HEARING TO EXAMINE NEW AND INNOVATIVE WAYS TO IMPROVE NUTRITION AND WELLNESS PROGRAMS

HEARING

BEFORE THE

SUBCOMMITTEE ON DEPARTMENT OPERATIONS, OVERSIGHT, NUTRITION, AND FORESTRY

OF THE

COMMITTEE ON AGRICULTURE HOUSE OF REPRESENTATIVES

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HEARING TO EXAMINE NEW AND INNOVATIVE WAYS TO IMPROVE NUTRITION AND WELLNESS PROGRAMS

WEDNESDAY, AUGUST 5, 2009

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON DEPARTMENT OPERATIONS,
OVERSIGHT, NUTRITION, AND FORESTRY,
COMMITTEE ON AGRICULTURE
Lincoln, NE.

The Subcommittee met, pursuant to call, at 10:00 a.m., at the Madonna ProActive Gymnasium, 7111 Stephanie Lane, Lincoln, Nebraska, Hon. Joe Baca [Chairman of the Subcommittee] presiding.

Members present: Representatives Baca and Fortenberry.

Staff present: Jamie W. Mitchell

OPENING STATEMENT OF HON. JOE BACA, A REPRESENTATIVE IN CONGRESS FROM CALIFORNIA

The CHAIRMAN. I'd like to call the hearing of the Subcommittee on Department Operations, Oversight, Nutrition, and Forestry together to order to examine new and innovative ways to improve nutrition and wellness programs.

I'll begin my opening statements. I'll first introduce myself, and then I'll defer to Jeff Fortenberry, Congressman.

I'm Congressman Joe Baca, Chairman of the Subcommittee, and I'd like to welcome each and every one of you to this hearing on improving nutrition and wellness. This is not about the health bill. I just wanted to remind everyone in the audience of that. I'm pleased to be here with my friend and colleague, Jeff Fortenberry, to learn about some of the innovative ways communities and businesses are working to improve the nutrition and health of Americans.

I'd like to thank Mr. Fortenberry and his staff, who've done a tremendous job putting together an impressive list of witnesses with experience in ways to promote healthy lifestyles and prevent lifelong disease, and I really want to say to Congressman Fortenberry, thank you for bringing Washington, D.C., to Lincoln, Nebraska. We believe that this is making history, because I don't believe we've had a hearing right here in Lincoln, Nebraska, so I want to thank you for being a part in respecting concerns for Nebraska and the citizens of this area in saying that it's time that Washington came to Lincoln, Nebraska, instead of Washington—instead of Lincoln, Nebraska, going to Washington, so we're now here.

This is a topic of great interest to me, as a legislator, of course, but also as a husband, father, grandfather, and community member. I'm quite active and care a lot about this particular subject as an individual that believes that we can increase the quality of life through wellness and nutrition and appropriate diet, and, of course, I see the gym and the activities that you have here. And back in Washington, D.C., I do a lot of bipartisan exercise; and we play a lot of basketball.

We play basketball and we play golf. I think it's good for a lot of us. Any form of activity is good in terms of wellness, and then, of course, fresh fruits and vegetables and eating right is important to a lot of us. In my district, I come from the San Bernardino area. It's similar to Lincoln in terms of size, but we also have something else in common, and that's in terms of health and welfare of our communities.

I'd like to state some of the statistics that point out how much we have in common between Lincoln, Nebraska, and San Bernardino. According to the Census Bureau, the rate of diabetes in Lincoln County and San Bernardino County are not too far apart. We're basically about the same. Diabetes impacts a lot of us when we look at diabetes and obesity and its impact on our nation and our country and especially the cost factors that we'll hear about from some of the witnesses here.

Over the last 4 years, this Subcommittee and the House Agriculture Committee, as a whole, has built a record that links the importance of nutrition and health, and I think we can look at nutrition and health and how it's tied together. In the 2008 Farm Bill, we provided a record level of funding for nutrition and for safety net programs like SNAP *versus* the old food stamps.

We also included a provision to make sure good nutrition is available to all 50 states in the schools. Before the bills passage, the SNACK program was only available in 14 states. It's important we have good nutritional programs in our schools because a healthy body in school also leads to productivity in terms of learning, the ability to progress, and the attitudes and behavior within the classroom as well.

I wanted to stress that we included in the farm bill healthy eating by funding pilot programs that encourage the consumption of more fruits and vegetables, especially in America's schools.

Last year in July this Subcommittee heard testimony on the economic costs of poor nutrition in the United States.

Researchers detailed that hunger costs our country $90 billion per year in lost work productivity, the need for special education, and other factors. Also testimony from California Advocates demonstrated how a lack of participation in Federal nutrition programs means lost revenues to California, and that probably applies right here in Nebraska, as well. Whether it's a senior, disabled or youth, we should take advantage of Federal dollars that come back to the state, the counties, and the cities.

That revenue then can be utilized in nutritional programs that are available, especially for a lot of our veterans, disabled and other individuals like seniors. That's money we're all losing because we're not using it, yet it's available from the Federal Government. We need to take advantage of these programs to help stimu-

late and get over the negative stigma of being on food stamps for nutrition, and I'm an example. I was on food stamps.

But it's about a healthy body, it's about nutrition, it's about wellness, and it's about living longer. It's important we look at these other programs, and I'm sure that Congressman Fortenberry and others realize it's important in the State of Nebraska to help individuals that need food during this time of a slow economy.

In March of this year, the Subcommittee took on the topic of obesity. We had a hearing in Washington, D.C., on obesity and, the cost to the nation. Roughly $75 billion is spent on obesity each year, so that's a direct correlation when we look at, obesity what it means to us. With indirect costs, it goes as high as $173 billion per year.

You can imagine using that money for other programs, and what it could mean to us, as taxpayers, and within our communities. That's why I really appreciate what Congressman Fortenberry is doing now in bringing this kind of awareness to Nebraska.

And I'm encouraged when I look back here to my left and I see the gym out here and the people exercising.

What you're doing here is very positive. It's estimated that the cost of obesity and being overweight could range from $860 billion to $956 billion by the year 2030, so when you look at those figures, that's a high cost. Who's going to pay? We, the taxpayers, are going to pay if we don't do something in that area.

The average American today is 23 pounds overweight. This burden is a major factor in the skyrocketing health costs. I indicated that research that's been done in that area tells us what it costs on a daily basis. This accounts for about ten percent of all the health spending in America and is more than double the amount spent on obesity-related issues over a decade ago. Make no mistake: we must find real solutions to the obesity epidemic if we are to protect the economic and physical health of the American people, and this is what this hearing is about here today, Washington, D.C. is making history in Lincoln, Nebraska.

With that I'm excited to be here with a friend. I know he's a strong advocate. He's legitimate. I know he practices what he preaches. It's important that we're practicing the practices we are preaching, and Congressman Fortenberry is practicing what he is preaching, because he is physically active working out in the gym every day. He knows what it means to him and what it means to the citizens of Nebraska and Lincoln and the district he represents.

With that I want to thank you for being here and the witnesses who have agreed to be here today, and I look forward to hearing your testimony.

[The prepared statement of Mr. Baca follows:]

PREPARED STATEMENT OF HON. JOE BACA, A REPRESENTATIVE IN CONGRESS FROM CALIFORNIA

Thank you all for being here today.

I am pleased to be here in Lincoln with my friend and colleague, Jeff Fortenberry, to learn about some of the innovative ways communities and businesses are working to improve the nutrition and health of Americans.

Mr. Fortenberry and his staff have done a tremendous job of putting together an impressive list of witnesses with experience in ways to promote healthy lifestyles and prevent lifelong disease.

This is a topic of great interest to me as a legislator, of course—but also as a husband, father, grandfather, and community member.

By way of introduction, I am from San Bernardino County, California, an area not too far outside of Los Angeles.

And, while the District I represent is a much different in geography and demographics than here in Lincoln, we share a common interest in the long term health and welfare of our communities and our nation.

And, some of the statistics I've read point out how much we have in common.

According to data from the Census Bureau, the rate of diabetes in Lincoln County, and San Bernardino County are not too far apart.

Just over seven percent for Lincoln, and just under seven percent for San Bernardino.

Over the past 4 years, this subcommittee, and the House Agriculture Committee as a whole, has built a record that links the importance of nutrition and health.

In the 2008 farm bill, we provided record levels of funding for nutrition for safety net programs like SNAP and food banks.

We also made important changes that promote healthy eating, by funding pilot programs that encourage the consumption of more fruits and vegetables, especially in America's schools.

Last year, in July, this Subcommittee heard testimony on the economic costs of poor nutrition in the United States.

Researchers detailed that hunger costs our country $90 billion per year in lost work productivity, the need for special education, and other factors.

Also, testimony from California Advocates demonstrated how a lack of participation in Federal nutrition programs means lost revenues to California counties.

This compounds the costs of hunger and poor nutrition.

In March of this year, the Subcommittee took on the topic of obesity in the U.S.

Experts from the Centers for Disease Control and Prevention testified that both nutrition education and a lack of access to healthy foods contribute to the obesity epidemic.

Obesity—and with it the subsequent increase in diabetes—continue to be growing problems in America.

More than ⅔ of American adults are either overweight or obese.

The average American today is 23 pounds overweight.

This burden is a major factor in the skyrocketing health care costs of the past 2 decades.

Research released just last week shows us that medical spending averages $1,400 more a year for an obese person than someone who is normal weight.

Overall, obesity related health spending reached $147 billion in 2008!

This accounts for 10% of all the health spending in America, and is more than double the amount spent on obesity related issues only a decade ago.

Make no mistake—we must find real solutions to the obesity epidemic if we are to protect the economic and physical health of the American people!

I am excited to be here today—to hear about ways to improve health, and at the same time save America hundreds of billions of dollars as we move forward.

It is quite possible that some of the successes here in Nebraska can be used as models for improving Federal policies across the country.

Again, my thanks to you and your staff, Mr. Fortenberry, and to everyone who has been so kind and helpful in putting this hearing together.

Special thanks to the fine witnesses who have agreed to be here today and to share their expertise with us.

I look forward to your testimony.

And, with that, I will turn things over to Mr. Fortenberry..

THE CHAIRMAN. So at this time I would like to turn it over to Congressman Fortenberry.

OPENING STATEMENT OF HON. JEFF FORTENBERRY, A REPRESENTATIVE IN CONGRESS FROM NEBRASKA

Mr. FORTENBERRY. Thank you. First, let me thank Chairman Baca for his willingness to hold this hearing in Lincoln, Nebraska. We're very honored that you would travel to our home, Lincoln, here to make history, as you said, and to review the important issues of nutrition, health and wellness. Congressman Baca made mention that he enjoys sports. He's being a little bit humble in that statement. We recently had a Congressional baseball game, and

you're looking at the winning pitcher of that game. Now, he revealed to me—and I don't think he'll mind me saying this publicly—that he's 62 years old, and he was clocked at throwing between 62 and 72 miles per hour, so congratulations, Mr. Chairman.

I'd also like to give a little bit of background on our Chairman. He has served in Congress since 1999, and he is a Representative of the 43rd District of California which, as he mentioned, is the San Bernardino Valley in the southern area of the state. He is Chairman of this Subcommittee, which is an agriculture Subcommittee on Department Operations, Oversight, Nutrition, and Forestry, and I am the Ranking Member of the Subcommittee.

Chairman Baca formerly served in the United States Army as a paratrooper from 1966 to 1968, and following his military service he earned a degree in sociology from the California State University of Los Angeles and then for 15 years worked in community relations with General Telephone and Electric. He has served both in the California State Assembly and its state Senate, and he now lives in Rialto with his wife of 41 years. They have four children, and his son is the new Mayor of Rialto, California, so, again, congratulations.

I'd also like to thank Marsha Lommel, who is the CEO of Madonna and Madonna ProActive, for allowing us to hold the hearing today. I called Marsha, and, of course, this is a wonderful new facility that augments the extraordinary services that Madonna Hospital provides, and we thought it would be somewhat creative, given the topic of today's hearing on nutrition and wellness and health, to place us in the center of some very innovative activity that is going on in that regard. So, Marsha, thank you very much for your generosity in opening this facility. It's absolutely lovely.

I also wish to thank the witnesses who are here today. For those of you in the audience who can stay with us, we actually have two panels, nine persons, testifying who are all experts in the various areas of health and wellness, nutrition and health care, so I invite you to stay for our entire discussion, but I certainly understand if you need to leave. Throughout the country we are engaged in a very important debate about the directions of our nation's healthcare system.

The debate is critical to the well-being of families and small business and to all of us, as American citizens, and I believe our deliberations must be very thoughtful and center on two essential questions: How do we improve healthcare outcomes and reduce costs while protecting vulnerable persons? And one important piece of the solution is to understand that a major driver of our ever increasing healthcare costs is the rise of chronic diseases. As alluded to by the Chairman, we are seeing an epidemic in chronic diseases across the country.

Public health statistics and economic data show that 75 percent of all healthcare spending in the country—and that's about $2.2 trillion of total amount of healthcare spending—is related in some way to treating lifestyle-related chronic conditions. Seven out of every ten deaths in the country are caused by chronic conditions. The top four killers are heart disease, diabetes, cancer, and strokes, and these are largely related to lifestyle. They could be potentially

prevented or certainly better managed and, in some cases, even reversed through healthy lifestyle changes.

But, sadly, according to recent statistics the average American is now 23 pounds overweight. Obesity among young people has tripled since 1980. Obesity is a major risk factor that leads to the onset of those described chronic conditions. I believe as a result it is imperative that our healthcare system promote incentives for healthy nutrition practices and wellness, and we must foster a culture of wellness and reward behaviors that reduce the onset of these diseases.

I believe that billions, if not hundreds of billions, of dollars could be saved if we reduced or at least delayed their onset, and as responsible individuals and citizens, I hope that we will personally implement wellness and preventive measures that can reduce our risk factors for these conditions. And, similarly, I support a paradigm shift in the practice of medicine in our country. We pay doctors to fix or cut or prescribe. I think it's time we pay doctors to prevent as well.

So these are all reasons that we are gathering at the hearing today, and as Ranking Member of this Subcommittee, I'm personally committed to exploring the ways in which good nutrition happens and wellness principles promote policy that support chronic disease prevention efforts. I'm eager to hear from our experts who are here today from across the state and the Midwest to speak on these topics, as well as to hear their suggestions as to what is working and what could be potentially duplicated throughout the country to promote this culture of wellness and chronic disease prevention.

Again, Mr. Chairman, it is a privilege to have you join us, a real honor for you to be here in the First Congressional District. I want to thank you again for holding this hearing, and I look forward to the insights that we will learn today together. Thank you.

The CHAIRMAN. Thank you very much. At this point we'll begin with the first panel that will address obesity and chronic illness and nutrition.

I'll welcome them, and I'll start by having our Congressman, your Congressman, introduce each one of the panelists. Each one of you will have 5 minutes. The light will go on. Don't panic. Continue to do your presentation even if the light goes on. We'll allow you to go through that process.

And if you were in D.C., we would hit the gavel and tell you, time is up for your statement, and it's a little bit more flexible here in that process. We'll allow you to go through the presentation you have so we can hear from you. So with that Congressman Fortenberry, again, will introduce the first panelists, and then you'll begin.

Mr. FORTENBERRY. Thank you, Mr. Chairman. Our first witness is Dr. Michael Sitorius. He is the Chairman of the Department of Family Medicine at the University of Nebraska Medical Center in Omaha. He is also a professor at the College of Medicine at the University of Nebraska Medical Center, and he was appointed to the Governor's Rural Health Advisory Commission, so welcome, Doctor. I'll introduce you all. Then we'll begin with you, Dr. Sitorius.

Our second witness is Amy Lazarus Yaroch. She is a Ph.D., the Executive Director of the Center For Human Nutrition in Omaha. Ms. Yaroch has led skin cancer research at the National Cancer Institute and National Institutes of Health, so welcome as well.

Our third witness is Kim Russel, the President and CEO of BryanLGH Health System in Lincoln. Ms. Russel has formerly served as president and CEO of another institution in Iowa and before that served as Chief Operating Officer of a hospital in Kansas. She is a fellow of the American College of Healthcare Executives, currently serves on the board of directors for the Lincoln Partnership of Economic Development and the Lincoln Medical Education Partnership, so welcome, Ms. Russel.

Our fourth and final witness for panel one is Pam Edwards, a registered dietitian, and she is the President elect of Nebraska Dietetic Association. She is also the Assistant Director of the University Dining Services at the University of Nebraska in Lincoln.

So, again, thank you all for taking time. We look forward to your testimony. Dr. Sitorius.

STATEMENT OF MICHAEL A. SITORIUS, M.D., WALDBAUM PROFESSOR OF FAMILY PRACTICE, PROFESSOR AND CHAIR, DEPARTMENT OF FAMILY MEDICINE, UNIVERSITY OF NEBRASKA MEDICAL CENTER, OMAHA, NE

Dr. SITORIUS. Thank you, Chairman Baca and Representative Fortenberry for permitting me this opportunity to testify before this Subcommittee about the relevance and importance of promoting proper wellness and nutrition practices.

My name is Michael A. Sitorius. I'm the Waldbaum Professor of Family Practice and Chair of the Department of Family Medicine at the University of Nebraska Medical Center. I'm testifying today about an issue I feel is critical to the effective delivery of health care in America: The coordinated promotion of proper lifestyle and nutrition practices in the prevention and treatment of chronic illnesses. During 30 years as both a practicing family physician and educator of future physicians, physician assistants, nurse practitioners, and other medical practitioners, I have witnessed firsthand a significant increase in the presentation of chronic illness among my patients.

Indeed, my personal experience seems to reflect a national trend. Over 125 million people in the United States currently experience at least one chronic illness, and over half of those 125 million have two or more chronic illnesses. Fifty percent of these chronic illnesses are attributable to five causes: Asthma, diabetes, high blood pressure, coronary artery disease, and depression are seen on a typical day in my office. Of the remaining 50 percent, a substantial portion are related to cancers and osteoporosis that are nutrition related.

Annually, chronic illness is the leading cause of disability and death in the United States, exacting enormous tolls on the American population, both in human and economic terms. In a recently published health affairs on-line study, July 29, 2009, the CDC reported 973,000 deaths attributable to chronic illnesses up to that date.

Chronic illness is not a discrete medical disorder displaying specific symptoms. It is an injury, illness or condition with long duration with no predictable end date that does not require immediate hospitalization but is likely to require frequent treatment. Research indicates that poor nutrition and an inactive lifestyle increases one's likelihood of experiencing one of these chronic illnesses. This suggests that care including implementation of lifestyle modifications and nutrition may be effective in reducing the risk of acquiring a chronic illnesses and in treating those that are present.

Obesity has long been associated with poor nutrition and inactive lifestyle and is associated with cardiovascular, expiratory, inspiratory.

According to *Health Affairs* (July 2009), the cost of health care related to obesity rose from $78.5 billion in 1998 to over $147 billion in 2008. Incidentally, 18 percent of the U.S. population in 1998 was considered obese; 25 percent in 2008. Further, 23 states report a rising level of obesity in 2008, and over 30 states report a 30 percent child obesity rate.

Dr. Risa Lavizzo-Mourey, President and CEO of Robert Woods Johnson Foundation, has expressed that a key to any healthcare reform is a solution to the epidemic of child obesity. I totally agree with that statement, but would add that addressing the rise in adult obesity is equally important in creating effective healthcare reform.

The solution to obesity and the solution to caring for chronic illness both require the implementation of more effective methods of directing lifestyle, but identifying a need for more efficient care of chronic illness belies the complexity underlying these forms of illness and the related care.

Of the five general factors affecting health status, only 1/10 of an individual's health status is accounted for by medical care. Overwhelmingly, a person's health status is determined by social, genetic and behavioral factors. Indeed, the largest contributor to personal health status is behavioral decisions. Unfortunately, the current healthcare system allows for practitioners to do little more than admonish patients to "stop smoking," "adjust your diet," or "engage in regular exercise." Truthfully, while recognized as important factors of health status, the current healthcare system is not designed to effectively promote proper wellness and nutrition practices among patients who are either preventing or suffering from chronic illnesses.

I believe the explanation as to why medical care accounts for such a small percentage of the factors influencing health care is directly related to this inability to properly promote healthy lifestyle choices and is the result of a healthcare model that is essentially reactive in nature. The current priority in medical education and care is the assessment and treatment of acute and episodic conditions and not the underlying chronic illness. While providing immediate relief of a patient's distress, this model does little to address the needs of the patient.

One might say that knowing the description of chronic illness, the solution should be simple: Treat the underlying disease. In-

deed, it's not that simple. There are three reasons why I feel this solution is improbable under the current healthcare system.

The first constraint limiting the effective treatment chronic illness is the limited training and familiarity most healthcare professionals have with monitoring and supporting patients with chronic illness. The limited abilities of practitioners to monitor and support patients is an extension of the lack of coordinated office systems designed to monitor and support clinical decisions.

Second, even in systems that provide protocols for physicians to follow when dealing with chronic illness, the time constraints current systems place on physician-patient interaction simply do not allow comprehensive care. Indeed, the system promotes treatment of periodic symptom care as opposed to prevention because it can be dealt with more quickly.

Third, current reimbursement systems favor episodic treatment over preventive treatments, which may span extensive time.

These three factors pose significant barriers to the effective treatment of chronic illness; however, in dealing with these factors, I believe we should look towards creating a healthcare system that is proactive and team oriented.

When I use the terms "proactive" and "team oriented," I have a very specific model in mind. That is the Patient Centered Medical Home, which consists of six components: A personal physician, physician directed medical care; whole person orientation; coordinated and integrated care, a team approach; quality and safety as the cornerstones; enhanced access; and payment reform.

This system favors cumulative care plans *versus* single interventions, a coordinated comprehensive care in multiple venues over time. This system would provide care providers with clearly defined protocols, IT support to facilitate real-time communication, evaluation feedback, and educational information between patients, physicians, and the patients' community.

With increased guidance and support both within the clinical and community settings, physician-directed lifestyle modifications shall become the heart of a proactive healthcare system aimed at decreasing the incidence of chronic disease and treating those that exist. The natural products of a more efficient and proactive healthcare system could include both increases in health and satisfaction and a decrease in overall healthcare cost.

I hope that my words today emphasize my belief that lifestyle modifications such as nutrition and physical activity are the center of a more effective healthcare system. I hope to impress upon you the systematic approach to coordinating and effectuating communication and treatment between physician, patient and community, which creates a successful physician-patient partnership provided by the Patient Centered Medical Home, is one way to create an environment in which physicians may influence behavioral, social and environmental factors affecting health status. Thank you.

[The prepared statement of Dr. Sitorius follows:]

PREPARED STATEMENT OF MICHAEL A. SITORIUS, M.D., WALDBAUM PROFESSOR OF FAMILY PRACTICE, PROFESSOR AND CHAIR, DEPARTMENT OF FAMILY MEDICINE, UNIVERSITY OF NEBRASKA MEDICAL CENTER, OMAHA, NE

Thank you Chairman Baca and Representative Fortenberry for permitting me this opportunity to testify before this subcommittee about the relevance and importance of promoting proper wellness and nutrition practices from a medical care provider's perspective.

My name is Dr. Michael A. Sitorius. I am the Waldbaum Professor of Family Practice and Chair of the Department of Family Medicine at the University of Nebraska Medical Center. I am testifying today about an issue I feel is critical to the effective delivery of healthcare in America: the coordinated promotion of proper lifestyle and nutrition practices in the prevention and treatment of chronic illness by medical care providers. During thirty years as both practicing family physician, and educator of future family physicians, physician assistants, nurse practitioners, pharmacists, nurses, and registered dietitians, I have witnessed first hand a significant increase in the presentation of chronic illness among patients. Indeed, my personal experience seems to reflect a national trend. Over 125 million people in the United States currently experience at least one chronic illness and over half of this population is afflicted by two or more chronic illnesses. Fifty percent of these chronic illnesses are attributable to five causes: asthma, diabetes, high blood pressure, coronary artery disease, and depression. Of the remaining 50 percent of chronic illnesses a substantial percent are attributable to breast, endometrial, colon and prostate cancers; and osteoporosis.

Annually, chronic illness is the leading cause of illness, disability, and death in the United States and exacts enormous tolls on the American population both in human and economic terms. As of July 9, 2009 the CDC reports 973,000 deaths attributable to chronic illness this year.

Chronic illness is not a discrete medical disorder displaying specific symptoms. The term chronic illness defines an injury, illness, or condition expected to be of long duration with no predictable end-date that does not require immediate hospitalization but is likely to require regular periodic care or treatment. Research indicates that poor nutrition and an inactive lifestyle increase one's likelihood of experiencing one of these chronic illnesses. This suggests that care including implementation of simple lifestyle modifications may be effective in reducing the risk of acquiring a chronic illness and in treating those that are present.

Obesity has long been associated with poor nutrition and an inert lifestyle, and is associated with several cardiovascular and respiratory chronic illnesses. However, when one examines the incidence of obesity in America one notices a startling trend. According to *Health Affairs* (July 2009) the cost of healthcare related to obesity rose from 78.5 billion dollars in 1998 to 147 billion dollars in 2008. Further, at least 23 states report a rise in adult obesity for 2008, and over thirty states report a 30 percent child obesity rate.

Dr. Risa Lavizzo-Mourey, M.D. M.B.A., president and CEO of the Robert Woods Johnson Foundation has expressed that a key to any healthcare reform is a solution to the epidemic of child obesity. I agree with this statement, but would add that addressing the rise in adult obesity is equally important in creating effective healthcare reform.

