UNITE HERE HEALTH

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Mr. Peter Lee, Executive Director
Secretary Diana Dooley, Chair

RE: Comments on Wellness Programs

Our organization has provided previous comments to the Exchange regarding Qualified Health Plans and assisters, particularly as they relate to immigrants and the working poor, the population UNITE HERE HEALTH serves. UNITE HERE HEALTH (the Fund) is a Taft-Hartley labor management Trust Fund that provides health benefits to almost 190,000 hospitality workers and their families in Los Angeles, Monterey, Las Vegas, Atlantic City, New York, Chicago and other locations across the United States. UNITE HERE union members and their families are the participants in our Fund.

The Exchange is right to proceed with caution when it comes to wellness programs. As noted in the staff's recommendations, many wellness programs are new and have not yet been rigorously evaluated. We have been experimenting with wellness programs in LA and offer some insights about our experience that point to the need to include targeted recruiting efforts as part of a successful wellness program for populations like ours.

Our first experiment was to promote workplace wellness programs for Fund staff, staff in our Dental Clinic and union staff. We learned that the programs tended to attract those that were already relatively healthy and engaged in efforts to exercise and eat right. We also immediately saw that traditional wellness programs are designed for sedentary populations with access to and familiarity with the Internet. While some programs are translated into English, they do not speak to low-income, immigrant populations. Overall, typical wellness programs are not well-suited to our participant population – an overwhelming Latino immigrant workforce that does exhausting physical labor at work and, by and large, does not have access to the Internet.

We then turned our attention to looking for programs to address the high levels of chronic disease in our population. Ninety-eight percent of our participants and their families in LA are enrolled in a comprehensive Kaiser plan, yet they have higher rates of diabetes and hypertension than the average southern California Kaiser member. For example, 8.4% of our participants in LA have diabetes as compared to 5.6% of Kaiser members and 10.1% suffer from hypertension as compared to 8.6% in

Kaiser. Even more alarming is that the rate of diabetes is rising faster in our population than in the average. Roughly 17% of our participants in LA (2,200 people) have one or more chronic conditions, generating almost 40% of our costs.

In Los Angeles, we are currently sponsoring a pilot program to test our ability to help participants with chronic conditions better self-manage so they improve their health and decrease unnecessary utilization of services, reducing costs to the Fund and ultimately to the participants themselves. We elected to focus on the chronic disease self-management program (CDSMP), an evidence-based program developed at Stanford and provided by Kaiser.[1] Some might contend that CDSMP is not really a "wellness" program but, rather, an extension of chronic disease management. In our organization, we treat living with chronic illness as a variation of "wellness" on the premise that living "well" includes living better with chronic disease. Moreover, we suggest that the conclusions we've reached regarding CDSMP would apply to a more traditional wellness program as well.

In late 2010, we distributed a survey to our participants and engaged the union's shop stewards in numerous discussions about their health, chronic conditions and health education. We found that the participants were very interested in learning more about their health, to the extent that there was a palpable pent up demand for it. The majority who had been diagnosed with a chronic condition had attended an initial health education class at Kaiser, prompted by their physician, and had liked the class. However, that's where the story ended. The vast majority didn't take additional steps to learn to better self-manage their conditions, unaware that Kaiser offered additional classes, unable to access online tools, and unaware or uninterested in individual telephonic coaching. Simply making wellness programs available isn't enough even when demand for them is high – our participants need personalized outreach to take advantage of these programs.

We learned later that many of the participants who were struggling the most with their health had feelings of despondency and hopelessness about their situations. They were not going to enroll in programs based on mailings and posters to join programs to make them feel better. In fact, even those that noted on their surveys that there were interested in joining a program to improve their health were often unresponsive when we tried to reach them by mail and by phone.

In order to reach participants on a personal level, we engage the union representatives and shop stewards to encourage participation. We also employ "personal health promoters" (*promotores*) to talk

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[1] As described in the Stanford program's website (http://patienteducation.stanford.edu/programs/cdsmp.html), CDSMP is a workshop of 12-15 people given two and a half hours, once a week, for six weeks. People with different chronic health problems attend together. Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with chronic diseases themselves. Subjects covered include: 1) techniques to deal with problems such as frustration, fatigue, pain and isolation, 2) appropriate exercise for maintaining and improving strength, flexibility, and endurance, 3) appropriate use of medications, 4) communicating effectively with family, friends, and health professionals, 5) nutrition, and, 6) how to evaluate new treatments. It is the process in which the program is taught that makes it effective. Classes are highly participative, where mutual support and success build the participants' confidence in their ability to manage their health and maintain active and fulfilling lives.

to participants in their worksites and to visit them at home. Being able to connect with the participants personally by listening to their experiences, explaining the program, answering questions, and making sure they have transportation to the workshops not only boosts recruitment, but also increases the rates of attendance in the program. The personal health promoters are now working closely with many of the participants in the program to reach out to their co-workers for added personal outreach.

As the Exchange continues to study wellness program, UNITE HERE HEALTH encourages you to go beyond reviewing the offerings and look at the recruiting efforts. Marketing through the mail and online will not capture groups like ours. Financial incentives may not motivate those feeling despondent about their health and likely in great need of attention. Finally, there is the potential for adverse selection if wellness programs are not tailored to attract the needs and the abilities of the wide range of people that will access the Exchange. Wellness programs that offer discounts on gym memberships to people who are already going to the gym appear to us to attract disproportionately the healthy rather than those most in need of help. Ideally, wellness programs will take into account aspects of culture and class that impact people's ability to engage in healthier living.

Thank you for your attention.

Sincerely,

Ivana Krajcinovic
California Regional Director