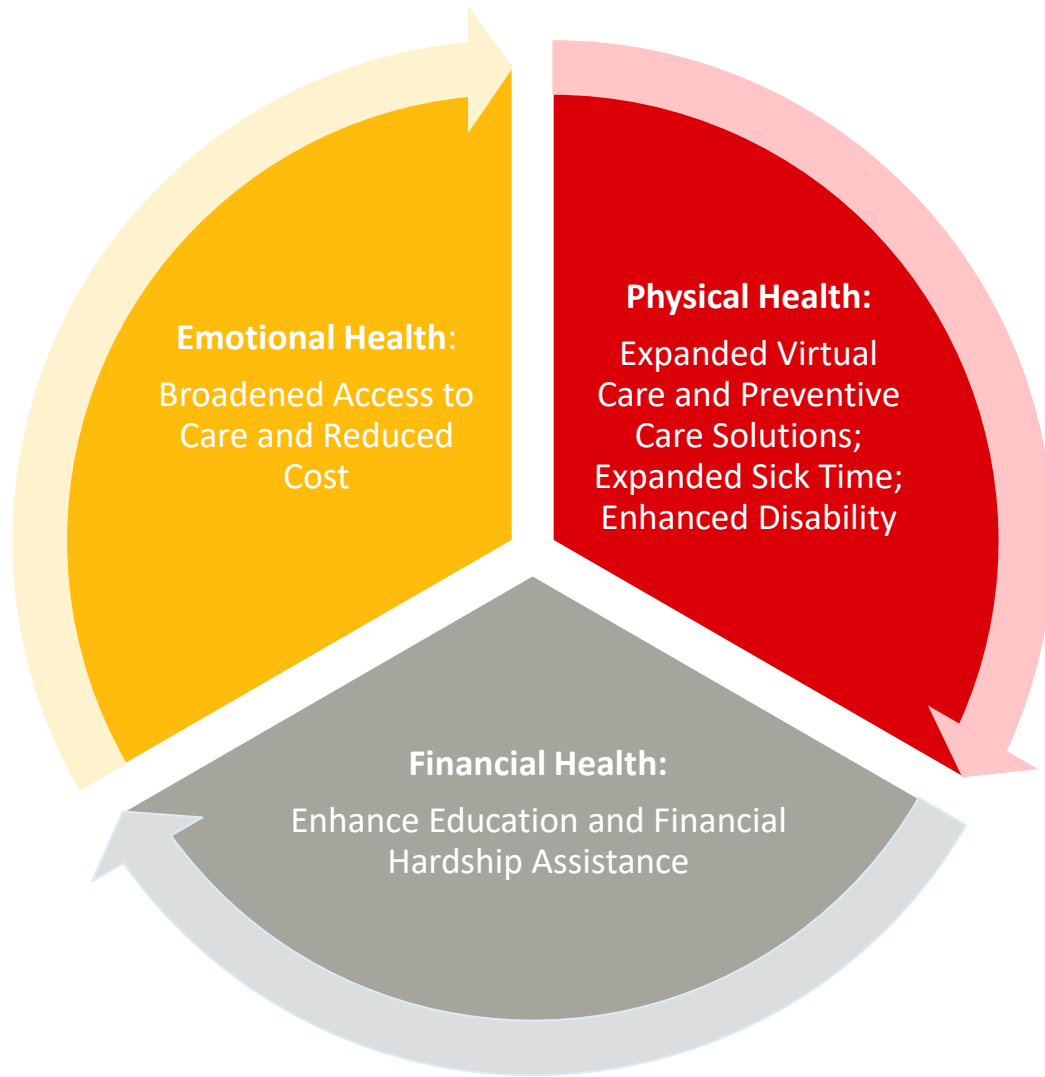
How will we know if our actions are meeting the needs of our people?



Activate and deploy.

What are the best ways to engage employees & communicate?

Current State



How we've delivered....



Weekly Newsletter linking to web platform for Staff and Playbook for restaurant employees.

Gaps & Needs Analysis



Benefit Audit

Identify areas to be leading edge and be more inclusive and diverse.



Staff Survey

Gather feedback directly from employees on what benefit offerings and other programs they value.



Focus Groups

Listen to informal feedback from various stakeholder groups and identify key areas to activate.

Elevating the Experience

Reinforcing our wellbeing culture through moments at work



Thank You!

Questions?







Big Health





Employer Strategies for Bouncing Back to Better!

Dawn Weddle

Director of Member Engagement
MBGH

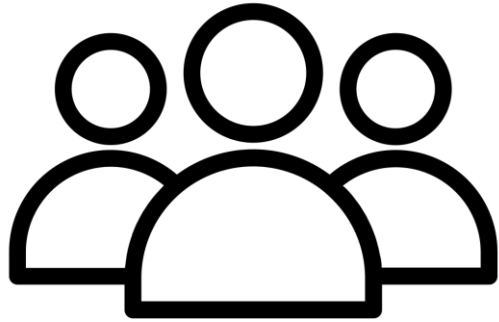


Sue Letang

Senior Manager Health and
Welfare Plans

US Foods

About Us



~28,000
Employees



70 Locations
Nationwide

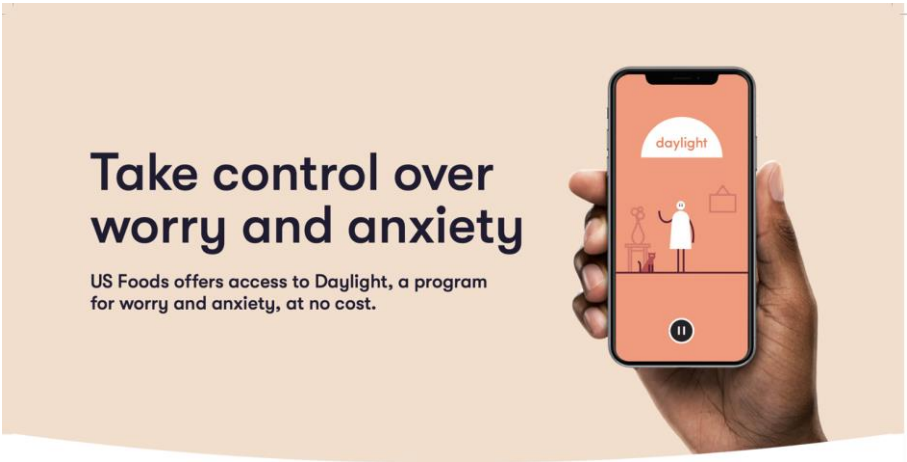


Truck drivers,
warehouse shift
workers and
corporate
employees

Our Challenge

- Engagement
- Irregular schedules
- Small Benefits Team
- Stigma around mental health care

Our Solution



Outcomes

Total sleep time +3.4 hours* and found fewer people relying on sleep aids & pills

**Each week*

Of those who started the program with clinical anxiety, 40% remitted

We define remission as the percent of individuals moving from a clinical to non-clinical score on the GAD-2. Remission should be considered as probable remission, based on strong GAD-2 sensitivity and specificity data.

“Thank you for providing this excellent tool to help us put our lives back on track. It was very helpful!”

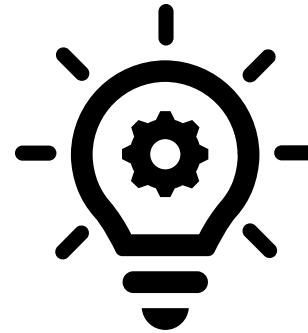
Lessons Learned & Key Take-Outs



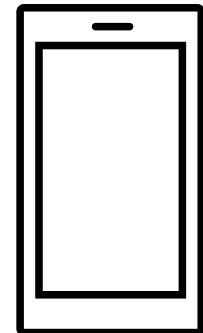
Stigma still
exists



Use creative
communications



Listen and learn
from your
employees



Offer new
solutions





Lisa Thompson

Director of Benefits
W.W. Grainger, Inc.

The Challenge

About Grainger & our workforce

- B2B distributor of maintenance, repair and operating equipment and services
- 25,000 employees across North America, Japan and Europe
- We keep the world working: hospitals, government, manufacturing, businesses
- Essential workers during COVID - distribution, repair, stock refilling, technical support & sales

Benefits challenges & priorities

- MSK top cost driver
- Hourly shift & essential workers
- Decrease costs to employee & business, while improving quality of life



The Solution

Members

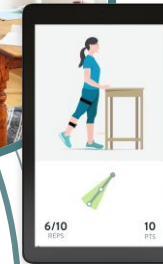
Accessible

Digital solution MSK solution



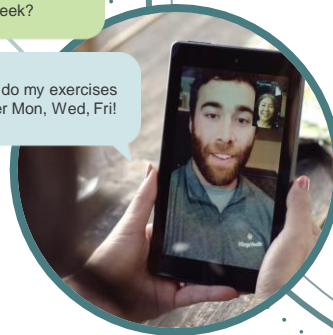
Affordable

Avoid high deductible & time off of work



Engagement

Engage & motivate members



What days & times will you set aside for your 15 minutes of exercise this week?

Planning to do my exercises after dinner Mon, Wed, Fri!

Implementation

Easy integration & contracting



The Experience

Hinge Health resulted in better member outcomes at projected lower costs

ENGAGEMENT PER WEEK



2.9 Exercise therapy sessions



5.8 PT & Coach interactions



1.5 Education articles read

MENTAL HEALTH

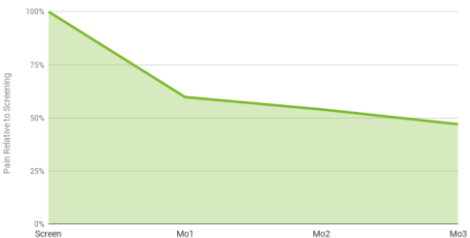


▼74% Anxiety incidence*

▼58% Depression incidence*

PAIN

▼55%
Pain reduction



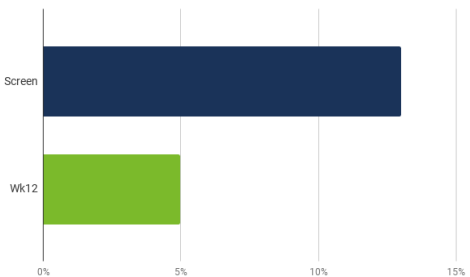
FINANCIAL GAIN

▲3.9x
Projected ROI



SURGERY

▼58%
Surgery likelihood (1yr)



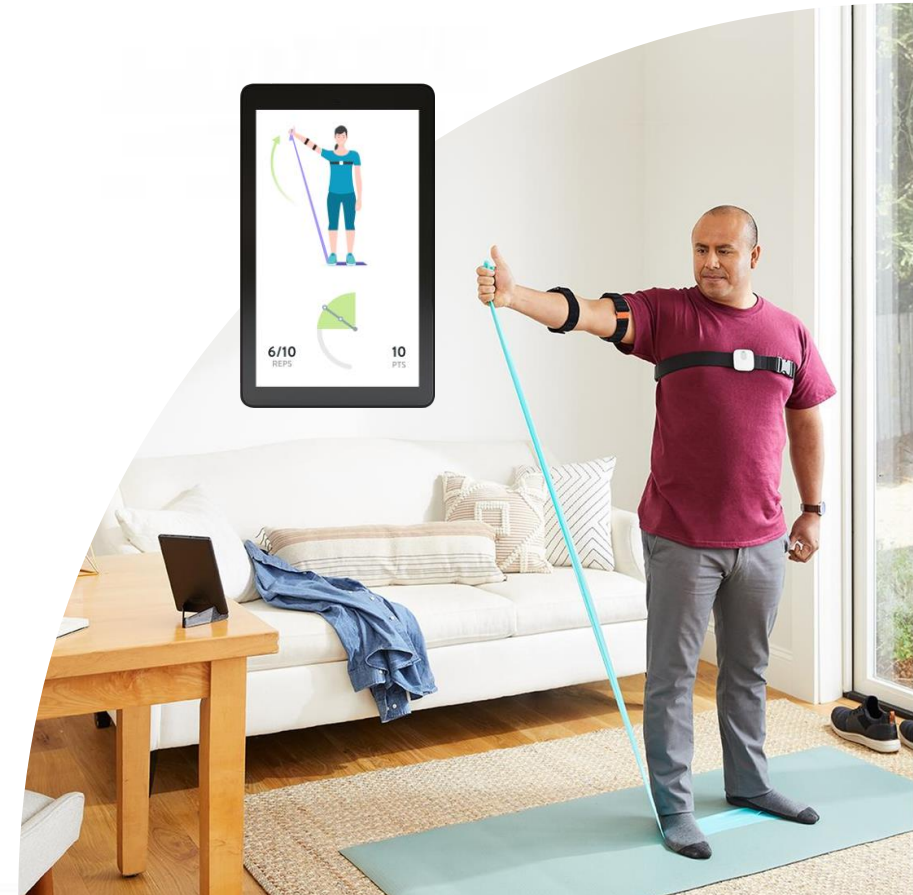
PRODUCTIVITY

▼41%
Absenteeism & presenteeism**



Lessons learned & actionable takeaways

- ✓ Health equity like affordability & accessibility can be addressed with digital MSK solution
- ✓ Go beyond digital physical therapy with a framework to drive continued engagement & lifestyle change
- ✓ Easy implementation and roll out
- ✓ Proven ROI and surgery avoidance





Thank you

Stop by our booth to demo our
product and find out more about
our free trial!

www.hingehealth.com





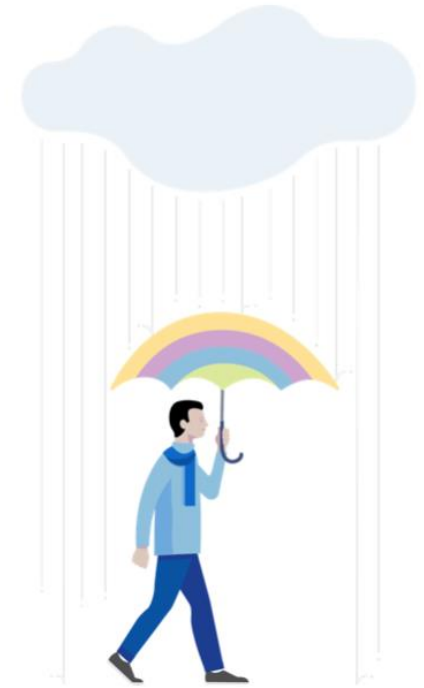
Melissa Bondy

Director of Community and
Corporate Wellbeing

Bass Pro Shops

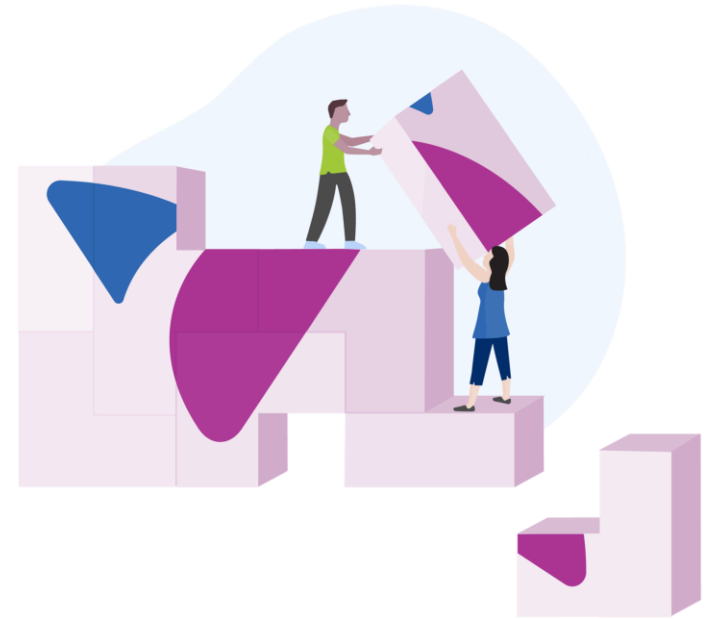
Our Challenge

1. Many Bass Pro Outfitters are likely to struggle with chronic physical conditions
1. Find a solution that integrates care and treats multiple chronic physical and mental health conditions
1. Provide employer-sponsored benefits that go beyond downloading an app



Our Solution

Vida delivers **virtual-first, human-led, and AI-enabled** healthcare for the mind and body



Bass Pro Outfitters are becoming proactively engaged in their overall health



>5%

weight loss at
month 6 for
members who
are overweight
or obese



31%

of members
who did not
complete
appropriate
A1c testing
before
enrollment
completed
one after

19%

of members
who did not
have an a PCP
appointment
before
enrollment
completed a
visit after

78

NPS

31%

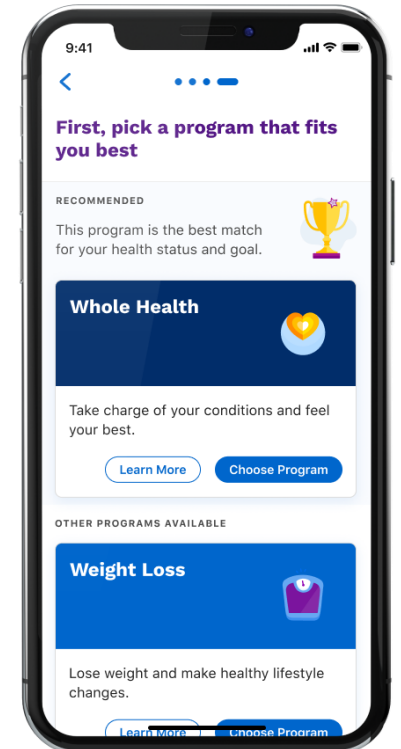
of members are
super users*

*engages 7+ times per week

Lessons learned & actionable takeaways



1. When you let your people drive their own journey, the outcomes are **more sustainable**
1. The user experience has to be **personal** from end to end
1. Weight loss is more than just **a number on the scale**



Questions?









eden
health

edenhealth



MBGH Update

Cheryl Larson

President and CEO

MBGH

2021 in Review

- Offered 20+ educational programs
- Published six new online action briefs
- Shared results of three benchmarking surveys
- Conducted 16 employer-directed research projects
- Welcomed 20 new members and several new board members
- Launched an updated website and new branding
- Moved out of our Chicago office
 - **New Mailing Address:** 211 S. Clark, #2749, Chicago, IL 60604



2021 Employer Action Briefs

EMPLOYER ACTION BRIEF


Midwest Business Group on Health

Non-Alcoholic Fatty Liver Disease

Non-alcoholic fatty liver disease (NAFLD) is the most prevalent liver disease in human history with estimates indicating it affects almost two billion people globally. It is expected to grow in the coming decades, compromising individual health, burdening health care systems, and causing substantial economic and well-being losses.

EMPLOYERS:
If you have a diabetes problem, you most likely have a NAFLD problem!
This Action Brief includes recommendations on ways purchasers can combat this silent epidemic.


Look for this symbol for employer quotes on the challenges and opportunities to support their efforts.

Direct medical costs of NAFLD in the U.S. are estimated at \$103 billion annually. Because of the close correlation with diabetes and pre-diabetes, employer costs related to NAFLD are expected to increase proportionately with the growing diabetes epidemic.

The Silent Epidemic: Why Employers Should Care

Liver disease is a silent epidemic that affects millions of Americans and imposes significant financial burdens on the U.S. health care system. Sixty percent (60%) of all liver disease is caused by NAFLD where fat builds up in the liver. This condition is an increasing contributor to growing liver-related morbidity and mortality. When NAFLD is present, the following comorbidities are more likely to develop:

- Overweight or obesity, especially abdominal obesity
- Type 2 diabetes or prediabetes (elevated blood sugar); high levels of triglycerides and LDL cholesterol; low levels of HDL cholesterol
- Metabolic syndrome

NAFLD at-a-Glance

- Build-up of fat in the liver that can lead to inflammation and scarring; in severe cases can lead to cirrhosis and liver cancer.
- In early stages, there are no symptoms, pain or discomfort.
- Most common cause of chronic liver disease in the U.S.; estimated that 100 million Americans are affected.
- Impacts large portion of U.S. adult population and growing with the obesity and diabetes epidemics.
- 22% of Americans have NAFLD; primary risk factors include being over the age of 50 and/or with metabolic syndrome; NAFLD is present in:
 - 80% to 90% of adults with obesity
 - 50% to 70% of adults with type 2 diabetes
 - Up to 90% of adults with hyperlipidemia
- Doubles likelihood of progressing from pre-diabetes to diabetes.
- Because it is often diagnosed at an older age, liver failure can be the first sign of NAFLD-related cirrhosis in 38% to 45% of cases.



with metabolic syndrome; NAFLD is present in:
➤ 80% to 90% of adults with obesity
➤ 50% to 70% of adults with type 2 diabetes
➤ Up to 90% of adults with hyperlipidemia

• Doubles likelihood of progressing from pre-diabetes to diabetes.
• Because it is often diagnosed at an older age, liver failure can be the first sign of NAFLD-related cirrhosis in 38% to 45% of cases.

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EMPLOYER ACTION BRIEF


Midwest Business Group on Health

Chronic Low Back Pain

Why is Chronic Low Back Pain (CLBP) Important to Employers?

Treatments for CLBP are one of the fastest growing and evolving sectors of health care today. The race to support people with this debilitating condition is driven not only by advancements in science and the deeper understanding of human physiology, but also the pursuit to curb, if not eliminate, the use of opioids, where CLBP is the leading cause of their use. Health care professionals are working diligently to keep up with evolving technologies, new techniques and related literature that support their adoption.

However, many carriers and/or TPAs have been slow to adopt, approve and cover newer treatments for CLBP, with some opting to only reimburse for traditional treatments such as lumbar spine fusion surgery (one of the largest cost drivers and often not supported in clinical guidelines). As one of the top three most costly conditions in the U.S., low back pain is the condition with the highest variance of treatment options. More options mean more potential for seaside.


Look for this icon for employer quotes on CLBP.

EMPLOYERS:
If you have a CLBP problem, you most likely have a productivity problem!
This Action Brief provides an overview of the various approaches and available treatments for CLBP along with recommended action steps an employer should consider to ensure members have access to the most effective treatments available today.

Look for this icon for employer quotes on CLBP.

Chronic Low Back Pain & Impacts to Productivity

CLBP is defined as persisting for at least three months and resulting in pain on at least half the days in the past six months. It can lead to permanent structural changes in the spine, reducing the likelihood of recovery and further compromising health and work outcomes. CLBP prevalence peaks between the ages of 35 and 55 – prime working years. It is the 2nd most common pain condition that impacts productivity at work behind headaches, causing 75% of lost productive time. This can be experienced as either diminished work capacity, paid absenteeism or permanent exit from the workforce. For workers that leave their jobs due to CLBP, the pathway to return is often unsuccessful. The psychological and sociological problems commonly associated with CLBP contribute to this.



"It goes back to if we don't know how to really treat CLBP, we're not getting at a resolution – we're just putting band aid approaches in place to help relieve some pain."



Use of Opioids for CLBP

CLBP is one of the most common reasons patients are treated with opioids. There is growing evidence they are not superior to non-opioid treatment strategies for low back pain. Approximately 20% of individuals receiving long-term opioid therapy develop an opioid use disorder. Given the prevalence of CLBP in the U.S., identifying effective non-opioid alternatives for chronic low back pain is a top health care priority.



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EMPLOYER ACTION BRIEF


Midwest Business Group on Health

Hemophilia & Bleeding Disorders:

Engaging Vendor Partners in Solutions that Effectively Support Patients & Manage Costs

Understanding Rare Diseases

A rare disease is a condition that affects fewer than 200,000 people at any given time. An estimated 25-30 million people in the US are affected by one of the more than 6,800 rare diseases identified today.

While medications for rare diseases have a significant impact on health outcomes and improved quality of life, they often come at a steep price for employers.

In 1983, the FDA created the Orphan Drug Act, which provided incentives for drug companies to develop treatments for rare diseases. Since this act was signed into federal law, more than 340 drugs have been approved to treat these very serious diseases. Even still, it is estimated that 95% of all rare diseases do not have an FDA-approved drug treatment.

According to America's Health Insurance Plans (AHIP) 2019 report, the price of orphan drugs is increasing

at a far more rapid pace than other specialty and traditional drugs. Off-label use for these therapies (i.e. use of a drug beyond its approved FDA indication) is also adding to costs.

The high price tag these drugs often carry can be a significant burden for both the patient and employer. More employers are showing increased levels of concern over providing coverage for orphan drugs and other costly therapies in the pipeline, including gene therapies. With few having strategies in place to impact the rising costs of treatment, scrutiny is expected to intensify.

Read more about rare diseases from the National Human Genome Institute.

A Rare Disease Snapshot: Hemophilia

Hemophilia is a bleeding disorder that affects over 30,000 people in the US. There are two types of Hemophilia, A and B. Hemophilia A affects about 20,000 people in the US. People with hemophilia are lacking one or more important proteins called clotting factors. Without these proteins, blood cannot clot normally so excess bleeding can occur after an injury or surgery; internal bleeding may damage organs and tissues and even be life-threatening. Read more about hemophilia from the CDC.

Currently there is no cure for hemophilia, but very effective treatments are available including prophylactic medications to prevent bleeds and on-demand medications for acute care of bleeds when they occur. Generally, the goal of treatment is to decrease the frequency and severity of bleeding episodes and prevent complications related to bleeding.



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EMPLOYER ACTION BRIEF


Midwest Business Group on Health

State Legislative Impact on the Cost of Insulin

The average list price of insulin has skyrocketed in recent years, nearly tripling between 2002 and 2013 and doubling between 2012 and 2016, making this essential medicine unaffordable for many. This can greatly impact the health and well-being for persons with type 1 diabetes, and those with type 2 diabetes requiring insulin, causing significant anxiety and distress. A study published in JAMA Internal Medicine has found the practice of insulin rationing, taking smaller doses or skipping a dose altogether, is more common than the health care system wants to admit.