The solution to obesity and the solution to caring for chronic illness both require the implementation of more effective methods of directing lifestyle modifications between physician and patient. But identifying a need for more efficient care of chronic illness belies the complexity underlying these forms of illness and the related care.

Of the five general factors affecting health status one may note that medical care accounts for only one tenth of an individual's health status. Overwhelmingly, a person's health status is determined by social, genetic, and behavioral factors which lie outside the scope of traditional care provision. Indeed, the largest contributor to personal health status are factors related to behavioral decisions. Unfortunately the current healthcare system allows for practitioners to do little more than admonish patients to "stop smoking" "adjust your diet" or "engage in regular exercise". Truthfully, while recognized as important factors of health status, the current healthcare system is not designed to effectively promote proper wellness and nutrition practices among patients suffering from chronic illness.

I believe the explanation as to why medical care accounts for such a small percentage of the factors influencing health is directly related to this inability to properly promote healthy lifestyle choices and is the result of a healthcare model that is essentially reactive in nature. The current priority in medical education and care is the assessment and treatment of acute and episodic conditions and not the under-

lying chronic illness. While providing immediate relief of a patient's distress this model does little to address needs of both the patient and healthcare system in receiving and providing effective economical care.

Now, one might say, if this description of chronic illness care is accurate the solution to both the financial and treatment burdens created by chronic illness is simple: address the underlying illness. Indeed, this is the simple articulation of a solution. However, I would like to cite three reasons why this solution is improbable under the current healthcare system.

The first constraint limiting the effective treatment of chronic illness is the limited training and familiarity most health care professionals have with monitoring and supporting patients with chronic illnesses. The limited abilities of practitioners to monitor and support patients are really an extension of the lack of coordinated office systems designed to monitor and support clinical decisions.

Second, even in systems that provide some protocol for physicians to follow when dealing with chronic illness, the time constraints current systems place on physician-patient interaction simply do not allow for the comprehensive care required by chronic illness. Instead, the system promotes treatment of acute and periodic symptoms of the illness which are discrete and typically dealt with more quickly.

Third, current reimbursement systems favor episodic treatment over preventive treatments, which may span extensive periods of time.

These three factors pose significant barriers to the effective treatment of chronic illness, and they must be dealt with if we wish to effectively address the health concerns facing this country. However, in dealing with these factors I believe we should look towards creating a healthcare system that is more proactive and team oriented.

When I use the terms proactive and team oriented, I have a very specific model in mind. This model is the Patient Centered Medical Home (PCMH). The PCMH consists of six main components:

- Physician Directed Medical Care
- Whole Person Orientation
- Coordinated and Integrated care
- Quality and Safety
- Enhanced Access
- Payment Reform

This model favors the systems oriented approach to treating an underlying illness, which does not consist of single interventions but of cumulative care plans. This type of system would provide care providers with clearly defined care protocols and a support staff consisting of members with clearly defined roles designed to facilitate usable and affordable diagnostics at the clinical level. Further, this system would integrate an Information Technology (IT) support system that is patient centered, and is designed to facilitate real time communication, evaluation feedback, and related educational information between patient, physician, and patient's community.

With increased guidance and support both within the clinical and community settings, physician directed lifestyle modification suggestions will become the heart of a proactive healthcare system aimed at decreasing the incidence of chronic disease among the American population. The natural products of a more efficient and proactive healthcare system would include both an increase in patient satisfaction and a decrease in overall healthcare cost.

While I can not provide specifics for creating this system, I can say that a systems oriented approach which includes both patient and community as key partners in the care and prevention of chronic illness will provide the support necessary to effectuate better care for chronic illness.

I hope that my words today emphasize my belief that lifestyle modifications such as nutrition and physical activity are the center of a more effective healthcare system. Further, I hope to impress upon you that the systematic approach to coordinating and effectuating communication and treatment between physician, patient, and community, which creates a successful physician patient partnership provided by the PCMH, is the way to create an environment in which physicians may influence behavioral, social, and environmental factors affecting health status.

APPENDIX I

Age-Adjusted Death Rates per 100,000 Population for Leading Causes of Death in 1900 & 2006

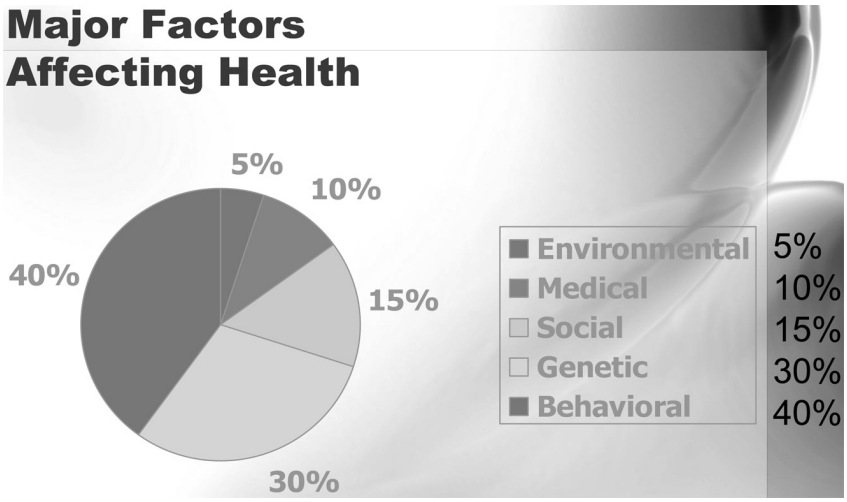
Cause	1900 Rate	%	Cause	2006 Rate	%	%Chg*
1. Influenza & pneumonia	210	12%	1. Heart disease	200	26%	-5.2
2. Tuberculosis	199	11%	2. Cancer	180	23%	-1.7
3. Heart disease	167	9%	3. Stroke	44	6%	-6.4
4. Stroke	134	8%	4. CLRD	41	5%	-6.3
5. Diarrhea	113	6%	5. Accidents	40	5%	+1.8
6. Cancer	81	5%	6. Diabetes mellitus	23	3%	-5.3
7. Accidents	76	4%	7. Alzheimer's disease	23	3%	-1.3
8. Diabetes mellitus	13	2%	8. Influenza & pneumonia	18	2%	-12.3
9. Suicide	11	1%	9. Chronic kidney disease	15	2%	+1.4
10. Homicide	1	1%	10. Septicemia	11	1%	-1.8
Total	**1004**	**56%**	11. Suicide	11	1%	0.0
			12. Chronic liver disease	9	1%	-2.2
			13. HTN/2 renal disease	8	1%	-6.3
			14. Parkinson's disease	6	1%	-1.6
			15. Assault/Homicide	6	1%	+1.6
			All other causes	150	19%	
			Total	**777**	**100%**	**-2.8%**
			2,426,264			

*% change from 2005 to 2006

Relative influence on health today?

5 Domains:

- Genetic/gestational endowments
- Social circumstances
  - Education, poverty
  - Housing, crime, social cohesion
- Environmental conditions
  - Toxins, microbes, structural hazards
- Behavioral choices/lifestyle
  - Tobacco/drug abuse, diet/exercise, sexual practices
- Medical care shortfalls
  - Lack of access and quality
  - Medical errors (IOM: 44,000-98,000/year or 2-4%)



10 Actual Causes of Death per Year in the U.S. in 1990 and 2000

		1990	%		2000	%
1	Tobacco	400,000	19%	1	435,000	18%
2-3	Diet/activity patterns	300,000	14%	2-3	400,000	17%
4	Alcohol	100,000	5%	4	85,000	4%
5	Microbial agents	90,000	4%	5	75,000	3%
6	Toxic agents	60,000	3%	6	55,000	2%
7	Firearms	35,000	2%	8	29,000	1%
8	Sexual behavior	30,000	1%	9	20,000	1%
9	Motor vehicles	25,000	1%	7	43,000	2%
10	Illicit use of drugs	20,000	<1%	10	17,000	1%
Total		1,060,000	50%		1,159,000	48%

From McGinnis JM. Actual causes of death in the United States. JAMA 1993; 270:2207-12 and Mokdad AH et al. Actual causes of death in the United States, 2000. JAMA 2004; 291:1238-1245.

STATEMENT OF AMY L. YAROCH, PH.D., EXECUTIVE DIRECTOR, CENTER FOR HUMAN NUTRITION, OMAHA, NE

Dr. YAROCH. Congressman Baca and Congressman Fortenberry, thank you for this opportunity to testify. My name is Dr. Amy Yaroch, and I'm the Executive Director of the Center For Human Nutrition in Omaha, Nebraska. I'm here as a public health nutrition researcher and also as a mother of two young children who I would like to protect in the battle against obesity and related chronic diseases. I just moved to Nebraska about 4 months ago. Before that I was a Project Officer at the National Cancer Institute, part of the National Institutes of Health in Bethesda, Maryland. I'm going to talk about both of my experiences as a researcher as well as a Project Officer.

Obesity, which has steadily been on the rise over the past 30 years, is associated with several debilitating chronic diseases, including diabetes, heart disease, and many of the major cancers. Most cases of childhood obesity develop because of an imbalance of energy input and output, a phenomenon that is sustained by our obesogenic environment. A healthy diet which is characterized by an increased intake of fruits and vegetables is linked with a decreased risk of obesity and chronic diseases; but, unfortunately, fruit and vegetable intake is still not adequate, and most of the population does not consume the recommended five or more servings per day.

National data show that only about one in four adults report eating five or more fruits and vegetables per day, and most people do not even know that they should be eating five or more a day for good health.

I'm going to focus on some obesity estimates to help give you an idea of the great magnitude of this problem for children and adults alike. National data indicate that ⅔ of adults are overweight or obese and ⅓ of children are overweight or obese. African Americans have the highest rates of obesity, followed by Hispanics and then whites, and the highest rates are generally found in the South and Midwest compared to the West and Northeast.

We also see high rates among American Indians.

A recent study reported that among Native American tribes in North Dakota, South Dakota, Iowa, and Nebraska, a whopping 47 percent of children and adolescents were overweight or obese. Overweight and obese children and adolescents are also more likely to become obese adults and die at an earlier age than their healthier weight peers. In addition, they are more likely to be less healthy, less happy, and absent from school more than their lower weight peers.

Unless we act now, today's children are likely to be the first generation to live sicker lives and die younger than their parents' generation. I find this statement deeply troubling, especially given that I have two young children and how this can play out for them if something is not done. Rising obesity rates are attributed to many diet and physical activity related factors.

A couple of diet-related factors that I would like to highlight are: Americans eat an average of 300 more calories than they did a quarter of a century ago, and these consist of less nutritious foods. Unfortunately, nutritious foods such as fruits and vegetables are a

lot more expensive than fatty, sugary, less nutritious foods. In addition, many supermarkets have been vacating poorer more underserved communities, leaving residents who live there with limited or no access to healthy and affordable foods. Regrettably, these so-called food deserts have spread across the U.S.

Financial health costs also merit discussion.

A paper just released reported that obesity costs the country an estimated $147 billion a year, a number that has almost doubled since the last time the CDC calculated it in 1998. A main point that I want to raise here is that prevention is absolutely key to curbing the obesity epidemic and its medical and economic consequences. We are currently in the powerful position to reverse and/or prevent obesity and chronic diseases by improving diet and increasing physical activity among the U.S. population, both young and old, rural and urban, and white and other ethnic minority populations.

As a Project Officer at the National Cancer Institute from 2002 until this past March, I had the opportunity to oversee a portfolio of diet and obesity prevention studies. What is heartening is that I saw a sharp rise in the studies getting funded in the area of obesity prevention while I was at the National Cancer Institute. You may have heard obesity referred to as the "new tobacco," and I think that many are beginning to truly acknowledge the extent of this national challenge.

In addition, I saw a shift in the types of studies being funded from purely individual level approaches to those incorporating more environmental and policy strategies. An example of an individual level approach would be going into a classroom and telling children that they should eat more fruits and vegetables. This type of approach on its own has met with limited success, but it appears that combining this with other more macro level strategies, such as taking sugar sweetened beverages out of schools, could prove to be very fruitful in the long run.

I was invited here to talk about the problem, and others will address potential solutions. However, I want to end with urging consideration of a multi-level approach in moving forward. Using a systems level three-pronged approach can have great promise in addressing obesity and chronic disease prevention. First, we know that the individual has been genetically programmed at an early age to desire fatty and sugary foods, and so we need to engage the individual to help provide them with the knowledge and tools to make healthier choices.

Next, we need to provide a supportive environment where healthy eating choices are easily accessible, available, and at a low cost. Finally, we need to have local, state, and Federal policies in place to ensure that the communities in which people live, work, and play are indeed healthy communities.

Thank you again for giving me the opportunity to testify, and I'd be pleased to answer any questions.

[The prepared statement of Dr. Yaroch follows:]

PREPARED STATEMENT OF AMY L. YAROCH, PH.D., EXECUTIVE DIRECTOR, CENTER FOR HUMAN NUTRITION, OMAHA, NE

Congressman Baca and Congressman Fortenberry, thank you for this opportunity to testify about the important issue of obesity, chronic diseases, and nutrition. My name is Dr. Amy Yaroch and I am the Executive Director of the Center for Human Nutrition in Omaha, Nebraska. I am here as a public health nutrition researcher and also as a mother of two young children, who I would like to protect in the battle against obesity and related chronic diseases. I just moved to Nebraska about 4 months ago and before that, I was a Project Officer at the National Cancer Institute, part of the National Institutes of Health in Bethesda, Maryland. I am going to talk both about my experiences as a researcher as well as a Project Officer.

Obesity, which has steadily been on the rise over the past 30 years is associated with several debilitating chronic diseases including diabetes, heart disease and many of the major cancers.[1–6] Most cases of childhood obesity develop because of an imbalance in energy input and output, a phenomenon that is sustained by our "obesogenic" environment [7–12]. A healthy diet which is characterized by an increased intake of fruits and vegetables is linked with a decreased risk of obesity and chronic diseases; but unfortunately fruit and vegetable intake is still not adequate and most of the population does not consume the recommended five or more servings per day. National data show that only about one in four adults report eating five or more fruits and vegetables per day [13] and, most people do not even know that they should be eating five or more a day for good health. [14–18]

I am going to focus on some obesity estimates to help give you an idea of the great magnitude of this problem for children and adults alike. National data indicate that ⅔ of adults are overweight or obese and ⅓ of children are overweight or obese. African Americans have the highest rates of obesity, followed by Hispanics, and then whites and the highest rates are generally found in the South and Midwest compared to the West and Northeast [19]. We also see high rates among American Indians. A recent study reported that among Native American tribes in North Dakota, South Dakota, Iowa, and Nebraska, a whopping 47% of children and adolescents

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[1] World Cancer Research Fund/American Institute for Cancer Research, *Food, nutrition, physical activity, and the prevention of cancer: a global perspective.* 2007, AICR: Washington, D.C.

[2] Hung, H.C., *et al., Fruit and vegetable intake and risk of major chronic disease.* J. NATL. CANCER INST., 2004. 96(21): p. 1577–84.

[3] Key, T.J., *et al., Diet, nutrition and the prevention of cancer.* PUBLIC HEALTH NUTR., 2004. 7(1A): p. 187–200.

[4] Hu, F.B., P*lant-based foods and prevention of cardiovascular disease: an overview.* AM. J. CLIN. NUTR., 2003. 78(3 Suppl): p. 544S–551S.

[5] Van Duyn, M.A. and E. Pivonka, *Overview of the health benefits of fruit and vegetable consumption for the dietetics professional: selected literature.* J. AM. DIET. ASSOC., 2000. 100(12): p. 1511–21.

[6] Lampe, J.W., *Health effects of vegetables and fruit: assessing mechanisms of action in human experimental studies.* AM. J. CLIN. NUTR., 1999. 70(3 Suppl): p. 475S–490S.

[7] Dietz, W., *Childhood obesity, in Modern nutrition in health and disease,* M.E. Shils, *et al.,* Editors. 1999, Williams & Wilkins: Baltimore. p. 1071–80.

[8] Sallis, J.F. and K. Glanz, *The role of built environments in physical activity, eating, and obesity in childhood.* FUTURE CHILD, 2006. 16(1): p. 89–108.

[9] Glass, T.A. and M. McAtee, *Behavioral science at the crossroads in public health: extending horizons, envisioning the future.* SOC. SCI. MED., 2006. 7: p. 1650–71.

[10] Papas, M.A., *et al., The built environment and obesity.* EPIDEMIOL. REV., 2007. 29: p. 129–43.

[11] Bellisari, A., *Evolutionary origins of obesity.* OBES. REV., 2008. 9(2): p. 165–80.

[12] Maziak, W., K.D. Ward, and M.B. Stockton, *Childhood obesity: are we missing the big picture?* OBES. REV., 2008. 9(1): p. 35–42.

[13] Blanck, H.M., *et al., Trends in fruit and vegetable consumption among U.S. men and women, 1994–2005.* PREV. CHRONIC DIS., 2008. 5(2): p. A35.

[14] Stables, G.J., *et al., Changes in vegetable and fruit consumption and awareness among US adults: results of the 1991 and 1997 5 A Day for Better Health Program surveys.* J. AM. DIET. ASSOC., 2002. 102(6): p. 809–17.

[15] Van Duyn, M.A., *et al., Association of awareness, intrapersonal and interpersonal factors, and stage of dietary change with fruit and vegetable consumption: a national survey.* AM. J. HEALTH PROMOT., 2001. 16(2): p. 69–78.

[16] Marcus, A.C., *et al., Increasing fruit and vegetable consumption among callers to the CIS: results from a randomized trial.* PREV. MED., 1998. 27(5 Pt 2): p. S16–28.

[17] Havas, S., *et al., Factors associated with fruit and vegetable consumption among women participating in WIC.* J. AM. DIET. ASSOC., 1998. 98(10): p. 1141–8.

[18] Krebs-Smith, S.M., *et al., Psychosocial factors associated with fruit and vegetable consumption.* AM. J. HEALTH PROMOT., 1995. 10(2): p. 98–104.

[19] *Differences in prevalence of obesity among black, white, and Hispanic adults—United States, 2006–2008.* MMWR MORB. MORTAL WKLY REP., 2009. 58(27): p. 740–4.

were overweight or obese [20]. Overweight and obese children and adolescents are also more likely to become obese adults and die at an earlier age than their peers at a healthier weight. In addition, they are more likely to be less healthy, less happy, and absent from school more than their lower weight peers [20]. Unless we act now, today's children are likely to be the first generation to live sicker lives and die younger than their parents' generation [21]. I find this statement deeply troubling, especially given that I have two young children and how this can play out for them if something is not done. Rising obesity rates are attributed to many diet and physical activity related factors. A couple of diet-related factors that I would like to highlight are: Americans eat an average of 300 more calories a day than they did a quarter of a century ago and these consist of less nutritious foods. Unfortunately, nutritious foods such as fruits and vegetables are a lot more expensive than fatty, sugary less nutritious foods [22]. In addition, many supermarkets have been vacating poorer more underserved communities, leaving residents who live there with limited or no access to healthy and affordable foods. Regrettably, these so-called food deserts have spread across the U.S.[23]

Financial health costs also merit discussion. A paper just released reported that obesity costs the country an estimated $147 billion a year, a number that has almost doubled since the last time the CDC calculated it in 1998. A main point that I want to raise here is that prevention is absolutely key to curbing the obesity epidemic and it's medical and economic consequences. We are currently in the powerful position to reverse and/or prevent obesity and chronic diseases by improving diet and increasing physical activity among the U.S. population, both young and old, rural and urban, and white and other ethnic minority populations.

As a project officer at the National Cancer Institute from 2002 until this past March, I had the opportunity to oversee a portfolio of diet and obesity prevention studies. What is heartening is that I saw a sharp rise in the studies getting funded in the area of obesity prevention while I was at the National Cancer Institute. You may have heard obesity referred to as the "new tobacco" and I think many are beginning to truly acknowledge the extent of this national challenge. In addition, I saw a shift in the types of studies being funded from purely individual-level approaches to those incorporating more environmental and policy strategies. An example of an individual-level approach would be going into a classroom and telling children that they should eat more fruits and vegetables. This type of approach on its own has met with limited success but it appears that combining this with other more "macro" level strategies such as taking sugar sweetened beverages out of vending machines in schools could prove to be very "fruitful" in the long run.

I was invited here to talk about the problem and others will address potential solutions. However, I want to end with urging consideration of a multi-level approach in moving forward. Using a systems-level three pronged approach can have great promise in addressing obesity and chronic disease prevention [24], [25]. First, we know that the individual has been genetically programmed at an early age to desire fatty and sugary foods and so we need to engage the individual to help provide them with the knowledge and tools to make healthier choices. Next, we need to provide a supportive environment, where healthy eating choices are easily accessible, available, and at a low cost. Finally, we need to have local, state, and Federal policies in place to ensure that the communities in which people live, work, and play are indeed healthy communities.

Thank you again for giving me the opportunity to testify. I would be pleased to answer any questions you may have.

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[20] *Key facts about childhood obesity.* 2009, Robert Wood Johnson Foundation. p. 18.

[21] Olshansky, S.J., *et al., A potential decline in life expectancy in the United States in the 21st century.* N. ENGL. J. MED., 2005. 352(11): p. 1138–45.

[22] *F as in Fat: How obesity policies are failing in America* 2009. 2009, Robert Wood Johnson Foundation.

[23] Larson, N.I., M.T. Story, and M.C. Nelson, *Neighborhood environments: disparities in access to healthy foods in the U.S.* AM. J. PREV. MED., 2009. 36(1): p. 74–81.

[24] Huang, T.T., *et al., A systems-oriented multilevel framework for addressing obesity in the 21st century.* PREV. CHRONIC DIS., 2009. 6(3): p. A97.

[25] Huang, T.T. and T.A. Glass, *Transforming research strategies for understanding and preventing obesity.* JAMA, 2008. 300(15): p. 1811–3.

STATEMENT OF KIMBERLY A. RUSSEL, PRESIDENT AND CEO, BRYANLGH HEALTH SYSTEM, LINCOLN, NE

Ms. RUSSEL. It's a pleasure to be here today to represent BryanLGH Health System, a locally owned healthcare system anchored by BryanLGH Medical Center here in Lincoln. Our mission statement is to provide excellent care and to promote health with a focus on quality, collaboration and compassion. This mission statement, with its emphasis on health promotion, showcases the importance to us of prevention and wellness.

What I was asked today to address the financial impact of chronic diseases on the medical system. According to CDC, chronic diseases are the leading cause of death in the U.S. and, therefore, the leading cause of admission to U.S. hospitals. Also per the CDC, almost half of all Americans live with at least one chronic condition. Chronic diseases account for 70 percent of all deaths in the U.S. Medical care costs for people with chronic diseases account for more than 75 percent of the nation's $2 trillion in medical care costs.

Chronic diseases account for about ⅓ of the years of potential life lost by the year 65 and, after decades of relative stability, increased by 37 percent between 1998 and 2006. Obesity accounts for over nine percent of all medical spending—$147 billion in 2008—and annual per capita increase in Medicare spending due to obesity is 36 percent and is 47 percent for Medicaid. So from the perspective of an acute care health system, the number one chronic condition that impacts all of the chronic diseases is obesity.

We now commonly hear the phrase "obesity epidemic" to describe this phenomenon, and I totally agree that obesity is an epidemic in America today.

We would not be able to find a hospital or a physician's practice that has not been impacted by an increasingly obese patient population. At BryanLGH we have made many adaptations to better serve people of larger sizes. Manufacturers have adapted medical equipment such as operating room tables, patient lifts, MRI scanners, *et cetera,* to accommodate this patient population.

Over the years BryanLGH, like other hospitals, has purchased this new equipment of this nature to safely provide care to these patients. Every hospital, including BryanLGH, is battling an increasing number of back injuries among our staff as a result of lifting larger patients. Obesity can also complicate a patient's discharge from the hospital. Some long-term care facilities limit the number of obese patients they will accept due to the additional staff and lifting needs.

In other cases, it is obesity, not the underlying medical condition, that prevents a patient from being discharged from the hospital to their own home. Patients who are obese carry much higher risks of medical complications. Whatever the underlying disease, obesity makes nearly everything worse for the patient and truly impacts or reduces that patient's quality of life.

Today I want to share with you some new research that we are studying in collaboration with other Lincoln partners to help establish new health and living culture in our community.

In June the Community Health Endowment at BryanLGH cosponsored a site visit to Lincoln by Dan Buettner, who is a re-

searcher and author of a book called *The Blue Zones.* The book presents Dan's research of four areas of the world where people are living longer and healthier (into their 90s and beyond). The four areas Dan studied are in Italy, Japan, Costa Rica, and Loma Linda, California. Dan is coining the phrase "blue zone" to describe areas of the globe that are longevity hot spots. The blue zone or longevity hot spots are striking, because in these areas of the world, there are greatly reduced rates of chronic disease compared to rates in the U.S., 50 to 70 percent less.

We had standing only room only in the BryanLGH Medical Center Conference Center with over 400 people in attendance to hear the results of Dan's work.

I found his message particularly interesting in the context of the national discussion that is ongoing about national healthcare reform. The common themes that Dan discovered when researching longevity trends in these disparate areas of the world are actually quite simple, practical and, frankly, don't rely upon legislation. Although some of the advice are things we've heard our whole lives, such as walking, sustaining regular low intense activity throughout the day and adding activity into our daily routines, *et cetera,* others are perhaps newer concepts to many Americans. Dan's basic premise is diets and exercise programs in the U.S. have, for the most part, been a failure. They fail to impact our culture, and what's really needed is a cultural change in our country.

For example, one thing he discovered, that in Okinawa it's built into the culture to stop eating when one's stomach is 80 percent full, and there's even a little saying to remind you of that that is said before each meal, almost like a prayer. Another study showed that people who place their food on the plate in the kitchen and put the food away before taking the plates to the table to eat consumed 14 percent less food than those who placed the serving dish on the table and ate family style.

Another very simple tip that Dan found in his studies were the longevity or "blue zone" people used smaller dinner plates and glasses than most of us tend to use. Other advice relates to social activity and family time, adding time to our faith, surrounding yourself with people who share the same wellness values, kind of like a support group concept.

Well, Dan is now working in Albert Lea, Minnesota. He is trying to create a new blue zone.

The other blue zones in the world were naturally occurring, have been occurring over generations of time. His experiment now is to see if he can take a typical American community and actually create a new blue zone. The entire Albert Lea community is working together to implement the principles of the blue zones. This involves making the communities walk-able, working with local restaurants on nutritional options, adding life trails absolutely everywhere. In fact, interestingly, many of Dan's blue zone principles were incorporated into the CDC's recently announced community strategies to prevent obesity in the U.S. that was just brought out by the CDC a year or so.

Dan returned to Lincoln earlier this week for further discussion with partners including BryanLGH, the Community Health Endowment, the City of Lincoln, Lincoln Public Schools, and others to

see what more we can learn about making Lincoln the next blue zone. I invite Congressman Fortenberry and other interested individuals to keep abreast of these developments as we all learn more.

In summary, we have an epidemic of obesity and other chronic diseases in our country. What's needed is a change in the American culture. Certainly, Federal health policy and insurance reform can greatly contribute to this effort. So can enlightened employers who give employees incentives to lead healthier lifestyles, but our basic practices as a country must change. I'm hoping that here at home we can learn some simple lessons from researchers like Dan Buettner and his colleagues that will make a difference here in Nebraska. Thank you.

[The prepared statement of Ms. Russel follows:]

PREPARED STATEMENT OF KIMBERLY A. RUSSEL, PRESIDENT AND CEO, BRYANLGH HEALTH SYSTEM, LINCOLN, NE

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I found his message particularly interesting in the context of the national discussion that is ongoing about health care reform. The common themes that Dan discovered when researching longevity trends in these disparate areas of the world are actually quite simple, practical and do not rely upon legislation. Although some of the advice are things we have heard our whole lives such as walking, sustaining regular low intense activity throughout the day and adding activity into our daily routines, others are perhaps newer concepts to many Americans.

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Dan is now working in Albert Lea, Minnesota, where he is trying to create a new "blue zone". The entire Albert Lea community is working together to implement the principles of the "blue zones" found around the world.

Dan returned to Lincoln earlier this week for further discussion with Lincoln partners including BryanLGH, Community Health Endowment, City of Lincoln, Lincoln Public Schools and others to see what more we can learn about making Lincoln the next blue zone. I invite Congressman Fortenberry and other interested individuals to keep abreast of these developments as we all learn more.

In summary, we have an epidemic of obesity and diabetes and other related complications in this country. What is needed is a change in the American culture. Certainly, Federal health policy and insurance reform can greatly contribute to this effort. So can enlightened employers who give employees incentives to lead healthier lifestyles. But, our basic practices as a country must change. I am hoping that here

at home we can learn some simple lessons from researchers like Dan Buettner and his colleagues that will make a difference here in Nebraska.

STATEMENT OF PAMELA J. EDWARDS, M.B.A., M.S., R.D., ASSISTANT DIRECTOR, DINING SERVICES, UNIVERSITY OF NEBRASKA-LINCOLN; PRESIDENT-ELECT, NEBRASKA DIETETIC ASSOCIATION, LINCOLN, NE

Ms. EDWARDS. Good morning and thank you, Chairman Baca and Congressman Fortenberry. My name is Pam Edwards. I'm a Registered Dietician and the Assistant Director of the University Dining Services at the University of Nebraska in Lincoln.

I'm also currently the President-elect of the Nebraska Dietetic Association and speak on behalf of 600 registered dietitians who are Nebraska's food and nutrition experts. I thank you for the opportunity to address the role nutrition, diet, and Registered Dietitians play in the prevention of obesity and chronic diseases and the expanding role of local foods in wellness.

To start, nutrition and diet have a significant impact on the leading causes of death in the United States which are also considered chronic diseases and include heart disease, cancer, stroke, diabetes, pulmonary disease, and others.

Chronic diseases are the most common and costly of all health problems, yet the good news is they are the most preventable. Nutrition is a key component of this prevention. An example is prediabetes, a condition in which the blood sugar level is higher than normal but not high enough to be classified as type 2 diabetes. Research has shown that nutrition therapy by Registered Dietitians is more effective than medication in slowing and/or preventing type 2 diabetes. Another example is heart disease. For every dollar spent on medical nutrition therapy provided by a Registered Dietician, $3 are saved.

These chronic conditions are exacerbated by being overweight and obesity. In fact, in Nebraska there has been a steady increase in adult obesity at a rate of 16 percent in 1995, to 27 percent in 2008. These are problems that defy an easy cure. Overall, the dilemma today is that our population is overfed and undernourished. This paradox is the most significant nutrition problem facing the nation. It has been reported that after the age of 8, the percentage of children consuming the daily recommended intake of key nutrients drops significantly, but obesity continues to rise.

Prevention is the answer. Nutrition is a key component of prevention because diet can help prevent and/or delay the onset of both chronic diseases and obesity. We know that it is far more cost effective to prevent obesity and chronic diseases rather than to have to treat them. This prevention must be made in childhood when poor eating practices begin and are carried forward to adulthood.

These poor eating practices include the following: Too many calories, too much saturated fat and trans fat, too much sodium, too many refined grains and sugars, and at the same time too few fruits and vegetables, too few whole grains, and too few legumes. The Centers for Disease Control reported that 60 percent of United States children and adolescents eat more than the recommended daily amounts of saturated fats, and only one in four adults and

one in five children eat the recommended amounts of fruits and vegetables.

The overall strategy for prevention should center on plant-based foods (fruits, vegetables, whole grains, nuts, seeds, and legumes) enhanced by lean meats, fish, poultry and eggs, healthy fats and oils, low-fat and fat-free dairy, and occasionally refined grains, sweets, and salt.

Today we are also experiencing a surge of interest in good quality, safe and local food, and Registered Dietitians are playing a leading role in reconnecting individuals of all ages to the food they eat. The education—this education is being accomplished through local foods, a growing and important area of the overall wellness of our population.

I want to now focus on my experience with our University local foods residence hall dining and catering program, known as The Good, Fresh, Local, or GFL, University of Nebraska-Lincoln Sustainable Food Project that began in September of 2005, with the goals to promote the value of local, meaning Nebraska, food; educate students about sustainable agriculture; and provide a new distribution channel for farmers and producers.

The popularity of our GFL program with students has grown each year. Types of local foods served include free-range beef, poultry and eggs, fresh fruits and vegetables, whole grains, walnuts, pecans, cheese, and many other items. With GFL there has been an expanded and marked interest in eating fresh fruits and vegetables. Students are actually eating things like Swiss chard, beets, purple carrots, and cabbage, and when we ask them why, they tell us simply, "They just taste good," and when foods and—fruits and vegetables taste good, more are eaten, therefore having a beneficial impact on health and wellness.

Local foods can move university students in a direction of wellness and away from obesity and the development of chronic diseases. Students also learn how the local foods market can improve and help sustain the wellness of our communities environmentally, economically and socially. There are other successful Nebraska nutrition prevention and wellness programs, and more information about these is in my written testimony.

Nutrition is the common denominator for preventing, decreasing and treating chronic diseases and obesity. Registered Dietitians are the food nutrition experts, and using their expertise will have a positive impact on preventing and reducing the incidence of obesity and chronic diseases of the United States. They are uniquely trained to address these issues and are playing a leading role in reconnecting individuals of all ages to food and health. The best strategy for health must be prevention. The most effective time for this to begin is childhood, and local food connections provide an exciting way to expose children of all ages to healthful foods that lead to wellness for life. Thank you.

[The prepared statement of Ms. Edwards follows:]

PREPARED STATEMENT OF PAMELA J. EDWARDS, M.B.A., M.S., R.D., ASSISTANT DIRECTOR, DINING SERVICES, UNIVERSITY OF NEBRASKA-LINCOLN; PRESIDENT-ELECT, NEBRASKA DIETETIC ASSOCIATION, LINCOLN, NE

Good morning and thank you Chairman Baca and Congressman Fortenberry. My name is Pam Edwards. I am a Registered Dietitian and am the Assistant Director of University Dining Services at The University of Nebraska-Lincoln. I am also currently the President-elect of the Nebraska Dietetic Association and speak on behalf of 600 dietitians who are Nebraska's food and nutrition experts. I thank you for the opportunity to address the role nutrition, diet, and Registered Dietitians play in the prevention of obesity and chronic diseases and the expanding role of local foods in wellness.

Nutrition and diet have a significant impact on the leading causes of death in the United States (U.S.) and many of these are also considered chronic diseases.

- Heart disease.
- Cancer.
- Stroke.
- Diabetes.
- Pulmonary disease.
- Liver disease.
- Kidney disease.
- Pneumonia and influenza.
- Prenatal complications.
- Septicemia.

Chronic diseases are the most common and costly of all health problems. Half of all Americans suffer from chronic diseases and alarmingly seven of ten die from them. The good news is that we can prevent some of these diseases and delay the onset of others. Diet is a key component of this prevention. For example, pre-diabetes is a condition in which the blood sugar level is higher than normal, but not high enough to be classified as type 2 diabetes. Research has shown that nutrition therapy by Registered Dietitians is more effective than medication in slowing and/or preventing type 2 diabetes. Another example is heart disease. For every $1 spent on medical nutrition therapy provided by a Registered Dietitian, $3 are saved.

The alarming rate of overweight and obesity throughout all ages has exacerbated all of the chronic conditions. Two out of every three adult Americans are reported to be overweight or obese while one out of every three children is overweight or at risk for being overweight. There has been a steady increase in the percent of Nebraskans who are obese (BMI 30 and above) from 16.3 percent in 1995 to 27.2 percent in 2008.

The dilemma today is our population is overfed and undernourished. This paradox is the most significant nutrition problem facing the nation. Data shows that after the age of 8 the percent of children consuming the daily recommended intake of key nutrients drops significantly.(see attached chart) But at the same time obesity in children continues to increase. These are problems that defy an easy cure.

Prevention is the answer. Nutrition is a key component of prevention because *diet prevents and/or delays the onset of both chronic diseases and obesity.* We know that it is better to prevent obesity and chronic diseases, rather than to have to treat them.

Thus focusing on our children's nutrition and health is critical. Poor eating practices begin in childhood. These poor eating practices include consuming too many calories, too much saturated fat and trans fat, too much sodium, and too many refined grains and sugars. At the same time we are eating too few fruits, vegetables, whole grains, and legumes. The Center for Disease Control reported that 60 percent of U.S. children and adolescents eat more than the recommended daily amounts of saturated fats. Only one out of four U.S. and Nebraska adults and one out of five U.S. children are eating the recommended amounts of fruits and vegetables.

The overall strategy for prevention should center on plant- based foods (fruits, vegetables, whole grains, nuts, seeds, and legumes) enhanced by lean meats, fish, poultry and eggs, healthy fats and oils, low-fat and fat-free dairy and occasionally refined grains, sweets, and salt. Including a variety of these foods as part of healthful eating practices is recommended so that complex carbohydrates, healthy fats, protein, vitamins, minerals, phytonutrients and fiber are obtained through the food eaten.

The American Dietetic Association's (ADA) research shows that American parents are reluctant to help their children because they don't know how to help and they are disengaged from their children's eating habits. Registered Dietitians (RDs) are uniquely trained to help parents; however, few people are referred to RDs because their services are rarely covered by insurance. Registered Dietitians are the food and nutrition experts and are uniquely trained to focus on nutrition and prevention. Using RD's expertise in counseling individuals of all ages about healthful nutrition practices will have a positive impact on reducing the incidence of obesity and chronic diseases in the U.S.

While there is understandably great concern about obesity and chronic disease, there is at the same time a surge of interest in good quality, safe, and local food occurring throughout the United States and Registered Dietitians are playing a leading role in reconnecting individuals of all ages to the food they eat. This includes teaching not only about the nutritional impact different foods have on health but also where and how food is grown and raised and how to prepare and experience the exciting taste of a variety of food. For we all know if food doesn't taste good it is not eaten and no nutritional benefits are received.

I will now focus on unique and practical approaches to prevention by Nebraska RDs. The first is my experience with a local foods university dining program. **Fresh locally-grown foods have a positive impact on wellness due to students eating more healthfully. Why? Because it tastes good and replaces higher calorie foods.**

Our program is known as *The Good. Fresh. Local. (GFL)—The University of Nebraska-Lincoln Sustainable Food Project.* This local foods residence hall dining and catering program began in September 2005 with the goals to:

- Promote the value of local (Nebraska) food.
- Educate students about sustainable agriculture and the positive impact it can have on the environment, local economy, and communities.
- Provide a new distribution opportunity for local farmers and producers in the world of university dining service.

At the time *GFL* began there were approximately 200 college and universities throughout the United States with local foods programs on their campuses. This number continues to grow along with college students' consumption of and interest in local foods.

Examples of local foods served in the *GFL* program include a variety of fresh fruits and vegetables, pasture-raised ground beef and poultry, free-range eggs, organic oat flakes, natural pork, walnuts and pecans, homemade whole grain bread products, cheese, jams, honey and dressings. **Today the program includes approximately 75 Nebraska farmers/producers and manufacturers which is up from 25 when the program began.**

The popularity of the *GFL* program has grown each year with students proclaiming "It's *GFL* time." **Students have connected with local foods as evidenced by an average of 35 percent increased attendance when *GFL* meals are served. There has also been a marked expanded interest in eating fresh fruits and vegetables.** Students have willingly tried and enjoyed vegetables such as Swiss chard and beets along with purple carrots, broccoli and cabbage. **When students are asked why they are willing to try the various local fruits and vegetables—the simple response is "They just taste good." And when fruit and vegetables taste good—more are eaten, therefore having a beneficial impact on health and wellness.**

The overall goal is for the university students to incorporate these healthful nutrition practices so that when they graduate they will be moving in a direction of wellness and away from obesity and development of chronic diseases. Another major benefit of the *GFL* program is that students gain an appreciation for Nebraska agriculture in rural communities and begin to understand how the local foods market can improve and help sustain the wellness of our communities—economically, environmentally, and socially.

Nebraska RDs are involved in nutrition settings where program goals are aimed at prevention by increasing the consumption of fruits and vegetables and other types of foods that result in healthful meal practices. The following highlight programs that increase the consumption of fresh fruits and vegetables including those with local food connections.

- **The USDA's Fresh Fruit and Vegetable Program (FFVP)** is administered by Bev Benes, RD, PhD, Director of the Nebraska Department of Education—Nutrition Services. The FFVP serves fresh fruits and vegetables to elementary school students as healthy snack options that are alternatives to snacks high

in fat, sugar and salt. Participating schools must have at least 50 percent of students eligible for free and reduced-priced meals and the snacks are provided in addition to other school meal programs. **A goal of the FFVP is to help combat childhood obesity by teaching children the importance of developing healthy eating habits.** In addition, schools are required to provide nutrition education to accompany the snacks. Ideally, children will experience the great taste of a variety of fresh fruits and vegetables and will begin to include those as part of their eating practices for the rest of their lives. An exciting dimension of the FFVP is that schools can support local agricultural producers by buying fresh produce at farmers' markets, orchards, and growers in the school's community. By serving locally grown produce, schools can support their communities and also educate students about the local agriculture in their communities and state. In 2008/2009 Nebraska had 28 participating schools and there will be 59 schools participating in 2009/2010.

- A study to determine the impact of local fruits and vegetables on a school lunch program was conducted at the Central City Middle School in Central City, Nebraska. Because USDA now allows schools to purchase local produce, Joyce Rice, School Food Service Manager, wanted to determine if students would eat more fruits and vegetables if offered a variety of fresh local fruits and vegetables. The program goal was to increase fruit and vegetable intake for healthier students. The study was conducted during first semester 2008–2009 and involved 500 students from kindergarten through eighth grade. Local fresh fruits and vegetables were purchased from local growers in the St. Libory area. **The impact of the program resulted in fresh fruit and vegetable intake that increased by 199 percent by serving local fruits and vegetables.** Because of Nebraska's weather, the program was limited by the seasonality of local fresh fruits and vegetables
- The garden-to-school connection has been planted at Beattie Elementary School in Lincoln, Nebraska by Karen Creswell, M.S., R.D. and Master Gardener. Elementary school children are taught about food through planting, tending, and harvesting produce from their school garden. This experience is enhanced by learning how to 'compose' a meal made of the following:
  - The cook, the food and the eaters.
  - A balance of food groups 1-2-3-4-5.
  - Inspiration from the season.
  - Flavor.
  - Variety and contrast.

  The overall goal of the program is to work with children on becoming 'skilled eaters' so they know how to handle themselves around new and strange food. This type of positive experience in a safe environment under the direction of a Registered Dietitian leads children toward to the development of a positive relationship with food 'from seed to plate'. When children can expand their food preferences they do better with eating for good health and good weight regulation.
- In July, 2008, the Nutrition and Activity for Health Program within the Nebraska Department of Health and Human Services was selected as one of 23 states to receive support from the Center for Disease Control (CDC) for chronic disease and obesity prevention. Work in these areas is centered on promoting healthy eating and physical activity and creating or enhancing environments and systems that support healthy eating and greater physical activity. **One of the focus areas of the funding is to make it easier for Nebraska residents of all ages to eat more fruits and vegetables. This is facilitated through CDC's *Fruits and Veggies—More Matters* initiative which encourages the consumption of fruits and vegetables by explaining the impact fruits and vegetables have on promoting good health and reducing the risk of chronic diseases—stroke, cardiovascular disease, and certain cancers.** Within the Nebraska Department of Health and Human Services, Holly Dingman, M.S., R.D. serves as Coordinator for the Nutrition and Activity for Health program and the Coordinator for CDC's *Fruit and Veggies—More Matters* initiative. Holly has successfully collaborated with two different state agencies to promote more fruit and vegetable consumption in the following ways:
  - Supporting the Nebraska Department of Education with the Fresh Fruit and Vegetable Program (FFVP) for elementary school students.

- Working with the Nebraska Department of Agriculture to start a weekly produce market outside the state office building designed so that state employees and individuals working in downtown Lincoln can purchase locally grown produce. This project demonstrates how two state agencies share a desire to improve the health of Nebraska residents and the economy of Nebraska agriculture.

Conclusion

Nutrition is the common denominator for preventing, decreasing, and treating chronic diseases which are the most common and costly of all health problems. The alarming rate of overweight and obesity has exacerbated all the chronic conditions. Registered Dietitians are uniquely trained to address these nutrition issues. And they are playing a leading role in reconnecting individuals of all ages to food and health.

The best strategy for health must be prevention. Nutrition is key to prevention because diet prevents and/or delays the onset of both chronic diseases and obesity. The most effective time for this to begin is in childhood. Local food connections provide an exciting way to expose children to healthful foods that lead to wellness for life.

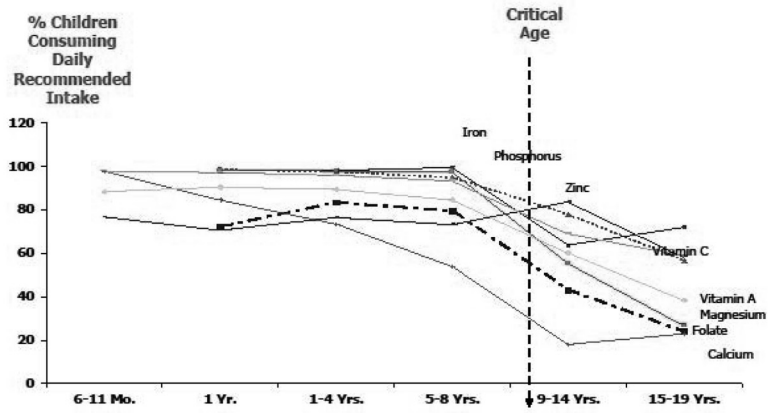
Note:

American Dietetic Association's research has documented that most Americans have no idea of their own nutritional status, weight or eating patterns. Even when a diet-linked condition as serious as pre-diabetes is identified, a patient is likely to encounter very real barriers to professional nutrition care and services. In other words, few people are referred to Registered Dietitians to begin with as their services are rarely covered by insurance. To explain: Medicare is the template for most insurance plans. Medicare currently covers screening for pre-diabetes. A patient can be tested as frequently as every 6 months to check his or her status. However, there is no referral—no covered care by Medicare or most private insurance—until pre-diabetes deteriorates to full blown diabetes. Only when the diagnosis has reached a dire situation will Medicare meet patients' needs through covered diabetes services. If the patient is very lucky his or her physician may send them to a Registered Dietitian for Medical Nutrition Therapy or an accredited Diabetes Self Management Training program.

A children's nutrition and activity program is being piloted that uses the expertise of Registered Dietitians. Thanks to the work of the Alliance for a Healthier Generation, a pilot program has been developed to help overweight children see their physicians and Registered Dietitians to learn better nutrition and activity habits. Several health insurance organizations are part of this ground-breaking effort which will reach nearly one million children during the first year. The long-term goal of the initiative is that within the first 3 years, 26 percent of all overweight children (approximately 6.2 million) will have access to the benefit.

ATTACHMENT

Overfed But Undernourished



Data compiled by Dr. John Lasekan, Ross Labs
NHANES 1999-2000 and the Continuing Food Survey 1994-96, 1998

The CHAIRMAN. Thank you very much. I want to thank all of the witnesses for their expertise.

You've been extremely patient, and now we'll begin with a series of questions from myself and, of course, Congressman Fortenberry as well. But before I do, I just want to make a statement. As you look at obesity and longevity and the cost factors: I was watching ESPN, and I was watching a broadcast where the Texas Rangers were playing someone, and a community lady—she happened to be a hundred years of age—and they asked her who's her favorite player, and she said, "Well, my favorite player is young third baseman from there."

And then as the game went on, of course, someone came over the loudspeaker and said the lady was celebrating her birthday, and then they asked her, "Well, what are you going to do after the game?" And she said, "I am going to ask for my own exit." I mean, it's amazing. So that happens when we're talking about nutrition and proper health, and as I looked at the woman, she was not overweight, and that has a lot to do with it. When you look at longevity in terms of living a lot longer and exercising, as we see here to the left, we'll live a lot longer if we diet right and have the appropriate nutrition and then also reduce our costs to each one of our states, counties and cities that are bearing the costs to provide a service to someone who is chronically ill. Not only will it prevent obesity and being overweight, but diabetes was mentioned earlier in terms of adding to these costs and its impact it has on our family members.

Personally, I've lost my father, who was diabetic, overweight. He originally lost toes and then half a leg and a full leg. Two of my brothers ended up dying, my sister, nieces and nephews, and then my brother-in-law, who was a great athlete, played ball, but didn't

take care of himself, and ended up having dialysis, needed a kidney transplant because his health wasn't there, and he ended up dying. The effects it has on us and the effects it has on others are very important.

That's why I really appreciate the leadership and vision that Ranking Member Fortenberry has, and I appreciate that vision and leadership in bringing awareness and addressing the issue and tying it into wellness, nutrition, and the cost to our society. We can coordinate how it is all interrelated, how it would benefit our society and our nation, and the impact it's having on children. Obesity at a younger age is related to learning abilities when we don't provide fresh fruits and vegetables.

That's why one of the things we have to do—and I mentioned that by changing the culture we have to change attitudes and behaviors and make adjustments, and that's a hard thing for all of us. Some of us have habits because of traditions from one family to another. We ended up eating because our parents put it on the table. I remember eating a lot of flour tortillas and, once in a while, noodles.

Mr. Fortenberry, remember our first meeting that we had on obesity. A Member from Ohio had asked a question of all of us, how many of you still weigh the same as you did in high school. With a show of hands, there was only one person that weighed the same amount as they weighed when they graduated from high school.

Mr. FORTENBERRY. It wasn't me.

The CHAIRMAN. I have a little bit more. But with that I'd like to begin the questions for all of the panelists right now, and anyone of you, you can chime in and give a response. You're all experts in the fields of nutrition, obesity and chronic illness. In your expert opinion—and I state, in your expert opinion, what is the one most important thing that we can do as a nation to help fight the obesity epidemic, the one thing? Anybody begin.

Ms. RUSSEL. I really believe it's a cultural change in our society. It's building activity into our daily lives. It's not building our lives around a screen. It's have a lot of family involvement, *et cetera.* To me, it's a total cultural change compared to the way that we live.

The CHAIRMAN. Can you sort of define "cultural change"? Because I know we've got a recording of this, and there are a lot of definitions for cultural change. Elaborate a little bit on that.

Ms. RUSSEL. It's figuring out how we can build low intensity sustained exercise into our daily lives. I'm not suggesting that we all give up on cars, but that we plan time in our daily activities and schedules for more walking, for example. An example is, like I was mentioning in my comments, what is going on in Albert Lea, Minnesota. One of the things that they've done there to help children get more exercise in their daily lives is the school buses in the public schools are now stopping a quarter mile away from the front door of the school, so the children are walking a quarter mile from the bus into the school and then reversing it at the end of the day. You know, simple things like that.