Across the country, state legislatures reacted by setting maximums on monthly insulin copays, looking to resolve the affordability issue facing many who require insulin every day. Expecting signs of relief and gratitude, confusion reigned with consumers expecting lower costs at the pharmacy. What these consumers learned, is the law did not apply to everyone, including those without any insurance. In addition, employer-offered self-insured plans are not subject to state legislation. States regulate fully insured insurance plans as well as Medicaid.

Insulin Copay Cap Laws

These states have passed an insulin copay cap law, per the American Diabetes Association (ADA), as of March 22, 2021. Employers offering coverage in more than one state may find this information of value. A "collective cap" refers to the total costs a patient would pay per month (not per insulin product per month). Collective caps enable patients who take multiple insulins to pay no more than the stated cap for a 30-day supply.

- Colorado (\$100 cap for 30-day supply)
- Connecticut (\$25 cap for 30-day supply of insulin or other diabetes medications, \$100 cap for 30-days' worth of devices and supplies)
- Delaware (\$100 collective cap for 30-day supply)
- District of Columbia (\$30 cap for 30-day and "collective" family cap of \$100)
- Illinois (\$100 collective cap for 30-day supply)
- Kentucky (\$30 copay, no matter the quantity or insulin type)
- Maine (\$35 cap for 30-day supply)
- Minnesota (\$35 cap for 1x per year emergency 30-day supply; \$50 cap for 90-day supply)
- New Hampshire (\$30 cap for 30-day supply)

- New Mexico (\$25 cap for 30-day supply)
- New York (\$100 cap for 30-day supply)
- Vermont (\$100 collective cap for 30-day supply)
- Virginia (\$50 cap for 30-day supply)
- Washington (\$100 cap for 30-day supply)
- West Virginia (\$100 collective cap for 30-day supply)

The ADA has compiled information for all states with an insulin copay cap including the specifics of individual state laws, copay cap amounts, enactment dates and the scope of those impacted by the law. Contact your state agency for more information and clarification by emailing askADA@diabetes.org or calling 800-DIABETES.



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Midwest Business Group on Health


<https://www.mbgh.org/resources/action-briefs>

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Obesity: Employer and Employee Action Briefs

EMPLOYER ACTION BRIEF



Midwest Business Group on Health

Tackling Obesity in the Workplace: Understanding the Challenges and Opportunities

Common thinking suggests obesity is a lifestyle choice involving a lack of will power and poor discipline. This is not true. **Obesity is recognized by the CDC, the AMA and the FDA as a multi-faceted chronic disease requiring long-term management.** It is a complex condition with genetic, physiological, psychological and environmental factors. Obesity is the most prevalent chronic condition in the United States today.

Second only to cigarette smoking, obesity is the leading cause of preventable death in the U.S. and rarely occurs independent of other chronic conditions such as type 2 diabetes, high blood pressure, COPD, heart disease and stroke. There is also a strong correlation between obesity and poor mental health outcomes and diminished quality of life.

Majority of Americans are Overweight or Have Obesity

Percentage of American Adults with BMI>30 (Percentage of Americans Who Have Obesity)¹

Year	Percentage
1986 (NHIS)	13.4%
1994 (NHANES)	22.9%
2014 (NHANES)	36.4%
2018 (NHANES)	42.4%

Percentage of Americans Over Age 20 Who Are Overweight or Have Obesity²

73.6%

References: 1. https://www.cdc.gov/obesity/about/factsheet_obesity.html, 2. <https://www.cdc.gov/obesity/factsheet/obesity-overweight.html>

The Business Case

Obesity is the greatest contributor to the burden of chronic diseases in the U.S., accounting for 47% of the total cost of chronic diseases nationwide. It currently affects more than 31% of full-time employees and another 37% in the workforce are overweight. If this trend continues (and all indications point in this direction), 51% of the U.S. population will have obesity by 2030. As a risk factor, employees with obesity are disproportionately represented among high-cost claimants largely due to health care costs that are associated with managing these multiple comorbidities. These conditions can lead to a significant economic burden for employers over time.

The GOOD News

Weight loss as little as 5% of a person's total body weight can have a clinically meaningful impact on many obesity-related comorbidities and complications, leading to health care cost savings and improved health.

Impact of Obesity on Employers

Direct Health Care Costs: **\$480 billion**

Lost Productivity Costs: **\$1.24 trillion**

Greatest Contributor of Chronic Diseases in U.S.: **\$1.72 trillion**

References: 1. <https://www.cdc.gov/obesity/factsheet/obesity-overweight.html>, 2. <https://www.cdc.gov/obesity/factsheet/obesity-overweight.html>, 3. <https://www.cdc.gov/obesity/factsheet/obesity-overweight.html>, 4. <https://www.cdc.gov/obesity/factsheet/obesity-overweight.html>, 5. <https://www.cdc.gov/obesity/factsheet/obesity-overweight.html>, 6. <https://www.cdc.gov/obesity/factsheet/obesity-overweight.html>, 7. <https://www.cdc.gov/obesity/factsheet/obesity-overweight.html>, 8. <https://www.cdc.gov/obesity/factsheet/obesity-overweight.html>, 9. <https://www.cdc.gov/obesity/factsheet/obesity-overweight.html>, 10. <https://www.cdc.gov/obesity/factsheet/obesity-overweight.html>



Supporting Your Weight Loss Journey

It is common thinking that to effectively manage your weight all you need to do is eat less and exercise more.

The truth is, being overweight or having obesity isn't just about lifestyle choices, discipline or willpower. Leading research has proven that it is a complex chronic disease like diabetes and heart disease. On average, people living with excess weight make up to seven serious attempts to lose weight in their lifetime.

The GOOD News

Although there is no quick or simple solution, there is good news. **Losing even 5% of total body weight can result in decreased health risks and improvements to body functions.** That means a person weighing 200 pounds can realize many positive changes by losing just 10 pounds, including improvements to chronic conditions like high blood pressure, type 2 diabetes, high cholesterol, osteoarthritis, asthma, COPD, heart disease, stroke and sleep apnea.

Losing weight is hard. The question is, why?

Many complicated factors influence the choices we make every day and can make changing behaviors and losing weight challenging. For example:

- Hormones, appetite signals and metabolic responses impact how much we eat and why we eat.
- Genetics can play a role in how much weight is gained and cause us to respond differently to elements in our environment.
- Not enough physical activity, unhealthy eating habits and inadequate sleep can all contribute to obesity.
- Environments where we live and work may impact access to affordable healthy food and the ability to find a safe and convenient place to exercise.
- Eating to cope with stress and depression are common struggles experienced by people who carry excess weight.

Weight Management: The Tug-of-War

Even after losing weight, many struggle to keep the pounds off. The challenge is the body typically reacts to weight loss by trying to regain the weight, making maintaining weight loss like a tug-of-war. Here's why:

- When weight is lost, your metabolism tends to slow down.
- Appetite hormones increase and encourage more calories to be consumed.
- The "I feel full" hormones decrease.

Chronic Diseases and Complications Impacted by Obesity



References: 1. National Institutes of Health. *Obesity*. 2000. 2. U.S. Department of Health and Human Services. *Obesity: A Serious Problem*. 2000. 3. Church TS et al. *Exercise intensity, 2006-2007*. 2008. 4. *Exercise intensity, 2006-2007*. 2008. 5. *Exercise intensity, 2006-2007*. 2008. 6. *Exercise intensity, 2006-2007*. 2008. 7. *Exercise intensity, 2006-2007*. 2008. 8. *Exercise intensity, 2006-2007*. 2008. 9. *Exercise intensity, 2006-2007*. 2008. 10. *Exercise intensity, 2006-2007*. 2008.

2021 Employer Toolkits



Obesity

Obesity is an epidemic, impacting more than 4 out of 10 American adults nationwide, and is the most prevalent chronic condition in the U.S. As a metabolic disease with genetic, environmental and psychological factors, it is associated with poorer mental health outcomes and reduced quality of life. The economic burden for employers is significant and this toolkit offers tools and resources to help address this costly, multi-faceted chronic disease.



Fertility

The World Health Organization and the American Medical Association recognize infertility as a disease that impacts one in eight Americans. Many employers are now moving toward a more comprehensive fertility and family building benefit that supports an increasingly diverse employee population and offers a more holistic approach. In fact, a recent Willis Towers Watson survey showed that 63% of employers are expected to cover fertility services beyond the diagnosis of infertility by 2022.



Hemophilia

By taking a closer look at specialty drug spend related to bleeding disorders, employers may uncover significant cost savings. The Pharmacy Benefit Management Institute (PBMI) recognized this toolkit with an Excellence Award and applauded MBGH for our efforts to provide employers with education, awareness and turn-key resources to help manage the high cost of hemophilia and improve the lives of those impacted by this rare but serious disease.

Other Toolkit Topics Include:

- Addressing Pain Management & Opioid Use/Abuse
- Diabetes and Cardiovascular Disease
- Diabetes Management in the Workplace
- Eye Care Benefits
- Managing Specialty Drugs
- Migraine Management
- Osteoarthritis Management

Business Partnerships

Providing value-added resources for members



carrumhealth

**DAY
TWO**

**EMPLOYERS
HEALTH®**

HS
HEALTH STRATEGY

RxResultsSM

inspera health

shortlister

Employer Member Benefits

Educational Events

- Monthly educational programs
- Employer only roundtables
- Employer advisory boards



Online platform offers REAL-TIME information gathering from your peers!

- Ask questions; get answers
- Share best practices and resources
- Benchmark with other benefits people

Benchmarking Surveys

Participate in one or schedule your own!

- Quickly learn what others are doing in benefits, the marketplace and key topics
- Participants receive full report; results archived on members-only website

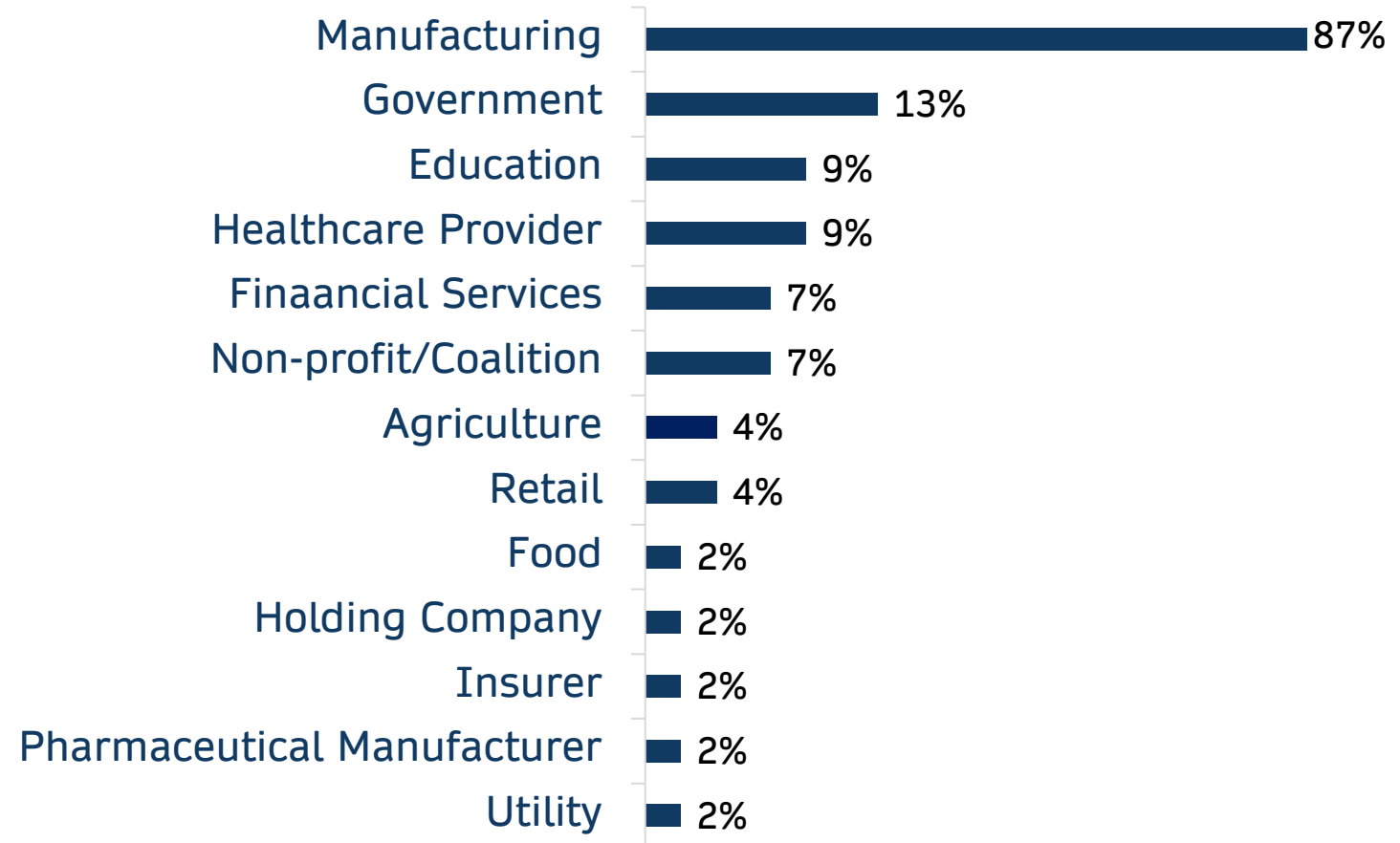
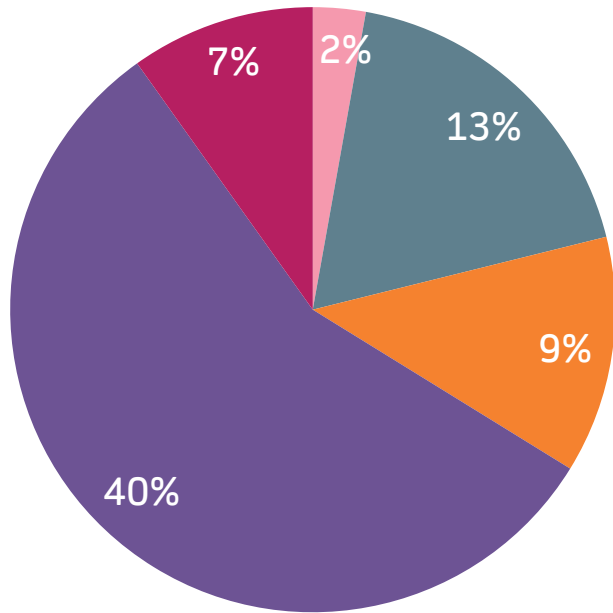
Free Membership in WELCOA

Available as a benefit of MBGH membership to all employer members.

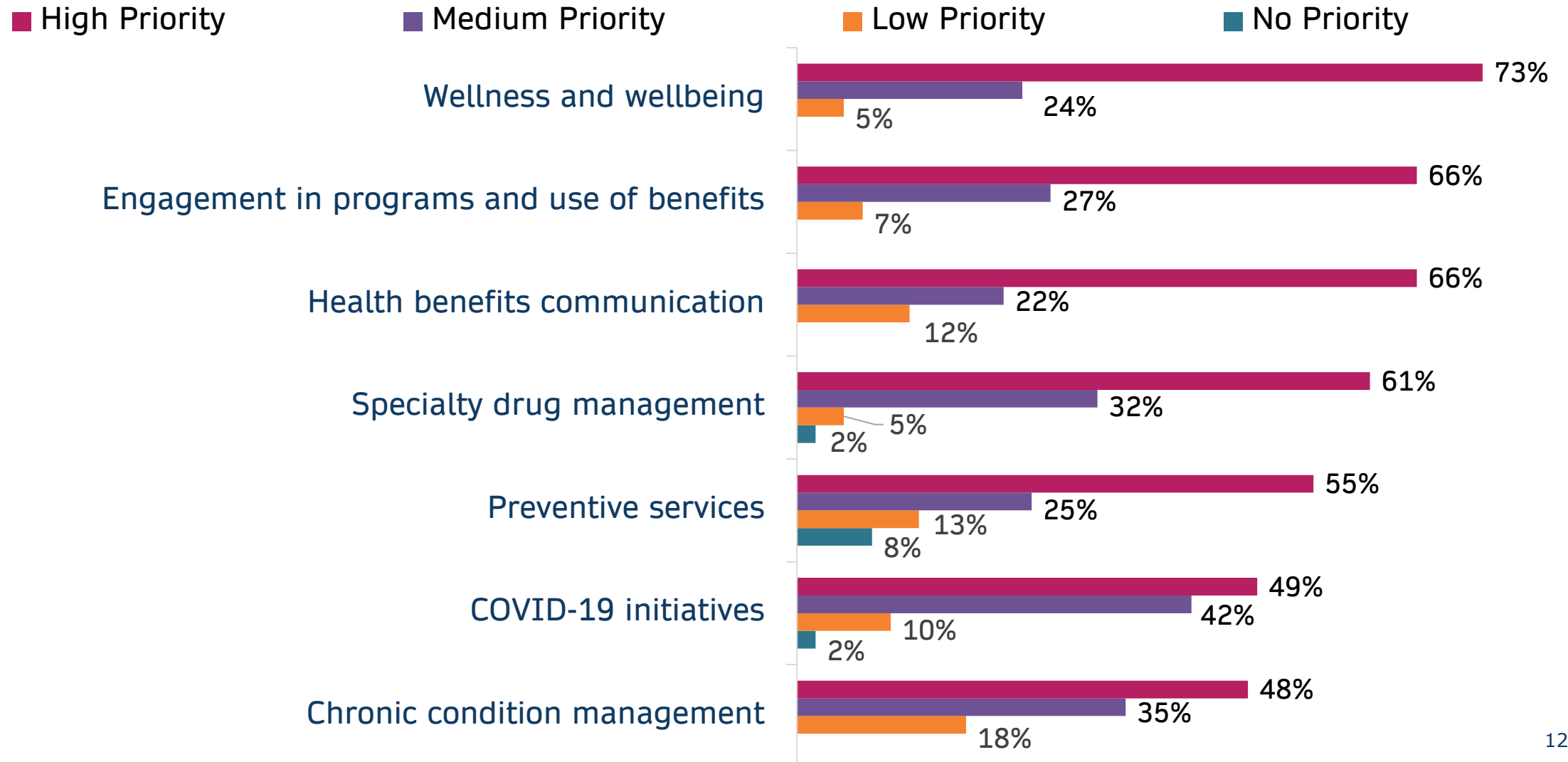
MBGH Annual Employer Health Benefit Directions Survey 2021-2022