Dr. YAROCH. I just attended a meeting about 2 weeks ago, and it was called The Weight of the Nation Meeting, and it was held in Washington, D.C., and was very interesting. Policymakers were researching and getting together to talk about this issue, and one

of the things I mentioned in my testimony is I really do think that it's going to take a very comprehensive approach in order to address the situation, so from my standpoint, I'm a researcher.

There are different models that are proposed, like a social and ecological model, so I mentioned it briefly in my testimony, but one of the things, you know, that's really important is to think of all these different factors we have. Individual level factors, as you mentioned, we do have level factors like knowledge, attitudes, so we need to do things about changing those, whether it be among kids or adults.

Environmental level changes that I mentioned vending machines in schools, and then really having those policy level changes in order to support all of this, so I wouldn't say that it's just one thing. I mean, I'm just racking my brain thinking, All right, is there one? But I really do think that we need a comprehensive approach that really incorporates all of these factors.

Ms. EDWARDS. I guess I would say that this is very practical, but it's exemplified by what's at the table, and that is that people need to reconnect with food, just basic food and how great it is. It sounds very simple, but we just have to make the move of getting to know what fruits and vegetables are, what are whole grains, as a first step toward reducing obesity and the rate of chronic diseases.

Dr. SITORIUS. I'm going to add one thing. You said one thing, and I can't think of that one thing, but I think education and building teams, because I think it's education for the providers of health care, and it's having them team together. We have a lot of examples of individual projects, and I think it's education of the citizens, but it's going to happen through that kind of education.

The CHAIRMAN. Thank you. That's a very important point, because as we look at the comprehensive approach, change in attitudes and behaviors and adjustments and side effects; you can't make change unless you're educating the entire country. That's a good point. Thank you very much. I have several questions, but I know that my time has run out, and as I look at the little red light, it indicates to me there's no time to ask another question, but I'm going to ask one more question of all of you, and then I'll hand it over to our Ranking Member, for his questions. Then, we'll come back, and we'll have some additional questions we may ask. How can we best raise the awareness of obesity and its cost in relation to chronic illnesses in America?

Dr. SITORIUS. Well, one is by holding hearings that are outside of the purview of Washington, D.C. I think it's very important to be out where the people are and having these kinds of discussions where you have people present who can listen.

Dr. YAROCH. I think our sociological campaigns are very important so, for instance, I know I've just said that I moved to Nebraska a few months ago, but there is 54321 Go! Campaign that's going on right now with the Omaha kids. We begin to raise awareness by providing information, whether it be kids, adults alike, on how they actually go about improving dietary and physical activity efforts.

Ms. RUSSEL. I would say I think the media has done a good job of covering the point of the costs of obesity. I think our problem is individuals simply don't know what to do about the problem.

They're helpless, so to speak, or feel helpless to attack their own overweight problem.

Ms. EDWARDS. I think we talk about everything starting with children, and I would think that the education in the school systems with the children, as well as their parents, would be a very good way of starting. When you give to the children and their parents, you're starting momentum for later in life.

The CHAIRMAN. Thank you very much.

Dr. YAROCH. Can I just add one more point? I do want to point out that I think education is key and very important, but we also know that giving people the knowledge doesn't necessarily change their behaviors, so education, to me, in addition to all these other things like social marketing, and other things that we can do and actually giving people the tools to make the changes.

The CHAIRMAN. Thank you. I think all of you have brought up some very interesting points and ways to address it, and the media can also help us in creating this kind of awareness. Now that we have a hearing, as I stated before, we have foresight. We can look at the costs to our society in reference to obesity. We have $75 billion in direct costs and $139 billion in indirect costs just now. Then we look at what's projected if we don't do anything in terms of the year 2030.

I mean, we're not talking about millions. We're talking about billions when we look at $160 billion if—it's billions if we don't address the issue, and the media can play a very important part in helping us get that kind of awareness and knowledge along with nonprofit organizations. With that I'd like to turn it over to Ranking Member Fortenberry to ask some questions.

Mr. FORTENBERRY. Thank you, Mr. Chairman.

Dr. Sitorius, I want to pick up a comment you made, and then I'm going to refer to you after I point out some of the particular findings that I'd like to highlight from all of your testimony. If you all would be willing to respond as well to the questions I generate to Dr. Sitorius. You said our healthcare system is not properly designed for wellness, it is reactive, and then you laid out a couple of critical factors regarding specifically the medical culture to the patient centered approach.

I think that's an important point, and all of you, if you'd like to respond back too as we unpack that a little bit further, that's a key point in your testimony, but the key finding is I think that all of you touched on one way or another, again, the cost of the significant difficulty of obesity in our country being $7 to $8 billion or so 10 years ago. It now has doubled. You have pointed out that we consume 300 more calories today than 25 years ago, obesity being particularly acute as well with Native American populations, and there are two very large reservations in the First Congressional District, by the way.

Dr. Russel, you pointed out the blue zones, and, again, Japan, Costa Rica, Italy, and Loma Linda. You also suggested that if I just serve myself in the kitchen, I could lose these extra, or something like that. Interesting key points, Ms. Edwards, you pointed out that even in Nebraska the issue of obesity rises from 1995 at 60 percent up from 27. I think we have a pretty good idea of the trend line here.

I think we also have a pretty good idea in general of what we have to do, but in terms of systematic changes, going back to what you said, Dr. Sitorius, our healthcare system is not properly designed for wellness, this interplay between nutrition and lifestyle practices, meaning the healthcare system being reactive in nature, creating a gap of what we all want to achieve, all—what we all are watching happen in the wrong direction. Can you further unpack this idea of looking to a more patient-centered approach?

Dr. SITORIUS. Well, it's not new. Pediatrics has been doing this since about 1967 or the early 1960s, but it is going to require a change in the incentives for patients and incentives for the providers of health systems to really jump into this.

I think I stated it as clearly as I can think about it, and that is we currently reward people for doing something to somebody after they've already had a problem, and we need to really look at a system that recognizes and rewards both the patients, lawyers, and the health professionals to work—working at prevention. Not just preventing it, the chronic illness initially, but dealing with it secondarily and interpolate prevention.

Mr. FORTENBERRY. I agree with your key point there. I think our next panel will actually have some experience in some of those incentives so, again, that will be unpacked later. You talk about the limited ability to monitor and support patients, time constraints, as well as just episodic treatment that all link itself to the rethinking of a team type of approach to patient care. Did I get your——

Dr. SITORIUS. Yes. You're right, and I think there's a great deal of expertise to manage a lot of medical problems that's done in silence or individually, and I think we have to find a way to put the systems together better and to allow them to communicate. IT is going to be—information technology is going to be very important in that to allow that communication, but I also think we have to enjoin the patient and community to be part of the solution to these chronic illnesses, because they are equally important, as I heard some of my colleagues talk about, as the support system changes.

Mr. FORTENBERRY. The rest of the panel, would you like to respond to the issue that I just laid out?

Dr. YAROCH. Yes. Actually, there have been studies to show that doctors are the most trusted source for people to get their information from. However, physicians don't even typically get training in nutrition. So, for instance, where I got my doctorate was Emory, and the people who were getting their MDs were only required to take one short course in nutrition, so I feel that there's a breakdown in the system there.

And just the whole idea that this is an interrelated system, so connecting doctors with patients, patients with other important things, and just one of the things I didn't have a chance to say that I brought up a little bit in my testimony is that really there are some of us who don't have access and availability to healthy foods. So the idea of some populations, low income, African American, American Indian, Hispanics who live in food deserts who don't even have the choices. They don't have it there to be able to make it.

Mr. FORTENBERRY. This is actually a phenomenon in some urban areas as well, as the Chairman and I learned about on the last

hearing on obesity. It's not just education, but it's access, and that was a key finding.

Ms. RUSSEL. I really agree with Dr. Sitorius's point that our system is not set up well to focus on prevention, and absolutely I agree as well that the physician has such an ability to make an impact with the patient when they—in that exam room when they look at them eye to eye and tell them they need to stop smoking, or they have an obesity problem, or whatever the chronic condition might be.

The problem with our system, of course, as you well know, because you made this comment, Representative Fortenberry, in your opening remarks, is that our physicians are paid, frankly, on piecework, and they have—with the physician shortage in our country, there are tremendous volumes of patients to be seen every day, and our extremely busy physicians simply have very limited time to have these very deep, meaningful conversations which can be very impactful with patients, so I think that's an example of how our system is not put together well.

The support needs to happen with prevention and wellness.

Ms. EDWARDS. It's now been said that a team approach is the best way to do anything, whether it's in the hospital setting, whether it's in the organization, whether it's in the school, wherever it might be. I think that you find the people who are best suited to provide the care in those types of organizations and, as far as nutrition goes, speaking for Registered Dietitians, in those kinds of settings, I would like to see that Registered Dietitians are the people who are trained in nutrition and are the ones who are spoken to and asked for their advice in working with these types of different situations for obesity and reducing obesity and chronic diseases among the population.

The CHAIRMAN. Thank you. We begin with a series of questions that all start up with Ms. Russel. Ms. Russel, thank you for your testimony. As a Californian, my Congressional district borders the area of Loma Linda University, and you mentioned that as one of the cities researched, as referred to in your testimony. I believe you're right. We need to change the culture of America when it comes to food.

As a Hispanic, I was raised to view food in a particular way, but I had to learn I couldn't always eat tamales and menudo, so I had to change that. Do you believe there's any particular guidelines we must follow as we work to change the culture around food?

Ms. RUSSEL. Again, the research that I was quoting, one of the commonalities among all of the four areas of the world was that the diets of people were plant based with a heavy dose of beans and nuts and just a small amount of wheat, so take whatever you want from that. That was the common dietary theme among those four areas in the world with a striking high in longevity trends and a striking low in chronic stress.

The CHAIRMAN. Thank you. I know that I've had to change. Even this morning I had fruits, and I wanted to have the omelet. I was thinking, oh, gosh, these potatoes, these are real good, but I had the fruit.

Ms. RUSSEL. Good for you.

The CHAIRMAN. In your testimony you pointed out one of the biggest struggles we have in Congress is how to pay for good programs. The Fresh Fruit and Vegetable Program is certainly a step in the right direction, but it's costly. Have you investigated how much more, if anything, it costs for schools to purchase locally produced items than those that are more readily available?

Ms. EDWARDS. As far as the cost, I'm not representing public schools. I can speak for our particular situation, that local foods do sometimes cost more, but the benefit far outweighs the cost, and in planning properly to give those types of foods in the system is certainly something that can be accomplished very successfully, and I'd like to add one more thing about Loma Linda. Loma Linda is has a very, very high—not total—vegetarian population; and, therefore, their diets are plant based, and for years the research has shown that in that area they have a lesser degree of chronic diseases, obesity.

They're more active, they don't smoke, so I think that whole population is a very, very good one to study when you look at prevention.

The CHAIRMAN. Dr. Sitorius, you know, I was struck by your statement in the testimony that the current healthcare system is not designed to effectively promote proper wellness and nutritional practices. Can you elaborate on your suggested use of the Patient Centered Medical Home model?

Dr. SITORIUS. As I said, I think they have been tried. They do have some validity with the pediatric groups for the last 40 years, and I think there is—as we're looking at changing some of the direction of our healthcare system, I think this would play a tremendous impetus, because you get primary exposure, you get teamwork approach. I don't think any of these chronic illnesses can be managed by one physician or one health system piece by piece.

I think it really takes a connected system and better communication between the providers in the system. It's a teamwork approach.

The CHAIRMAN. Do you think this location is the next in line to use in terms of exercise and what's available in terms of changing actions and behaviors?

Dr. SITORIUS. I think this is an excellent location, and again, speaking as an educator at the science center, we have to take the young people we get into the health science system, teach them interdisciplinarily and also teach them about how to practice in this environment that might be out there in the future instead of sustaining what has been the past. I think that's going to be one of the responsibilities we're going to have as academic health science centers.

Mr. FORTENBERRY. Well, Doctor, I'd like to follow up on that last point. Are you suggesting there is a significant under-emphasis in medical school training on this interdisciplinary approach?

Dr. SITORIUS. Yes, I would say that's true.

Mr. FORTENBERRY. So how do we fix that?

Dr. SITORIUS. Well, I think as the healthcare system evolves and if we can build in the popular incentives for patients and their providers when it comes to prevention and wellness, I think you're going to find a lot more interest and a lot more energy to move to-

wards this interdisciplinary approach and teamwork approach to providing medical care.

Mr. FORTENBERRY. Let me switch now back to Ms. Edwards regarding the—what's the full name of the title of the cafeteria at the University, local fresh and——

Ms. EDWARDS. Good, Fresh, Local.

Mr. FORTENBERRY. Good, Fresh and Local.

That's right. Talk about the demand. Is it significant? Is it profitable? You're a nonprofit setting, but is there a demand?

Ms. EDWARDS. I think the demand has been tremendous. It's grown each year, and as far as profitability, one thing that we, personally, think is that students now are becoming more familiar with local foods, and potential students coming to the University are aware of local foods. They're asking, Do you have those kind of programs? So that all helps the University as far as bringing in potential of more students to come, so it's been extremely popular, and students are asking for it, and habits are changing, which is the most important thing.

Mr. FORTENBERRY. What percentage of the student population do you surmise partakes in the purchase of these foods?

Ms. EDWARDS. Well, within our housing department, which is where it's offered, it's about a fifth of the 25 percent, up to 50 percent on special occasions, that partake in this.

Mr. FORTENBERRY. Excellent. Dr. Yaroch, given your background in cancer research, talk about the linkage between nutrition and cancer prevention.

Dr. YAROCH. Just the diet, physical activity, both of those behaviors are related to obesity, which then ultimately is related to cancer, various cancers, as well as heart disease, diabetes, all these other things, so there is a linkage. I mean, there's a very clear linkage in the literature showing that people with poor diets who are less physically active and more overweight have a higher tendency to get various cancers.

Mr. FORTENBERRY. So you can do everything right, of course, and still get cancer, but the probability of that is, would you say, significantly increased with weight, the risk?

Dr. YAROCH. Oh, yes, absolutely.

Mr. FORTENBERRY. Mr. Chairman, that's all the questions that I have.

The CHAIRMAN. Thank you very much. Again, we thank everyone for their efforts and knowledge in sharing that information. We've a lot of work ahead of us in changing health, attitudes and behaviors and also as we look at the cost difference of proper nutrition, the more we ask that when a child learns behavior in school that provides fresh fruits and vegetables in practice, the more you can change your attitude and behavior and probably the test results too.

You ought to change how—we talk about no child left behind, but it seems like we're leaving them behind in fresh fruits and vegetables. So, today we'll look at ideals, making sure that every child has some form of fresh fruits and vegetables. Again, we change culture and attitudes, and we can't change what the advertisers are going to do on TV because the media, the first thing they do is they

have a fast food commercial after something you watch on The Disney Channel.

They're rushing right on you, we've all got the same bad habits, but I've got to change my habits as well. With that I'd like to thank you and call our next panelists. Thank you very much.

We'd like to now begin the second panel, and the second panel will address wellness and prevention practices. I will begin by welcoming each one of you to the table, and we'll proceed at this time. I'll ask Representative Fortenberry to introduce each of the panelists. As I stated before, if you weren't here, you have approximately 5 minutes to give your statement. We'll allow latitude. Don't panic if the red light comes on, but remember that the first person will set the example for the others, I want to remind you.

I'll make that statement first. So with that we will begin, and hopefully the other two panelists are somewhere in here. So if I could have Representative Fortenberry introduce the first panelist and have the first panelist begin with a 5 minute presentation.

Mr. FORTENBERRY. Thank you, Mr. Chairman, and today I'd like to welcome Mr. Wayne Sensor as our first expert witness. He is the President and CEO of Alegent Health, a company of nearly 10,000 employees of Omaha. Mr. Sensor brings 25 years of experience in leading major healthcare systems and previously served as a President and CEO of another large healthcare system in Louisiana. He was named to be on the Executive Committee of the greater Omaha Chamber of Commerce and was also selected as its Chair of the Public Policy Council. He serves on the National Governors Association State Alliance on e-Health and the HealthLeaders Advisory Board. Thank you, Mr. Sensor, for being here. I'll introduce all of you, and then we'll turn to you for your testimony.

Our second expert witness is Dr. Blake Williamson, the Vice President and Senior Medical Director of Blue Cross Blue Shield in Kansas City.

Dr. Williamson formerly served as Senior Vice President of Asante Health System in Oregon and brings over 10 years of experience in managing integrated health systems, managed care organizations, and physician practices. Welcome, Doctor.

Our third witness is Marsha Lommel. She is President and CEO of Madonna Rehabilitation Hospital in Lincoln, formerly a speech pathologist. She has served as CEO since 1989. Marsha has served on numerous health and service-related boards at committee and state and local levels, including American College of Healthcare Executives, Wells Fargo Lincoln Advisory Board, VHA of the Midlands, Lincoln Chamber of Commerce, Community Health Endowment Board, Friendship Home, Leadership Lincoln, Governor's Urban Advisory Task Force, American Heart Association, and the American Burn Association. Thank you again, Ms. Lommel.

Our fourth witness is Dr. Glenn Fosdick, President and CEO of Nebraska Medical Center, a 687 bed acute care teaching hospital that includes over 300 outpatient clinics in four states.

Mr. Fosdick formerly served as Senior Associate Dean for the University of Nebraska College of Medicine in Omaha and before that as President and CEO of another health center in Michigan. Welcome, Mr. Fosdick.

And our final witness is LuAnn Heinen, the Vice President of the National Business Group on Health and Director of the Institute on the Costs and Health Effects of Obesity located in Washington, D.C. She formerly served as Vice President of the Center for Healthcare Evaluation at the UnitedHealth Group in Minneapolis and as a Divisional Vice President at Chronimed, Incorporated. She also provided consulting services on Federal health plans at The Lewin Group, a financial healthcare consulting firm, so we'd like to welcome you all.

The CHAIRMAN. Thank you. At this time we'll begin with the first panelist.

STATEMENT OF WAYNE SENSOR, PRESIDENT AND CEO, ALEGENT HEALTH, OMAHA, NE

Mr. SENSOR. Thank you very much, Congressman Fortenberry and Congressman Baca. It's a pleasure to be here to participate in democracy at its best, at the grass roots level. I am Wayne Sensor. I'm the CEO of Alegent Health. In our brief moment together today, I want to talk a little bit about some of the specific experiences we've had as an organization in stimulating prevention and wellness, both within our own workforce and more broadly in the communities we serve.

I would posture Alegent in a relatively unique position as we talk about health and wellness in that we are both a major employer with over 9,000 employees, the largest permanent employer in the State of Nebraska, but also the largest regional provider, which gives us some latitude to experiment and innovate ways that might be a bit unique. By way of background, Alegent Health is a faith based, not-for-profit healthcare system, and we would like to effectually position ourselves as what I would call a "post-reform" health system.

That means that we've done things like substantially push health information technology across our delivery system. We've worked hard to improve quality and safety while reducing the cost of the care we provide and to provide a seamless transition of patients—for our patients across our entire delivery system. We've done that, in part, by the development and deployment of evidence-based care protocols across all of our delivery sites, and, in part, because of that work we were recently recognized by the Network for Regional Healthcare Improvement, which is a national coalition of Regional Health Improvement Collaboratives, as the number one health system in the United States for our CMS Core Measure of Performance as well as our HCAHPS patient satisfaction level.

As we think about ways in which we can support and promote wellness and prevention, certainly one of the underlying principles must be to help people become more accountable for their health and their health care on an individual basis. From our vernacular that means we need to develop incentives to cause Americans to do the right things that are otherwise in their best interest anyway, and we need to provide them with good information so that Americans can make better choices about how they can be good consumers of health and health care.

As an organization our journey began over 3 years ago really beginning with the petri dish of our own employees and broadening

out to our community at large. It began with the development of a robust benefit plan for our own employees, our 9,000 employees and their dependents, that would cause people to focus on prevention and wellness. Two constructs in our benefit plan particularly speak to prevention and wellness.

The first is if it's preventive care, it is free, no deductible, no copay for a wide array of things, everything from child immunizations to annual physicals, mammographies colonoscopies, and everything else you would suggest for a particular age cohort. My workforce today seeks 2½ times more preventive care than the nation at large. What a great investment.

The second construct built into our own healthcare program is to incentivize people to make health changes, reimburse people to lose weight, to get active, to lose weight or to manage their healthcare conditions. Just a case in point, 500 of our employees have quit smoking. We've lost 17,000 pounds as a workforce in the last 24 months. The results have been relatively phenomenal.

First, from the cost perspective, I will tell you our workforce is now engaged on a daily basis in making choices about their health care, making choices about how we can be more engaged in their health, and you'll ask me this, so I'll say it out loud now. Our motive wasn't lowered costs, but, indeed, we've seen increases in our healthcare premiums of roughly half what the national average is over the last 3 years, and just in passing now I want to acknowledge that HRAs and HSAs are the vehicles we've chosen to use to be able to give people more accountability and control of their own healthcare dollars.

There are also things that we, as a provider organization, must do to engage people more readily as consumers of health care. We believe in transparency. We believe Americans have a right to know how good we are and what are the costs. In September of 2005, we began transparently sharing our quality stories for our facilities. In January of 2007, we rolled out a very unique cost estimation tool which gives people the other half of the valid equation.

In summary, Alegent Health has been working hard to literally participate in our own version of healthcare reform within the purview of our own control. It started with the commitment to dramatically improve quantity, reduce costs, and adopt health information technology; but, quite simply, that's not enough. If we really, really want to reform this healthcare system in America, we need to drive individual and personal responsibility for health.

We speak of consumption of health care in the United States of America like it's a mystery. Too many of us smoke. We're a nation of junk food and video games. We super-size everything, and we love all-you-can-eat buffets. If we're going to really reform the system from a public policy standpoint, we must find ways to engage consumers in their health and their health care. We must incentivize Americans to live healthier lives, to practice true prevention and true wellness, and we hope our experiences on a very granular level will provide some insight. Thank you very much.

[The prepared statement of Mr. Sensor follows:]

PREPARED STATEMENT OF WAYNE SENSOR, PRESIDENT AND CEO, ALEGENT HEALTH, OMAHA, NE

Good morning, Congressman Fortenberry and Members of the Committee, thank you for the opportunity to be here with you today. My Name is Wayne Sensor, I am the President and Chief Executive Officer of Alegent Health; today I want to give a brief overview of Alegent Health's experiences with prevention and wellness. We are both the largest private employer in the state and a substantial provider of healthcare, which gives us a unique perspective on these issues. In both roles, we have made it our goal to partner with people to proactively manage their health, as well as make better choices about the care they need.

Alegent Health is a faith-based, not-for-profit health care system that serves eastern Nebraska and western Iowa. Our 9,000 employees and 1,300 physicians are proud of the care we provide in our ten hospitals and more than 100 sites of service.

As a provider, we believe we are a model of a post-reform healthcare system. We employ substantial health information technology to improve the quality and safety of the care we provide and to ensure a seamless transition for patients across the many services in our healthcare system.

Through the dedication and commitment of our physicians—a combination of employed and independent—we have implemented evidence-based care order sets across more than 60 major diagnoses.

Our CMS Core Measure and HCAHPS Scores are consistently among the highest in the nation. In June 2008, the Network for Regional Healthcare Improvement identified Alegent as having the best combined healthcare quality scores in the nation.

And yet, in our estimation, those efforts are only a small part of what it will take to achieve true healthcare reform. We adamantly believe that people must take more accountability for their health, and to do so they must have incentives and good information.

We began our journey to greater consumer involvement in health care 3 years ago, when we made a commitment to more fully engage our workforce in their health.

Incentives for Preventive Care/Lifestyle Change/Chronic Disease management

There are two important constructs in Alegent's employee health benefit plans. First, preventative care is free. From services like annual physicals, and mammographies to childhood immunizations and colonoscopies—if it is preventative, it is free. As a result, our workforce is consuming more than 2.5 times the preventive care than the nation at large.

That's an investment that we're willing to make, even without longitudinal studies that quantify the financial benefit to our organization.

And second, through an innovative "Healthy Rewards" program, we pay people a cash award to make positive changes in their lifestyles or to manage a chronic illness. We also offer a variety of assistance programs free of charge—weight loss counseling, smoking cessation programs and chronic disease management with the assistance of a free health coach.

Our objective was first and foremost to improve the health of our workforce, and we believed by doing so, our costs would decline. And while we are still building data on the effect our efforts have had on productivity, absenteeism and organizational health care costs, I can report that a majority of employees take an annual health risk appraisal and to date, we've lost 17,000 pounds as a workforce, and more than 500 of our employees have quit smoking.

Our approach has allowed us to substantially slow the growth of our healthcare spending. Over the first 2 years, our cost increases were limited to an average of 5.1 percent, despite industry trends in the 8–10 percent range.

And, as we approach a new benefit plan year, we are carefully constructing an Advanced Medical Home pilot for our chronically ill employees and several other large employers in our community. Through a dedicated team of physicians, nurses, counselors and care managers, we believe we will have an even more profound impact on the health and quality of life of people living with chronic disease.

Key to our results was the use of HSA and HRA accounts, which give employees better control of their health care dollars and allow us to directly reward people for changing unhealthy behaviors.

Tools to Facilitate Cost and Quality Transparency

But giving our employees more control required us, as providers, to make dramatic changes.

First and foremost, we created tools to provide meaningful and relevant cost and quality information. What other good or service do people purchase in this country without knowing how good it is and how much it costs?

Nearly 3 years ago, we began sharing our quality metrics with both our employees and the public—the good and the bad—and since then, we've seen our quality scores soar. On our Web site we currently reports 40 quality measures—the CMS 20,10 surgical measures and ten stroke measures.

Unlike most providers we did not stop there.

By working with a third insurance database, My Cost is able to verify insurance policies and deductibles in order to provide party patients an extremely accurate, personally relevant cost estimate on more than 500 medical test and procedures. As the CEO of a health care organization, I understand the arguments against providing transparency on cost and quality and I reject them. Alegent Health is proof that you can share cost and quality information and not only be competitive, but excel in your marketplace.

Summary

In summary, Alegent Health began our own "healthcare reform" efforts several years ago, when we made an organizational commitment to dramatically improve quality, lower cost, and adopt health information technology. And yet, that will simply not be enough.

Our challenge as a country—as physicians and nurses, members of congress and employers, individuals and families, is to find a way to help people become more individually responsible for their health.

We speak of the tremendous consumption of healthcare as if it is some sort of mystery. It's no mystery really, too many of us still smoke, we've become a nation of junk food and video games, of "super-size" and "all you can eat" buffets. These unhealthy behaviors cause expensive chronic diseases like heart disease, diabetes, and obesity. Somehow, we must find a way through public policy to engage consumers in their healthcare and incentivize all Americans to live better, healthier lives. Only then will we be successful in changing health care.

Thank you.

The CHAIRMAN. Thank you. Dr. Williamson.

STATEMENT OF BLAKE J. WILLIAMSON, M.D., M.S., VICE PRESIDENT AND SENIOR MEDICAL DIRECTOR, BLUE CROSS AND BLUE SHIELD OF KANSAS CITY, KANSAS CITY, MO

Dr. WILLIAMSON. Well, good morning.

Congressman Fortenberry, Congressman Baca, thank you very much for this opportunity to tell you a bit about some breakthrough wellness programs that we have started at Blue Cross and Blue Shield of Kansas City for the employees that work for us or work with us in the Kansas City area and their employees across the country.

The results of our program to date are very encouraging and show positive health outcomes for those who are participating. These results are the direct effect of our common significant investment in our members, and it is a clear example of the innovative contributions that only the private sector can make.

Further validation of our programs comes from the National Committee for Quality Assurance. That's NCQA, a highly respected organization that evaluates, accredits and certifies a wide range of healthcare organizations, and we recently were honored to be the first organization in the country to receive accreditation for our programs under NCQA's Wellness & Health Promotion program. This is a great honor for us and is leading to greater innovations on our side.

Health and wellness initiatives certainly are not new, and many companies and organizations have been in this business for a long time. Results of these initiatives have been uncertain at best.

For members enrolled in our wellness programs, however, the results are real, and our most innovative program, a program called A Healthier You, has been in place for 4 years. We've been able to track 15 employers large employer groups who have been in that program for those 4 years, and here are just a few examples of some of the successes that we've seen in this program.

First, aggregate wellness course from our Health Risk Appraisal tool have steadily increased, showing that health risks are going down in this population. Blood pressure readings in members who are participating in the program have decreased.

Total cholesterol levels have decreased. Emergency room visits for those employer groups who are in this A Healthier You program have decreased slightly, while our other employee groups that are in our insurance company have increased.

The costs associated with those ER visits have gone down as well, and non-participating companies have shown an increase in those costs, and the other thing is that we have also seen routine medical exams increase in number, which we think is a good sign. It is a sign that people are taking some accountability for prevention and taking better care of themselves.

After an in-depth analysis of the cost outcomes of this program, we feel confident that it does have a return on investment of approximately three to one. For every $1 that gets spent on this, an employer can return and see $3 in savings in their healthcare costs.

Our health and wellness programs target the needs of all our members, regardless of where they are in the continuum of health. It's our objective to keep healthy members healthy and move those who have some risks or have some chronic health conditions back down that continuum toward the healthier end of the scale. It's a sad fact that about five percent of our members—and this is the truth nationally—account for around 50 percent of all healthcare costs that get spent. The vast majority of these costs are related to unhealthy behaviors and lifestyle decisions that people make every day.

As a company, we lead the market in service and wellness initiatives. We use health plan tools to gather data and warehouse that in a data warehouse and then personalize communications that go out to members with educational resources, interventions for people who have a few health risks, and individualized approaches for those who have more chronic and catastrophic illnesses.

For members who are healthy and may have just a few health risks, our A Healthier You worksite program provides personalized counseling, on-line tools, support behavior—support behavior changes that members may wish to make. Members take health risk appraisals and then determine where they fall on the continuum, engage in appropriate programs that target their needs, and then our employees receive aggregate information about their population's health and recommendations for their company in the future.

Members who live with chronic conditions need extra care to help them prevent those conditions from progressing into the wrong direction and having higher health costs, so we've developed special programs for members with chronic diseases, and those members

work with nursing professionals on a one-on-one basis to help them get control of their healthcare conditions.

And then, for those that are on the most critical side, including those that have life-threatening illnesses or those who have transplants or other injuries, we have case management nurses who are involved with them. The interventions they make are variable depending on the member's particular needs and are developed collaboratively between the nurse and that member to meet the goals that they share, and that fosters a one-on-one relationship allowing the nurse to become an advocate for that member.

So, in conclusion, Blue Cross and Blue Shield of Kansas City believes that the future of healthcare cost containment lies in disease prevention and the practice of evidence based medicine and increasing the accountability that a member or a person has for their own lifestyle choices and their behaviors.

Nationwide, around 70 percent of all healthcare costs are the direct result of those lifestyle choices that we make every day.

We believe we have in place—we have placed the right programs in place to empower our members to make better healthcare decisions so that they can live longer and happier lives, and I've provided more detail in the packet that I've submitted, and I look forward to answering any questions that you might have. Thank you for your time.

[The prepared statement of Dr. Williamson follows:]

PREPARED STATEMENT OF BLAKE J. WILLIAMSON, M.D., M.S., VICE PRESIDENT AND SENIOR MEDICAL DIRECTOR, BLUE CROSS AND BLUE SHIELD OF KANSAS CITY, KANSAS CITY, MO

Introduction

Good morning/afternoon! Thank you for this opportunity to tell you about the breakthrough wellness programs that Blue Cross and Blue Shield of Kansas City has developed for our clients in Kansas City and their employees around the country. Results of these programs to date are very encouraging and show positive health outcomes for those participating. These positive results are the direct result of our company's significant investment in our members—a clear example of the kinds of innovative contributions that only the private sector can provide.

Further validation of our programs comes from the National Committee for Quality Assurance (NCQA), a highly respected organization that evaluates, accredits and certifies a wide range of healthcare organizations. We were recently honored to be the first organization in the country to receive accreditation for our programs under NCQA's Wellness & Health Promotion program. This is a great honor for us, and is leading to even greater innovations on our side.

Real Results

Health and wellness initiatives are certainly not new, and many companies and organizations have been in this business for a long time. Results of initiatives have been uncertain to this point.

For members enrolled in our wellness programs, however, the results are real. Our most innovative program, A Healthier You™, has been in place for 4 years, and we've been able to track 15 large employer groups that have been in the program for all 4 years. Here are just a few examples of the success we are seeing in this program:

- Aggregate wellness scores from the Health Risk Appraisal have steadily increased several points over the 4 years, indicating health risk levels are going down.
- Blood pressure levels have decreased.
- Total cholesterol levels have decreased.

- Emergency room visits by A Healthier You participating companies have decreased slightly, while ER visits by non participating companies have increased by 17%.
- The costs associated with these ER visits have also gone up significantly for those not participating in the program.
- Overall medical costs have trended up at a slower rate for those participating in the program (10% increase); non participating companies have seen overall medical costs increase more than 17%.
- We have also seen routine medical exams increase in number, which we believe is a good sign; it shows prevention is on the rise and people are taking care of themselves better.

After an in-depth analysis of the cost outcomes of this program, we feel confident that it has a return on investment of approximately three to one—for every $1 spent on the program, the employer will receive $3 in return in lower employer healthcare costs.

Continuum of Health

Our health and wellness programs target the needs of all our members, regardless of where there are on the continuum of health. Our objective is to keep healthy members healthy, and move those members who have some health risks or chronic health conditions back down the continuum toward the healthy end of the scale. It's a sad fact, five percent of members account for nearly one half of all claims costs, and a vast majority of these costs are the result of unhealthy behaviors and lifestyles.

As a company, we lead the market in service and wellness initiatives. We use health plan tools and data, gathered in our extensive Electronic Data Warehouse, to determine where members are on the continuum and personalize our communication with them. We provide education and resources for members who are healthy, interventions for those who may have a few health risks, and individualized care for those members with chronic conditions or catastrophic illnesses.

Overview of Programs

For those members who are healthy or may have just a few health risks, our A Healthier You worksite program provides personalized counseling and online tools to support healthy behavior and any changes the member may wish to make. Members take health risk appraisals to determine where they fall on the continuum and engage in the appropriate programs that target their needs. Employers receive aggregate results with insights into their employee population's health and recommendations for future engagement.

Members living with chronic health conditions need extra attention to prevent their conditions from progressing in the wrong direction on the health continuum, leading to higher costs. We have developed special programs for members with diabetes, asthma, chronic heart failure, chronic obstructive pulmonary disease, coronary artery disease, depression, rheumatoid arthritis, hepatitis C, and multiple sclerosis. Our Disease Managers, who are also nursing professionals, reach out to these members and help them get control over their conditions.

Finally, for our members with the most critical needs, including life threatening illness or injury and transplant cases, our Cases Management nursing professionals are there to assist them with their highly specialized needs. Interventions are variable based on the member's needs and are developed collaboratively between the nurse and member, fostering a one-on-one relationship and allowing the nurse to serve as an advocate for the member.

Conclusion

Blue Cross and Blue Shield of Kansas City believes the future of healthcare cost containment lies in disease prevention, the practice of evidence based medicine, and increased member accountability for lifestyle behaviors and the care of their health. Nationwide, nearly 70% of all healthcare costs are the direct result of the lifestyle choices we make. We believe we have in place the right programs to empower our members to make better healthcare decisions and live longer, happier lives. I've provided more detailed information on the topics I covered today in the packet that you have. I look forward to answering your questions. Thank you for your time today.

STATEMENT OF MARSHA LOMMEL, PRESIDENT AND CEO, MADONNA REHABILITATION HOSPITAL, LINCOLN, NE

Ms. LOMMEL. Chairman Baca, welcome to Lincoln, Nebraska, and to ProActive, and Representative Fortenberry, thank you for allowing us to participate in this really, really broad and important issue. My name is Marsha Lommel, and I am President and CEO of Madonna Rehabilitation Hospital. Madonna is the only free-standing rehabilitation hospital in Nebraska who specialize in rehabilitation for children and adults with traumatic brain injury, spinal cord injury, stroke, pulmonary disease, and pediatrics.

ProActive, our medical fitness center, the host for today's hearing, was completed in January of 2006. It is based on the rehabilitation model of holistic care; that is, it does not focus on a body part or a disease like traditional western medicine. Rehabilitation is the original holistic medical model. It focuses on a person's ability to fulfill their life roles through wellness in all dimensions: Emotional, physical, vocational, social, spiritual, and intellectual.

In fact, those are the dimensions of wellness incorporated into the ProActive wellness assessment, a tool developed by our research institute. Along with a health risk assessment, the ProActive Wellness Assessment allows members to focus not just on exercise or diet alone, but on the issues that are preventing them from making positive changes in their lives. Rehabilitation meets each person at their individual level of functioning. One ProActive member's goal was to do anything for 5 minutes. She started by walking in the cross-current water track with the current.

In an early study we found that almost half of our 3,800 members were non-traditional members of a fitness club; 45 percent were over 50 years of age, and 40 percent of those had significant health impairments or disabilities; 66 percent were overweight. We all know that many of the attempts to improve the health of society at large is not—have not been successful. Often wellness programs attract the healthiest people, and those with chronic conditions and obesity are too embarrassed or intimidated, or have already experienced too much failure to participate.

We've found that the most important first step for these people is to feel comfortable in this situation. The goal for the design of ProActive in program and in architecture was that everyone from the non-fit to the athlete would feel comfortable here. Programs like MedFit for those with medical issues and chronic conditions include the expertise of nurses and physical therapists. Classes like Adaptive Training are for those with physical impairments.

Our research institute adapted 12 pieces of commercial fitness equipment so that it can be used for those with physical limitations due to stroke, arthritis, Multiple Sclerosis, and a host of other medical conditions. At ProActive we have seen thousands of people regain health through that holistic rehabilitation approach. A 42 year old woman avoided gastric bypass surgery, losing 115 pounds. A 67 year old woman who had three strokes and was diabetic is now off most medications and is an avid participant in the senior tap dancing classes at ProActive.

Madonna's occupational health service Fit for Work provides occupational health and work injury services to Madonna employees,

as well as 43 other companies. Fit for Work uses the holistic ProActive rehabilitation model to develop wellness initiatives to augment the occupational health services. Wellness programming includes all of the standard health screenings, wellness presentations, weight loss programs, stress management, fitness classes, as well as medically based programs.

The approach is truly health care and prevention. Fit for Work's wellness program has been offered to Madonna's 1,400 employees with much success. We are self-insured for health care, so our results are particularly pleasing. The total cost to Madonna for health care per employee has increased eight percent in the past 5 years for an average of 1.76 percent per year. Thus far 773 employees have participated, and 433 have completed at least one wellness Lifestyle Challenge program.

Outcomes are tracked by each initiative in the program. One example is the "Holiday Jumpstart" initiative for weight maintenance, which led to 71 percent of participants meeting or exceeding their goals, with 55 percent even losing weight over the holiday season, and that's kind of tough. We also found that we were able to attract employees with the highest health risks to participate.

Sixty-nine percent of our employees participating in the Lifestyle Challenge had a body mass index of overweight or obese; 78 percent of the overweight or obese employees lost weight, 23 of whom decreased their weight so significantly that they lowered their body mass index risk category.

We are finding similar results at the companies we serve that are served by Fit for Work. Each company has its own profile and an individualized program to meet its unique needs and budget. For example, in one company almost 90 percent of the employees were smokers. In another company sedentary work is a contributing factor to health risks. These are measurable examples of the outcomes for one approach to improving health and wellness.

As our nation moves forward with the prospect of providing health care for all, it should be kept in mind that life saving is not the only responsibility we have in health care. If we do not put the health back in health care, the economic burden will continue to be devastating. We need more medical fitness wellness centers like ProActive and BryanLGH's LifePoint. We need to include coverage for medical wellness programs in insurance plans and in Medicare and Medicaid.

We need to fund research at the grass roots level to identify innovative programs and best practices to achieve long-term results. I urge the Committee to include rehabilitation and wellness in the healthcare reform bills that are weaving through Congress. You may save some lives as well as ease the financial burden.

[The prepared statement of Ms. Lommel follows:]

PREPARED STATEMENT OF MARSHA LOMMEL, PRESIDENT AND CEO, MADONNA REHABILITATION HOSPITAL, LINCOLN, NE

My name is Marsha Lommel and I am President and CEO of Madonna Rehabilitation Hospital in Lincoln, Nebraska. Madonna is the only freestanding rehabilitation hospital in Nebraska and the only facility in the country with a Long Term Care Hospital and an Acute Rehabilitation Hospital under one roof. Madonna also has a nursing home, an assisted living facility, a large outpatient program, an occupational health program and a medical fitness center, ProActive, your host for to-

day's hearing. Madonna specializes in rehabilitation for adults and children with traumatic brain injury, spinal cord injury, stroke, pulmonary disease and pediatrics. In fact, Madonna has one of only seven accredited pediatric brain injury programs in the nation and is one of only four to offer an accredited pediatric spinal cord injury program.

What does rehabilitation have to do with wellness? We believe the rehabilitation model lends itself to wellness because rehabilitation is holistic, that is, it does not focus on a body part or a disease like the traditional western model of medicine. Rehabilitation focuses on a person's ability to fulfill their life roles through health in all dimensions—emotionally, physically, vocationally, socially, spiritually and intellectually. In fact, those are the dimensions of wellness incorporated in the ProActive Wellness Assessment, a tool developed by our research institute. Along with a Health Risk Assessment, the ProActive Wellness Assessment allows members to move beyond diet and exercise alone, beyond health risk, to address issues that are preventing them from making positive changes in their lives. One of the most significant of these identified by national studies as well as our own experience, is stress management.

Second, rehabilitation emphasizes that each dimension of a person affects all other dimensions. We know, for example, that a simple walking program increases satisfaction in social and emotional, as well as physical, dimensions. And last, rehabilitation accommodates each person at their level of functioning. One ProActive member's goal was to do anything for 5 minutes. She started by walking in the cross current water track with the current to ease her mobility, and later progressed to full participation in water and land exercise.

We all know that many of the things that have been tried to improve the health of society at large have not been successful. These include scaring people, one size fits all programs and a sole focus on medication or disease management. People are not their diseases. Often wellness programs attract the healthiest people, and those with chronic conditions and obesity are too embarrassed or too intimidated, or have already experienced too much failure, to participate. We have found that the most important first step for these people is to feel comfortable in the situation, and see that they are on the journey with people like them. That is why the non-fit and the moderately fit population do not feel comfortable in a traditional fitness facility with the younger or more athletic clientele.

ProActive has almost 3800 members and a little more than half of them are considered non traditional members of a fitness club. In an early study of our membership, 66% were overweight, 70% had inadequate fitness level, 74% were at an elevated risk for cancer, 45% were over 50 years of age and 40% of those had significant health impairments or disabilities, 36% had a moderate to high risk of coronary artery disease. These are the health problems of America. But when we look at the underlying attitudes and beliefs of this population, it is apparent that there are significant obstacles in the ability to change. 33% did not feel confident in their ability to succeed in a fitness plan, 17% reported excessive stress and poor coping skills.

At ProActive, we have seen thousands of people regain health through a holistic approach. A 42 year old woman avoided gastric bypass surgery, loosing 114 pounds and reducing her triglycerides by 100 points. She states she didn't feel "one bit intimidated at ProActive" and when she described her outcome, she said "Emotionally, I'm so much happier." The women in her aquatic classes have become such good friends, they recently rewarded themselves with a group trip to Kansas City. That is the power of the holistic approach and a concentration on all of the dimensions of wellness.

A 67 year old woman who has had three strokes, was diabetic and had high blood pressure and high cholesterol, is now off most medications and is an avid participant in the senior tap dancing classes at ProActive. She said "I needed a place where I felt comfortable. It's better than any medicine."

Successful programming, we have found, is based on the holistic model of rehabilitation. It means including an element of fun, an element of competition and a focus on grouping people with similar characteristics and problems. It means dance classes with participants at any skill level. It means paired and group competitions with prizes (even small ones will do), healthy cooking classes, women's and men's groups, classes for seniors, programs like MedFit for those with medical issues and chronic conditions, and special classes like Adaptive Training for those with physical impairments. Our research institute conducted a 2 year research project to adapt commercial fitness equipment so it can be used by those with physical limitations such as those who are partially paralyzed due to strokes, have arthritis or have neuromuscular problems such as MS.

As you look around you at ProActive, you will see that it was designed to address the psychological and spiritual aspects of wellness, as well as the physical. The goal

was to make ProActive entirely different from a typical fitness center so that people who would never set foot in a traditional fitness center, as well as the body building athlete, would feel comfortable here. And they all do. It is a place of energy as well as contemplation. It is accessible to, and welcoming to, those in wheelchairs and with walkers, the elderly and medically fragile. The cross current water track and the simple-to-use circuit were all designed for non-fit and moderately fit members.

The staff of three nurses, two dietitians, five physical therapists, exercise trainers, lifestyle coaches, dance instructors and group instructors address the needs of each member individually, starting with health risk and wellness assessments and individual counseling. ProActive provides medically supervised programs for people with cardiac conditions, arthritis, fibromyalgia, and diabetes. Our success in developing this model has resulted in positive, life enhancing outcomes that have exceeded our expectations.

Madonna's occupational health program, Fit For Work, provides occupational health and work injury services to 43 businesses in and around Lincoln. Working in partnership with businesses and their employees, the expensive costs of worker's compensation, time loss and decreased productivity can all be greatly diminished. Fit for Work staff provided over 1,300 health screens and delivered over 7,300 flu shots to these businesses as well as for the State of Nebraska workers.

Fit for Work incorporated the holistic philosophy of ProActive and developed a wellness initiative to augment its occupational health services. Fit for Work is currently providing wellness services to over 25 companies employing approximately 5,500 employees. Services include Health Screenings for early detection of health risks, Wellness presentations, Weight Loss programs, Tobacco Cessation programs, Nutrition and Wellness Coaching, Walking programs, Stress Management, Fitness classes and medically based programming. The approach is truly health care and prevention verses sick care.

Madonna Rehabilitation Hospital also uses the Fit for Work wellness program for our 1400 employees. Because we are self insured, our cost for employee healthcare can be tracked fairly accurately. In the past 5 years, the total cost to Madonna for healthcare, per employee, has increased 8% or an average of 1.76% per year.

Thus far, 773 employees have participated and 433 have completed at least one Fit for Work wellness program, one of which is the Lifestyle Challenge. This program offers free screenings, regular weigh-ins, health tips and prizes. Outcomes of wellness programs, like rehabilitation, must be tracked over many years to evaluate their true contribution to health. Because of the cost involved in applying research methodology, it is prohibitive for businesses to obtain reliable and valid outcomes or conduct blind studies.

However, Fit for Work does track outcomes for each initiative and program and I can give you a sample of those results. In the "Get In the Game Season Training" program 97% of the participants stated that they learned healthier behaviors at the live events and 70% took action steps to incorporate new choices into their lifestyle. The "Holiday Jumpstart" initiative for weight maintenance led to 71% of participants meeting or exceeding their goals, with 55% even losing weight over the holiday season between November and January. The impact of these events at Madonna has been echoed at the other businesses that implemented the Fit For Work wellness plan.

We also found that we were able to attract employees with the highest health risk to participate. which is often cited as a problem for wellness programs. For example, 69% of our employees participating in the Lifestyle Challenge met the body mass index categorization of overweight or obese; 78% of the overweight or obese employees lost weight, 23 of whom decreased their weight so significantly that they lowered their body mass index risk category.

Another example of the success of Lifestyle Challenge is the subjective evaluation results gathered at the end of each competition. Examples of employee's perceptions of their health changes through the program include 55% who said they felt happier with themselves, 52% reported having more energy and 24% reported a decrease in stress levels.

With 1,400 employees working shifts around the clock and at locations scattered throughout Lincoln, Fit For Work wellness programming has continued to be creative in finding ways to reach busy workers in the challenging field of health care. Program design allows for all shifts to participate and often the education comes to them. Rolling carts from unit to unit with healthy snacks and educational presentations on nutrition or stress management or exercise, our wellness staff are able to give personal attention to employees who may never attend one of the more formal sessions. The focus is on real life challenges such as the miles it takes to walk off a stadium hot dog or the best and worst choices for breakfast cereal.

Another successful example is the walking program, in which participants are given pedometers and departments compete for most steps, or most improvement or even most participation. Groups of employees are now seen walking the 23 acre campus on breaks and over lunchtime.

We saw a ten-fold increase in our wellness programming engagement when fun and surprise events were incorporated. Successful wellness programs feel private and personal to participants, yet also foster the camaraderie of developing a healthier workplace culture. It has to meet the needs of the most sedentary staff member and the weekend athlete. It has to help each person feel like their day-to-day choices shape their health.

Wellness is about personal touch and connection. With confusion generated by sound bite media messages, employees need to be able to access information and participate in programs that are relevant to them and fit into their lives.

We are finding similar results at the companies served by Fit for Work. Of the 2,400 employees who took the health risk assessment, 74% had a higher risk of cancer, 70% had poor fitness levels, 66% were above the recommended weight, 64% need to improve nutrition and 35% had moderate to high risk of coronary artery disease. Each company has its own profile and an individualized program to meet its unique needs and budget. For example, in one company, almost 90% of employees were smokers. In other companies, sedentary work is a contributing factor to health risk.

The Lifestyle Challenge is one example of a team focused, weight and physical activity challenge; 900 members of five different businesses who were part of the programming lost over 2,400 pounds and logged over 36,400 hours of physical activity above and beyond their typical workday activity.

These are measureable examples of the outcomes for one approach to improving health and wellness. As our nation moves forward with the prospect of providing health care for all, it should keep in mind that life saving is not the only responsibility we have in healthcare. If we do not include rehabilitation and wellness, the economic burden will continue to be devastating. We need more medical wellness centers like ProActive and BryanLGH's LifePoint, we need to include coverage for medical wellness programs in insurance plans and in Medicare and Medicaid. We need to fund research at the grass roots level to identify best practices in wellness and establish long term results.

I urge the Committee to include rehabilitation and wellness in the healthcare reform bills that are weaving through congress. You may save some lives, as well as ease the healthcare financial burden.

STATEMENT OF GLENN A. FOSDICK, F.A.C.H.E., PRESIDENT AND CEO, NEBRASKA MEDICAL CENTER, OMAHA, NE

Mr. FOSDICK. Congressmen, good morning. My name is Glenn Fosdick, and I am President and Chief Executive Officer of The Nebraska Medical Center. It is my intention to share with the Committee what healthcare providers are doing in prevention and wellness practices to better control healthcare costs. With this in mind I would like to note the experiences of The Nebraska Medical Center and highlight specific examples where costs have been significantly reduced and our employees have improved their overall health.

The Nebraska Medical Center is a 689 bed academic medical center providing the most sophisticated tertiary and quaternary care in the region. The largest hospital in the state, we employ over 5,700 FTEs within a budget over $750 million.

With the escalating challenges declining reimbursement and increasing costs, we experience the same fiscal concerns that all healthcare providers do.