November 2021

Demographics: Benefit-Eligible Employees & Employer Industry



2022 Health Benefit Priorities



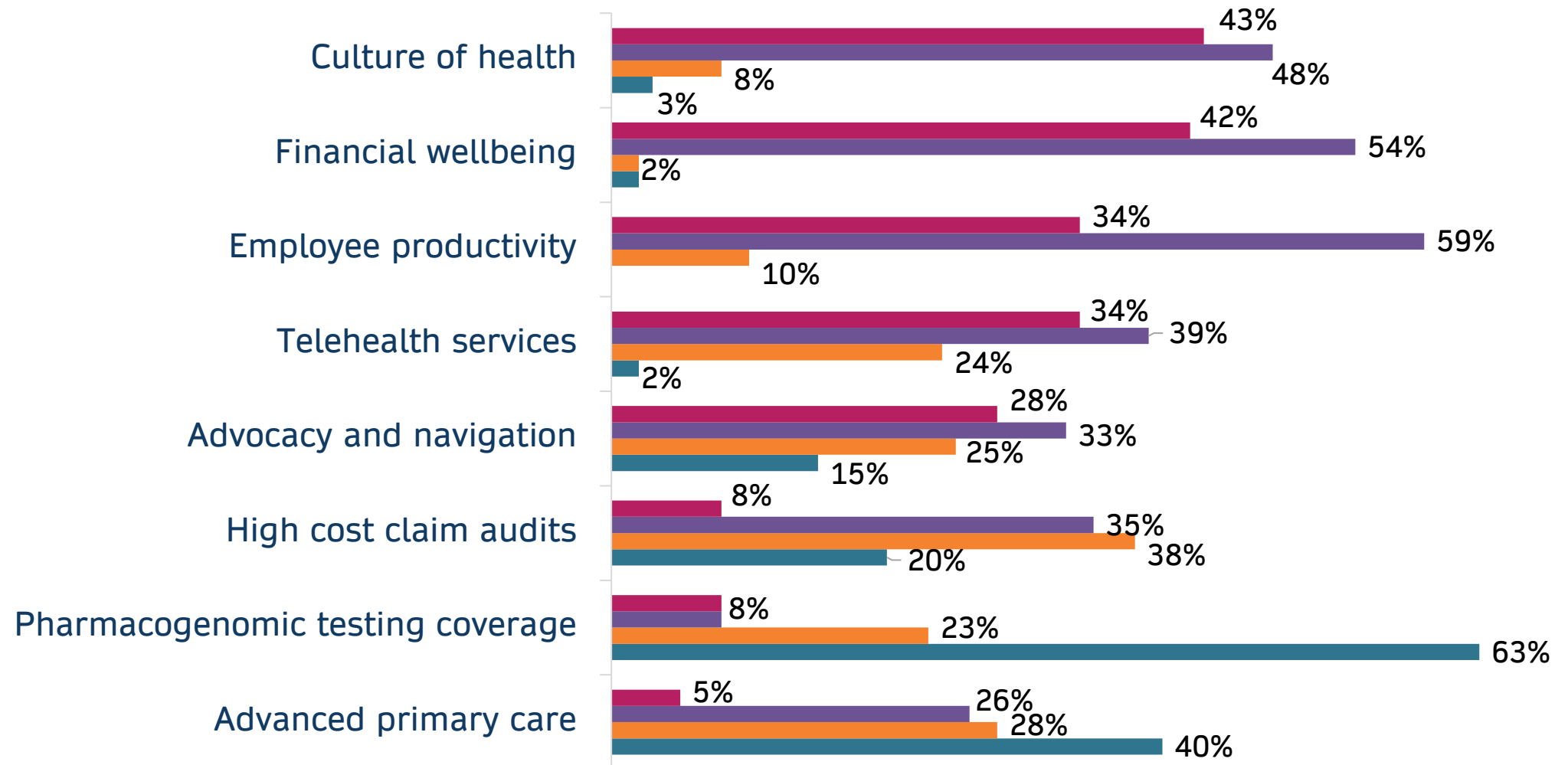
2022 Health Benefit Priorities

■ High Priority

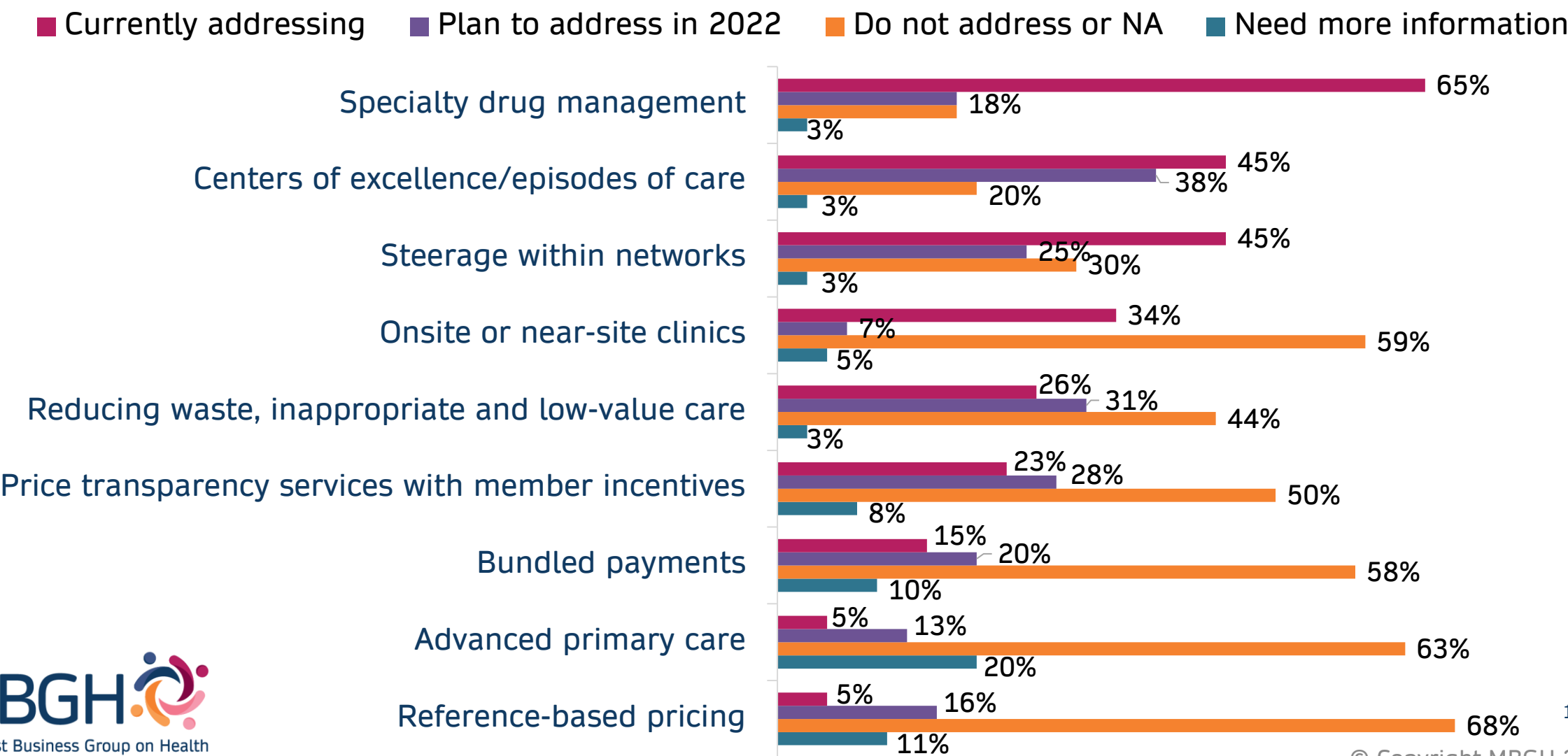
■ Medium Priority

■ Low Priority

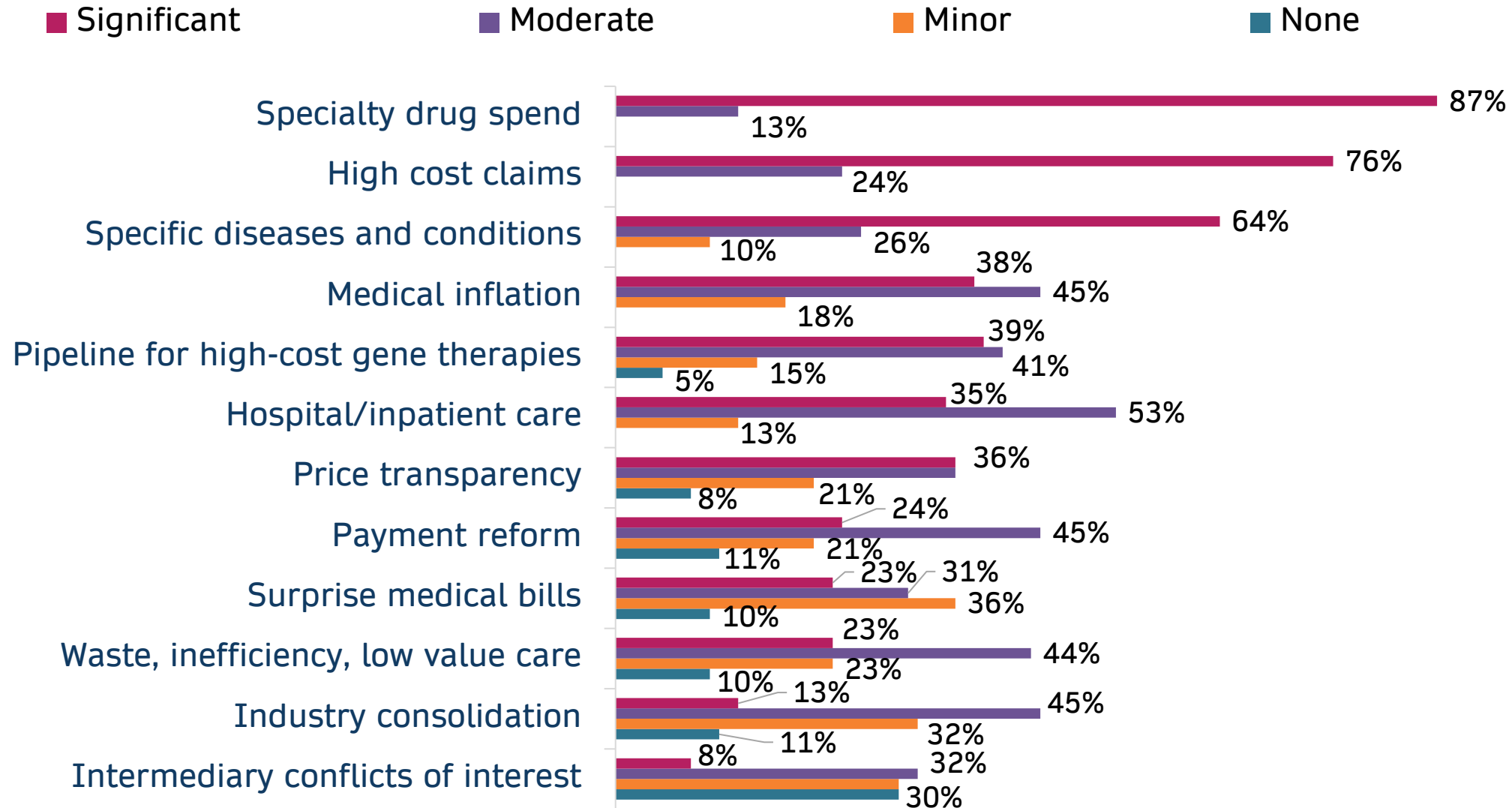
■ No Priority



Payment Reform Strategies

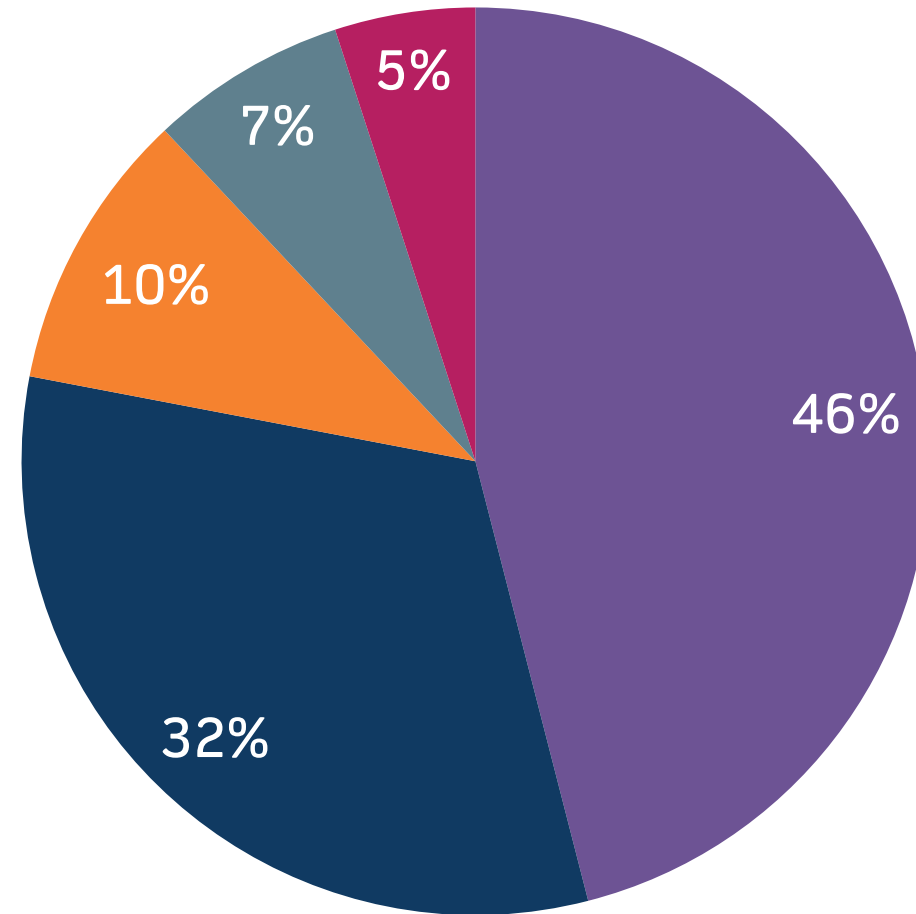


Top Threats to Affordability of Employer-Provided Coverage



Employer Role as Purchaser of Health Care

- Follow the Leader
- Early Adopter
- Status Quo
- Wait and See
- Catalyst for Change



MBGH Team



Cheryl Larson
President & CEO



Judy Hearn
Director of Membership
Initiatives



Dawn Weddle
Director of Member
Engagement



Lori Hurtt
Director of Finance
& Operations



Mindy McBee
Sr. Manager of Marketing
& Programs



Allison Larsen
Manager, Events & Marketing



Jan Berger, MD
Medical Director



Cary Conway
Media Consultant



Kathleen Thompson
Writer & Researcher¹²⁶

Congratulations on your Retirement!

Judy Hearn, Director of Member Initiatives
MBGH – January 2017 - February 2022



Thank you for your hard work, years of dedication as a member, board member and part of the MBGH team!

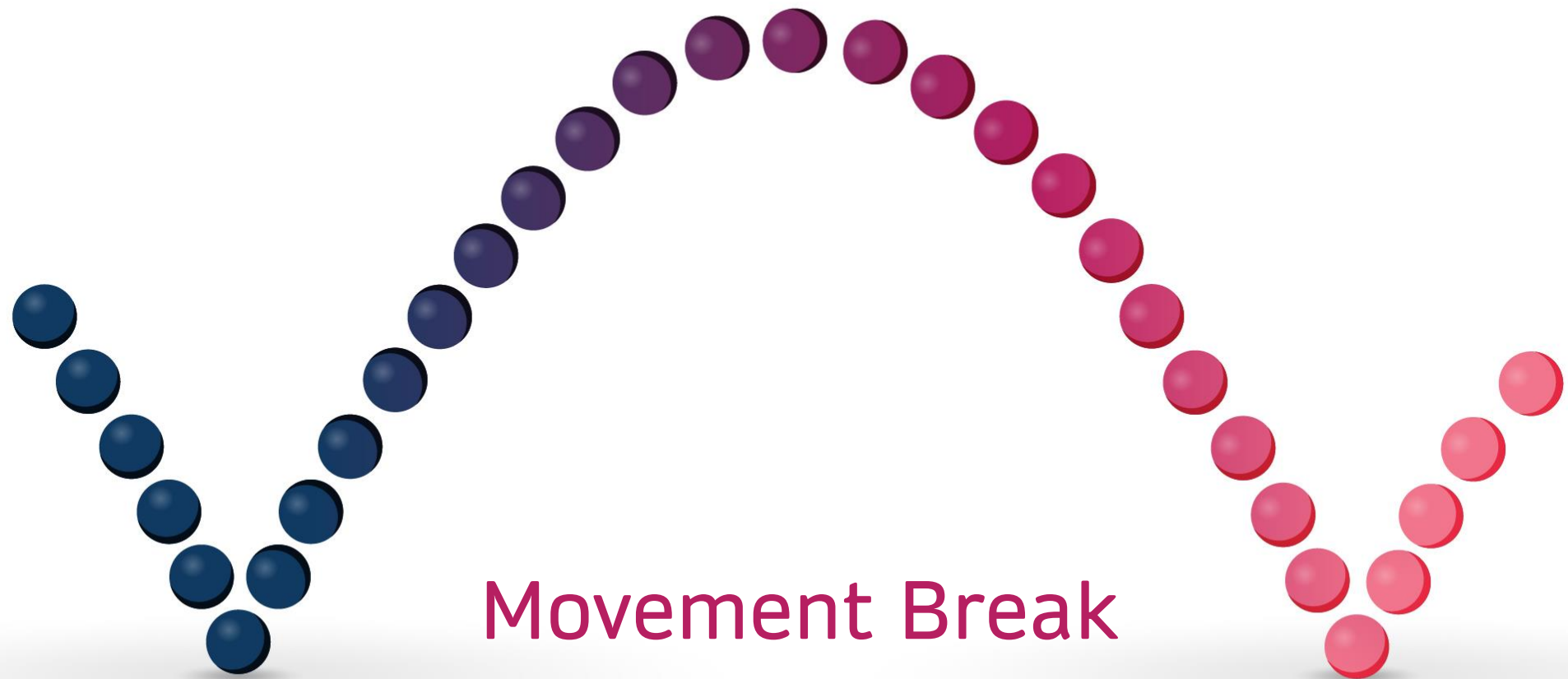
- Growing & retaining members
- Developing educational programs
- Educating employers on the importance of diabetes prevention through IL State grant projects
- Assisting members with questions, surveys and so much more!



Lunch and Exhibits



Join us for a
movement/stretch
break at 12:40 PM!



Movement Break



Obesity: The Other Pandemic

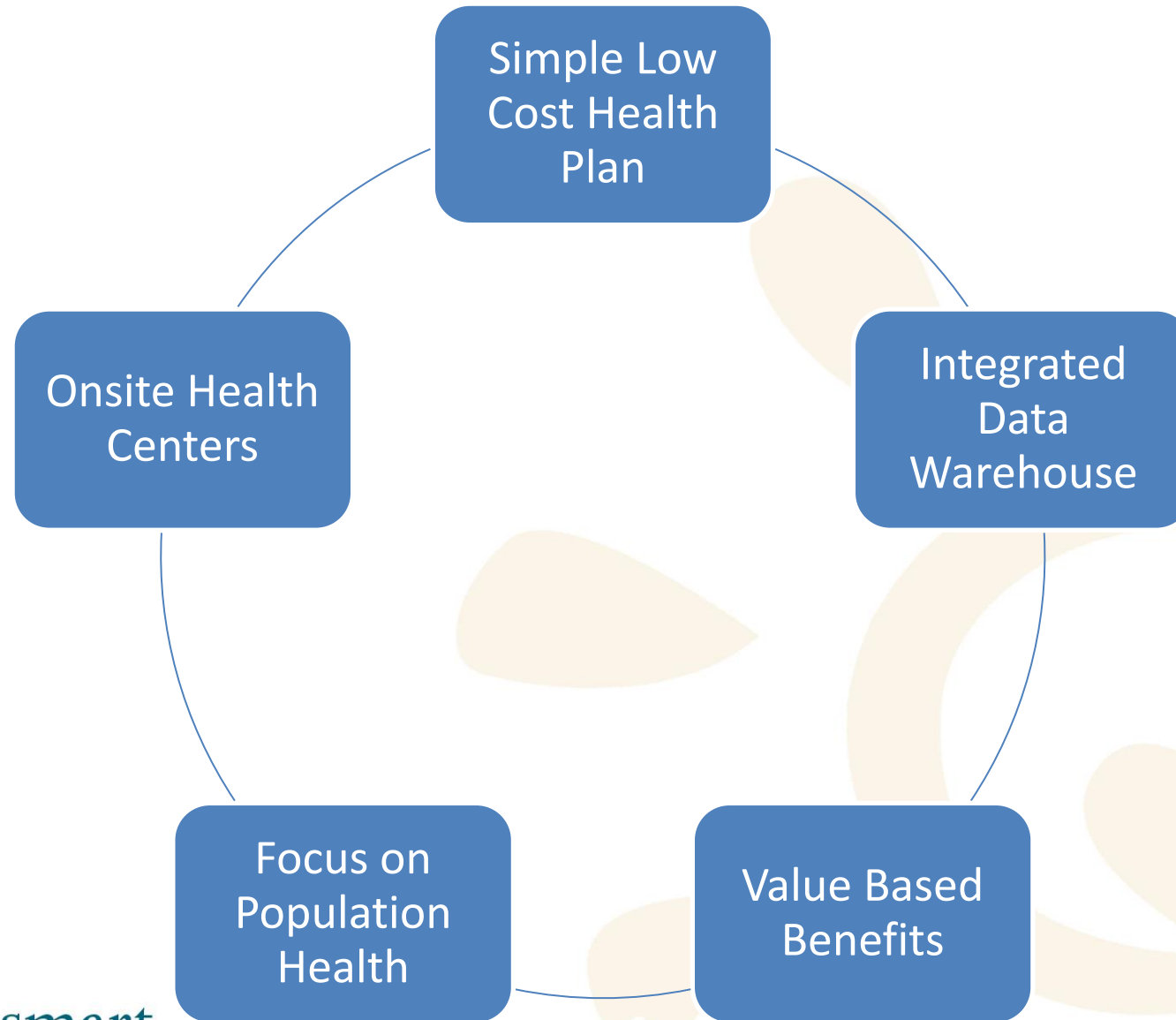
David Hines

Executive Director, Employee Benefits
Metro Nashville Public Schools

Metro Nashville Public Schools

- 41st largest district (88,000 students)
- Teacher's health plan (9,200 active & retired teachers)
- Support staff covered by Metro Nashville Government (4,000 active employees)

***With a core belief that healthy employees
are better employees***



MNPS Classroom Portable Repurposed to Health Clinics



MNPS Employee Healthcare Centers

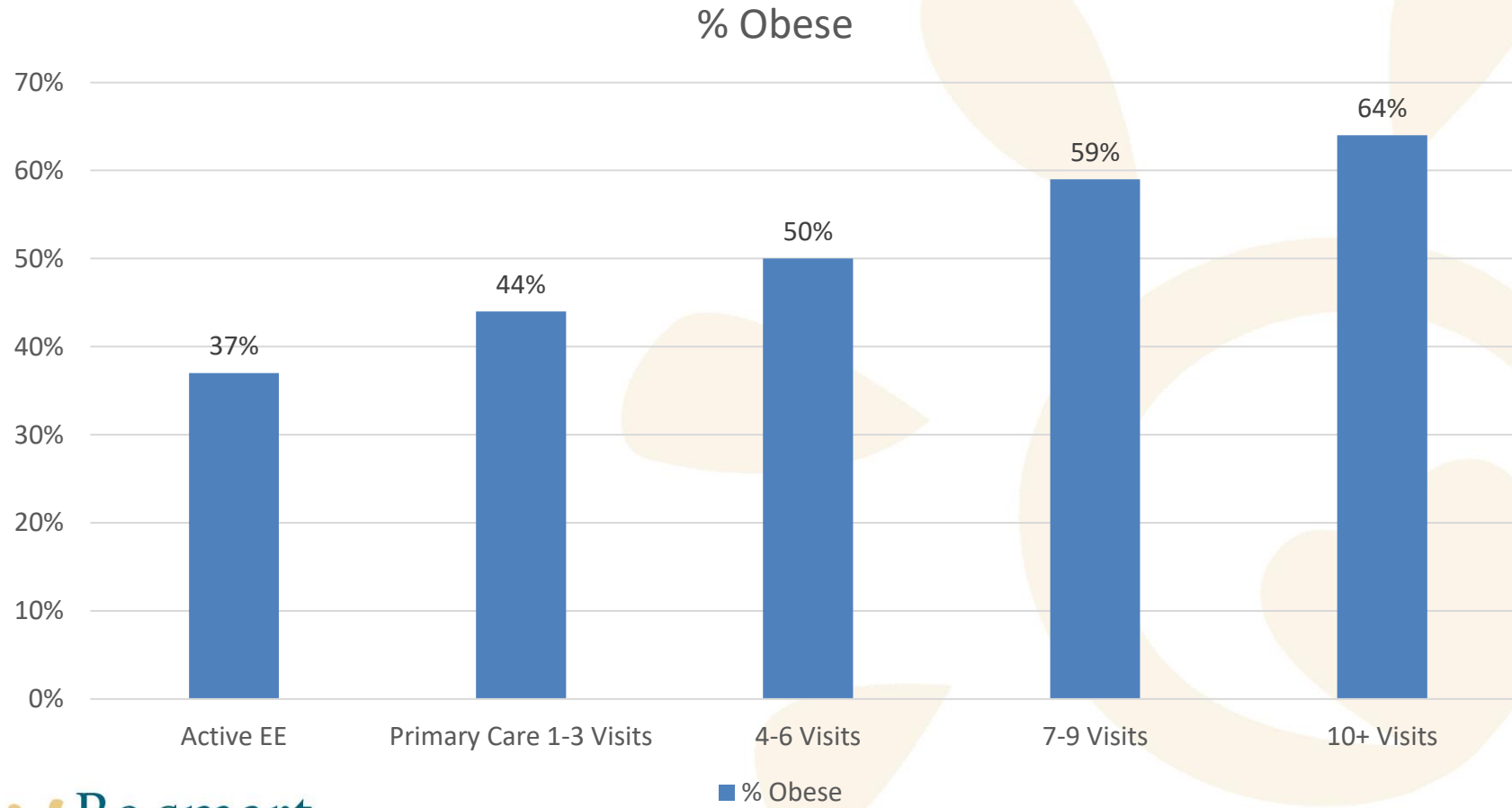


*Understanding the prevalence and
Impact of obesity@MNPS
2018 study*

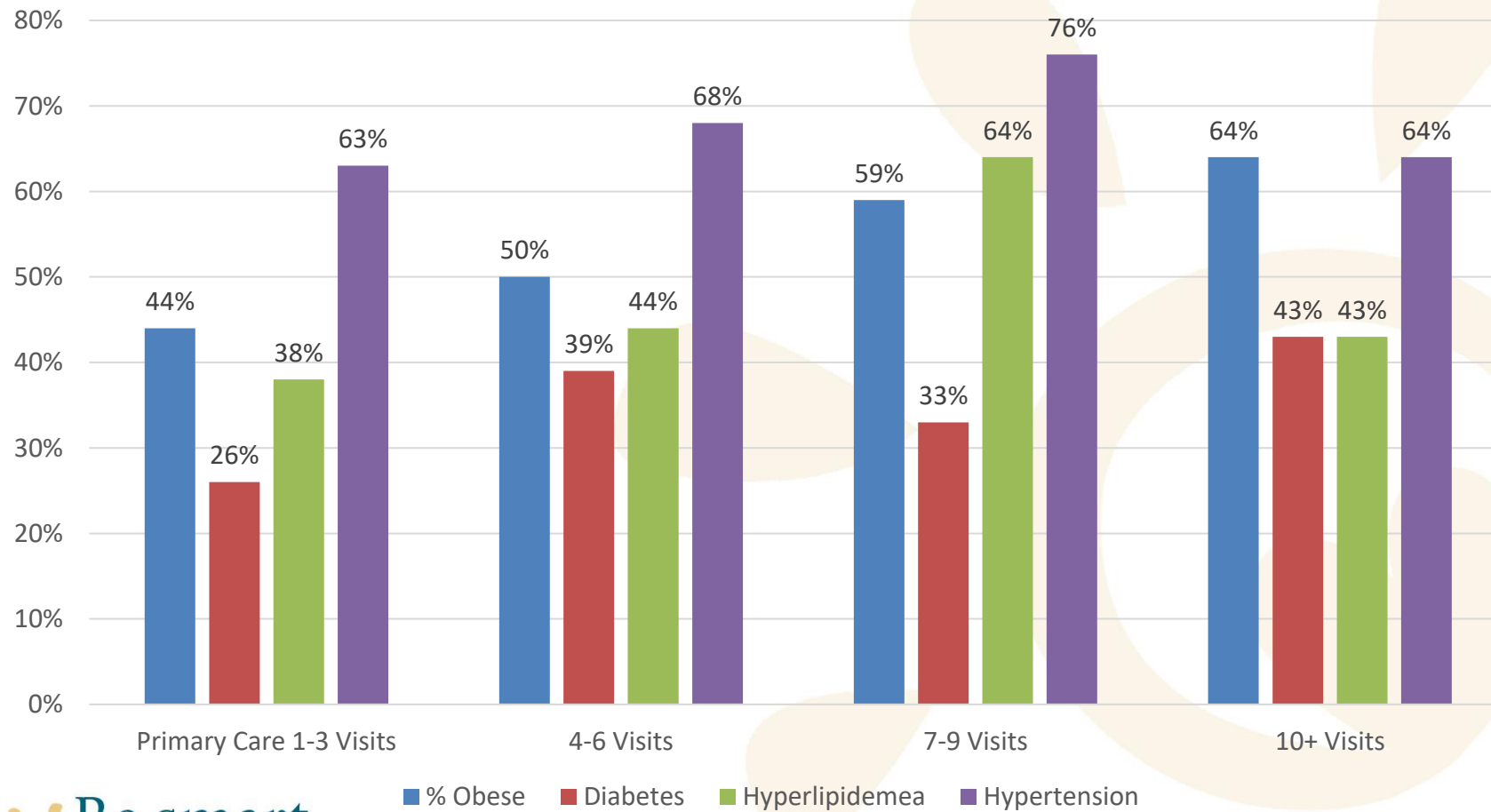
Strive to Understand our Population

- Data warehouse includes:
 - Medical claims
 - Pharmacy claims
 - Vision claims
 - Dental Claims
 - Health Risk Assessment
 - Electronic Medical Records
 - EAP encounters
 - Time & Attendance
 - Job Performance
 - Work location
 - Salary & position
 - Management Structure
 - Race/Ethnicity

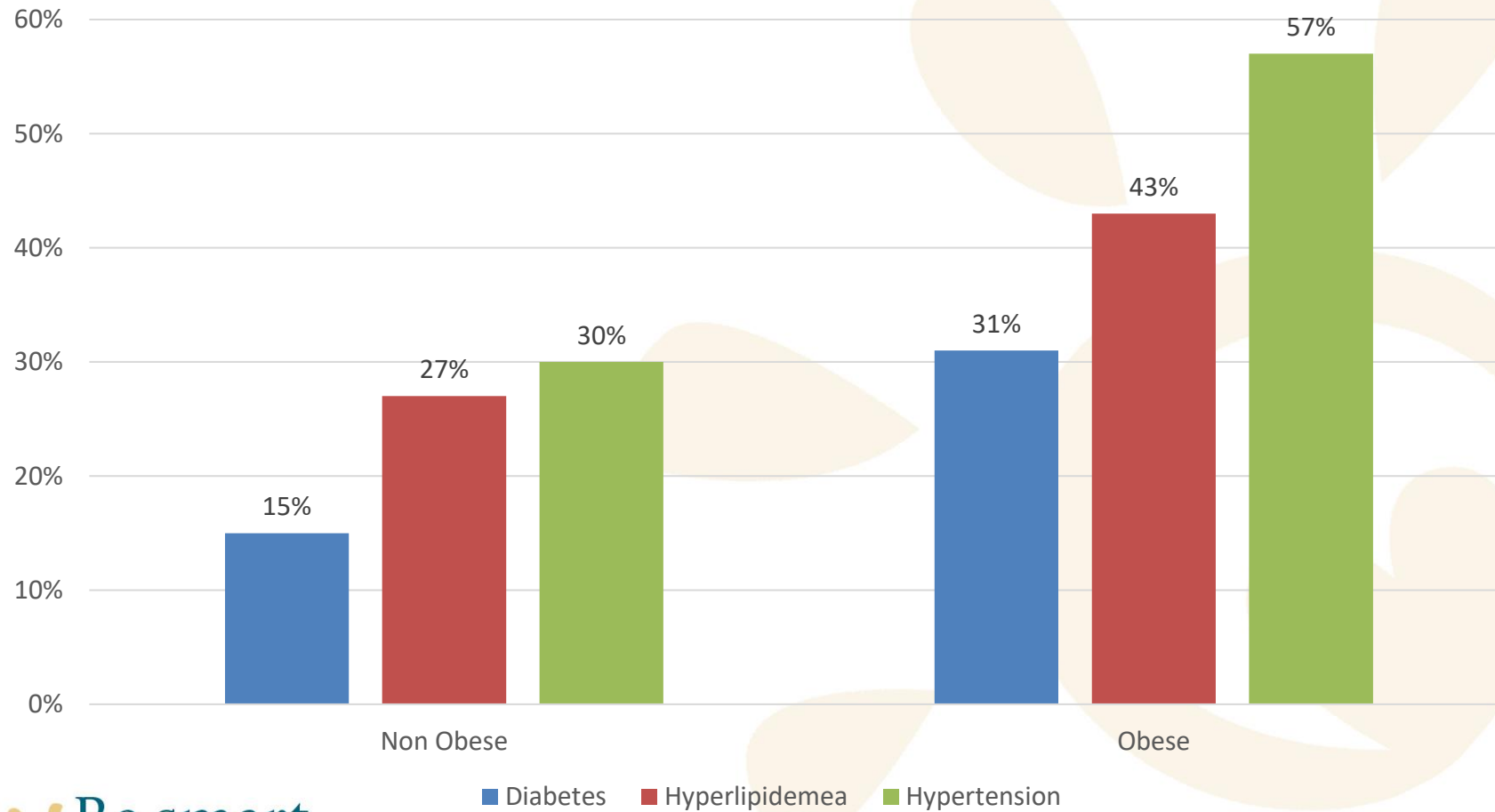
Obesity impact on Primary Care Resources