Accordingly, our budgetary process is very sensitive to the costs associated with the provision of healthcare benefits for our employees.

As a good employer, it is our goal to provide the most possible—the best possible services and ensure the overall good health and

well-being of our employees and their families. Because of the complexities of care that we provide, our employees have a very thorough understanding of the healthcare delivery system and expect high quality care. Like all employers, we have experienced the challenge of the inflationary increases associated with healthcare benefits; however, it has been our commitment to identify opportunities to better control these costs without compromising the service provided to our employees.

Our efforts in this area focus on the basic philosophy of improved health and a proactive process to identify and address medical issues early (the cause). This, we believe, is dramatically more efficient and cost effective than treating the inevitable medical problem (the result) when it becomes a significant and expensive clinical issue.

Included in our approach is a dedicated program for employee wellness. This collaborative approach, which began in 1991, incorporates a variety of methods of connection and communication with the employee to educate and influence them and their dependents on effective and realistic approaches to prioritize the individual's personal well-being. These include specific initiatives in weight management, fitness, cholesterol monitoring, and health prevention, including providing an on-site fitness center for employees. It has received numerous awards in the last several years.

A second thing I'd like to discuss is our employee screening process, SimplyWell, initially developed here in Omaha, which we believe has had substantial impact on our success.

In 1998, the SimplyWell program was developed under the leadership Dr. James T. Canedy, an orthopaedic surgeon from The Nebraska Medical Center who recognized that the long-term improvement in healthcare quality depended on the implementation of an effective screening and risk reduction program.

The unique capability of this organization is that it provides a turnkey operation with components in place, ready to implement for all types of businesses and size and scope. It incorporates an on-line health risk management assessment which helps identify priorities unique to each individual. In addition, it combines the traditional blood pressure, height, weight, and flexibility screening mechanisms with a lab blood draw analysis, which allows for greater problem recognition and detail.

SimplyWell has developed an on-line personal health record for each participant. It utilizes health lifestyle coaching, which includes a minimum of one telephone call annually per participant or more often, as needed, as well as a 24 hour nurse call line for follow-up questions information. Of particular interest is the capability of the personal health record, which provides on-line access to laboratory test results and identifies areas of concern above and below appropriate ranges, as well as providing over 1,300 individual, 5 minute or less educational modules on specific health areas that may be of interest or concern to the individual. While this individual record is not available to the employer, SimplyWell examines collaborative data throughout the organization to identify trends or particular areas of concern.

The Nebraska Medical Center has utilized a conservative and positive approach to encouraging enrollment, including a $50 check

for employee participation. This will be enhanced this coming year with a required $500 contribution for non-participating employees.

The program currently serves over 33,000 members nationally, including over 200 employers in banking, manufacturing, medicine, retail, agriculture, and higher education in all 50 states and 20 countries. It has demonstrated an audited and consistent return on investment of one to one in year one and as much as three to one by the third year.

The individual value of this program is reflected to us annually as we identify specific problems associated with our employees in a pre-emptive time frame. These include, for example, the identification of employees who are in a pre-diabetic status and who, without proper lifestyle management, will face the clinical liabilities of diabetes. This area is in itself significant, given that medical expenditures incurred by diabetics in the United States are estimated at $116 billion per year. The American Diabetes Association has estimated that people diagnosed with diabetes on average have medical expenditures approximately 2.3 times higher than those without diabetes.

In addition, each year we identify other significant risks. These include obesity, pre-leukemic status, heart disease, and a variety of other problems of note.

The comparative value of these efforts has been substantial for The Nebraska Medical Center. In examining the average participant cost associated with employer-sponsored health plans for 2004 through 2008, there has been a national increase of 27.7 percent.

By comparison, The Nebraska Medical Center cost has increased only 4.2 percent during this 5 year period. Specifically, in 2004, our average participant costs were 97 percent of the national average. In 2008, they were 79 percent of the national average. The impact on our budgeting process is significant. Our ability to control our costs neutralized the inflationary impact of health care.

The challenges of controlling healthcare costs by both employers and government are formidable. Our culture has defined the standard for the critically ill as immune to financial limits. We must not compromise our commitment to utilize all of our skills and abilities to address their needs. This is economically possible if we recognize and take advantage of opportunities in other areas, including wellness and preventive screening on an annualized basis. The results speak for themselves.

Finally, this effort is one of four specific areas of opportunities I would submit can positively influence the control of healthcare costs. One is wellness and screening. Second is participant contribution. As long as these services are free, they are hard to control. End-of-life control, recognizing that the last 60 days of life are the most expensive in your healthcare history. There are substantial opportunities with increased palliative care intervention to reduce inappropriate and valueless costs; and, finally, malpractice/defensive medicine. With the expense associated with defensive medicine estimated as much as ten percent of healthcare costs, we cannot ignore this.

It is my belief that these four areas provide the greatest and most reliable realistic opportunities for enhancing control of healthcare costs. These may not be the easiest, but it can be the

most successful. Thank you for allowing me to share these thoughts.

[The prepared statement of Mr. Fosdick follows:]

PREPARED STATEMENT OF GLENN A. FOSDICK, F.A.C.H.E., PRESIDENT AND CEO, NEBRASKA MEDICAL CENTER, OMAHA, NE

Good Morning.

My name is Glenn A. Fosdick and I am President and Chief Executive Officer of The Nebraska Medical Center. It is my intention this morning to share with the Committee what healthcare providers are doing in prevention and wellness practices to better to control healthcare costs. With this in mind, I would like to share the experiences of The Nebraska Medical Center and highlight specific examples where costs have been significantly reduced and our employees have improved their overall health.

The Nebraska Medical Center is a 689-bed academic medical center providing the most sophisticated tertiary and quaternary care in the region. The largest hospital in the state, we employ over 5,700 FTEs within a budget of over $750 million. With the escalating challenges of declining reimbursement and increasing costs, we experience the same fiscal concerns that all healthcare providers do. Accordingly, our budgetary process is very sensitive to the costs associated with the provision of healthcare benefits for our employees.

As a good employer, it is our goal is to provide the best possible services and ensure the overall good health and well-being of our employees and their families. Because of the complexities of care that we provide, our employees have a thorough understanding of the healthcare delivery system and expect high quality care. Like all employers, we have experienced the challenge of the inflationary increases associated with healthcare benefits however it has been our commitment to identify opportunities to better control these costs without compromising the service provided to our employees.

Our efforts in this area focus on the basic philosophy of improved health and a proactive process to identify and address medical issues early (the cause). This, we believe, is dramatically more efficient and cost effective than treating the inevitable medical problem (the result) when it has become a significant and expensive clinical issue.

Employee Wellness

Included in our preventive process is a dedicated program for employee wellness. This collaborative approach which began in 1991, incorporates a variety of methods of connection and communication with the employee to educate and influence them and their dependents on effective and realistic approaches to prioritize the individual's personal well-being. These include specific initiatives in weight management, fitness, cholesterol monitoring and health prevention, including providing an on-site fitness center for employees. It has received numerous awards, including the 2003 and 2006 Platinum Level Well Workplace of America Award, the 2003 Institute for Health and Productivity Management National Award, the 2007 American Heart Association (Start! Fit Friendly) National Award, and the 2008 Nebraska Governor's Excellence and Wellness Award.

A second area that I would like to discuss is our employee screening process – SimplyWell, initially developed here in Omaha, which we believe has had substantial impact on our success.

SimplyWell

In 1998, the SimplyWell program was developed under the leadership of Dr. James T. Canedy, an orthopaedic surgeon from The Nebraska Medical Center, who recognized that the long-term improvement in healthcare quality depended on the implementation of an effective screening and risk reduction program. The unique capability of this organization is that it provides a turnkey operation with components in place, ready to implement for all types of businesses in size and scope. It incorporates an on-line health risk assessment which helps identify priorities unique to each individual. In addition, it combines the traditional blood pressure, height, weight, and flexibility screening mechanisms with a lab blood draw analysis which allows for greater problem recognition and detail.

SimplyWell has developed an on-line personal health record for each participant. It utilizes healthy lifestyle coaching which includes a minimum of one telephone call annually per participant or more often as needed, as much as one call per month when needed, as well as a 24-hour nurse call line for follow-up questions and information. Of particular interest is the capability of the personal health record which provides on-line access to laboratory test results and identifies areas of concern above and below appropriate ranges, as well as providing over 1300 individual 5-minute or less educational modules on specific health areas that may be of interest or concern to the individual. While this

individual record is not available to the employer, SimplyWell examines collaborative data throughout the organization to identify trends or particular areas of concern.

The Nebraska Medical Center has utilized a conservative and positive approach to encouraging enrollment, including a $50 check for employee participation. This will be enhanced this coming year with a required $500 contribution for non-participating employees.

The program currently serves over 33,000 members nationally, including over 200 employers in banking, manufacturing, medicine, retail, agriculture and higher education in all 50 states and 20 countries. It has demonstrated an audited and consistent return on investment of 1 to 1 in year one and as much as 3 to 1 by the third year.

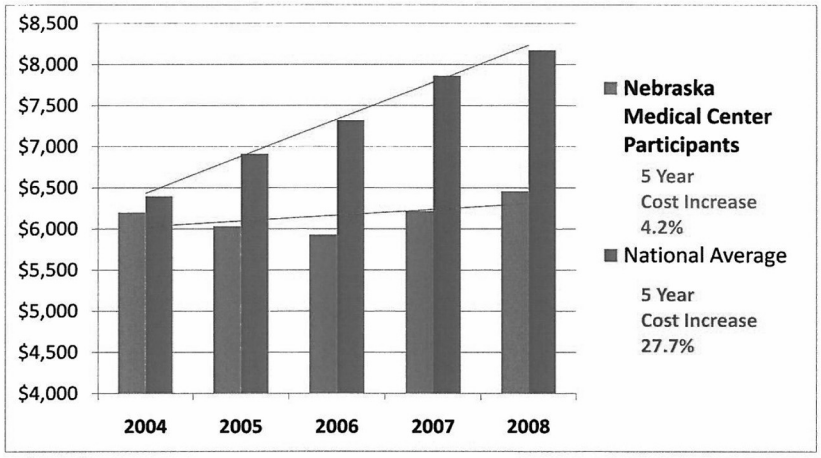
The individual value of this program is reflected to us annually as we identify specific problems associated with our employees in a pre-emptive time frame. These include, for example, the identification of employees who are in a pre-diabetic status and who without proper lifestyle management will face the clinical liabilities of diabetes. This area in itself is significant given that medical expenditures incurred by diabetics in the United States are estimated at $116 billion per year. The American Diabetes Association has estimated that people diagnosed with diabetes on average, have medical expenditures approximately 2.3 times higher than those without diabetes.

In addition, each year we identify other significant risks. These include obesity, pre-leukemic status, heart disease and a variety of other medical problems of note. Government scientists and the non-profit research group, RTI International, recently identified the annual costs of obesity related patients to be $147 billion per year.

Results

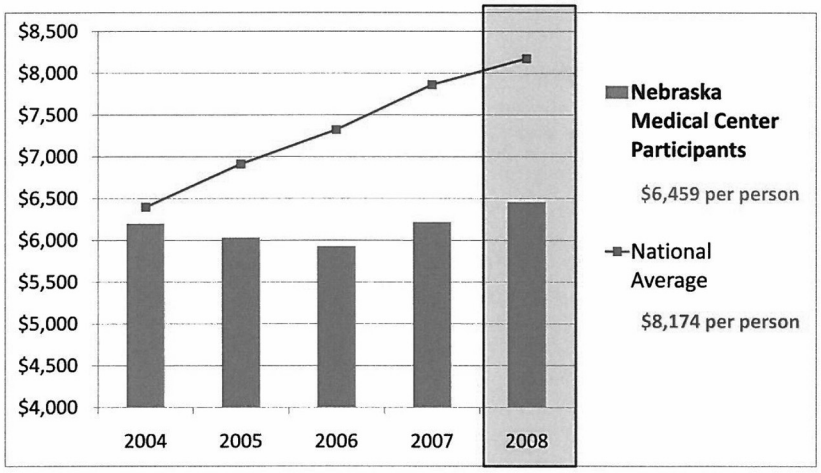
The comparative value of these efforts has been substantial for The Nebraska Medical Center. In examining the average participant cost associated with employer-sponsored health plans for 2004 through 2008, there has been a national increase of 27.7%. By comparison, The Nebraska Medical Center cost has increased only 4.2% during this 5-year period.

Increase in Health Care Cost
NMC Participant vs. National Ave.



The result is that our average participant cost ($6,459) is 20% below the national average ($8,174).

Health Care Costs Comparison
($4.3MM less or 20% lower than national average)



The impact on our budgeting process is significant. Our ability to control our costs has neutralized the inflationary impact of healthcare.

Summary

The challenges of controlling healthcare costs by both employers and government are formidable. Our culture has defined the standard for the critically ill as immune to financial limits. We must not compromise our commitment to utilize all of our skills and abilities to address their needs. This is economically possible if we recognize and take advantage of opportunities in other areas including wellness and preventive screening on an annualized basis. The results speak for themselves.

Finally, this effort is one of four specific areas of opportunities I would submit can positively influence the control of healthcare costs.

1. Wellness and Screening.
2. Participant Contribution – The need to mandate some portion of financial obligation by the patient is required. Free services are hard to control.
3. End-of-Life Control – Recognizing that the last 60 days of life are the most expensive in your healthcare history. There are substantial opportunities with increased palliative care intervention to reduce inappropriate and valueless costs.
4. Malpractice / Defensive Medicine – With the expense associated with defensive medicine estimated as much as 10% of healthcare costs, this cannot be ignored.

It is my belief that these four areas provide the greatest and most realistic opportunities for enhancing control of healthcare costs. They focus on positively influencing the need and utilization, instead of the restriction or limitation of payment of these services. It may not be the easiest, but it can be the most successful.

Thank you for allowing me to share these thoughts.

STATEMENT OF LUANN HEINEN, M.P.P., VICE PRESIDENT, NATIONAL BUSINESS GROUP ON HEALTH; DIRECTOR, INSTITUTE ON THE COSTS AND HEALTH EFFECTS OF OBESITY, WASHINGTON, D.C.

Ms. HEINEN. Good morning, Chairman Baca and Ranking Member Fortenberry. I'm LuAnn Heinen, Vice President of the National Business Group on Health. We're a member organization. We represent about 300 mostly very large employers that provide coverage to more than 55 million U.S. workers, retirees, and their families. I've been asked to speak about worksite wellness programs and what we know today about whether they work.

The World Health Organization estimates that exercise and better diets, along with smoking cessation, can prevent at least, at least, 80 percent of all cases of heart disease and stroke and type 2 diabetes and up to 40 percent of cancers. Now, it's clear that to prevent anything approaching 80 percent of today's burden of heart disease or 40 percent of cancers will take massive change across many sectors and is much bigger than the workplace, but just at the worksite evidence is growing that health promotion (also called wellness) programs can positively influence employee health risks and achieve a positive return on investment.

I'm going to speak to just three examples of important research. First—and I'll summarize it briefly—an authoritative review of 50 studies of worksite interventions by the CDC Community Guide Task Force found small but cumulative significant health benefits, so they concluded that worksite health promotion programs reduced tobacco use, reduced dietary fat consumption, reduced high blood pressure and cholesterol, as well as days off of work and increased productivity.

The second study was a review of 25 return on investment studies of workplace health promotion programs, and they found an average cost reduction annually of two to four percent of total medical claims costs, so that's across these 25 studies, and that translated into a return on investment of a dollar to $3 for every dollar spent on health promotion programs. Now, this means that looking only at direct medical costs (not factoring in productivity, absenteeism, or other indirect costs), these worksite health promotion programs showed a small but definite positive ROI.

And then, third, one of our member companies, The Dow Chemical Company, has published a return on investment projection model to analyze the break-even point for employee wellness, and they showed small improvements in health risks for Dow employees would yield significant savings in health costs for the company. So the break-even point, according to Goetzel, at which savings exactly equaled investment dollars occurred when each of the health risks they measured was reduced by just .17 percent annually.

So across a large population you didn't need to see a major reduction in order to get a benefit, a pretty big dollar benefit, so increasingly our membership, large employers, see themselves as population health managers, and this works especially well in companies with relatively low turnover so that small risk reductions over a large workforce over several years can dramatically bend the trend.

Now, notwithstanding the research results cited above, a majority of large companies actually do not wait for or fund or participate in the types of research that definitively answer the question, "Does this program have a positive return on investment?"

And that's because human resource departments and medical departments and safety and occupational health departments tend not to have a budget for research, nor are they willing to spend the needed time or information technology resources to evaluate their programs, and their measures of success are going to be different from those of academic researchers.

And so it happens even effective programs may be eliminated when there's a downturn in the company's revenues or market capitalization, so this clearly limits the volume and type of research that can be conducted on corporate wellness programs, and it also slows the development of an evidence base that's going to be compelling to academicians and policymakers. Now, employers, however, do not require the same level of evidence for their own decision-making purposes, so it's worth noting that the latest survey data from our own membership—and we had a response rate on this of 75 respondents—16 percent of them said that wellness initiatives to improve employee health are the single most effective tool they feel they have to control health costs, and a third of them said wellness is one of the top three most effective steps they can take.

The other two would be employee cost-sharing and the use of consumer-directed health plans, so many employers work with their health plans, their insurance companies, and other partners to be sure that overweight and obesity are included in health education and communications that come out from the plans that are furthering health benefit plan design. They're offering coaching and health improvement programs, and they also have disease management and disability/return-to-work initiatives.

Our members often work to ensure that the culture and the environment at work promote healthy weight and healthy life-styles by encouraging physical exercise, offering healthy food, and establishing social norms around healthy behaviors, so we have a program called the Best Employers for Healthy Lifestyles, and just this past June we had our fifth-year anniversary of this program. We recognized 63 large employers representing the full spectrum of companies across the country of the U.S. economy for their exceptional commitment to healthy workplaces and helping employees and families make better choices.

So the 2009 class of award winners is the largest ever, with companies demonstrating an unprecedented breadth and depth of programs to support employee health and wellness, so winners were honored in one of three categories: Platinum, for very well established programs with measurable success and documented outcomes; or the gold level for creating cultural environmental changes—cultural and environmental changes to support employees and helping them commit to long-term behavior change; and then, finally, silver, which is for employers who have more recently launched programs and services to support healthier lifestyle.

So we did find that there is strong evidence to the increased value employers today are placing on workplace health and

wellness. The number of advocates, the number of winners, it's gone up every year, and in 2009, we gave nearly three times the number of awards as we did 5 years ago, and I won't go through and read all the award winners, you'll be happy to know, but just to give you a feel for them, they are companies like Dell, Hannaford Supermarkets, IBM, Occidental Petroleum, JPMorgan Chase, Mayo Clinic, Wal-Mart, Xcel Energy, lots of different kinds of companies.

And one of our platinum winners for the last 5 years, Union Pacific Corporation, is based right here in Nebraska. Their health promotion program, HealthTrack, is a comprehensive program to improve the health of employees. It addresses a variety of risk factors, including inactivity, weight, nutrition, smoking, cholesterol, blood pressure, and depression. They include a risk reduction program, tobacco cessation program. They have exercise facilities throughout the country and have applied for research grants to further develop their program.

Also located in Nebraska is the Wellness Council of the Midlands, which is one of the first employer-led wellness councils in the country. It may be the first. It was established in 1982. And then the national organization, Welcoa, also in Nebraska, provides information and recognition to thousands of smaller businesses nationally, and that's very important, because smaller business today has not embraced wellness the way that large business has.

And so the national—actually, our survey, not their survey, of 450 large employers that we did with Watson Wyatt said that large employers recognize and identify employees' poor health habits as their number one challenge to try to maintain affordable health benefit coverage, and so a majority of large employers offer health risk appraisals, weight management programs, lots of great programs.

Based on survey data, if you see the growth of the suppliers and the vendors in this field who supply corporate wellness programs and also what we hear from employers, we actually believe that among the group we deal with, a tipping point has probably been reached and that large employers now have or believe they should have wellness programs in place. But, in great contrast to that, only 6.9 percent of small employers with fewer than 750 employees—and this was a big national representative sample between 1999 and 2004 and published in 2008.

It's called the National Worksite Health Promotion Survey, and they found a decline in offerings by small employers and only 6.9 percent offering them at this point, so because small businesses employ about 50 percent of the workforce in the private sector, this survey is an important and very sobering perspective on the typical American worksite.

One of the really important things for us, moving forward, is role models, and although an estimated hundred or more very large employers have substantial programs affecting millions of employees and some small mid-sized employers are following suit, many others have been slow to react. Now, certain employers have the visibility to be role models and to influence the climate for change, and in particular healthcare organizations, and I'd like to acknowledge

the role of the companies on this panel we've heard from today and how much they're doing.

Health organizations and public employers should absolutely model best practices in support of employee health, so all healthcare companies and delivery organizations should adopt wellness programs and policies similar to those we've heard about on the panel today, and hospitals in particular are houses of healing open to the community and should serve as examples by offering healthful dining, healthy vending, and tobacco-free campuses.

Public employers, including state offices, Federal buildings, county facilities, and school districts also should demonstrate their commitment as well. State employees' wellness programs are becoming more common, and at least a dozen states have some type of wellness program available to employees. The National Conference of State Legislatures reports that King County in Seattle projects their health costs will fall by as much as $40 million between 2007 and 2009, due to wellness initiatives.

Now, once employers, either public or private, offer wellness and health promotion programs, it's up to employees to participate and take advantage of these offerings, and disappointing levels of program participation are the Achilles heel of many corporate wellness programs. Even when programs are launched with employee input and leadership support and do the right things, they're well communicated, they're subsidized or priced for affordability and they're offered at convenient times and locations, low participation can be a barrier to success.

So "build it and they will come" is not a strategy for success. Instead, companies are adopting in increasing numbers incentive programs—we've heard a little bit about that today—to increase participation and to award program completion, so you might offer an incentive to get someone to take a health assessment and then perhaps another incentive to reward program completion, such as a coaching program.

Premium incentives for nonsmokers are on the rise in the wake of new evidence showing financial incentives have an impact on smoking cessation that was conducted at General Electric among General Electric Corporation employees, and also incentives for weight loss can be effective in a corporate setting. On the other hand, before we fall to one single solution, we also know from survey data that almost half of employees say that financial incentives will not encourage them to participate in healthy lifestyle programs, so all of this reinforces our understanding that purely voluntary wellness and health participation programs will fall short of ideal participation levels.

Now, one state has taken an interesting approach. Faced with a serious budget shortfall and not being constrained by the Health Insurance Portability and Accountability Act non-discrimination regulations in the same way as private self-insured employers are, the State of North Caroline employee health plan has determined that it will not allow tobacco users (beginning next year) to join the more favorable 80/20 health plan, and it expects to preclude those with a high Body Mass Index from joining the same favorable health plan beginning in 2011. Instead, those beneficiaries who do

not meet the standard for the 80/20 plan will be enrolled in the alternative 70/30 plan.

So, in closing, the Federal Government should do all that it can to help employers set up employee wellness programs and encourage employees (and, where possible, dependents) to participate, so we'd suggest that Congress help by removing tax barriers, particularly for employees, to allow more widespread adoption of wellness programs by employers and greater participation by employees and by expanding the IRS definition of "qualified medical expenses" to include expenses primarily to maintain health and wellness, and that's including but not limited to expenses for exercise, fitness, weight management, and nutritional counseling; and then, third, extending the current tax deduction for the fees, dues or membership expenses paid by employers for their employees at on-site athletic facilities to the fees, dues to membership expenses at off-site facilities and supporting health reform provisions to expand permissible wellness incentives—right now they're only 20 percent permitted under HIPAA non-discrimination—and providing tax credits to employers for wellness programs which would include nutrition and weight management programs; and then, finally, only targeting Federal subsidies to foods that are essential for a healthy diet and removing any obstacles that exist to increased fruit and vegetable production.

So thank you for the opportunity to share the perspective of large employers on the preventable health problems of employees that lead to chronic diseases and excess costs which are borne by employees and employers alike. We believe it's essential to combat the tsunami of obesity that threatens to overwhelm us, and we think that in terms of lifetime and generational impact that actually obesity has ramifications greater than those associated with the current economic crisis, and we welcome dialogue on this.

[The prepared statement of Ms. Heinen follows:]

PREPARED STATEMENT OF LUANN HEINEN, M.P.P., VICE PRESIDENT, NATIONAL BUSINESS GROUP ON HEALTH; DIRECTOR, INSTITUTE ON THE COSTS AND HEALTH EFFECTS OF OBESITY, WASHINGTON, D.C.

Good morning Chairman Baca, Ranking Member Fortenberry and members of the U.S. House Committee on Agriculture. I am LuAnn Heinen, Vice President of the National Business Group on Health (Business Group), a member organization representing approximately 300 mostly large employers that provide coverage to more than 55 million U.S. workers, retirees and their families. The National Business Group on Health is the nation's only nonprofit organization devoted exclusively to finding innovative and forward-thinking solutions to large employers' most important health care and related benefits issues.

America's Obesity Epidemic Continues Unabated

Today's hearing is focused on defining efforts in health care, industry and communities that are effective in addressing the problems of poor nutrition, obesity, and related chronic disease. These are problems affecting every state, including Nebraska. Adult obesity rates continue to rise in 23 states, and have not decreased in any state; Nebraska ranks 20th among states in adult obesity prevalence (Trust for America's Health, 2009). Rates of obesity among children (2–19) have more than tripled since 1980 and may have leveled off; CDC research reports no statistically significant change between 2003–2004 and 2005–2006 (Ogden *et al.,* 2008).

Last week, Health Affairs reported that medical spending on conditions associated with obesity has doubled in the past decade and could reach $147 billion a year as of 2008. Obesity now accounts for almost 10% of all medical spending, up from 6.5% in 1998. Spending associated with obesity is almost entirely tied to costs generated from treating the diseases that obesity promotes, such as diabetes. For example, ex-

cess weight is the single greatest predictor of developing diabetes, a disease that costs $191 billion a year. The study also found that "if lawmakers are serious about cutting health care spending.they should be focusing on ways to reduce obesity and its related risk factors since it is increasingly imposing a heavy burden on both private and public payers" (Finkelstein *et al.,* 2009).

Just last week, the incoming CDC Director, Dr. Thomas Frieden, shared some startling statistics at "Weight of the Nation," a CDC-sponsored conference attended by approximately 1,000 Federal, state and local policymakers and public health officials:

- The average American is 23 pounds overweight.
- As a nation, we have 4.6B pounds of excess weight; if this were converted to useable energy, we could power the city of Washington D.C. for more than a year and a half.
- The cost of extra food that is needed to maintain the nation's excess body weight is greater than $50B per year.

As Obesity Rates Have Climbed, So Have Rates of Associated Health Conditions

- Overweight and obesity associated prevalence of 11 chronic conditions grew 180% in the 8 years from 1997–2005 (Thorpe *et al.,* 2009).The number of working-age adults who report being diagnosed with at least one of seven major chronic conditions (heart disease, hypertension, stroke, diabetes, emphysema, asthma, and cancer) has grown 25% since 1997 to nearly 58 million in 2006 (Hoffman and Schwartz, 2008).
- CDC reports that more than 133 million Americans—45% of the total population—have at least one chronic disease. Chronic diseases kill more than 1.7 million Americans yearly, and account for a third of years of potential life lost before age 65 (CDC, 2005).

Obesity Has Played a Major Role in Rising Health Care Costs

- Average per capita health spending increased by 40% from 1997 to 2005, but the average for the 15 costliest conditions—all associated in some way with obesity—jumped 55% (Thorpe *et al.,* 2009).
- Overall, obesity accounts for 27% of the increase in inflation-adjusted health expenditures among working age adults. Inflation adjusted medical spending for working age adults increased by nearly 70% from 1997 to 2005, growing from $316 million to $526 million (Thorpe *et al.,* 2009).
- If the prevalence of obesity were the same today as in 1987, health care spending in the U.S. would be 10% lower per person, or about *$200 billion less each year* (Thorpe *et al.,* 2009).

Do Worksite Wellness and Prevention Programs Work? A Summary of Evidence on Health and Financial Impacts

The World Health Organization (WHO) estimates that exercise and better diets along with smoking cessation could prevent at least 80% of all cases of heart disease, stroke, and type 2 diabetes and up to 40% of cancers (WHO, 2005). It's clear that to prevent anything approaching 80% of today's burden of heart disease or 40% of cancers will take massive change across many sectors and is much bigger than the workplace.

Just at the worksite, however, evidence is growing that health promotion (also called wellness) programs can positively influence employee health risks and achieve a positive return on investment (ROI).

- An authoritative review of 50 studies of worksite interventions by the CDC Community Guide Task Force concluded that these worksite health promotion programs reduced tobacco use, dietary fat consumption, high blood pressure and total cholesterol levels and days if work lost while also increasing productivity (Goetzel and Ozminkowski, 2008).
- A review of 25 ROI studies of workplace health promotion and disease management programs found an average annual cost reduction of 2–4% of total medical claims costs which translated into an ROI of 1:1.5 to 1:3.0 for health promotion programs. In other words, looking only at direct medical costs (not factoring in productivity, absenteeism or other indirect costs), these worksite health promotion programs showed a small but definite positive ROI (Serxner *et al.,* 2006).

- An ROI projection model used by The Dow Chemical Company to analyze the break-even point for its investments in employee wellness showed that even small improvements in health risks for Dow employees would yield large savings in health costs for the company. "The break-even point, at which savings exactly equals investment dollars, occurs when each health risk is reduced by 0.17% annually." (Goetzel *et al.,* 2005). Increasingly, employers see themselves as population health managers—especially in companies with relatively low employee turnover—and small risk reductions over a large workforce carried out over several years can dramatically reduce health expenditures.

Notwithstanding the research results cited above, a majority of large companies do not wait for, fund, or participate in the types of research that can definitively answer the question, "does this program have a positive ROI?" Human resource departments tend not to have a budget for research, nor are they willing to spend the needed time or IT support to evaluate programs. Their measures of success are usually very different from those of academic researchers, and even effective programs may be eliminated when there is a downturn in the firm's revenues or market capitalization. This clearly limits the volume and type of research that can be conducted and slows the development of an evidence base that is compelling to academicians and policymakers. Employers themselves do not require the same level of evidence for decision-making purposes (Heinen and Darling, 2009).

It is worth noting that the latest survey data from our own members (n=75 respondents) show that 16% of respondents said wellness initiatives to improve employee health are the single most effective tool they have to control health costs, while 30% said wellness is one of the top three most effective steps they can take (the other two are employee cost-sharing and the use of consumer-directed health plans) (National Business Group on Health, 2009).

Employers are Leading the Way to Reduce Obesity and Promote Healthy Lifestyles

Many employers work with their health plans and other partners to be sure that overweight and obesity are included in health education and communications, plan design, coaching and health improvement programs, as well as disease management and disability/return to work. In addition, members of the National Business Group on Health often work to ensure the culture and environment at work promote healthy weight by encouraging physical exercise, offering healthy food, and establishing social norms around healthful behaviors.

In June, the National Business Group on Health recognized 63 large employers—representing the full spectrum of the U.S. economy—as 2009 Best Employers for Healthy Lifestyles award winners for their exceptional commitment to a healthy workplace and for helping their employees and families make better choices about their own health and well-being. The 2009 class of award winners is the largest ever, with companies demonstrating an unprecedented breadth and depth of programs to support employee health and wellness. More than ever, employers are making investments that should pay substantial dividends over the long term. Winners of the 5th Annual Best Employers for Healthy Lifestyles awards were honored in one of three categories: Platinum, for established "Healthy Weight, Healthy Lifestyles" programs with measurable success and documented outcomes; Gold, for creating cultural and environmental changes that support employees who are committed to long-term behavior changes; and Silver, for employers who have launched programs or services to promote living a healthier lifestyle.

As a testament to the increased value employers place on workplace health and wellness programs, the number of award-winning employers in 2009 (a total of 63) grew by 21% compared to 2008 when 52 employers were recognized. The 2009 tally is nearly triple the first-year number of employers, 22, who were recognized by the National Business Group on Health in 2005.

2009 Best Employers for Healthy Lifestyles Winners Include:

Platinum		
Aetna®	Baptist Health South Florida	Campbell Soup Company
CIGNA	Dell Inc.	FPL Group
Hannaford Supermarkets	IBM	Medtronic
Occidental Petroleum Corporation	PepsiCo Inc.	Pitney Bowes Inc.
Quest Diagnostics	Texas Instruments Incorporated	Union Pacific
University of Pittsburgh Medical Center, UPMC Health Plan	Volvo Group Companies including Mack Trucks, Inc.	

2009 Best Employers for Healthy Lifestyles Winners Include:—Continued

Gold		
American Specialty Health Incorporated	AstraZeneca	Blue Cross and Blue Shield of Alabama
Boehringer Ingelheim Pharmaceuticals, Inc.	Chrysler Group LLC	Cummins Inc.
CVS Caremark	General Dynamics Electric Boat	General Mills
Healthways	Humana	Intel Corporation
JPMorgan Chase	Mayo Clinic	Paychex, Inc.
Pfizer Inc.	Raytheon Company	Saint-Gobain Corporation
Sprint	The Boeing Company	Unum
Verizon	Visant Corporation	Wal-Mart Stores Inc.
WellPoint, Inc.		
Silver		
Accenture	American Express	ARAMARK
Cardinal Health, Inc.	H.J. Heinz Company	Lowe's Companies, Inc.
Meijer	Michelin North America	PRO Sports Club
Qwest Communications	Rockwell Collins	sanofi-aventis U.S.
Target	Texas Health Resources	The Children's Hospital of Philadelphia
The Home Depot	Unilever	Watson Wyatt Worldwide
Wm. Wrigley Jr. Company	Xcel Energy	

Wellness Leadership Here In Nebraska

One of our Platinum award winners for the last 5 years, Union Pacific Corporation, is based right here in Nebraska. Union Pacific's health promotion program, HealthTrack, is a comprehensive program that seeks to improve the health of Union Pacific's employees. The program addresses the following health risk factors; inactivity, weight, nutrition, smoking, cholesterol, blood pressure, asthma, diabetes, fatigue, stress and depression. HealthTrack includes a health risk identification tool, lifestyle management program (risk reduction program), a tobacco cessation program, health education programs, system health facilities (exercise facilities through the country) and research grants.

In addition, Omaha's Wellness Council of the Midlands, established in 1982, is one of the first employer-led wellness councils in the country. Its national organization, Welcoa, also in Nebraska, provides information and recognition to thousands of smaller businesses nationally.

Small Business Has Not Embraced Wellness

A survey of 450 large employers identified "employees' poor health habits" as the number one challenge named by employers as they try to maintain affordable health benefit coverage (National Business Group on Health and Watson Wyatt, 2009). A majority of large employers responding to this survey offer health risk appraisals (83%) and weight management programs to reduce obesity among employees (74%). Based on survey data, observed growth in vendors and suppliers of corporate wellness programs, and employers' testimony, a tipping point may have been reached that leading large employers now have, or believe they should have, wellness programs in place.

In striking contrast, relatively few small employers have adopted comprehensive health promotion (or weight management) programs. The most recent National Worksite Health Promotion Survey results actually suggest a decline in offerings by employers with fewer than 750 employees between 1999 and 2004 (Linnan *et al.,* 2008). The survey reports that only 6.9% of this nationally representative sample of employers offers wellness programs. Reported barriers included a lack of employee interest, lack of resources, and lack of management support. Because small businesses (fewer than 500 employees) employ 50% of the private sector workforce, this survey provides an important, albeit sobering, perspective on the typical American worksite.

Role Models Needed

Although an estimated 100 or more very large employers have substantial wellness programs affecting a few million employees, and some small and mid-sized employers are following suit, many others have been slow to react. Certain employers have the visibility to be role models and to influence the climate for change. In particular, health care organizations and public employers should model best practices in support of employees' health. All health care companies and delivery organizations should adopt wellness programs and policies, similar to those we've heard about today here in Nebraska. Hospitals, especially, are houses of healing open to

the community and should serve as examples by offering healthful dining, vending and tobacco-free campuses.

Public employers, including state offices, Federal buildings, county facilities and school districts all should demonstrate their commitment to healthy employees and a health-promoting work environment. State employees' wellness programs are becoming more common; at least a dozen states have some type of wellness program available to employees. The National Conference of State Legislatures reports that King County (Seattle) is projecting their health costs will fall by as much as $40M between 2007 and 2009 due to wellness initiatives.

The Participation Challenge and Role of Incentives

Once employers, public or private, offer wellness and health promotion programs, it is up to employees to participate and take advantage of these offerings. Disappointing levels of program participation are the Achilles heel of many corporate wellness programs. Even when programs are launched with employee input and leadership support, are well communicated, are subsidized or priced for affordability, and are offered at convenient times and locations, low participation can be a barrier to success.

"Build it and they will come" is not a strategy for success. Instead, companies are adopting incentive programs to attract participation (e.g., in voluntary health assessments) and, increasingly, to reward program completion (e.g., health coaching). Premium incentives for nonsmokers are on the rise in the wake of new evidence showing financial incentives have an impact on smoking cessation and weight loss in a corporate setting. However, we also know from survey data that almost half of employees say that financial incentives will not encourage them to participate in healthy lifestyle programs.

This reinforces our understanding that voluntary wellness and health participation programs will always fall short of ideal participation levels.

Faced with a serious budget shortfall and not constrained by the Health Insurance Portability and Accountability Act (HIPAA) non-discrimination regulations in the same way as private self-insured employers, the State of North Carolina employee health plan (655,000 covered lives) has determined it will not allow tobacco users (beginning in 2010) to join the more favorable 80/20 health plan, and it expects to preclude those with a high Body Mass Index from joining the 80/20 plan beginning in 2011. Instead, beneficiaries who do not meet the standard for the 80/20 plan will be enrolled in the alternative 70/30 plan.

Federal Leadership Can Help

The Federal Government should do all that it can to help employers set up employee wellness programs and encourage employees (and, where possible, dependents) participation. Congress can help by:

- Removing tax barriers, particularly for employees, to allow more widespread adoption of wellness programs by employers and greater participation by employees to lead to a healthier America;
- Expanding the IRS definition of "qualified medical expenses" under Section 213(d) to include "expenses primarily to maintain health and wellness, including but not limited to expenses for exercise, fitness, weight management and nutritional counseling;"
- Extending the current tax deduction for the fees, dues, or membership expenses paid by employers for their employees at on-site athletic facilities to the fees, dues, or membership expenses at off-site athletic facilities;
- Supporting health reform provisions to expand permissible wellness incentives under HIPAA to 30% of premiums and providing tax credits to employers for wellness programs (including nutrition and weight management programs); and
- Only targeting Federal subsidies to foods essential for a healthy diet and removing any obstacles to increased fruit and vegetable production.

Thank you for the opportunity to share the perspective of large employers on the preventable health problems of employees that lead to chronic diseases and excess costs borne by employers and employees alike. We believe it is essential to combat the tsunami of obesity that threatens to overwhelm us. In terms of lifetime and generational impact, obesity has ramifications greater than those associated with the current economic crisis. The National Business Group on Health welcomes further dialogue with the Subcommittee on this or related matters.

References

CDC, Leading Causes of Death—United States, 2005. Accessed at *http://www.cdc.gov/NCCdphp/overview.htm#2*

Finkelstein, E.A., Trogdon, J.G., Cohen, J.W. and Dietz, W., *Annual Medical Spending Attributable to Obesity: Payer- and Service-Specific Estimates,* HEALTH AFFAIRS (online), July 27, 2009.

Goetzel, R.Z., Ozminkowski, R.J., Baase, C.M. and Bilotti, G.M., *Estimating the Return on Investment from Changes in Employee Health Risks on The Dow Chemical Company's Health Costs,* JOURNAL OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE 47 (6): 759–768, 2005.

Goetzel, R.Z. and Osminkowski, R.J., *The Health and Cost Benefits of Work Site Health Promotion Programs,* ANNUAL REVIEW OF PUBLIC HEALTH (online), January 3, 2009.

Heinen, L. and Darling, H., *Addressing Obesity in the Workplace: The Role of Employers,* THE MILBANK QUARTERLY, March 2009.

Hoffman, C. and Schwartz, K., *Eroding Access Among Nonelderly US Adults with Chronic Conditions: Ten Years of Change,* HEALTH AFFAIRS (online), July 22, 2008.

Linnan, L., Bowling, M., Childress, J. *et al., Results of the 2004 National Worksite Health Promotion Survey,* AMERICAN JOURNAL OF PUBLIC HEALTH 98 (8):1503–9, 2008.

National Business Group on Health, *Large Employers' 2010 Health Plan Designs: Membership Survey,* July 2009.

National Business Group on Health and Watson Wyatt, *The One Percent Strategy: Lessons Learned from Best Performers, Thirteenth Annual Employer Survey on Purchasing Value in Health Care,* 2008.

Ogden, C.L., Carroll, M.D., and Flegal, K.M., *High Body Mass Index for Age among U.S. Children and Adolescents 2003–2006,* JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION 299 (20): 2442–2443, 2008.

Serxner, S., Baker, K. and Gold, D., Guidelines for Analysis of Economic Return from Health Management Programs, American Journal of Health Promotion, July/August 2006.

Thorpe, K.E., Ogden, L. and Galactionova, K., *Weighty Matters: How Obesity Drives Poor Health and Health Spending in the U.S.*, National Business Group on Health, 2009.

Trust for America's Health, F as in Fat: How Obesity Policies are Failing in America 2009, July 2009.

World Health Organization, *Preventing Chronic Diseases—A Vital Investment: WHO Global Report,* 2005.

The CHAIRMAN. Thank you very much for your expertise and your knowledge and sharing the information with us about the wellness and prevention and practices that can be implemented, both in the private sector and also in the public sector. I know that a lot of us are very much concerned, and we realize during a time of crisis in the economy, for example, right now that these are part of the first programs that go, both in the private and public sector. Yet, they're the ones that will actually save an employer on health costs to that employer for that individual due to their productivity, absenteeism, illnesses that occur.

Wellness programs are important. That's why I think that both public, and private sector it is important we have these programs. The problem is that once we have the programs, how do we get the employees to participate in these kind of programs? And like Ms. Heinen said at the very end, when we talk about different kinds of incentives to make sure that we have the employees become involved in the programs.

Not only will it greatly reduce employers' costs in private health care, but the individuals can get these tax deductions and tax credits for the small businesses involved. That's important, but let me start with my first question, and I'd like to ask Mr. Sensor, thank you for your testimony today. You mention that you provide preventative care without charge, and I state without charge, but that you do not quantify savings.

How difficult would it be to assess the cost-benefit? That's question number one. And number two, that would be a very helpful

piece of information for anyone interested in copying your program model in Nebraska.

Mr. SENSOR. Thank you, Chairman Baca. I appreciate the nature of the question. It is quantifiable. We know exactly what we spend on a yearly basis, and we do certainly have some glimpse of the impact that has on the consumption of healthcare services. The challenge that all of us face is the lack of longitudinal studies over a period of years, which we normally use in these sorts of areas, we'd like to prove definitively the impact.

In addition to that, of course, we all suffer from some level of turnover, and so you're making an investment today in employees that, frankly, may or may not be there in the long haul with you. That said, we certainly do have quantitative information we would love to share with the Committee that gives you some pretty good glimpse of the return on investment of prevention specifically, and, yes, it is great.

The CHAIRMAN. Dr. Williamson, again, thank you for your testimony. Congratulations on the recent honor your organization received from the NCQA. Can you explain in layman's terms what the continuum of health you mentioned in your testimony means?

Dr. WILLIAMSON. Sure. You know, the continuum of health really is not about the fact that we have a large portion of our population which is healthy or doesn't have any significant health risks. We have some who have some lifestyle-related issues and risks. There are some who have already developed chronic diseases, and there are those who are undergoing some kind of acute event, they were in the hospital for one reason or another; and then on the far end are people who have something catastrophic—they've been in a major car accident, had head injuries, or they need a transplant, those kinds of things.

So there—people range from one end of that continuum to the other and, a lot of times, move from one side to the other, so the important thing is to keep those who are healthy from—in that area of the continuum and then to take those who have some kind of risk or chronic condition and trying to help them improve their overall health status and live a better life and spend less money.

The CHAIRMAN. Ms. Lommel, thank you for giving your testimony. I appreciate your organization's commitment to finding the personal touch in your report and connection that helps employees become better motivated about wellness. Can you explain why the holistic model of rehabilitation is viewed as the most effective method of creating a healthier lifestyle?

Ms. LOMMEL. I'm not sure it's the most effective. It has been effective for us. I like Kim Russel's comments about culture. I'm sort of a culture fanatic, and I think that when you ask the question for what is the definition of that, I would say the definition of *culture* is the—some of the attitudes, beliefs and behaviors of a group of people, and the key there is a group of people. Every group of people has its own culture from a large university hospital setting to a smaller rehabilitation hospital to a school, down to a workplace.

All of those cultures are different, and I think that wellness programs have to fit the culture of the group of people that are—that it is addressing. The reason that rehabilitation is a very successful

model for wellness programs is that it is holistic. It does appeal to all of the dimensions of wellness that a person needs to address. The kinds of people who are not changing, the ones that are not participating in the company's wellness programs, are not doing so because they're afraid, and what they see out there is a goal of health and wellness that is unattainable to them because they already are overweight or diabetic or whatever.

Rehabilitation meets people where they're at, and that could be a quadriplegic with a high spinal cord injury getting back to a very productive life, so it's an easy transition for us to see a person who is sedentary, overweight, diabetic, and has had three strokes to start with walking with the current on the water track, so it is an issue of culture, and it's also an issue of meeting people individually where they're at.

The CHAIRMAN. Thank you. One of the things that you had mentioned is it's very embarrassing to many individuals sometimes. With rehab it's more a sense of comfort, and so that becomes very important. And then, of course, the idea that the person is afraid or if we can't afford it, or what the outcome will be. These are all important. But, what steps can the government take to incentivize employers to advocate a health and wellness program that goes the extra mile to make consumers feel comfortable and personally invested?

Ms. LOMMEL. Again, I would go back to a group setting. You know, we all like sports. We all like competition; right? We all have competitions. Why do we like those things? You know, in a rehabilitation model everything has to be fun. I mean, we have a lot of fun in our various programs. We have dietitians, people on the night shift who roll carts of avocados.

We have competitions between departments. We have competitions at ProActive. We have a big dance program at ProActive, ballroom dancing for older people.

You know, it has to fit the situation, so when I think of a school, for example, what do kids like? You know, fit the wellness program to the situation that you're in. I think your question was what can the government do. None of this at ProActive is paid for by the government. I mean, there is no help for medical fitness centers or for—very few employers help subsidize fitness centers like this, even though we have many employees who change their entire lives here.

The CHAIRMAN. Does anybody else want to tackle that? Mr. Sensor.

Mr. SENSOR. I certainly agree with that notion, but I would add maybe the elephant in the room, and that is the payment reform. I think about the 1,200 physicians that practice medicine under the umbrella of Alegent Health and what their day looks like on a daily basis and what their day could look like on a daily basis, and they, because of being driven by reimbursement as a reality, see patients largely in 15 minute blocks.

They don't really have time to engage with that patient as to their health and health challenges, to encourage prevention, to help them evaluate assessments that have been performed, *et cetera.* So while I agree with all of you on the panel, there are things that we, as employers, and things that we, as providers, can do to drive

prevention and wellness, and ultimately, as a country, we need to pay for it if we want it to happen even more broadly.

The CHAIRMAN. Thank you.

Mr. FOSDICK. I think it goes back to accountability, and I really believe that the government has to hold employers more accountable, and the bottom line is the fact that I think we have to hold everybody accountable. I think some of the points brought out today are very specific, that a very specific amount of healthcare costs are held by a very small percentage, and some of those are, unfortunately, unstoppable.

Some of things are things that could be corrected, and I think that we have to start holding a higher level of accountability to employers as well as the individual. I think that there are ways that could be done, and we have found that if we don't look at it seriously and keep people informed and hold people accountable that things don't change.

Ms. HEINEN. I just spoke a little about the Safeway example. There's been so much written about how Safeway is trying to do just that and hold its employees accountable for four things. It's not using tobacco, healthy weight, cholesterol, and blood pressure; and, of course, it's a voluntary program with the maximum incentive they do give employees who, if they meet the standard on those four health risks, they are paying 20 percent less for their health care so—if they can't keep it or fix it, and that's something that many companies are more and more interested in.

It's a way of holding employees accountable. However, right now the incentives are limited and under HIPAA non-discrimination, and it's a voluntary program.

The CHAIRMAN. I know my time has run out. I'll turn it over to our Ranking Member Fortenberry. I know that we won't have time to come back around. I have to catch a flight back.

Mr. FORTENBERRY. That's the Chairman's way of telling me politely to hurry up, so I'll try,

Mr. Chairman, thank you. Let me, as I did for the previous panel, highlight some of the findings that I think jumped out from what you had to say today, and I'll come back and go through some specific questions.

First of all, Mr. Sensor, you pointed out that you have half the premium of increases in your organization because of your wellness—or direct correlation to your wellness program compared to the national average.

Dr. Williamson, you pointed out that five percent of patients account for 50 percent of healthcare expenditures. Ms. Lommel, I don't want to mis-state this, but your healthcare increases are less than 1.5 percent per year, 1.76 less than two percent a year. Extraordinary level compared to the national average.

Mr. Fosdick, again, the Nebraska Medical Center, 27 percent in the last 5 years, nationally four percent, again attributable, directly correlatable, to what you've addressed in wellness programs that you've done for your employees.

Ms. Heinen, this is particularly important to me. You're representing studies for 55 million Americans were represented for working for large companies. Diet and exercise, smoking cessation can result in 80 percent lower risk in the onset of heart disease

and 40 percent lower risk in the onset of various type of cancers. You then also point out that, again, across a very large pool, which is confirmed by what we're finding here in smaller organizations in Nebraska and the region, there is a two to four percent cost reduction annually because of wellness and cost savings.

Marsha, let's go back to the example you gave of the 67 year old person who was now free from numerous medications that she was on previously. Why don't you—I think it's important to talk about that journey a little bit and the incentives that were in place there. Clearly, that's a natural will by that woman to take a turn and try something different, but were there other structures in place that affirmed those actions by the individual?

Ms. LOMMEL. Well, that was just one example of a ProActive member who was retired who came to ProActive after having had several strokes and multiple health problems.

Mr. FORTENBERRY. She joined ProActive as a citizen of Lincoln to try to get better?

Ms. LOMMEL. Yes.

Mr. FORTENBERRY. She's not a former employee. Just a member?

Ms. LOMMEL. No. Right, right, right. Well, we have 3,800 members. About, like I said, half of them come because they really need help in getting well. Some of them come as physicians' prescriptions written on a pad, "Go to ProActive and get well." They write that on a pad.