Impact of Comorbidities

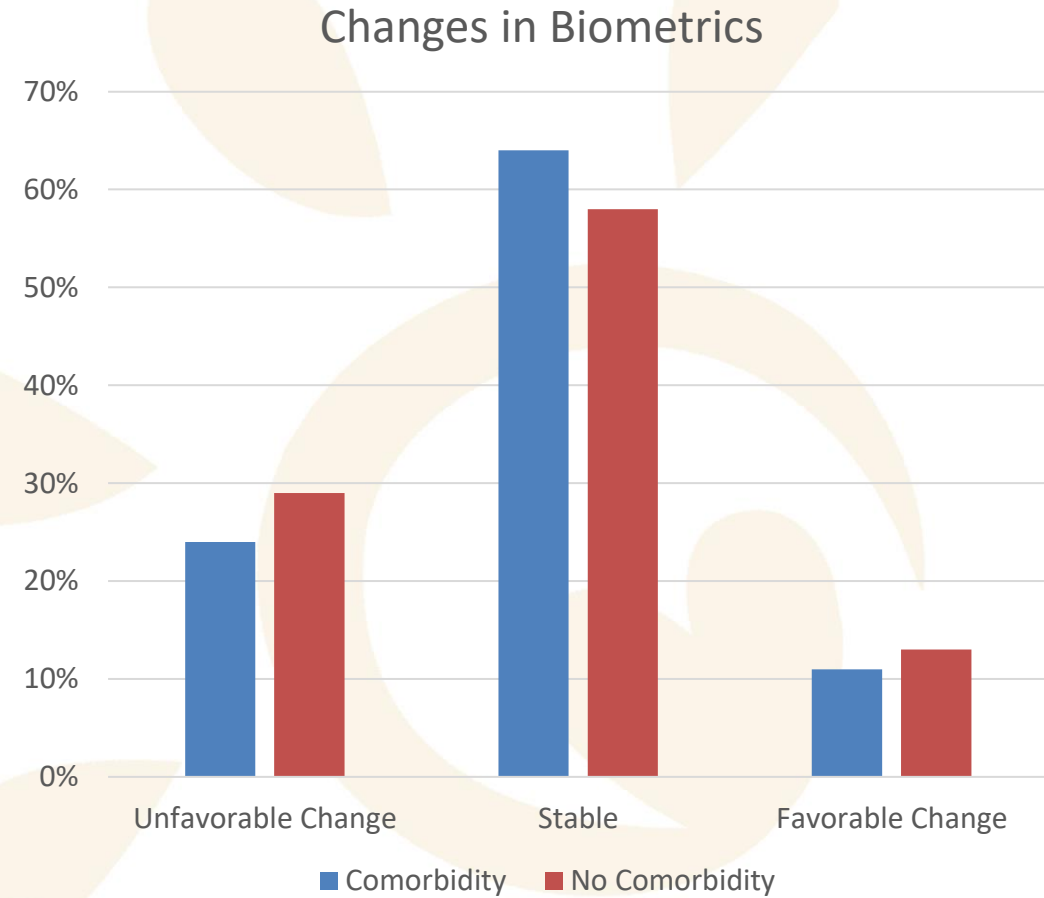


Impact of Comorbidities



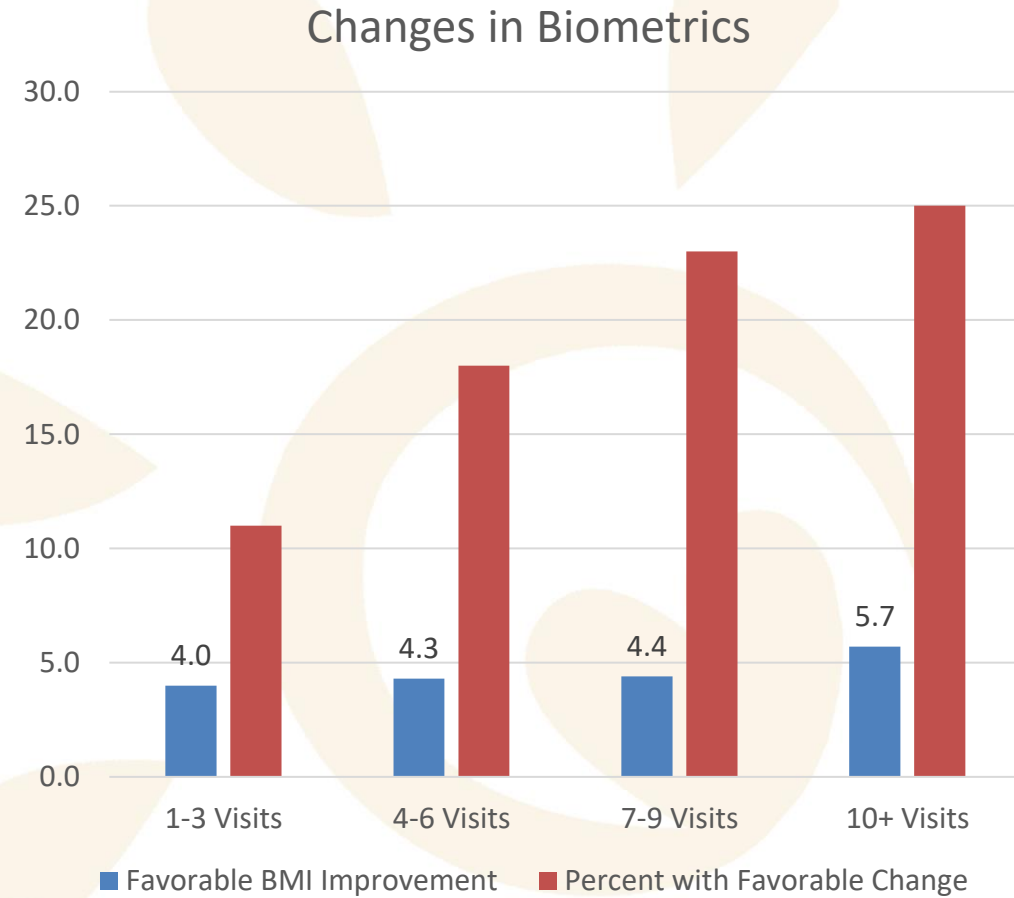
Insights

- Obese patients without comorbidities were more likely to have unfavorable changes in biometrics, and demonstrated less stable outcomes
- Possible indication of medical conditions heightening the seriousness of obesity.



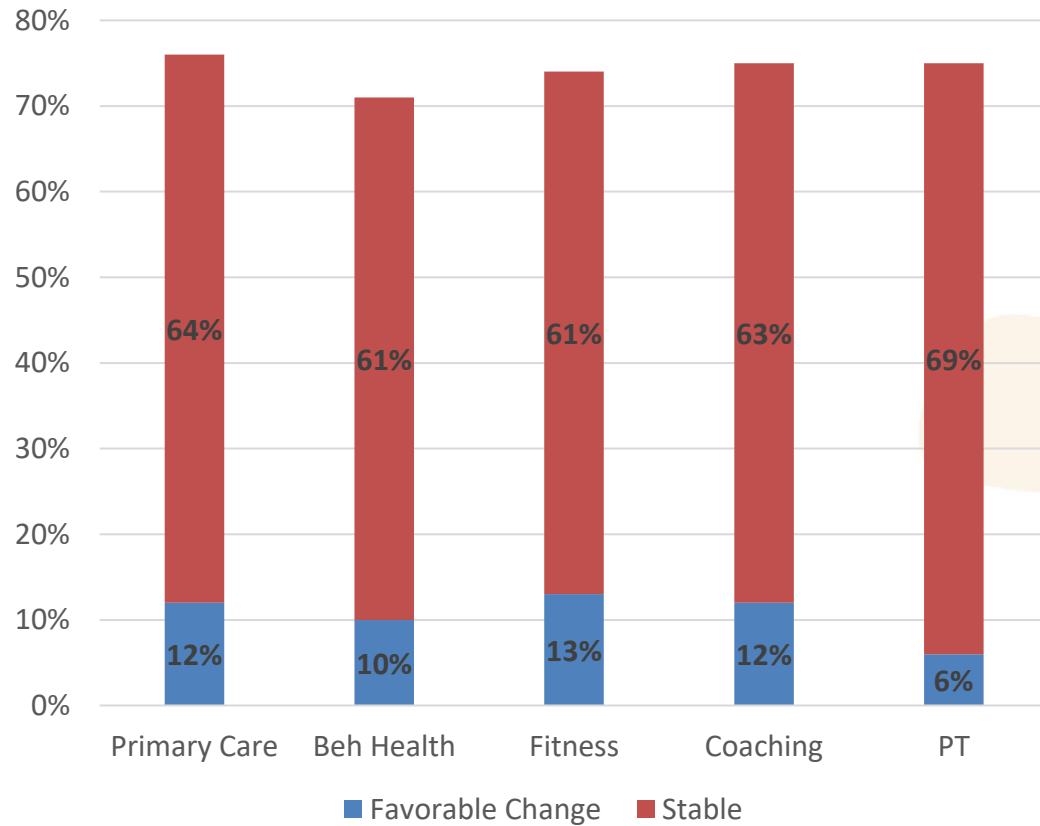
Primary Care Impact

- Correlation of intensity of services to percent of population with Favorable changes in Biometrics and BMI improvement.
- Likely, severity of medical situation driving change.

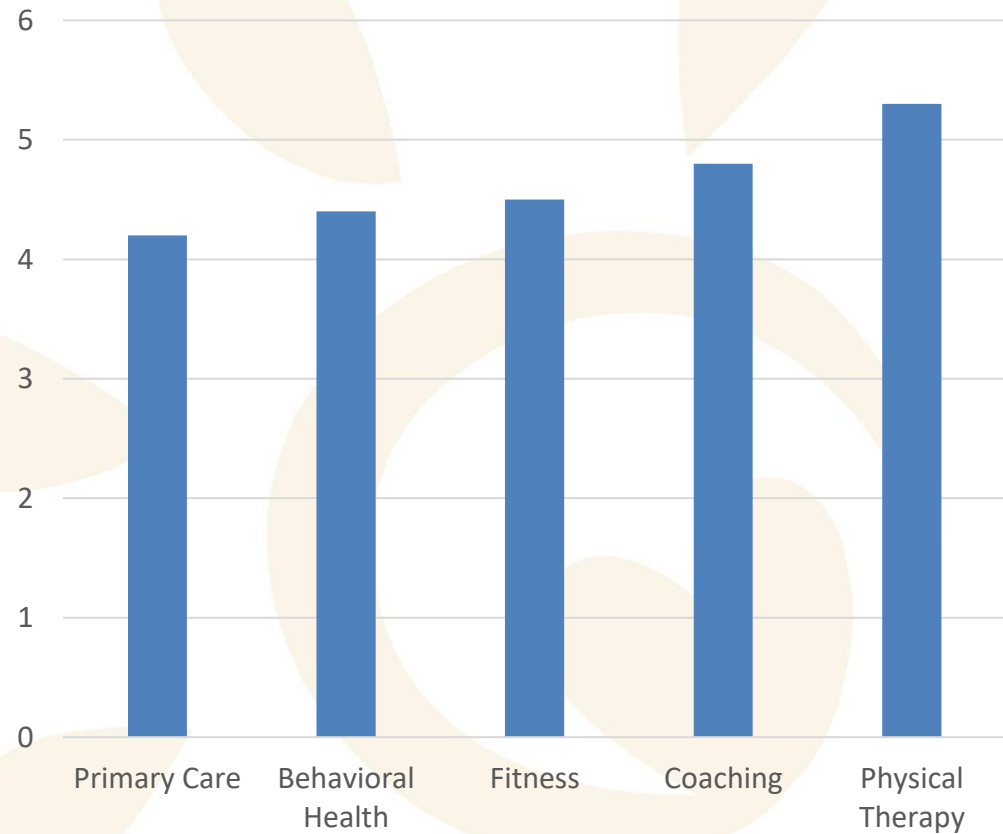


Impact of Various Service Areas

Biometrics Impact

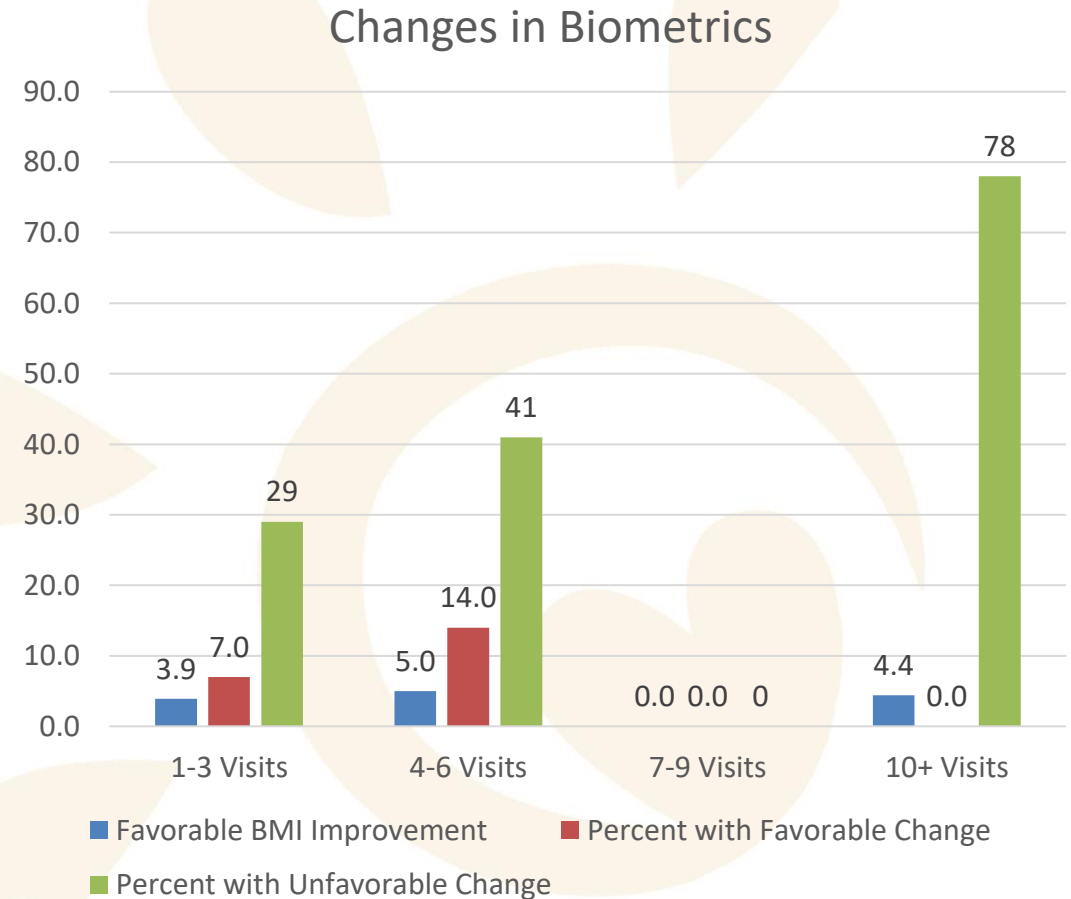


Favorable Change - BMI Reduction



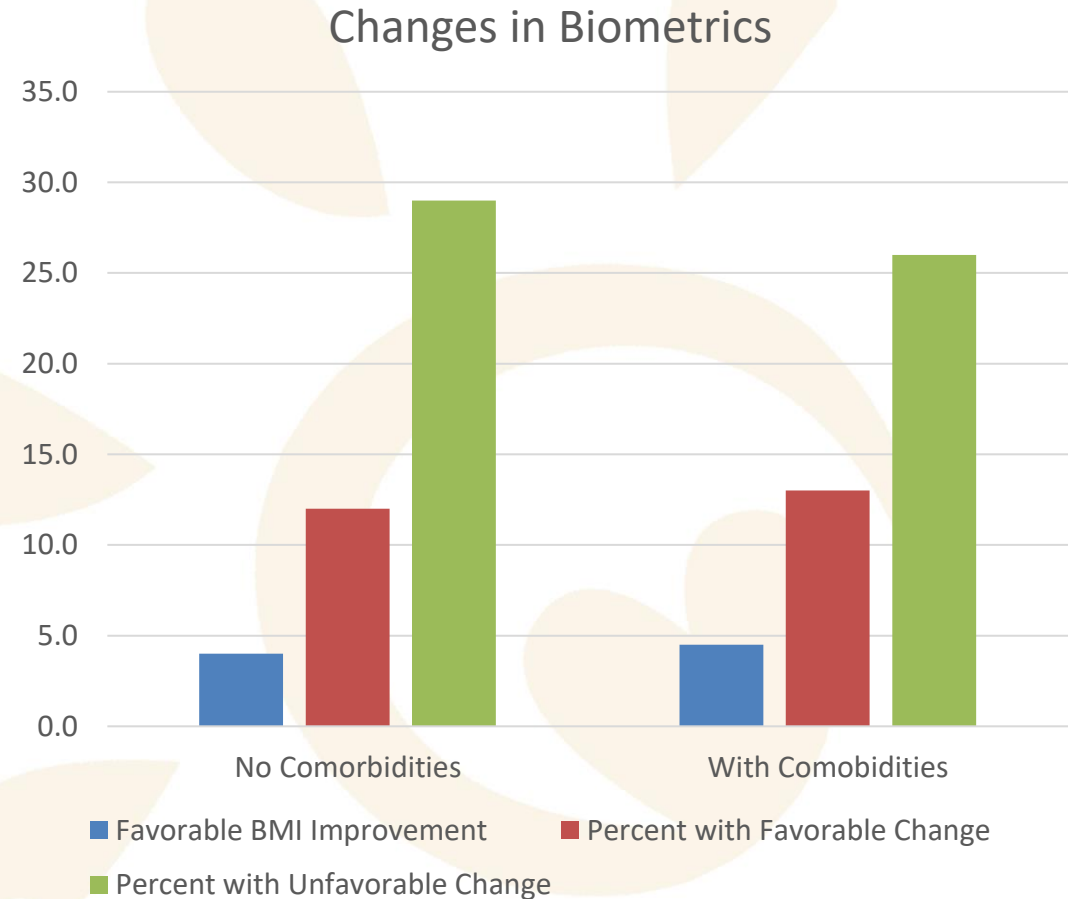
Behavioral Health Impact

- Patients with the fewer visits (1-3, 4-6) showed the greatest improvements.
- Area shows the greatest volatility with greater percentage of unfavorable results that increases with intensity of services.



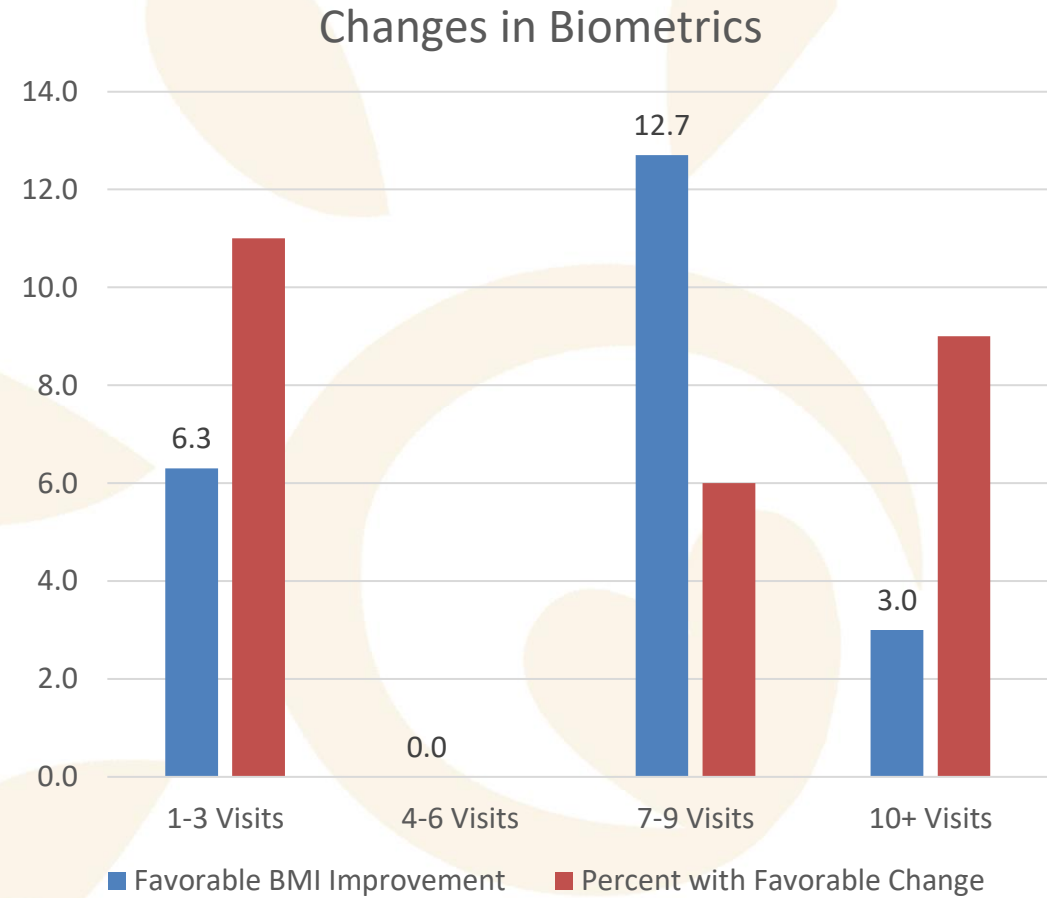
Impact of Fitness

- 73% of obese patients using fitness facility have comorbidities.
- As in other areas, we see more favorable results with those with comorbidities.
- Health coaching and physical therapy have higher percentages of patients involved in fitness.



Physical Therapy Impact

- Shows the largest favorable overall BMI change (5.3), but the lowest overall percentage of favorable change (6%).
- May be indicative of working with a population dealing with pain and mobility issues especially in light of the decrease in positive outcomes at 10+ visits



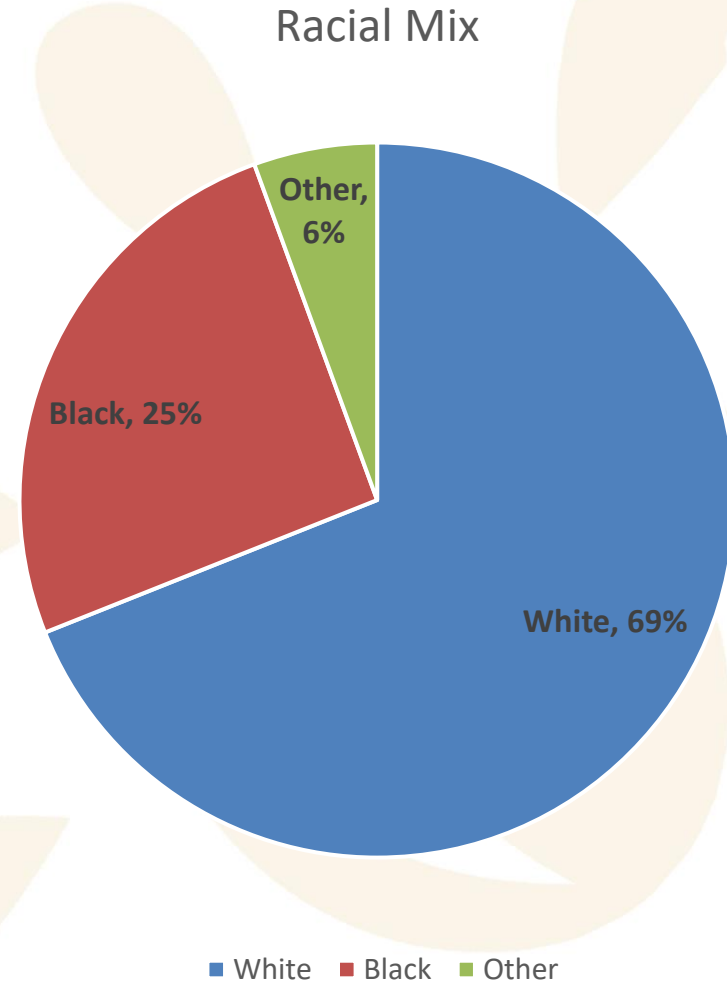
Obesity & Health Disparities

2020 study

Our Data Set – Teachers Health Plan

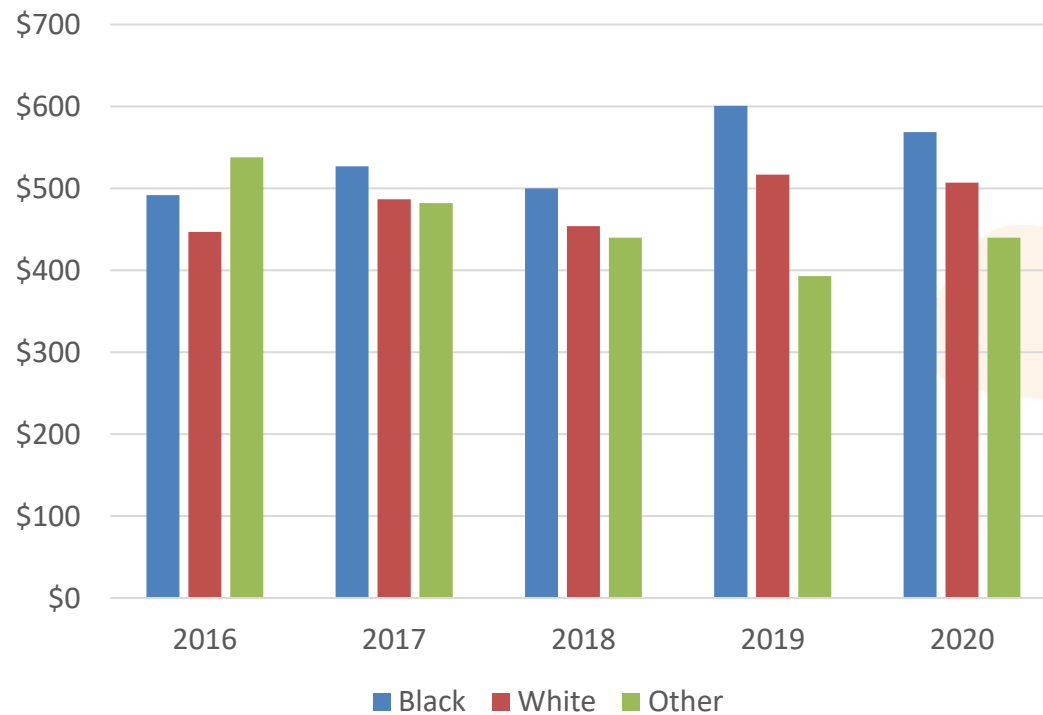
2020 Demographics

- 6218 Certificated Staff
- All College Educated
- Consistent Salary Structure
- Live/work in greater Nashville MSA
- Equal access to onsite medical
- Low cost health plan
- 79% female, average age 43 (Black employees slightly older, 45)
- Other – predominantly Latino, secondarily Asian(72% female)

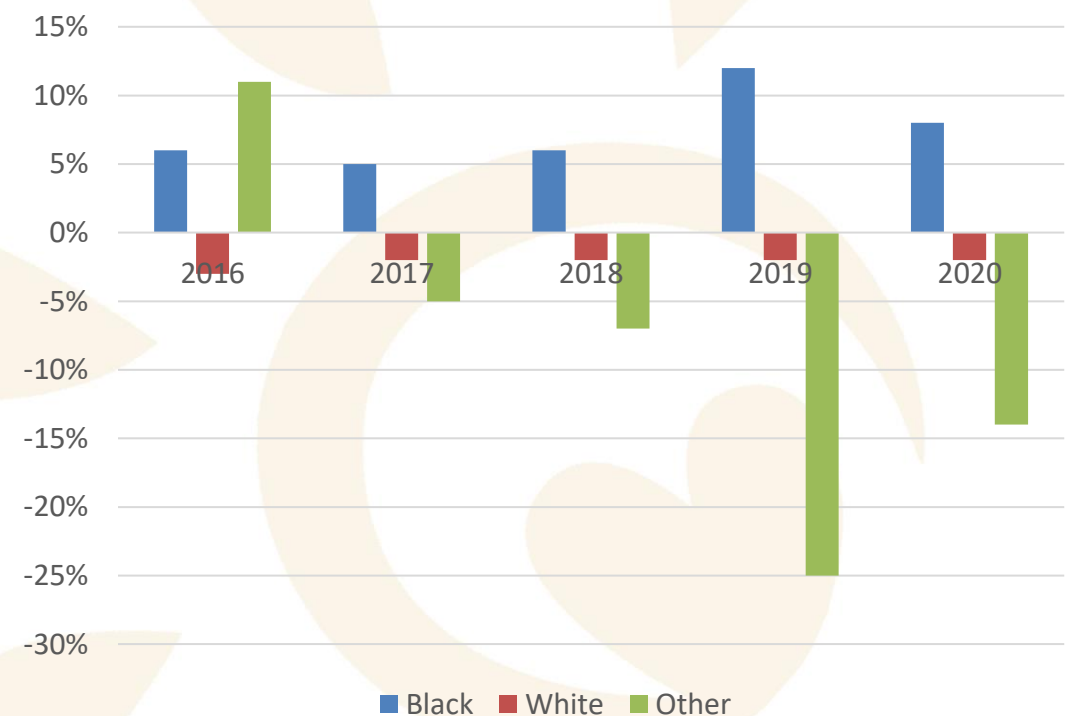


Annual Claims Cost PMPM

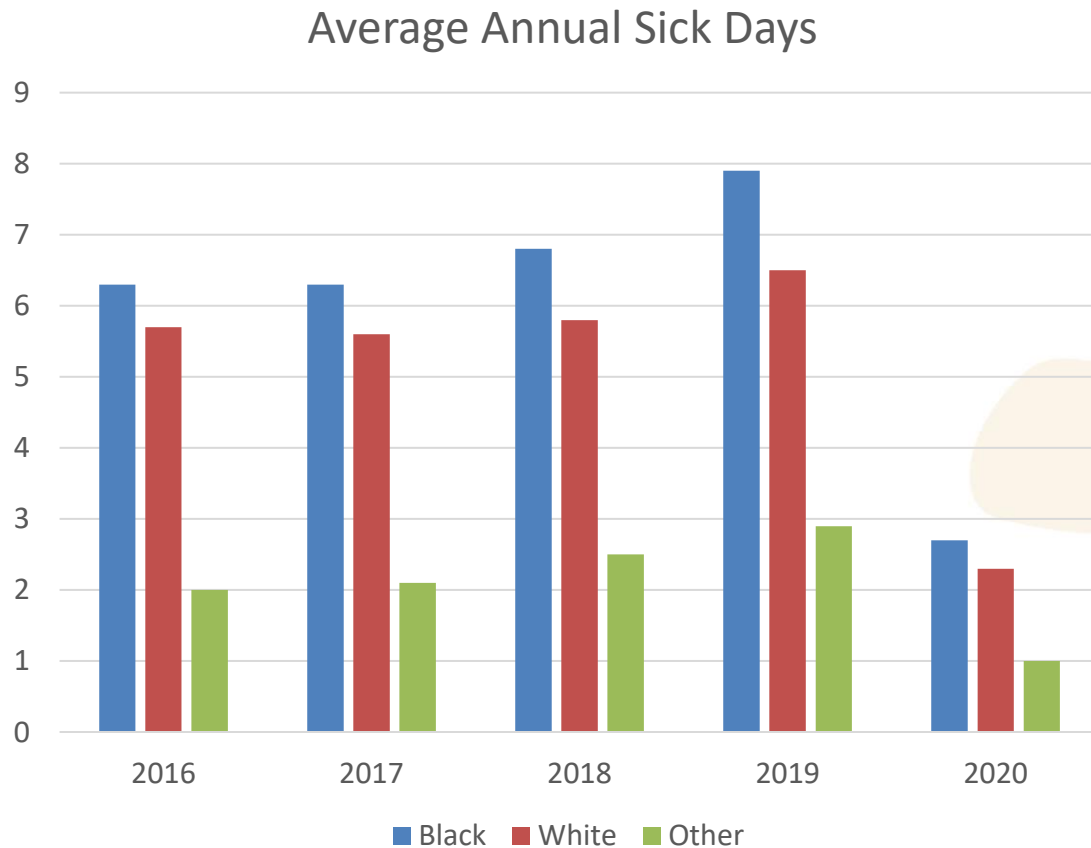
Cost Per Member Per Month



Percent Variation from Age/Sex Norm



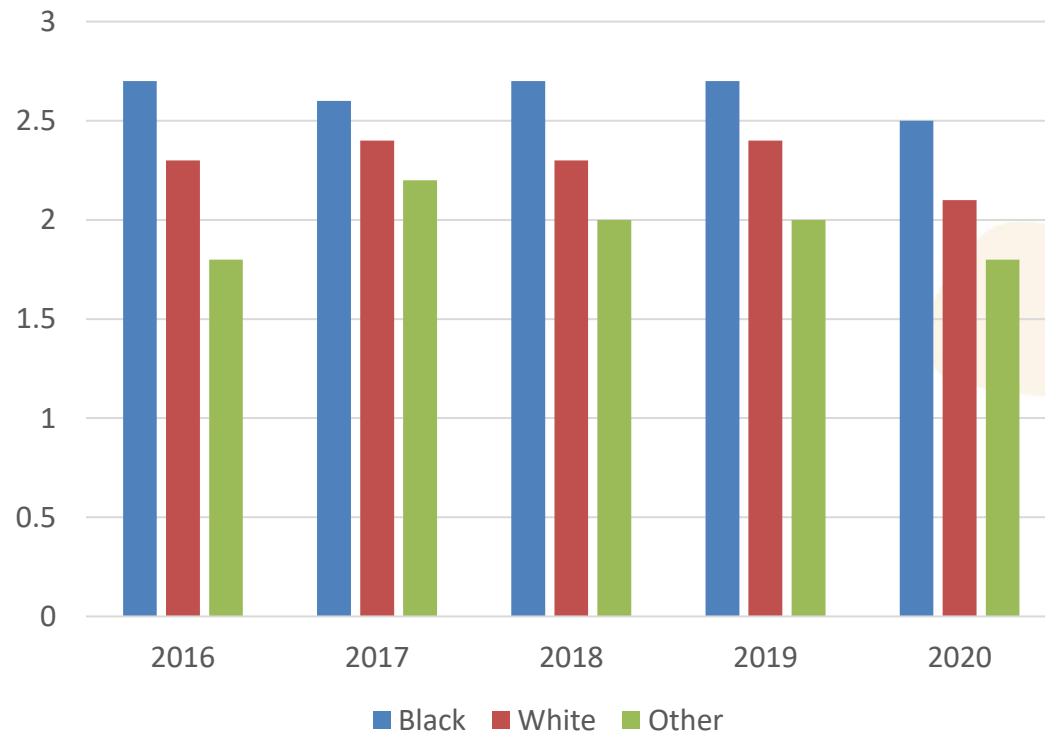
Average Annual Sick Days



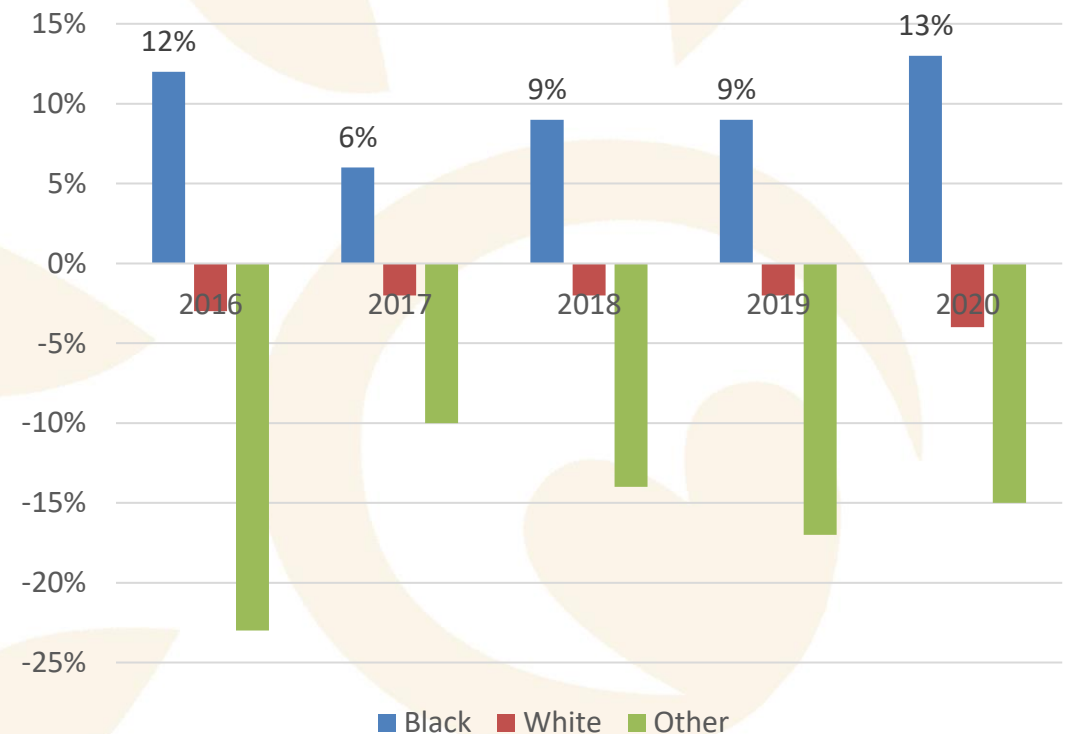
- It seems the impact of poorer health may also lead to increased absenteeism
- Not only do “other” employees under-utilize medical services, but they also have absenteeism at 1/3rd of the rest of the teaching population.
- Note – teachers had a “sick-out” in 2019 inflating sick day use.

Primary Care Utilization

Average Annual PCP Visits

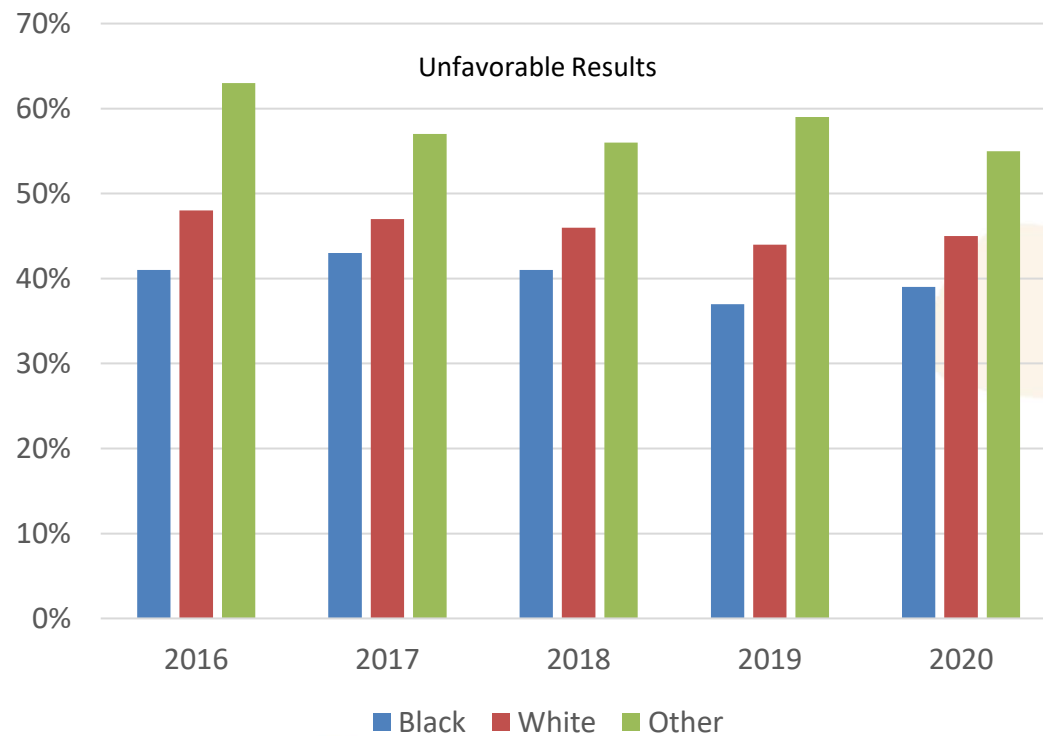


Percent Variation from Age/Sex Norm

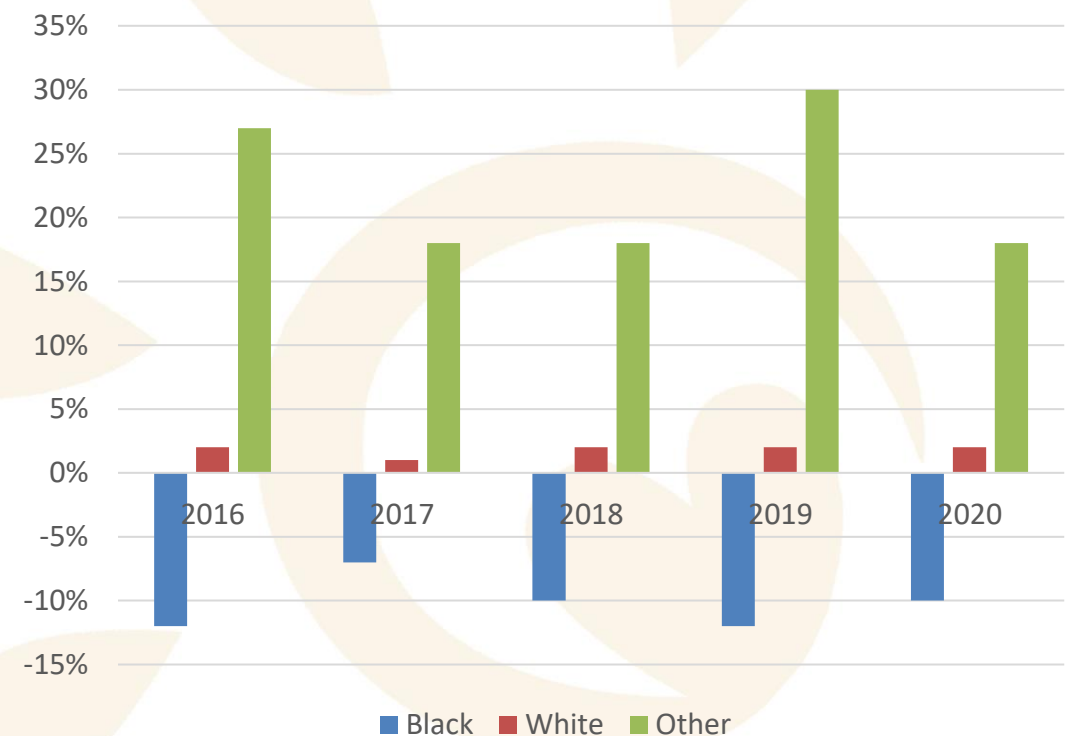


Gaps in Care - Preventive Primary Care

Preventive Primary Care Gaps

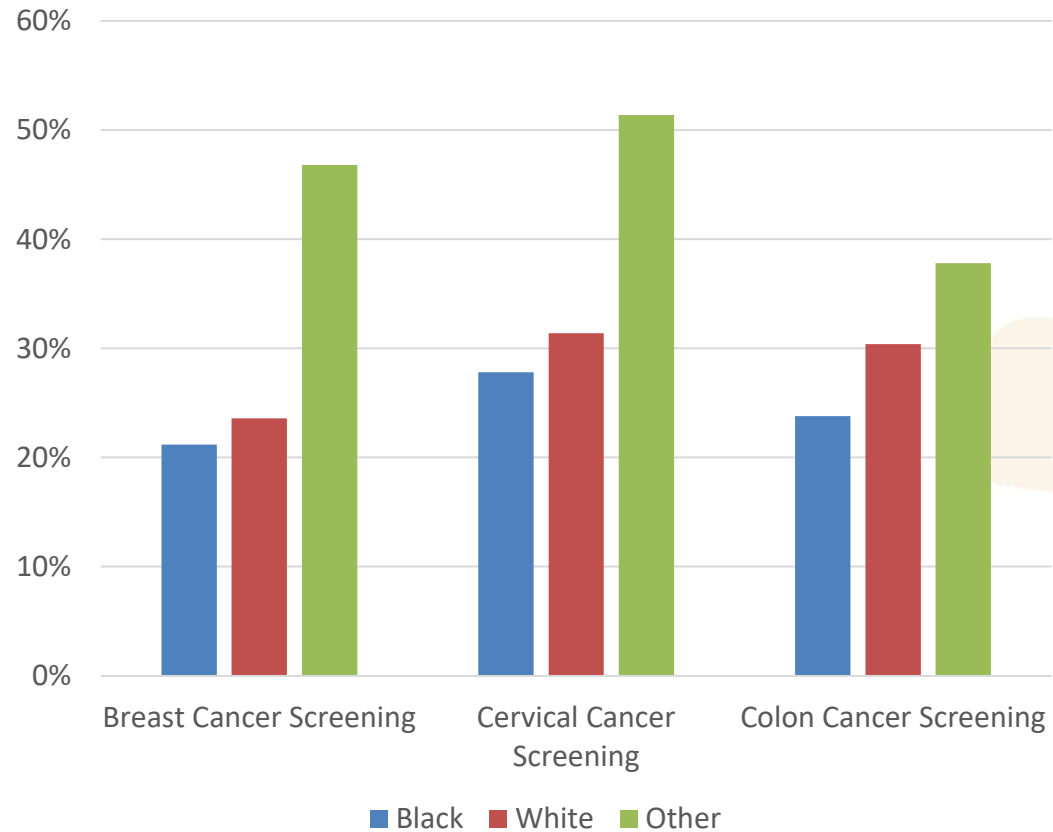


Percent Variation from Age/Sex Norm



Care Gaps -Prevention Screenings

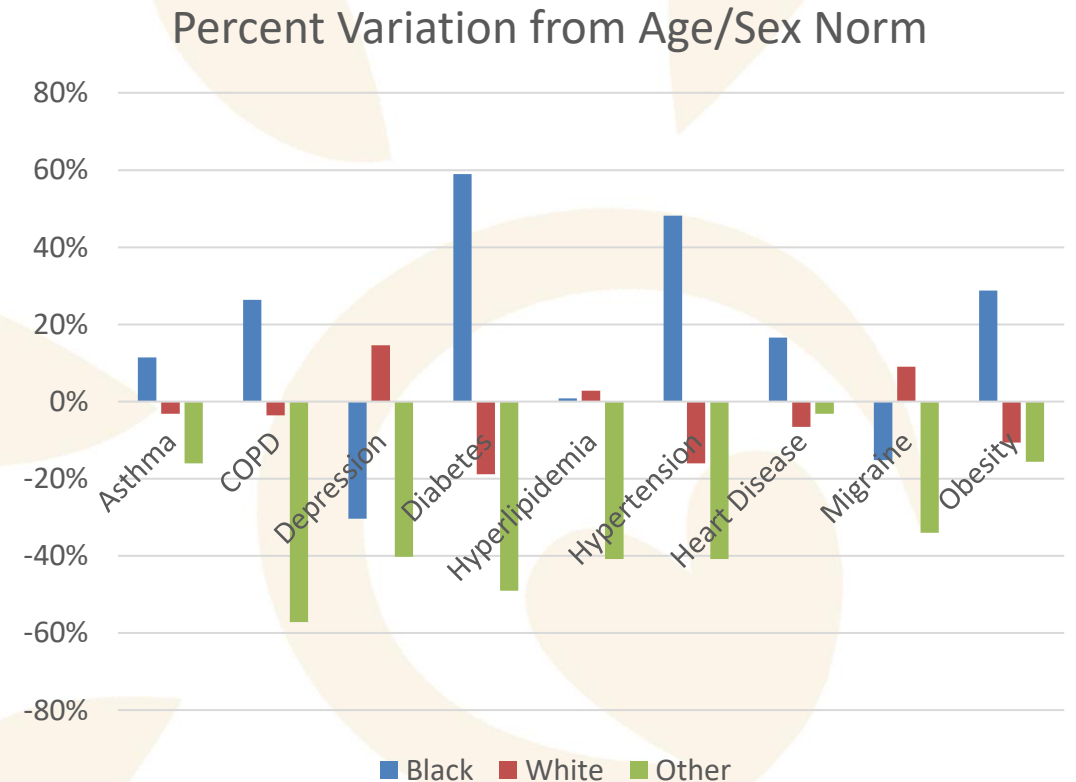
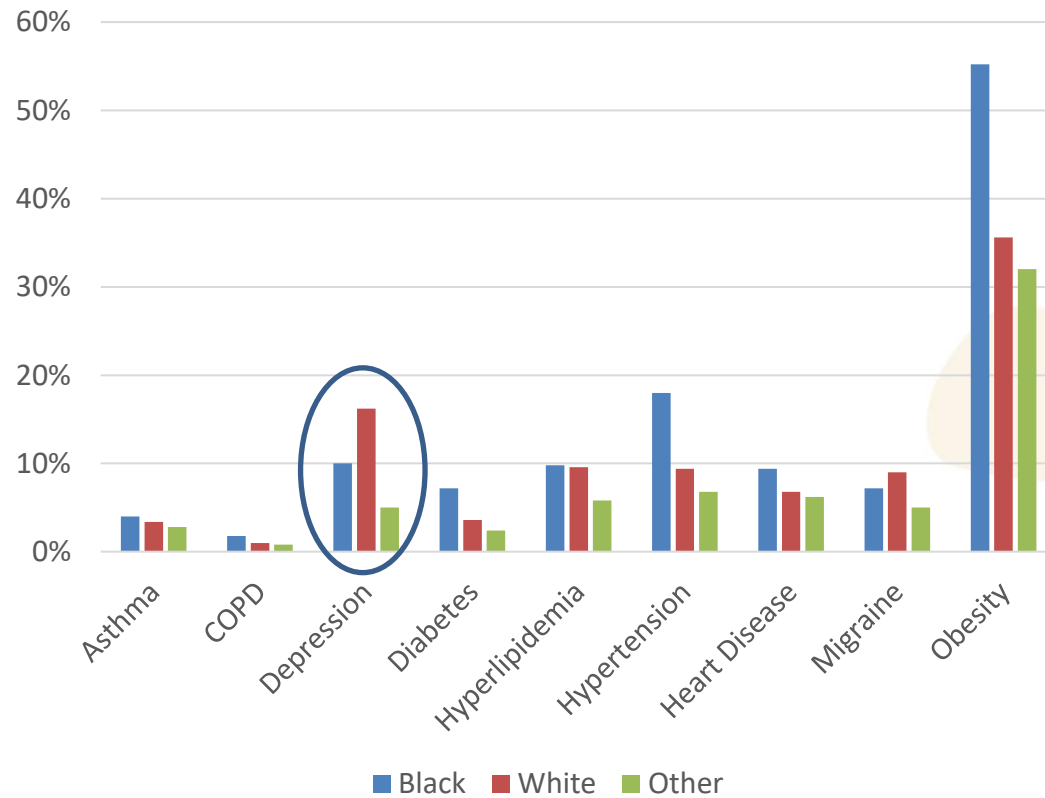
(5-year Averages)



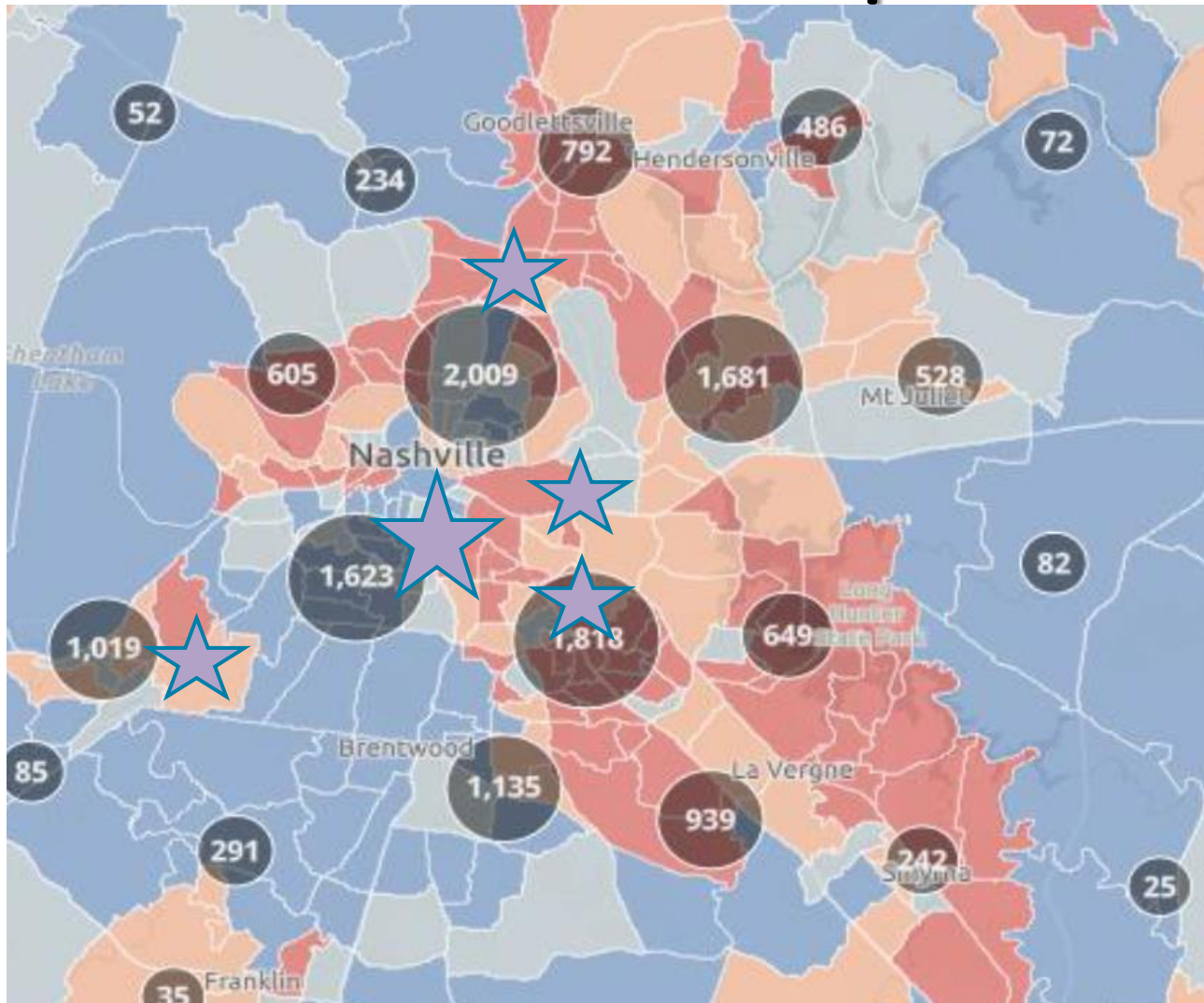
- It becomes clear that we have to find a way to better engage the “other” employees as it appears many of them stay outside the medical system till there is a serious medical event driving them to the hospital.
- Why are our black employees receiving necessary preventive care and still bear high medical cost?

Comorbidities

(5-year Average)

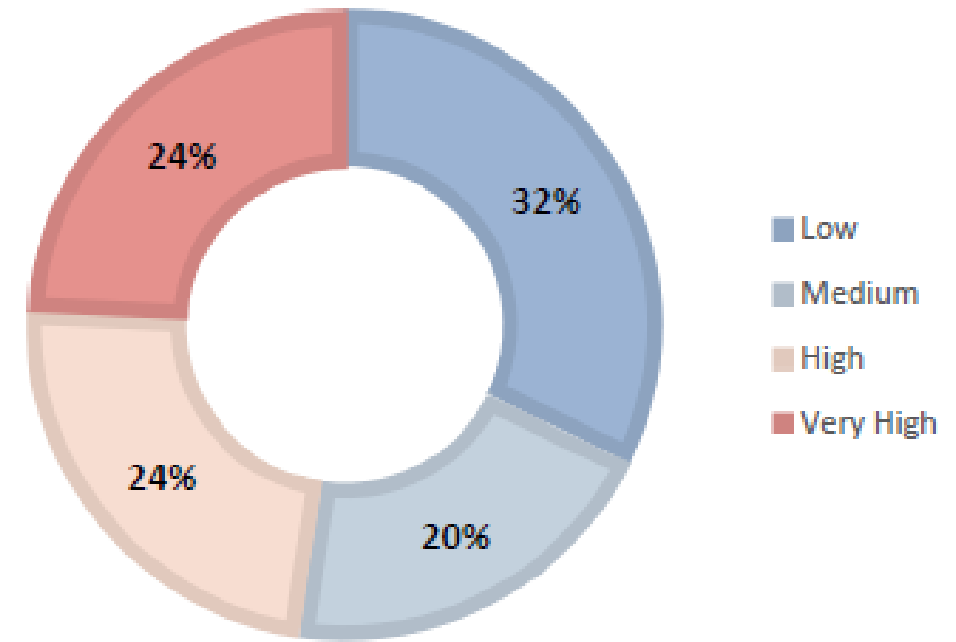


Access to Comprehensive Primary Care



*Cigna Total Health Insight: MNPS Annual Review Report (April 2021)

Percentage of Members by SDI



 MNPS clinic locations

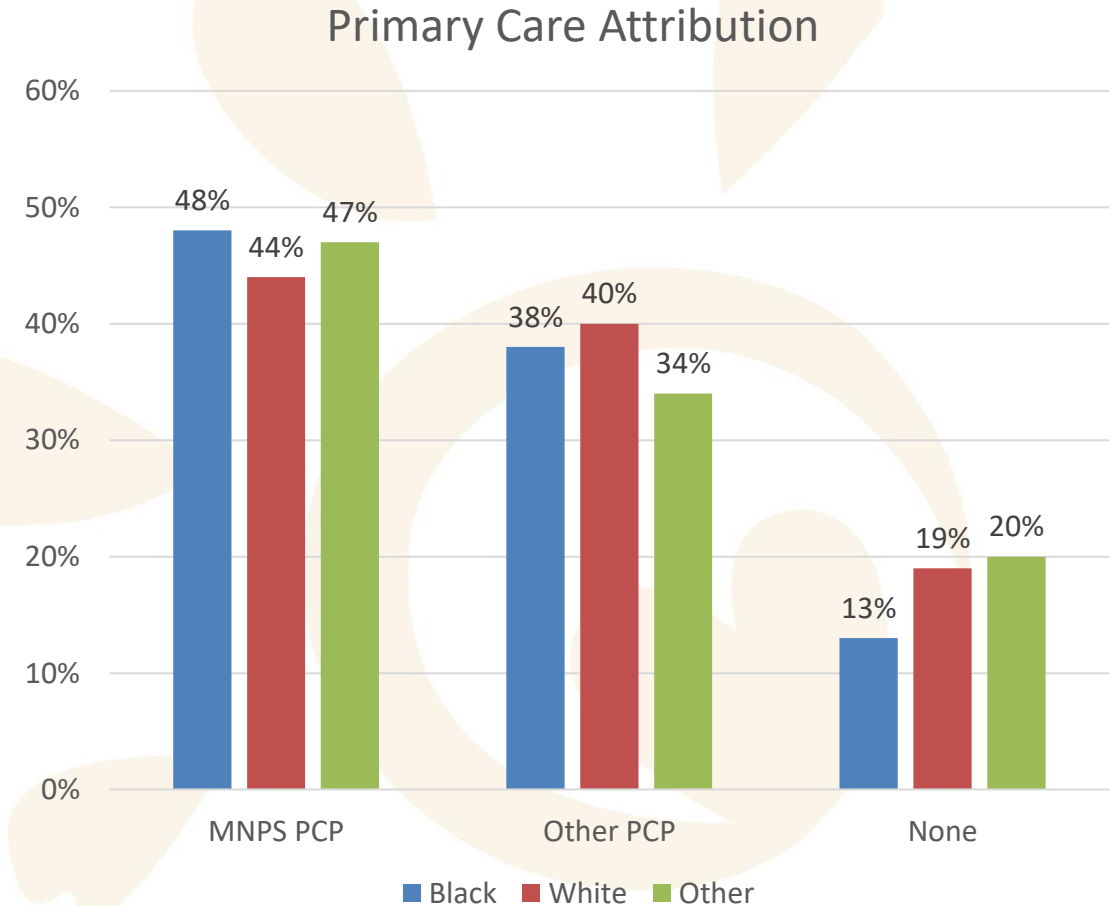


Vanderbilt Health
at Metro Nashville Public Schools
Employee & Family Health Care Centers



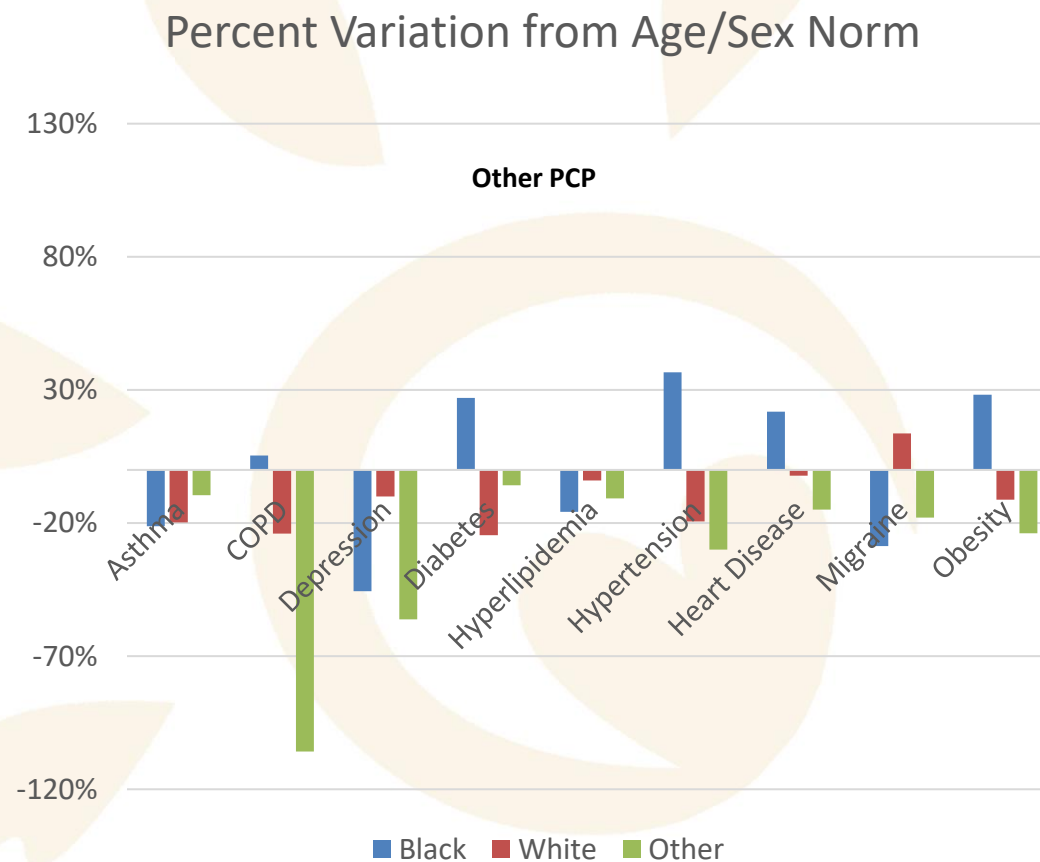
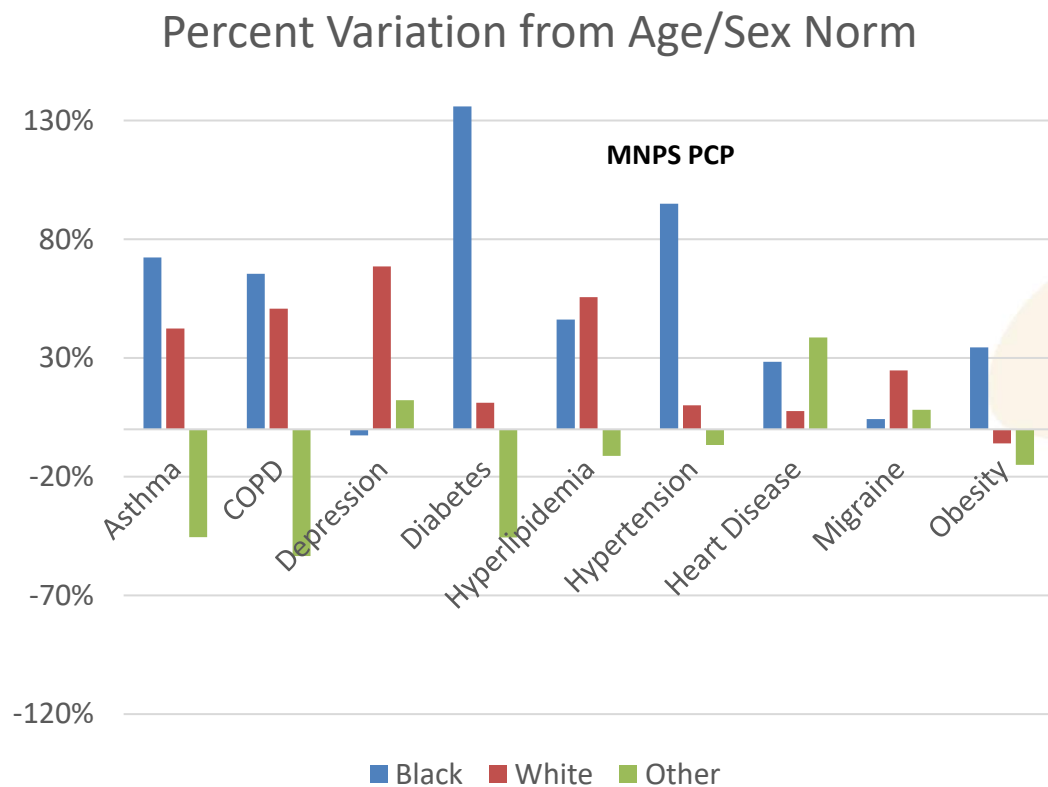
Primary Care Attribution

- Typically, you expect higher ED utilization tied to lower primary care use as seen with the other category.
- However, our black employees have higher primary care use and higher ED utilization.
- Confounding the issue are better results in preventive care utilization as well.



Impact of Onsite Medical - Comorbidities

MNPS PCP & Other PCP(5-year Average)



What Determines Health?

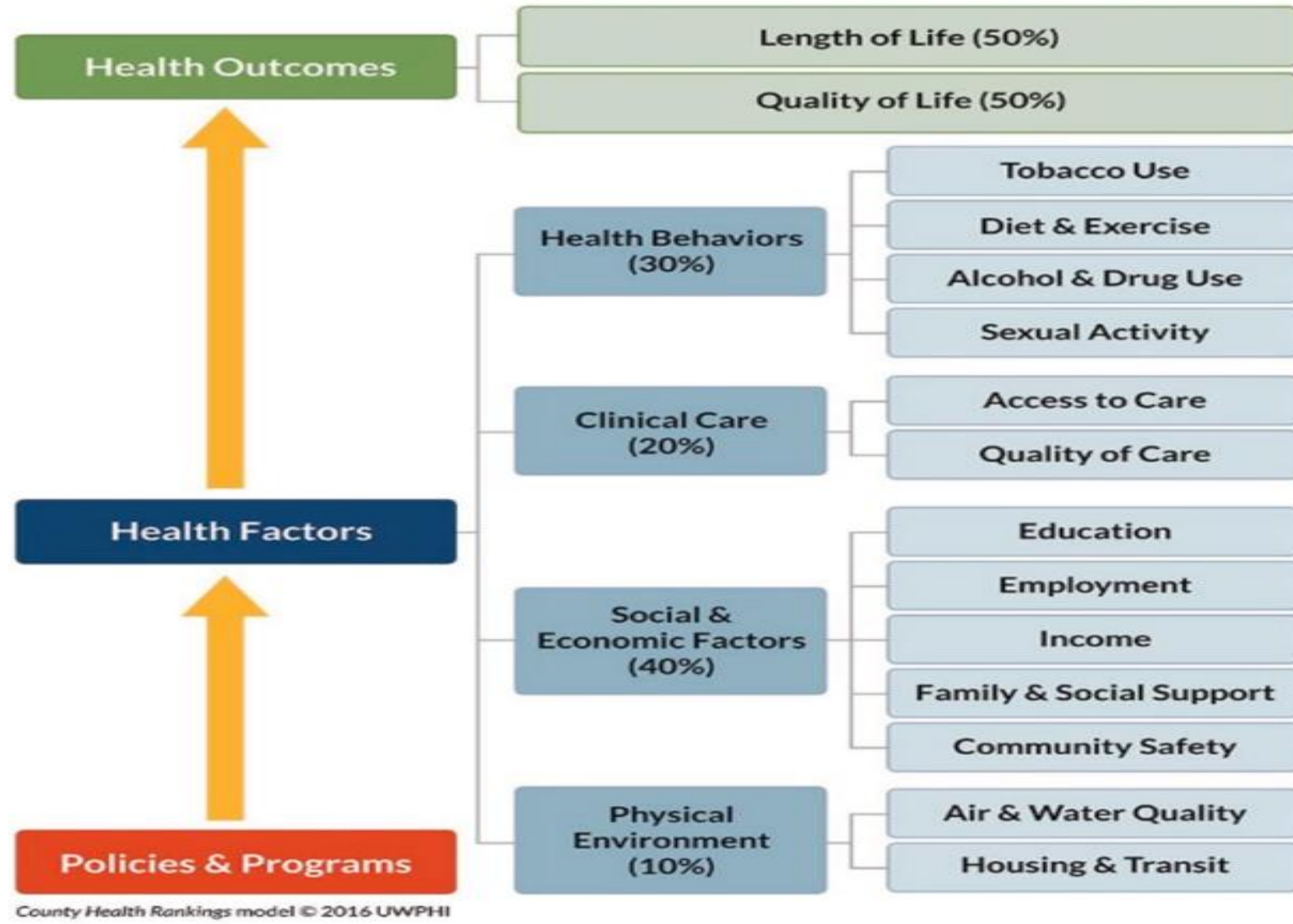


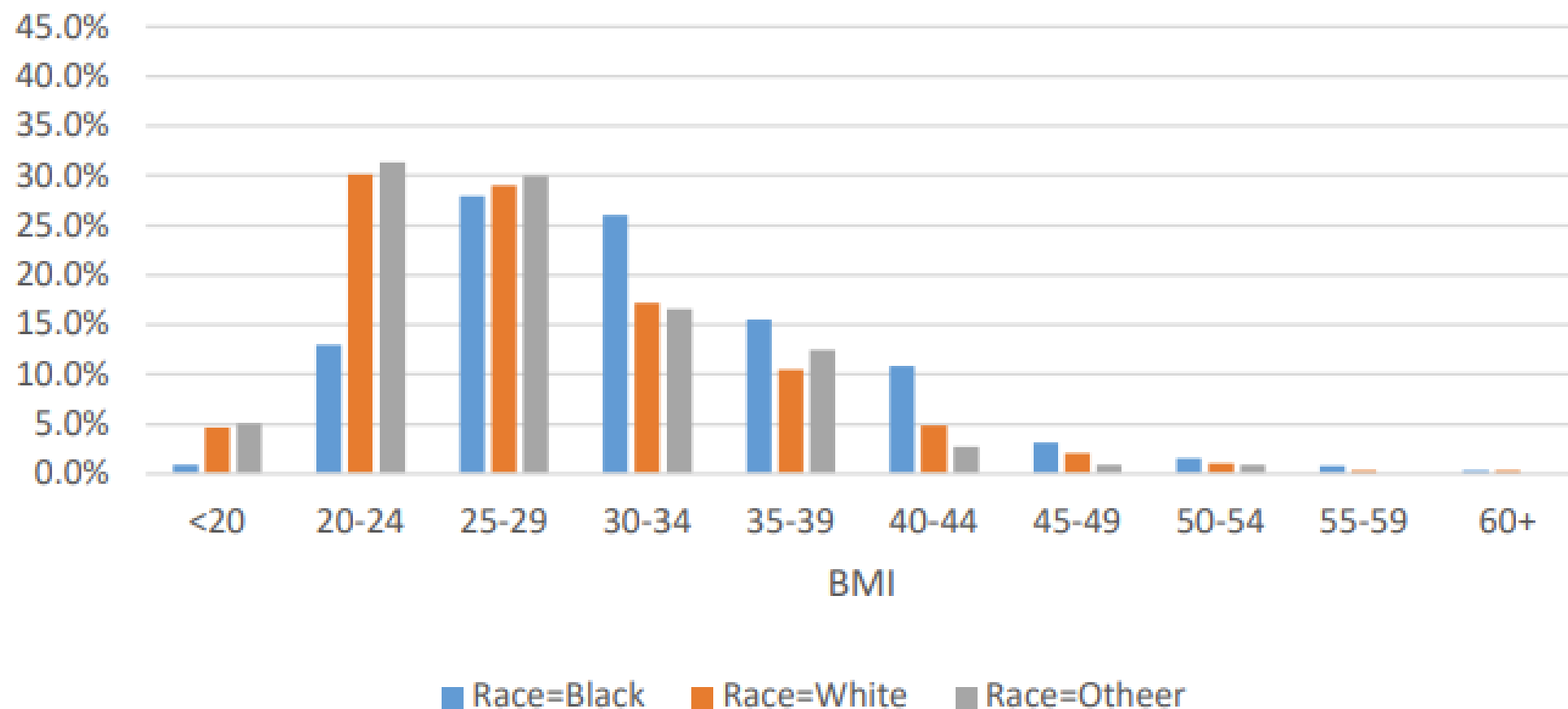
Figure 1 | County Health Rankings & Roadmaps
SOURCE: Reprinted with permission from County Health Rankings & Roadmaps, <http://www.countyhealthrankings.org/our-approach> (accessed July 18, 2017).

Where you live and work impacts your health

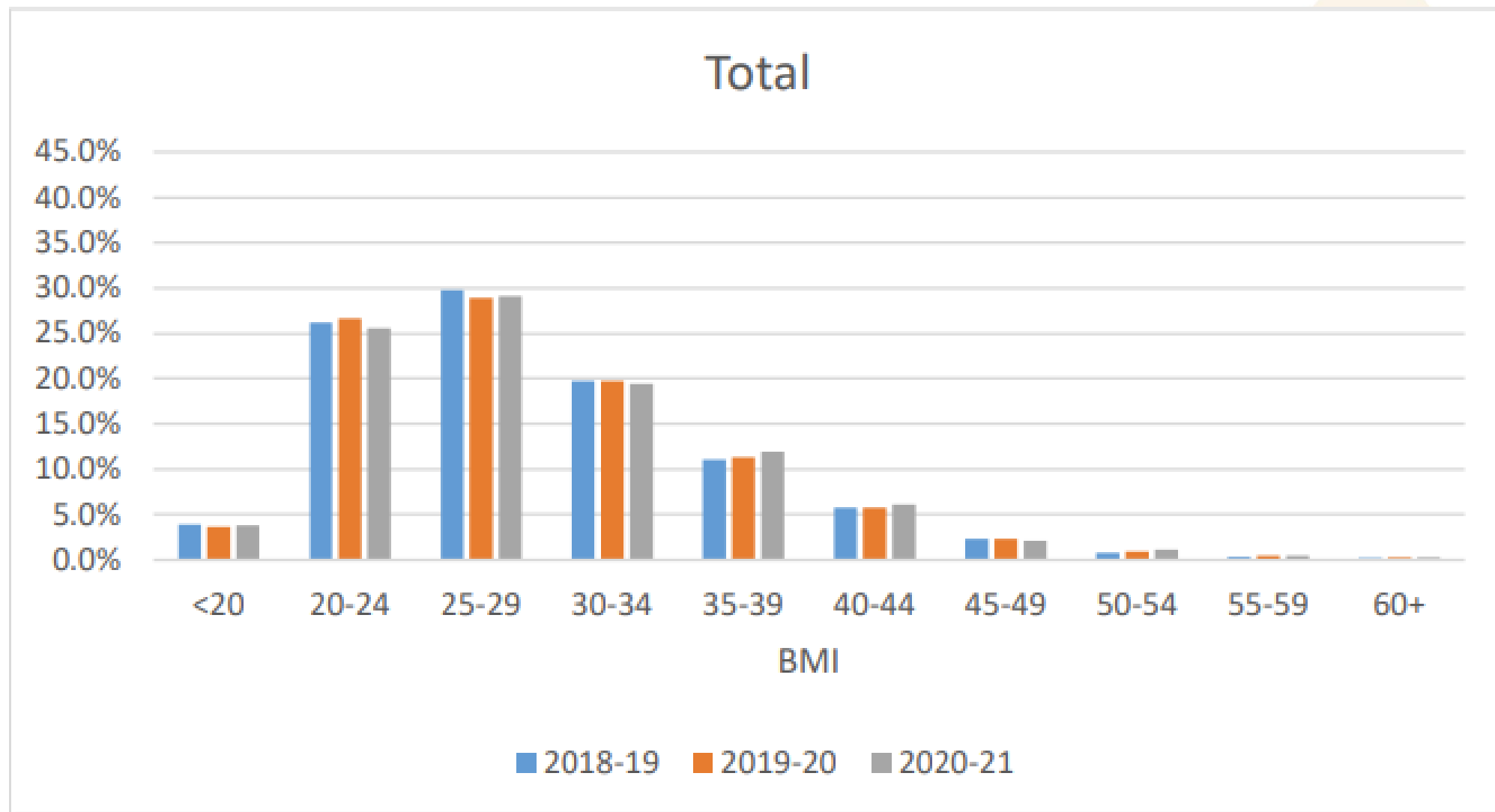
- Greater percentage of employees of color living in areas of high social need than white.
- Greater percentage of black employees both live and work in areas of high need. Greater negative impact if you both live and work in high need areas
- Younger black employees are more likely to move from high need areas than their older counterparts.
- As we age – the impact of the environment increases

Obesity does not impact everyone equally

Black, White & Other (2020-21)



Obesity has multiple levels of intensity



Combating Obesity-a multi-tiered approach

Strategies

- Dietary therapy
- Physical activity
- Behavior therapy
- “Combined” therapy
- Pharmacotherapy
- Weight loss surgery

Our approach

- Give it away
- Provide multiple options for health & lifestyle approaches
- Establish Centers of excellence for medical and surgical weight loss – bundled programs
- Undergird everything with strong behavioral health benefits
- Never stop learning and adapting – be ready to crush traditional health plan boundaries



Health Coaching

In person & group

- Clinic onsite health coach
- Cigna onsite health coach

Telephonic/Virtual - Cigna

- Health Advocates/Personal Health Team
- Lifestyle Management Programs
- My Health Assistant



Ken's story
Body by Bobbi — How MNPS sports
lost 50 pounds!



Sam Frey
Assistant Principal
Henry Maxwell Elementary



Fitness/Movement

Wellness Center Fitness Facility

- Open for employees, retirees and spouses
- No cost
- Personal Trainers
- Fitness Classes

Weight Management Program

- For BMI of 25>
- 50% reimbursement up to \$1,600 for approved weight management program



Megan's & Alexis' story

Pair teaming up at Wellness Center to train for half-marathon



Crystal's story

Inspiration as motivation.
Weight loss is a welcome bonus

Omada Diabetes Prevention Program

Launched Spring 2019

- Expanded Omada DPP in 2021 to include Hypertensives and Diabetics
 - 1,596 applications to date
 - 1,321 accepted
 - 1,152 enrolled
 - 932 Diabetes prevention
 - 14 Diabetics
 - 165 Hypertensives
 - 41 Diabetes plus Hypertension
 - Over 6,000 pounds lost



Jessica's story

"[Omada®] has given me a whole new wardrobe."



Ken's story

"I never envisioned I would get the results I got!"



Foodsmart – Telenutrition pilot launched 2021

- Meet one-on-one with a Registered Dietitians (via video or phone) who are clinically licensed to provide personalized nutrition advice, help manage chronic conditions, and assist in areas outside of nutrition, such as sleep and mental health
- Plan affordable and delicious meals with digital grocery lists, grocery delivery integrations, and price comparison tools across grocery stores in your area
- Assess your nutrition with the NutriQuiz to learn more about how your eating habits may be affecting your health, and get simple recommendations for eating smarter
- Take advantage of biometric tracking
 - 192 enrolled
 - 10.5% improvement in Nutriscore



90-day Men's Health Challenge

- Focuses on metabolic health/whole food, plant-based diet
- Led by Director of Men's Health and Professor of Medicine at Meharry Medical College & Restorative Lifestyle Strategist
- Started in barbershops churches
- Launched November 2021
- 40 men engaged



“ I went home to visit my dad who is in poor health (heart failure), and I want[ed] to prevent that from happening to me. My blood pressure has been hard to manage, and I was taking a ton of medications. My kidney function was declining. I decided I had to take control of my health. I don't want to see my nephrologist and cardiologist every couple months. ”

— A.W., age 46, Challenge participant

Incentives/Extrinsic Motivation

Health Risk Appraisal

- Required annually for employees
 - \$800 surcharge for non-compliance
 - Post-tax – allows removal for later compliance
 - HRA located on Cigna site
 - File feed from Cigna with details and completion

MotivateMe Incentive Platform

- Funded by surcharge
- \$100 per employee per year
- Earn points/dollar based on healthy actions



Susan's story

"Cancer doesn't care"

Surgical Weight Loss Bundle –1/2021

What's included

- Bariatric Office visits pre and post surgery
- Specialist visits for surgery clearance
- Dietitian and Psych Visits pre and post surgery
- EGD or other Imaging
- Post-op Fluid Infusions
- Post-op Emergency Visits, Observation Stays and Related Hospital Admissions or Procedures for 90 days
- Clinic visits and labs, including vitamins monitored for 1 year post

Participants also have access to:

- Educational classes
- Support groups
- Telehealth services
- Concierge service with a dedicated patient navigator

All at no member cost



Surgical Weight Loss Bundle

- Over 1,000 members eligible based on BMI >35
 - 61 enrolled active participants to date
 - 29 completed surgical procedures
 - Data from first 23
 - 83% female
 - 83% employees
 - Average age 45
 - 70% white; 30% black
- 128 days post-surgery
- Average 51 pounds lost
 - BMI reduction of 8 points
 - BP reduced 6 points
 - 12% (sleeve) to 45% (bypass) reduction in RX spend

Medical Weight Loss

“It’s not just lack of will power.” Without a recognition that the “calories in, calories out” model is oversimplified, physicians will continue to advise patients with obesity to just try harder, a strategy that for most is destined to fail. **It’s not for lack of trying. Biology drives eating behavior**, Jastreboff said. “You can reduce calories for a certain amount of time, but at some point, your body is going to tell your brain that you’re starving.”

The body is programmed to store fuel— aka fat—as a safeguard against famine. The amount of fat it holds onto is tightly regulated, a concept that Harvard’s Lee Kaplan, MD, PhD, and others termed **the energy set point**. When a person loses weight, the body compensates by both slowing its metabolic rate and altering hunger and satiety signals to compel eating. Its goal is to return to its set point, which an individual experiences as their typical weight range

*Semaglutide’s Success Could Usher in a “New Dawn” for Obesity Treatment
JAMA July 13, 2021 Volume 326, Number 2*

Medical Weight Loss Bundle –1/2022

Duration

Initial consult + 6 months, option to continue for 6 more months

What's included

- Concierge support from a dedicated patient navigator
- Relevant lab work, including biometric panels and measurement of resting metabolic rate
- Oversight and support from an obesity specialist
- Dietitian and behavioral health visits as needed
- Assistance with nutrition, water intake and physical activity tracking through a variety of apps, including MyFitnessPal, MyPlate and others
- Select anti-obesity medications
- Referral and access as appropriate to Vanderbilt Dayani Center for medical fitness programs
- Access to a support group

All at no member cost



THANKS FOR YOUR TIME!

DAVID.HINES@MNPS.ORG



Questions?





THE SCHEDULE

TRUTH ABOUT WEIGHT®
The cycle can be broken



What is your most important wellness programming concern on the legal front? (choose one)

- ☐ Managing wellness incentive requirements
- ☐ Understanding and complying with ADA & GINA requirements
- ☐ Handling COVID vaccination status for your employees
- ☐ Managing exemption status on non-vaccinated employees
- ☐ Other

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**What is your most important wellness programming concern on the legal front?
(choose one)**

ⓘ Start presenting to display the poll results on this slide.



Legal Update on Employer Wellness Programs

Sarah Bassler Millar

Partner

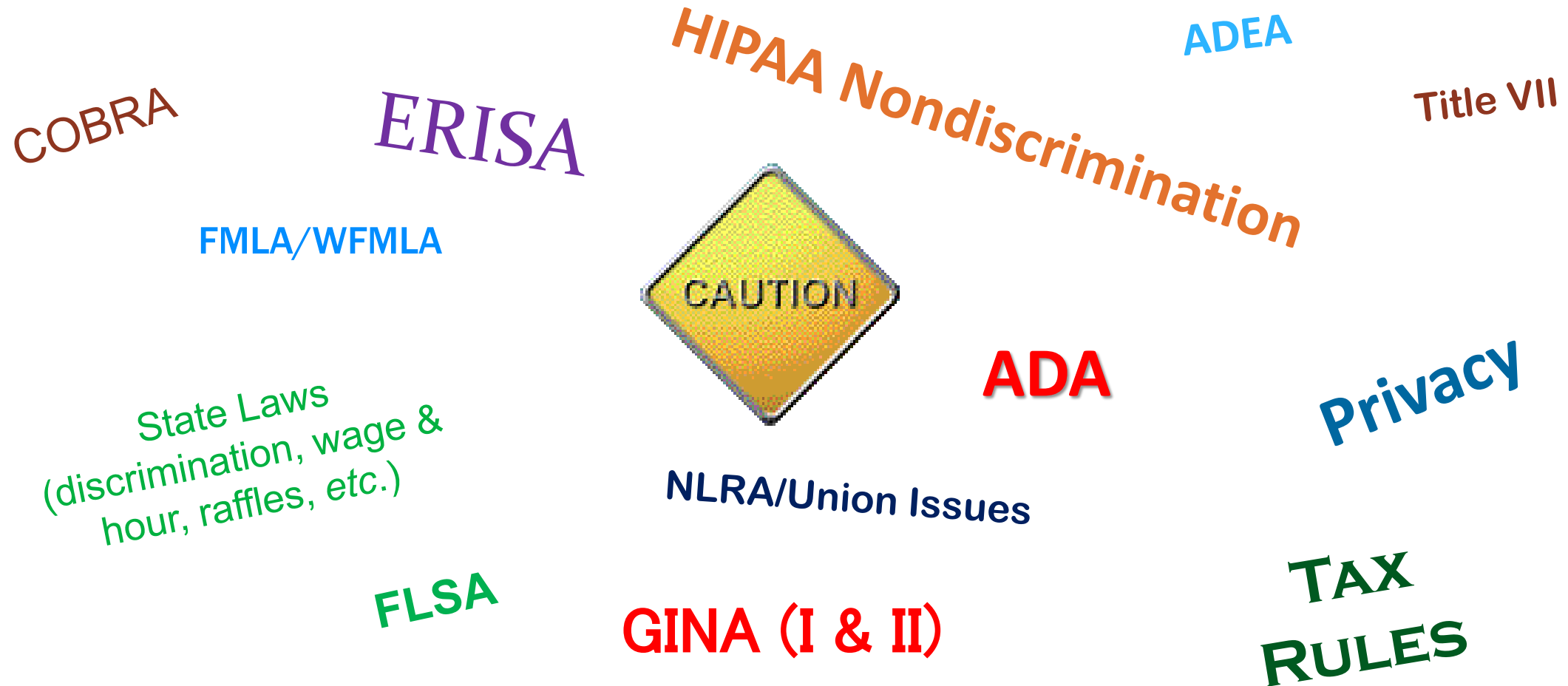
Faegre Drinker Biddle & Reath LLP

What is a Wellness Program and What Legal Rules Apply?

- *“We don’t have a ‘plan’ – we just offer a program...it’s really more of a policy.”*
- *“Our program is voluntary!”*
- *“We’re not penalizing employees. We’re rewarding them!”*
- *“Our wellness program is participation only, so we don’t have to worry.”*



Wellness program are potentially subject to lots of different (sometimes conflicting) laws ...



Key Wellness Program Rules

- **HIPAA**

- Group health plans cannot vary eligibility, benefits or contributions (premiums) based on a “health factor” (e.g., medical condition, claims experience, receipt of care, etc.)
- Exception for programs that are designed to promote health and prevent disease and meet specific requirements (i.e., financial incentives permitted)

- **GINA**

- Title I: Group health plans cannot use genetic information to adjust premiums or contribution amounts or for underwriting purposes; cannot collect genetic information “prior to or in connection with” enrollment
- Title II: Employers may not request, require, or purchase genetic information of an individual or family member; exception for “voluntary” programs

- **ADA**

- Employers cannot request medical information from (or require a medical examination of) a current employee unless it is job related and consistent with business necessity
- Exceptions for “voluntary” wellness programs and “bona fide benefit plans” based on underwriting risks

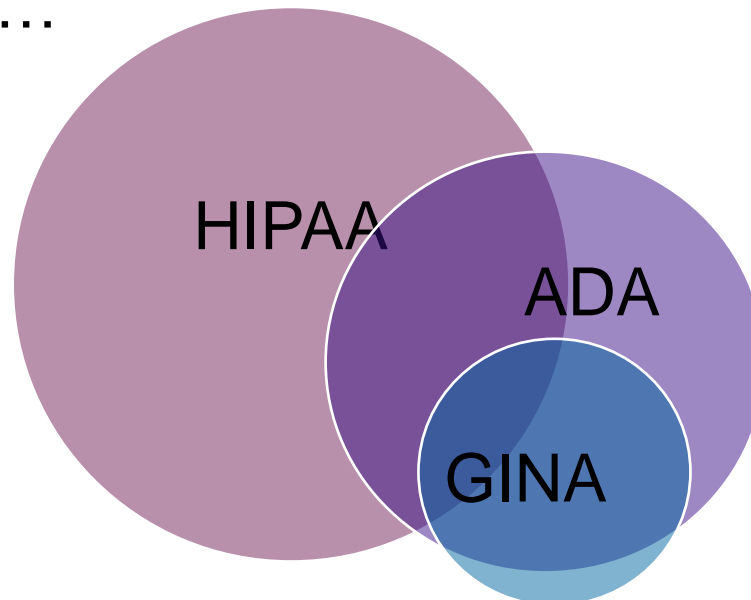
What does the EEOC consider to be a “voluntary” wellness program?

- **2000 EEOC Q&A Enforcement Guidance:** a program is voluntary if it “**neither requires participation nor penalizes employees who do not participate**”
- **January 2021 EEOC Proposed Rule:** “too high of an incentive would make employees feel coerced to disclose protected medical information to receive a reward or avoid a penalty and therefore [most wellness programs] may offer **no more than de minimis incentives** to encourage employees to participate”
- **March 2021:** EEOC withdrew the January 2021 Proposed Rule

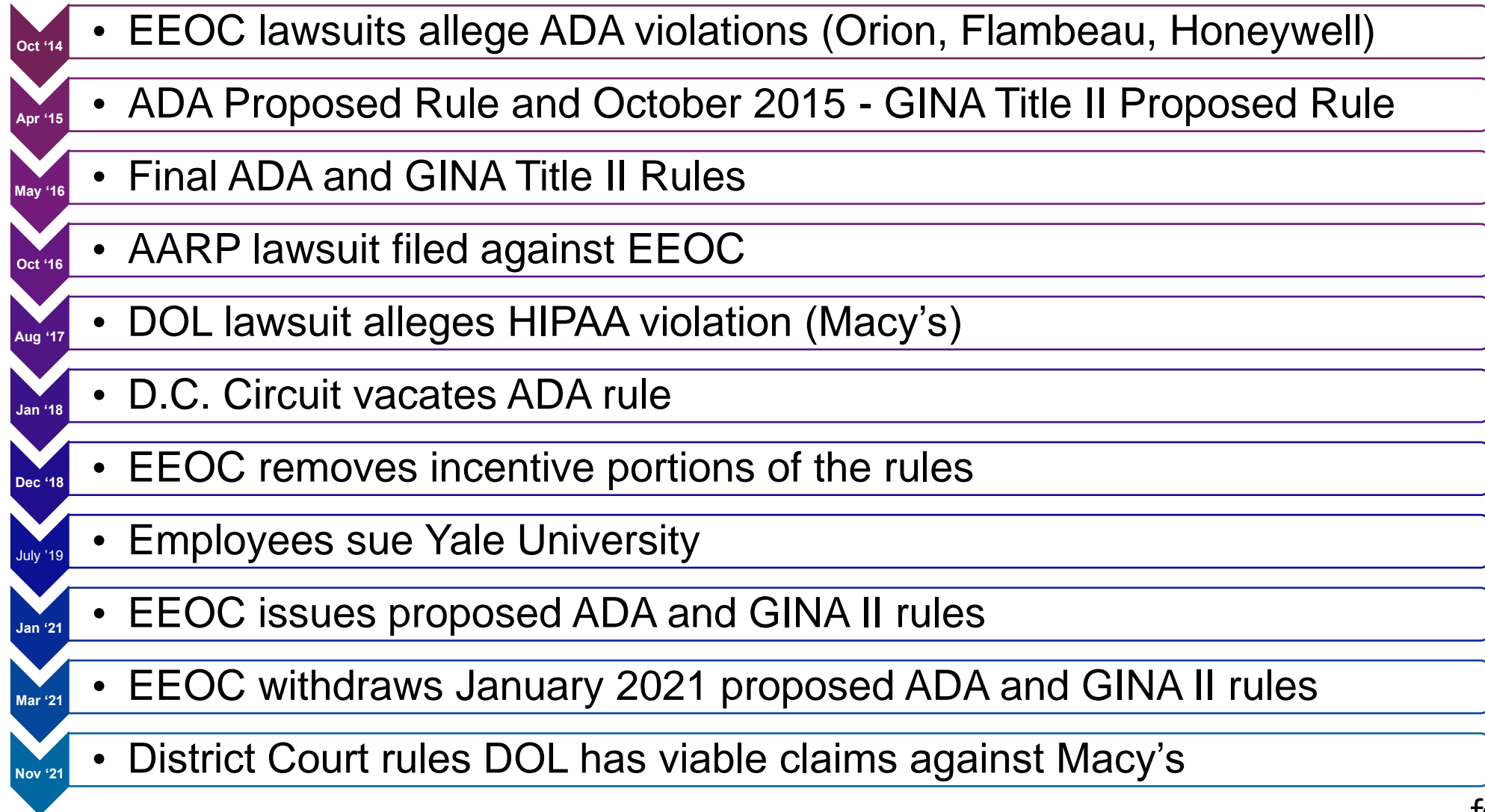
How much of an incentive can be offered for a program to remain voluntary?????

But I thought You Said HIPAA Allows Incentives?

- HIPAA does permit incentives to be used for wellness programs, but specific rules must be followed **AND**...
- The ADA is a different law, enforced by a different agency
- Whether incentives can be offered without violating the law has been a subject of much debate – including regulatory enforcement action and private litigation – for years...



7+ Years Regulatory Enforcement, Litigation, and Evolving “Guidance”



When Will Guidance on “Voluntary” Incentives Be Issued??? Consider Current EEOC...

- EEOC is a five-member independent agency
 - Democratic appointees:
 - Charlotte Burrows, Chair (term expires July 1, 2023)
 - Jocelyn Samuels, Vice Chair (term expires July 1, 2026)
 - Republican appointees:
 - Janet Dhillon (term expires July 1, 2022)
 - Keith Sonderling (term expires July 1, 2024)
 - Andrea Lucas (term expires July 1, 2025)
- EEOC General Counsel: vacant

So, Can We Have Wellness Programs?

How Do I Know Which Rules Apply?

- Is the program part of a “group health plan”? (HIPAA and ERISA)
 - Broad definition of “medical care” means often yes
- Does the program request genetic information? (GINA I & II)
 - Remember the quick about spouse’s health information
- Does the program involve a disability-related inquiry or medical examination? (ADA)
 - Remember that health risk assessments and biometric screenings qualify
- Is there a financial incentive tied to any employee or participant behaviors? (HIPAA, GINA, ADA, Tax Code)
 - If so, are those incentives participation-only, activity-only, or outcomes based? (HIPAA)

HIPAA & ADA Refresher

	HIPAA	ADA
Reasonable Design	<p>Must be reasonably designed to promote health or prevent disease</p> <ul style="list-style-type: none"> • Reasonable chance of improving health of, or preventing disease in, individuals • Cannot be (1) overly burdensome; (2) subterfuge for discriminating based on a health factor; or (3) highly suspect in the method chosen to promote health or prevent disease 	<p>Must be reasonably designed to promote health or prevent disease</p> <ul style="list-style-type: none"> • Reasonable chance of improving the health of, or preventing disease in, participating employees • Cannot be (1) overly burdensome; (2) subterfuge for violating the ADA; or (3) highly suspect in the method chosen to promote health or prevent disease
“Voluntary” Standard	None	<p>If there is a disability-related inquiry or medical exam, participation must be voluntary: Employer cannot (1) require employees to participate, (2) deny access to coverage (or certain packages) or limit extent of benefits, or (3) take adverse employment action, retaliate against, interfere with, coerce, intimidate, or threaten employees Must provide notice (see below)</p>

HIPAA & ADA Refresher (Continued)

	HIPAA	ADA
Frequency of Reward	Provide opportunity to qualify at least once per year	No current guidance
Amount of Reward	<p>Generally, cannot exceed 30% of total cost of coverage (EE & ER portions)</p> <ul style="list-style-type: none"> Up to 50% OK if amount over 30% = tobacco cessation program Based on employee-only coverage (unless dependents participate, then based on applicable EE + dependent coverage) 	No current guidance
Uniform Availability	Program generally must be available to all similarly situated individuals	None (but note reasonable accommodation requirement)

HIPAA & ADA Refresher (Continued)

	HIPAA	ADA
Reasonable Alternative Standard/ Reasonable Accommodation	<p>Generally, must offer reasonable alternative standard (or waiver) if it is unreasonably difficult due to a medical condition to satisfy the standard or is medically inadvisable to attempt to satisfy the standard</p> <ul style="list-style-type: none">Rules differ for activity-only programs (e.g., ok to seek physician verification) and outcome-based programs (e.g., <u>not</u> ok to seek physician verification – must offer RAS automatically; if RAS is also outcome-based, must offer additional time to comply)	<p>Must provide reasonable accommodations (modifications or adjustments) to enable employees with disabilities to have equal benefits and privileges of employment (including participation in employee wellness program)</p>

HIPAA & ADA Refresher (Continued)

	HIPAA	ADA
Notice	<p>All plan materials must describe terms of wellness program, the availability of a RAS (and, if applicable, possibility of waiver)</p> <ul style="list-style-type: none"> • Include contact information and state that recommendations of individual's personal physician will be accommodated 	<p>Must provide notice clearly explaining type of medical information that will be obtained and specific purposes for which it will be used</p> <ul style="list-style-type: none"> • Specify how information will be disclosed and to whom and the methods used to avoid improper disclosure
Confidentiality	HIPAA Privacy Rules	<p>General ADA requirements continue to apply (e.g., separate medical file), <u>plus</u>:</p> <ul style="list-style-type: none"> • Employer receives only aggregate information (nothing identifiable); limited exception for plan administration • Cannot require sale, exchange, sharing, transfer, or other disclosure of medical information (except permitted wellness program activities) • Cannot require waiver of confidentiality protections

How Do These Rules Apply to COVID Vaccine Incentives?

- Cannot require proof of COVID vaccine as condition for plan eligibility
- Any COVID vaccine incentive must comply with the HIPAA rules
 - Activity-only, health-contingent wellness program >>> must offer a reasonable alternative standard
- For ADA purposes, consider whether mandate is job-related and consistent with business necessity
 - For self-reporting of vaccine status, ADA rules for disability-related inquiries do not apply, therefore no issues related to incentives
 - More complicated analysis if employer offers incentive for vaccine administered by employer or its agent >>> act in good faith to avoid coercion
 - Reasonable accommodations may be needed
- Don't forget about Title VII (religious exemptions)

What Should Plan Sponsors Do Now?

- Reevaluate current programs in light of uncertainty
 - Consider level and type of risk
 - Which law(s) apply?
 - Civil/criminal penalty, participant lawsuit, agency enforcement action, equitable remedies (e.g., injunction, financial), tax penalties and interest
 - Consider steps to mitigate risks
 - Can the program be redesigned to avoid the ADA/GINA Title II risks?
- Evaluate how you communicate your program and what alternatives you offer
 - Review employee communications & disclosures
- Implement/update policies and practices
- Train benefit plan personnel

Questions?

Sarah Bassler Millar
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sarah.millar@faegredrinker.com





What self-care strategies work best for you? (choose your top 3)

- ❑ Get regular exercise
- ❑ Eat a balanced diet
- ❑ Get adequate rest
- ❑ Ask for help and accept it when offered
- ❑ Say no
- ❑ Plan something to look forward to, like a trip or fun outing
- ❑ Get outdoors
- ❑ Spend time with your pet
- ❑ Get organized
- ❑ Spend time with family
- ❑ Call a friend
- ❑ Read a book

slido



What self-care strategies work best for you? (choose your top 3)

ⓘ Start presenting to display the poll results on this slide.



Redefining Resiliency

Maggie Gough

Chief Operating Officer

WELCOA



Restorative Well-being: Self Care Pandemic Style



Imagine yourself as ideally healthy.

What kind of person did you imagine?

What kind of things did you do to become that person?



We need a new way forward

We are separated from our well-being.

We are always hustling to become better.

That way of thinking suggests that only our own behavior is keeping us from experiencing well-being.



What if our well-being
is more like a light
we carry in our being?



Your well-being can be
amplified or diminished
throughout a given day by
things
inside and outside your
control.



Respond daily

Become mindful.

Release the destination mindset

Invest in things that amplify your well-being.

Respond to things that diminish your well-being.



Most of us have the knowledge to take good care of ourselves.

We need to master the ability to prioritize and value
self-care.



Self-care is **not** time spent becoming better.

Self-care **is** time spent meeting your needs.



If this is true for
you... It is true for
those you serve.




Struggle



Failure



Drive

A decorative graphic on the left side of the slide. It features a background image of a person's hands clasped together in a prayer-like gesture, set against a warm, bokeh-style background of orange and yellow light. Overlaid on this image are several thick, black, diagonal stripes that run from the top left towards the bottom right, creating a layered, modern aesthetic.

In these instances we are
influencing burnout as
success.

Eventually our team will lose
trust because we are not
existing in authenticity,

but hustle.



Let's talk about **HOW** we talk
about the **R** word.....



Productivity through
exhaustion is not
resilience, it's a recipe
for burnout.



Resilience is the ability to nourish your well-being,
restoring yourself to healthy productivity.





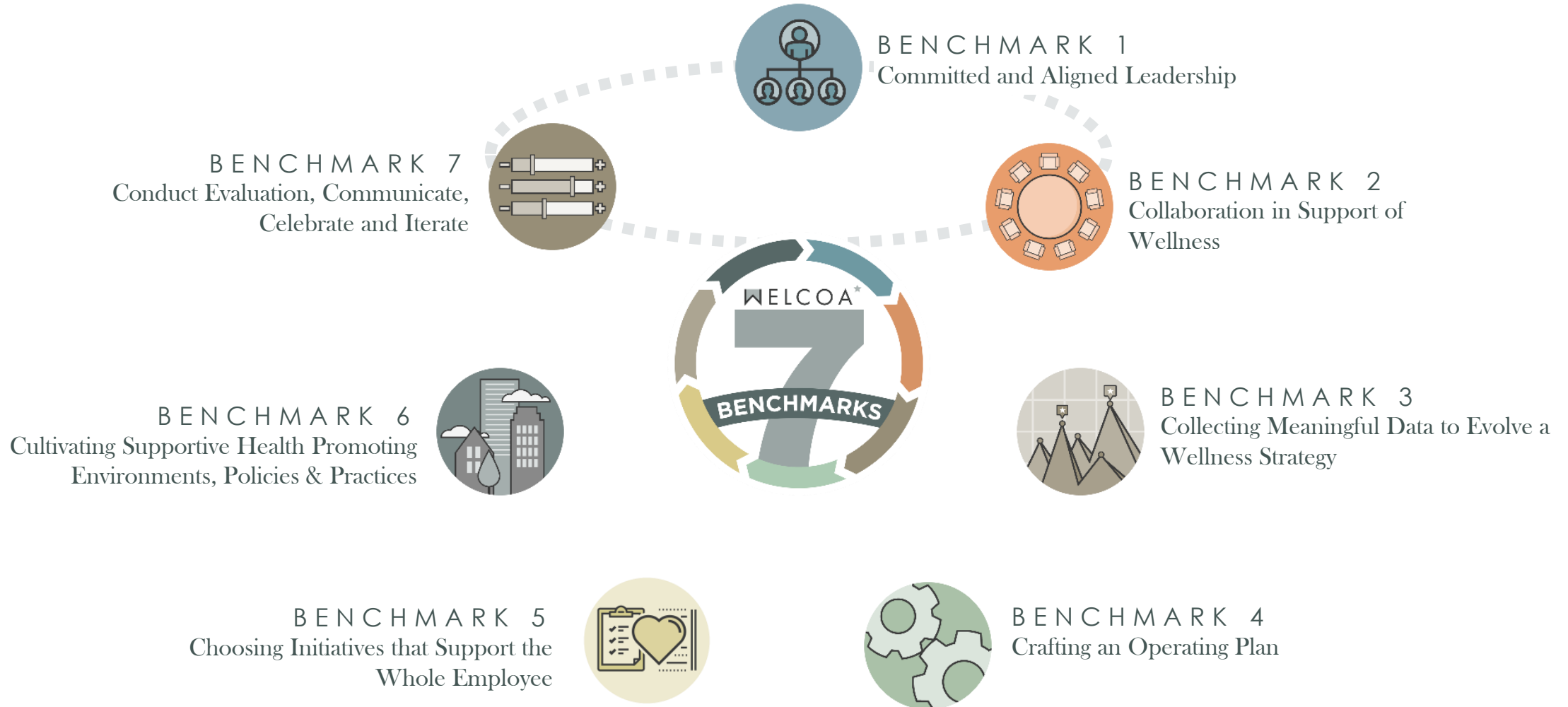
Now more than ever,
we need leaders who understand
how to
care for themselves, and support the
self care
of those they
serve.



Organizations struggle to conceptualize the roadmap to creating a company where employees can thrive.

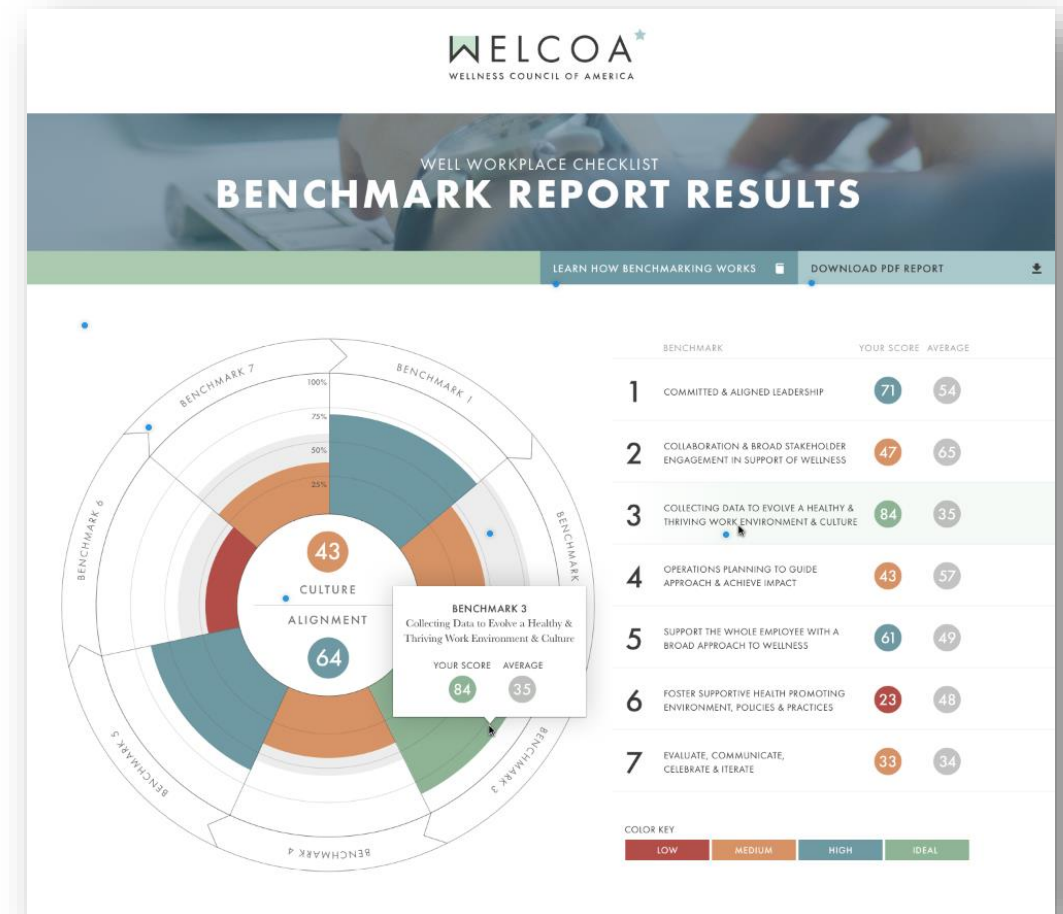
WELCOA provides the pathway to design, implement and sustain effective employee wellness initiatives.

WELCOA's 7 Benchmarks





- » 150-item Organization-facing assessment
- » Measures extent to which an organization is following WELCOA's 7 Benchmarks
- » Dynamic reporting with recommendations/links to WELCOA Resources based on each organization's sub-scores.



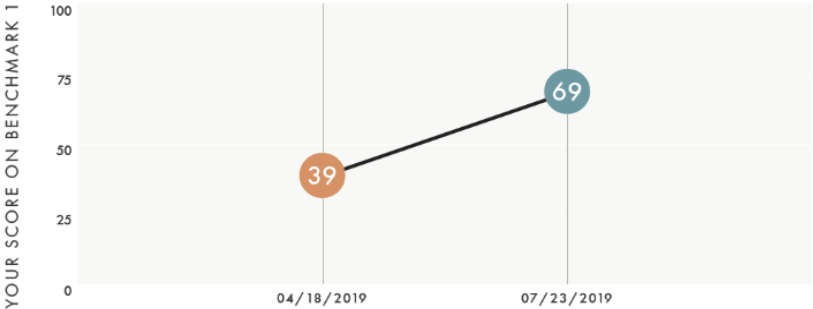
Checklist Trend Reporting

1 COMMITTED AND ALIGNED LEADERSHIP

TREND ANALYSIS

Congratulations! It looks like you are using Checklist feedback and resources to improve your performance in this Benchmark year over year. Want resources to improve performance within this Benchmark? [View Benchmark 1 Toolkit](#)

OVERALL BENCHMARK SCORE TREND



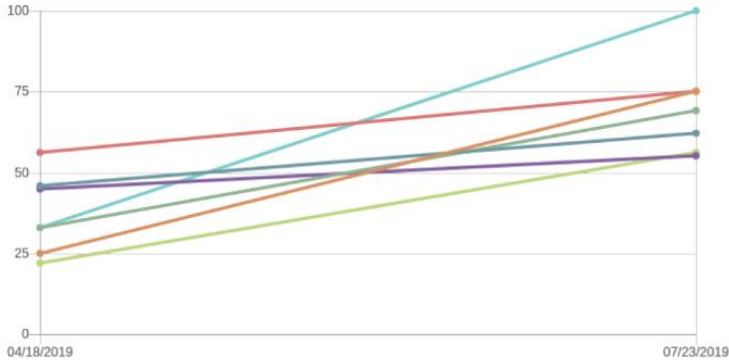
CHECKLISTS IN YOUR TREND REPORT

The chart above shows self-reported organizational data collected by the Well Workplace Checklist. The trend reflects your responses to Benchmark 1 items over the time periods you selected for comparison.

SCORING KEY



SUBSCORE TREND



YOUR SELECTED CHECKLIST SCORES

The chart above shows self-reported organizational data collected by the Well Workplace Checklist for each of the subscales that determine the score for this Benchmark. The trend reflects your responses to Benchmark 1 items over the time periods you selected for comparison.

SUBSCORING KEY





welcoa.org

Thank you!

Questions?



Compliments of MBGH...

- All employer members receive one complimentary membership to WELCOA (\$450 value)
- You can add additional persons at a reduced rate
- Interested? Contact dweddle@mbgh.org





Break and Exhibits



Employer Hot Topics!

Cheryl Larson

President and CEO

MBGH



Workforce Cultural Changes as a Result of the Pandemic


Shante Burke

Wellness Program Manager

State of Illinois, CMS Division

CMS Group
Insurance
and Bureau
of Benefits

Workforce Culture Changes as a Result of the Pandemic

Two short, thick yellow lines are located in the bottom right corner of the slide, angled upwards.



The **Illinois Department of Central Management Services** (CMS) manages employee benefits covering more than 450,000 covered lives across the state.

CMS launched a comprehensive wellness program, **Be Well Illinois** in 2021, to expand access to wellness opportunities for plan participants.

Be Well Illinois focuses on:

- Physical
- Mental
- Financial
- Social wellbeing





BeWell Illinois Website

The screenshot shows the Be Well Illinois website. At the top is a blue header with the "be well ILLINOIS" logo and the tagline "Be Well, Live Well, Stay Well". Below the header, the text "Be Well, Live Well, Stay Well" is repeated. A paragraph of text follows, explaining the state's approach to wellness. Below this, a section titled "Be Well Featured Resources" displays a grid of nine images with captions: "Awareness Matters" (a woman holding a pink ribbon), "Wellness Webinars" (a woman at a laptop), "Financial Wellness" (hands holding a plant), "Health Plan Programs" (a heart-shaped plate of food), "Food For Thought" (a bowl of vegetables), "Get Moving" (a group of people exercising), "Kid's Corner" (a group of children), and "Healthcare Resources" (a doctor holding a heart).



Facebook Page

The screenshot shows the Be Well Illinois Facebook page. The header features the "be well ILLINOIS" logo and the tagline "Be Well, Live Well, Stay Well". Below the header, the page name "Be Well Illinois" and the handle "@BeWellIllinois" are displayed. A navigation menu on the left includes links to Home, Groups, Posts, Reviews, Videos, Photos, Events, About, and Community. The main content area shows a post from "Be Well Illinois" dated "Yesterday at 6:29 AM" with the text "Happy Labor Day from Be Well Illinois. Find something you love to do and you'll never have to work a day in your life. ~ Harvey Mackay". Below the post is a graphic that says "HAPPY LABOR DAY" and features illustrations of various professions. The right sidebar shows the page's rating ("No Rating Yet"), community information ("542 people like this", "741 people follow this"), and about information ("Contact Be Well Illinois on Messenger", "www.illinois.gov/bewell", "Government Organization · Health & Wellness Website"). At the bottom, the page is labeled "Page Transparency" and "Page created - November 25, 2020".

Lessons Learned Working in a Virtual Environment

Collaboration

- Working with network health plan carriers
- Hosting co-sponsored events
- State of Illinois departmental agency collaborations

Creativity

- Utilization of virtual wellness platforms
- Provided wellness at-home test kit screenings for chronic health conditions
- Using comprehensive strategies to encourage healthy behavior change in the workplace

Outreach

- Meeting individuals where they are on their wellness journey
- Provide mental health support and mental wellness trainings
- Conducted interest consumer surveys

Future Plans for Be Well Illinois

Offer Mobile Health Screenings:

- Breast Cancer Screenings
- Cardiovascular Screenings
- Blood Glucose Screenings

Offer In-Person Trainings:

- Mental Health First Aid
- First Responders
- Health Fairs

Data Collection:

- Utilize surveys and other tools to answer relevant questions, evaluate outcomes and make predictions about future wellness probabilities
- Analyze behavior using machine learning and automated challenges to improve healthy habits

Initiate State Learning Collaborative:

- Work with other state agencies to enhance learning new wellness concepts, problem solving, reframing ideas and gaining insight from other's viewpoints.

Key Takeaways

- Collaboration is **Key**
- Understand priorities and best practices when it comes to wellness and population health management
- Utilize wellness champions within your organizations
- Connect with employees traditionally unengaged in wellness with diverse content, inclusive challenges, social motivation, and relatable instructors
- Increase engagement within a virtual setting

Thank you!



Creating Engagement to Combat the Great Resignation

Sherri Samuels-Fuerst

Vice President of Total Rewards

Sargento Foods



OUR CHEESE

SARGENTO PEOPLE, WE'RE REAL CHEESE PEOPLE®

Proud people. Passionate people. Three generations of people spanning over 60 years. They don't believe in fake or phony. Artificial this. Or superficial that. They know that in a world of over processed, there's no substitute for a piece of real. Real Cheese People® believe every casserole deserves a shred of authenticity. Every sandwich, a slice of legit.



Recruitment Challenges



Employee Choice+ Program



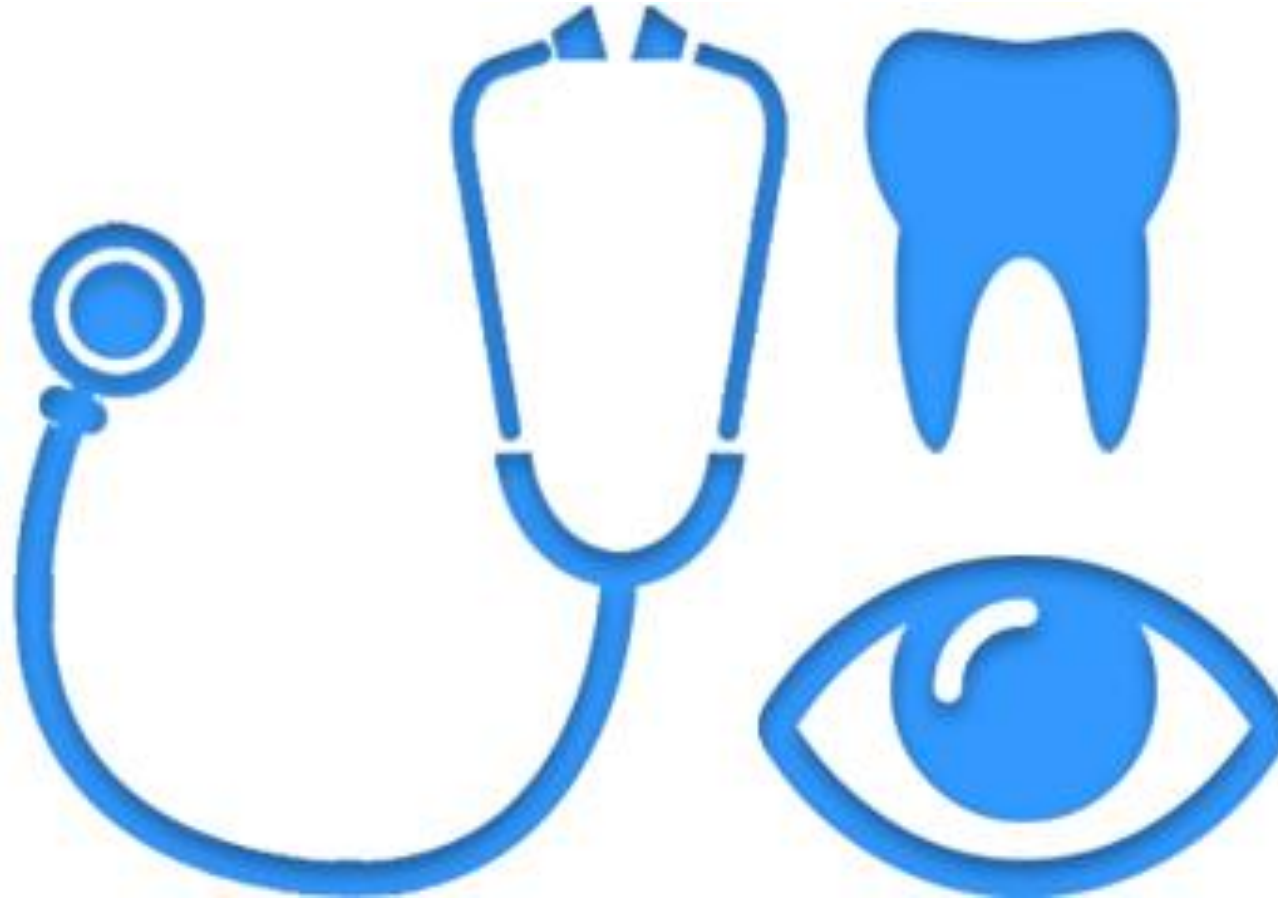
Operations & Administrative Hourly employees eligible

1. 5 Days PTO

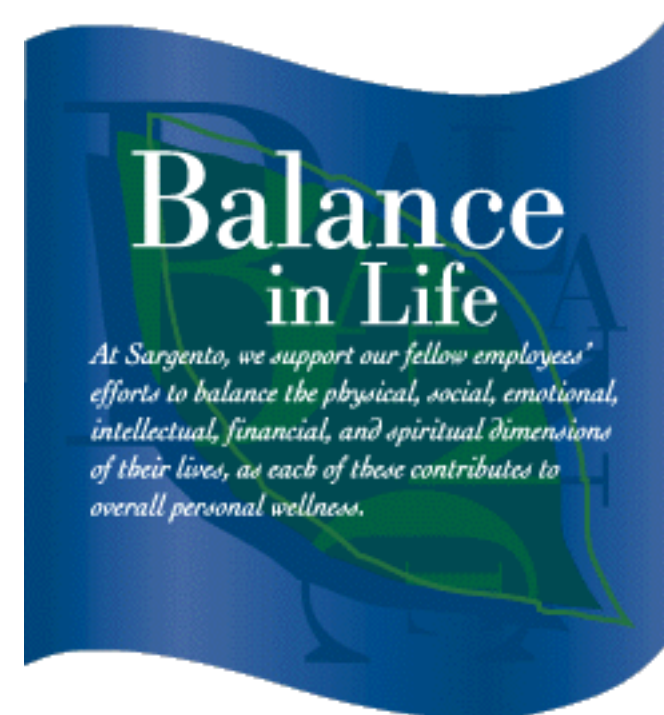
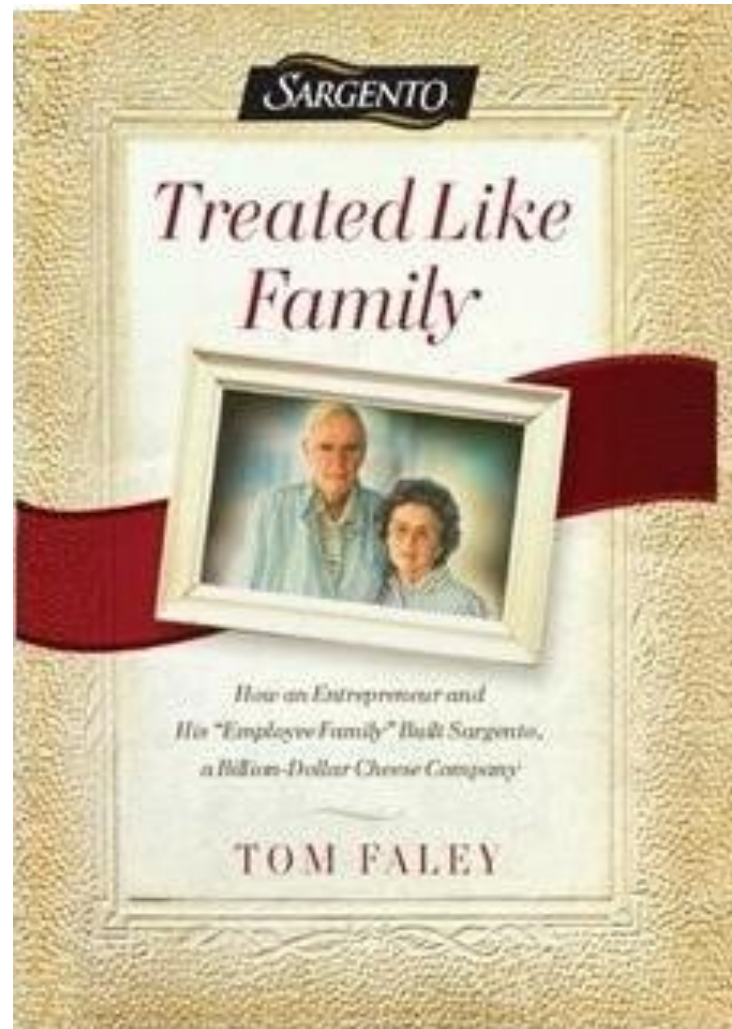
2. \$1,500 Dependent Care Match

3. \$1,500 Medical Premium Credit

Health Insurance Options







“Hire good people and treat them like family.”

Questions?



Let's give out some prizes!

Behavioral Health Systems	GoPro
Big Health	Yeti Gift Pack (Two Yeti Wine Coolers & Yeti Mug)
DayTwo	\$200 Whole Foods Virtual Gift Card
Eden Health	Fitbit Inspire 2
Hinge Health	AirPods Pro
Onduo	Fitbit Inspire II
One Drop	AirPods Pro
ROC Group	\$200 Sunglass Hut Gift Card
Spring Health	AirPods
Vida Health	Apple Watch SE
WebMD Health Services	Aromatherapy diffuser
MBGH	(2) One-Year Employer MBGH Membership
MBGH	(2) Complimentary Passes to Annual Conference



Upcoming 2022 Educational Events

- **February 23:** Mental Health: The Other Pandemic
- **March 23:** Back to Basics: Driving Preventive Care Utilization
- **May 4-5:** 42nd Annual Conference: Beyond the Pandemic – Employer's Uniting to Accelerate Change in Health Care & Benefits
- **June 22:** Employer Forum On Pharmacy Benefits & Specialty Drugs
- **September 14:** Future of Digital Health Technologies: Innovation & Patient Care

Register at www.mbgh.org/events