Mr. FORTENBERRY. But insurance is not paying for that?

Ms. LOMMEL. No, no. Insurance is not paying for that. It's all private pay. Yes, they join as a member. She would start with a health risk assessment, and the ProActive wellness assessment that I talked about was just the adjunct to a health risk analysis. It is an individual session with a lifestyle coach to develop a program for her. If I don't know if she had arthritis, but a lot of the early stage people who have significant risks start with aquatic therapy, and our aqua track is the best thing going.

It's a cross-current water track that we use for arthritis therapy, for MS, for a whole bunch of different diseases. We would get very involved with a social group. In this case, she wanted to dance, and we have all kinds of dancing programs or classes for members because it's fun, so she got very involved in tap dancing, started changing her eating habits, her lifestyle. It all balloons, you know, snowballs. You know, when you get into that wellness mentality, it snowballs and starts affecting everything.

Mr. FORTENBERRY. So I think the larger question is for you, in the industry, as well as us, as lawmakers, is to how do you affirm undergird that will, an act to take on a mind-set or paradigm, as well as through the proper incentives, both at the employer level—and Ms. Heinen referred to this non-discrimination clause issue that you raised—but also at the individual level? So, essentially, could you address it a little more precisely, the types of incentives, specific examples?

You had talked about preventative care where you were able to actually pay to get well, and then we'll come back to your non-discrimination clause.

Mr. SENSOR. Thank you, Mr. Fortenberry. Absolutely, and both of those are complimentary of one another. Like you've heard from

several panelists already today, our employees and their dependents are encouraged to annually participate in health appraisals and an on-line tool. They're given $100 simply to do it. It identifies electronically and immediately what the risk factors are. Sometimes those are small risk factors.

I recently did mine, and I have seen my doctor. My cholesterol was slightly elevated, and it gave me some suggestions as to how to lower my cholesterol. Sometimes there are significant issues, for example, smoking or perhaps alcohol use, in which case the individual can voluntarily choose to participate in a program, or they'll get a call from a personal health coach, all free. That individual will encourage them to enroll in a program and become their new best friend in their achieving the goals of that program.

If they complete that program, they'll then be remunerated on top of the $100, depending on what risk factor they addressed, $200, $300, or $400 additional. You can see the construct. The same thing. I'm going to pay you $500 a day to get you to quit smoking will oftentimes cause people to walk across the line. They already knew they should quit. Now they've been incentivized to quit, and I won't take our precious time today, but the stories are really incredible of people approaching me from the grocery stores and gas stations and the halls of our hospitals talking about how their employer has finally helped them to address their risk factors, how they've gotten off their blood pressure medicine, how much better they feel, how much more energy and how less sick they are. But, it's really the concert of the preventative programs and the wellness and lifestyle programs working together to change their health.

Thank you.

Mr. FORTENBERRY. Thank you. Ms. Heinen, again, you pointed out that some of the interplays of legal restrictions here actually may be interfering with such types of incentives. Now, it's put under the label of non-discrimination, but I wonder if that's an unfortunate word, because you're not talking necessarily about discriminating, but not being allowed to incentivize, and that's another way to put it at a higher level.

So let's talk about the interplay of Federal laws that might unintentionally, while trying to project the individual patient rights, interfere with innovative opportunities that we may have here to partner with patients for their own wellness.

Ms. HEINEN. Well, exactly, and as the other panelists have testified that, you know, financial incentives can make a difference, and not all will make a difference. They don't work for everyone, but they can be very important, and in just getting these programs on the radar screen, incentives in the workplace to participate, a 20 percent limit, you know, is a little bit of a barrier.

We understand and acknowledge that certainly there are risks that aren't preventable by the individual, and we need appropriate protection, but employers do feel that given the magnitude of the savings, in the Safeway example, they say they have held their trend constant for the years that they've been doing this program, 4 years now.

That's a big impact financially on the company and does also benefit the employees who also, let's not forget, pay for health care.

Mr. FORTENBERRY. Do you think this rule like 20 percent is artificially low?

Ms. HEINEN. I would say that, yes.

Mr. FORTENBERRY. Dr. Williamson, Mr. Fosdick, would you care to elaborate again on anything that you've done that is—you've both provided us some examples of the protectiveness of your own wellness programs, but how that could be expanded in an interplay with a Federal law.

Dr. WILLIAMSON. We've had a chance to work with over 100 employers on this particular program and tried many incentives on the particular culture in their company they want to—that fits what they want to do, so the one that seems to create the most participation for us is actually the personal contribution to premium differential, so even at $10 a month difference in what that family is contributing or that person is contributing on their insurance premium will make a difference in how they participate.

You know, the way we have structured this is that it's generally a phased approach, so when an employer initially gets involved, they might just want to incentivize participation in the health care and completing the health risk assessment and maybe talking to a lifestyle coach about particular issues. But, over time I think it needs to progress if this is going to continue, if their improvement continues, so if they have a risk, they have a chronic disease or they have some other risk, then the next step ought to be that they address that. I think the final step probably is something along the lines of what we've heard from Ms. Heinen, which is more of a standard base.

You know, if you had—if you smoke, you need to quit. If you're overweight, you need to get your BMI down below a certain level, or if your cholesterol is high, it should come down, and that's where you get into this 20 percent concern. You know, there's a point where you build up these incentives, and at 20 percent you're running against this issue here, and you're kind of stuck.

Mr. FORTENBERRY. All right. Thank you.

Mr. FOSDICK. And I think it goes back to education. The bottom line is the fact that there are still many, many corporations in this country who've resisted every year and have their HR person or managements implying that our healthcare costs will go up four or six or eight percent and inflate the sheet that much, and they kind of resist it every time.

They'd rather take it, and the bottom line is I think there can be some way that maybe—you know, maybe leadership in Congress can send information to CEOs saying, Here's some examples, here are best practices, and I would be very uncomfortable if I was an HR person who went in every year and say, Good news, our costs are going up, and I don't have a clue on how to fix it.

I think that may be very uncomfortable for me, so I think sharing the best practices, but I wouldn't do it—I would make sure they go directly to the CEOs, because obviously HR people aren't willing to take the initiatives do the things they've got to do.

Mr. FORTENBERRY. We're somewhat confined.

Well, thank you all for your insights. Clearly, this is very helpful. Now, of course, we haven't had time to impact the issue of limited participation by smaller employers where a majority of Americans

are working and the cost factors there for the small employer in terms of incentive wellness, but clearly large employers, large health systems that are doing this are showing these three to one returns on investments, so hopefully there's a trickle down effect there and an educational effect to show that this is a true cost saving measure.

Of course, we're not talking about people who are having to buy their own individual policy or who are priced out of the market because of unaffordability issues there, but if we can lower our overall healthcare costs, that should lower premiums in the general market and improve outcomes. I think what you're saying is pretty helpful to me, important in that regard, so thank you very much. The Chairman is about to conclude.

Before he does, I hope you all will bear with me, but because we are anticipating a potential national championship year this year, I thought I'd give our Chairman a Nebraska football jersey and thank him for his generosity in coming to us.

The CHAIRMAN. Thank you very much. I'm going mention something from the earlier panel about participating earlier in education because the research needs to be done, especially if we look at the subject matter that we've addressed today. I really do appreciate our Ranking Member for bringing this to our attention on a national basis, and for having a hearing here in Lincoln, Nebraska. One of the things that needs to be done from an education perspective is for employers who run a small business.

Large employers hand out materials on health benefits that are there, but you really don't have an actual orientation of what it actually means, and maybe we should have some form of an orientation on a voluntary basis. That would save tons of dollars and people would begin to understand the real value not only to their life, but also the impact it has on the cost factors of health. I appreciate you making your statements.

We need to do more on a voluntary basis in local and private and public systems, having a way for people to really begin to understand, to change their attitudes and behaviors, and what it means to them in their life. It's very difficult for us to participate in the lives of our kids and others and grandchildren as we mature in age, and we want to assist with our grand kids, and that's why it's important we have this kind of orientation.

We don't have a teacher orientation; we don't have anything that covers health.

What is it that we need to cover in that area? We need to do a little bit more on a voluntary basis. With that I'd just like to again thank all of the panelists for being here. Before I make my final closing statement, I would turn it over to our Ranking Member Fortenberry to make his closing remarks, and then I will make my closing remarks and then officially do what I have to do to adjourn this official meeting.

Mr. FORTENBERRY. Well, again, thank you, Mr. Chairman, for the generosity you have shown in taking time away from your constituents in California to be with us here. We appreciate your sincere leadership on these important essential questions affecting our nation and are honored to have you. I'd like to conclude by picking up on one comment that Marsha Lommel gave as well. We talked

quite a bit in our earlier panel about the relationship between nutrition and wellness and health and how it's showing the experience that you all have had in making wellness programs, how it actually does reduce costs and improve healthcare outcomes, and we all feel better.

But you made a very good point, Marsha, in sensitizing this to the fact that wellness programs, in and of themselves, can attract healthy people, and there are certain barriers to those who are facing more challenges that make it difficult for them to participate. I think that was very insightful as well, because clearly this is a direction that we must embrace as a nation. Better nutrition, better lifestyle, better incentives, understanding of the legal interplay for those incentives, but also having an impact by creating a facility with a real caring heart and a progressive, holistic approach to the various dynamics of health care, so with that said, again, thank you for hosting us today. I thank all of the witnesses who graciously joined us, and again, thank you, Mr. Chairman, for leading us today.

The CHAIRMAN. Thank you very much, and again I want to thank each of the panelists for your knowledge and your expertise and your participation. We hope that the best policies meet the challenges of our economy and our nation, especially as it pertains to health; not only the importance of preventive measures, but the cost to society and its taxpayers. I think we began to address the impact it has on us as we address national issues of health, and nutrition. Nutrition becomes very important for a lot of us, the appropriate nutrition not only for our children, but for adults, in making changes.

With that I want to again thank Congressman Fortenberry for having the leadership in bringing this panel together and taking on this topic. It was his choice to raise this topic, and he said, "I want to have it in Lincoln, Nebraska, not back in Washington, D.C. I want to bring it to our area and address this on a national level." And I'm glad we were able to work out a schedule with him out here.

Again, I look forward to hearing from you in the future, and you're all welcome to come to my district anytime to beautiful San Bernardino. Fog is there. It's really pretty, but the smog is there in that area. With that I'd like to state that under the rules of the Committee our record of today's hearing will remain open for 30 calendar days to receive additional materials, supplemental witness responses from the witnesses, and any questions posed by Members.

The hearing on the Subcommittee on Department Operations, Oversight, Nutrition, and Forestry is now adjourned.

[Whereupon, at 12:48 p.m., the subcommittee was adjourned.]

[Material submitted for inclusion in the record follows:]

SUBMITTED MATERIAL BY DR. DAVID H. JANDA

A Prevention & Consumer Driven Approach
Achieving Health Care Emancipation & Freedom
By David H. Janda, M.D.

On September 22, 1862 President Abraham Lincoln issued The Emancipation Proclamation:

> "That on the 1st day of January, in the year of our Lord 1863, all persons held as slaves within any state or designated part of a state, the people whereof shall then be in rebellion against the United States, shall be then, thenceforward, and forever free; and the executive government of the United States, including the military and naval authority thereof, will recognize and maintain the freedom of such persons and will do no act or acts to repress such persons, or any of them, in any efforts they may make for their actual freedom . . . And upon this act, sincerely believed to be an act of justice, warranted by the Constitution upon military necessity, I invoke the considerate judgment of mankind and the gracious favor of Almighty God."

With these words President Lincoln ended slavery, which was a flagrant violation of the institutions of America—"a government of, by and for all the people."

The institution of slavery denied freedom to fellow Americans. In 2009, freedom is being denied to every man, woman and child—freedom of health care. Some in the HMO industry, many in the insurance industry, and many Federal "Big Government" bureaucrats are denying Americans their freedom of health care. The Obama Health Care Plan is the instruction manual and play book for this approach. The "Masters" of Health Care are trying to deny individuals their freedom to choose what doctor you can see, what medicine you can take, what hospital you can go to, and how your spend your health care dollars. They even take it a step further in the Obama Health Care Plan—IF—yes, IF you can be treated. These "Masters" of Health Care are driving us to unnecessary pain, suffering, and, in some cases, death. The health care system needs drastic reform, in this country and around the world. Most importantly, this reform must be based on the bedrock of providing each person, each family and business their healthcare freedom.

As I wrote in my book, *The Awakening of a Surgeon,* I believe health care reform has become "A Domestic Vietnam." One of the tragic lessons from the Vietnam War was that if the policy makers and decision makers do NOT listen to the grunts on the front line we will lose the war. If we lose the battle to implement ethical and humane health care reform, this time we can NOT get in our helicopters and planes and fly away. Every American citizen, family and business will become a casualty. The message from the front line is: Stop empowering Big Government bureaucrats, the HMO industry and the insurance industry. The key to reform is to EMPOWER each American citizen, family and business. We should fight to give people, families and businesses control over their health care finances and the right to chose who they see, where they go for treatment and what treatment they can receive. Above all, focus on PREVENTION. Prevention is the key to the most efficient, humane and ethical health care cost containment policy.

The issues of health care reform and the proposed "solutions" are very frustrating for those of us on the frontline of health care delivery. Health care reforms often are presented as a politically Right/Left/Liberal/Conservative issues. On the contrary, this is an issue that transcends political parties and affects every man, woman, child, business and community in our country. I do not see health care on a political Left/Right Axis; I see it on an Up/Down Axis. Up represents individual freedom, freedoms of health care for every person. Down represents oppression of people and businesses and their health care freedom. I believe Americans' health care freedoms are currently being oppressed by a number of different entities. Many individuals at the Federal Government level and their proposed reform/plans are hindering health care freedom. Certain corporate entities in the HMO and the Insurance Industry also are limiting freedom. They are dictating what type and how much health care is to be delivered. They have decimated the doctor/patient relationship and I believe they are putting people and businesses in harms way. When I became a physician I took an oath to "Do No Harm." This current structure inflicts harm.

There is one solution that unlocks the shackles that HMO's, some insurance companies and Big Government Bureaucrats have placed on every person, family and business. That solution is Health Savings Accounts. Competition reduces costs in health care, just as in other "industries." Personal Health Savings Accounts (HSAs) already demonstrate an ability to change the system for the better. Putting people back in charge of their own health care gives them incentives like nothing else can.

People make healthier choices about how they live when they "have a dog in this fight."

Personal HSAs are coupled with higher deductible, Catastrophic Insurance coverage, so no one falls through the net by an unexpected major need. Such coverage is much less expensive. An employer can put the cost savings into the HSA, before taxes. Both immediate and long-term savings ensue. HSAs earn investment income, and can be used for all medical expenses, covering the deductible, as well as medications and incidentals. Unspent, it grows yearly. An HSA is fully portable, if you change jobs, as many now do. It is also inheritable by a spouse. For those now on Medicaid, patients would be provided an HSA at a fraction of the current cost paid by state and Federal governments.

A recent analysis of Health Savings Accounts by The United States Department Treasury revealed 33% of small businesses now with HSA's previously did NOT offer coverage. In addition, 31% of those signing up were previously uninsured. Forty-two percent of HSA purchasers had family incomes below $50,000. The benefits of the HSAs are many, reducing health care costs by an average of 35% and extending coverage in the process.

Health Savings Accounts, coupled with prevention-related interventions are the keys to reducing health care costs for every person, family and business. Prevention of health care need is the most efficient and ethical means of cutting health care costs. It is a far more effective and compassionate way of reducing costs than manipulating health care "need" by reducing access and availability of care through rationing as promoted by the Obama Health Care Plan, the Federal Government, and the HMO and insurance industries. By way of example, according to the Federal Government, one of our studies at The Institute For Preventative Sports Medicine revealed how to prevent 1.7 Million people from being injured every year and how to save $2 Billion in health care costs per year. Of note is that we spent $1,000 on that series of studies. When it comes to Prevention, this financial benefit is not the exception, it is the rule. Health Savings Accounts are the vehicle to drive health care costs down, and Prevention is the key that ignites the engine to the HSA vehicle.

The goal is to make health care available and affordable. When I became a physician, I took an oath to "Do No Harm." I decided to add to that oath to "Prevent Harm." Through Prevention initiatives and Health Savings Accounts, we have an opportunity to bring health care freedom to every person, family and business. If we do not act now, we will never be free of the "Masters"—the HMO and Insurance Industries, and Big Government bureaucrats.

Victor Hugo stated, "There is nothing more powerful than an idea whose time has come." The time has come for Health Savings Account driven by Prevention and Wellness initiatives.

SUPPLEMENTAL MATERIAL SUBMITTED BY BLAKE J. WILLIAMSON, M.D., M.S., VICE PRESIDENT AND SENIOR MEDICAL DIRECTOR, BLUE CROSS AND BLUE SHIELD OF KANSAS CITY

FOR IMMEDIATE RELEASE:
July 23, 2009

FOR MORE INFORMATION:
[REDACTED]

BLUE CROSS AND BLUE SHIELD OF KANSAS CITY BECOMES NATION'S FIRST ORGANIZATION TO RECEIVE NCQA ACCREDITATION FOR WELLNESS & HEALTH PROMOTION

Washington – The National Committee for Quality Assurance (NCQA) has granted Wellness & Health Promotion (WHP) Accreditation to Blue Cross and Blue Shield of Kansas City, the first organization in the nation to complete the survey process for NCQA's new program.

"Blue Cross and Blue Shield of Kansas City is a national model for offering purchasers wellness programs that can improve employee health and lower costs," said Margaret E. O'Kane, NCQA President. "Wellness and Health Promotion Accreditation distinguishes organizations that effectively implement workplace wellness programs, partner with quality vendors, and protect employees' privacy."

"We are thrilled to be recognized by NCQA for our wellness programs," said Brian Burns, Senior Vice President, Health Care Services of Blue Cross and Blue Shield of Kansas City. "Employers today expect value for their health plan dollar and that requires that we do more than just pay claims. Customers want us to be a wellness partner and to help them improve their employees' health and contribute to a more productive workforce."
Blake Williamson, M.D., Vice President and Senior Medical Director with Blue Cross and Blue Shield of Kansas City, said, "Our goal is to provide a broad range of screening and support tools to program participants to help them achieve their goals for improved health and wellness. The success of integrating our "A Healthier You" program into our other programs

is proven by the results that we are seeing. After just three full years in the program, participants are seeing lower levels of blood pressure and cholesterol, a decreased number of emergency room visits, and lower overall medical costs."

NCQA's WHP Accreditation program is a comprehensive assessment of key areas of health promotion, including how wellness programs are implemented in the workplace, how services such as coaching are provided to help participants develop skills to make healthy choices and how individual health information is properly safeguarded. Fifteen other organizations from around the country have committed to being reviewed for WHP Accreditation in 2009.

"We applaud the efforts of Blue Cross and Blue Shield of Kansas City. Being the first entity in the country to reach this status speaks volumes about its strong commitment to improving the health of its members and of our community and to initiatives that will help hold down future costs," said Carolyn Watley, President, CBIZ Benefits & Insurance Services of Kansas City.

Organizations interested in WHP Accreditation are encouraged to contact NCQA Customer Support at (888) 275-7585

NCQA (www.ncqa.org) is a private, non-profit organization dedicated to improving health care quality. NCQA's Healthcare Effectiveness Data and Information Set (HEDIS®) is the most widely used performance measurement tool in health care. NCQA accredits and certifies a wide range of health care organizations and recognizes physicians in key clinical areas. More than 7 in 10 Americans enrolled in health plans are in an NCQA-Accredited plan. NCQA is committed to providing health care quality information through the Web, media and data licensing agreements in order to help consumers, employers and others make more informed health care choices.

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Integrated Health and Wellness Programs at BlueKC

Background

At Blue Cross and Blue Shield of Kansas City (BlueKC), we are proud of our products, services, and the innovative approaches we have developed to better serve our community. It is these innovations in care and the personalized programs we provide that we believe have led us to become the leading health insurer in our service area, covering almost one million members.

Our health and wellness program was the first in the nation to receive external validation through objective, third party Accreditation by the National Committee on Quality Assurance (NCQA) under its Wellness & Health Promotion standards on June 1, 2009. NCQA Accreditation is important to help employers and others compare wellness programs using standardized results and select a wellness program with demonstrated value and quality

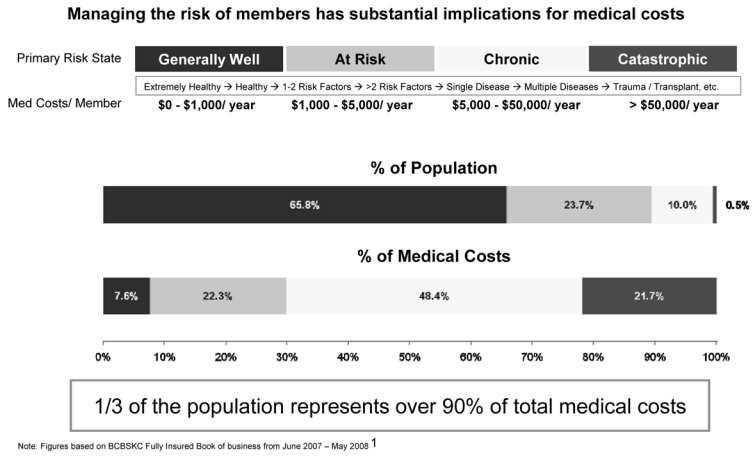
"Improving the health of Americans is not just a worthy society goal, it is essential to our nation's economic health as well," said NCQA President Margaret E. O'Kane in a press release announcing NCQA's annual report on July 31, 2009. "To bend the curve of health care costs and improve the quality of care in this country, wellness needs to be front and center."

Over the past decade our organization has built an integrated care management program that delivers programs and services to all members in all stages of the continuum of care – from the healthy to the catastrophically ill. The reality is 30 percent of the population account for approximately 90 percent of the total medical costs.[1] The continuum is fluid, however, and individuals can move back and forth across the continuum making it critical to both monitor and intervene on behalf of the entire population at all times.

As a health plan we are in a unique position to address this continuum. Our data sources are best in class, providing one of the most complete pictures of an individual's health status. The BlueKC data warehouse includes:

- Mental health claims,
- Lab claims and results,
- Clinical notes,
- Pharmacy claims,
- Medical claims,
- Dental claims,
- Health Risk Appraisal records, and
- Biometric screening results including blood pressure, BMI, cholesterol and glucose.

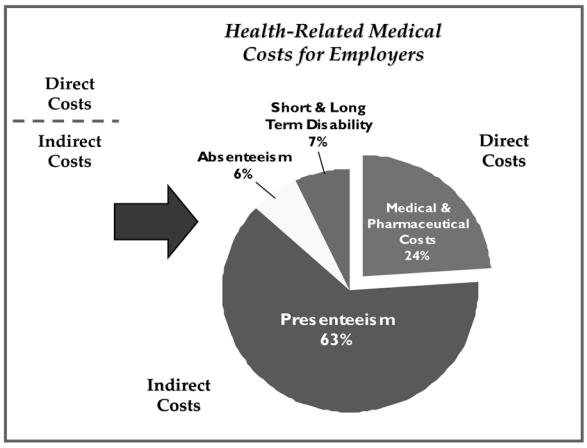
[1] Blue Cross and Blue Shield of Kansas City claims data 2008.



Specialized data mining tools allow BlueKC to continuously monitor these data sources to identify the specific risks and unique characteristics of every member. Based on this information, we have developed integrated program, interventions and resources, utilizing multiple modalities (print, online, telephonic, and in person) to provide personalized education and support that empower members to make informed decisions about their health and lifestyles.

In addition, through our behavior management subsidiary, New Directions Behavioral Health, our blended approach to physical and mental health is unique and the lessons learned from years of cognitive behavioral therapy and medication management have enhanced the coaching component of the A Healthier You program.

We also recognize the important role of the employer in helping members achieve their best health. Healthcare costs to employers are significant and extend well beyond those directly related to health insurance, medical and pharmaceutical costs. They also bear the costs of short and long term disability, absenteeism, and presenteeism.



Our employer partnerships include on-site health screenings, on-site education and support programs, aggregate reporting of lifestyle risk factors, and the development of wellness incentives, including premium differentials, that work. These employer partnerships make a big difference. Three year results demonstrate improved overall wellness scores, an increase in the number of individuals obtaining a routine physical exam, fewer inpatient days, a decrease in emergency room utilization, and lower overall costs.

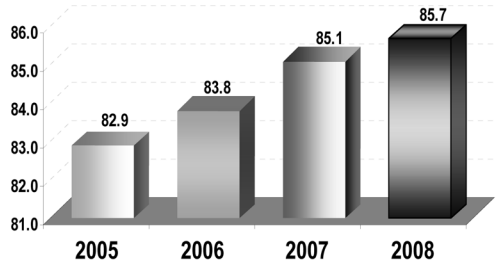
As a local health plan, we also look to our community physicians to provide input and help to guide the programs we develop. Our wellness and disease management programs are no exception. BlueKC engages physicians from all areas of practice through regular meetings and collaborative communication. Our community physicians share our goal of an "empowered and engaged member." This approach is evident across our programs.

Keeping healthy people healthy

This is BlueKC's approach. We encourage all members to complete an annual Health Risk Appraisal (HRA). The HRA provides the individual with information on what they are doing well and areas of lifestyle and health they may wish to improve. The member is then introduced to interactive and online health content and resources specific to their risks.

As people age, their wellness scores naturally decline due to age risk alone. This theory has been well documented by Dr. Dee Eddington at the University of Michigan. Our employer-based wellness program, **A Healthier You™**, is demonstrating that through the right mix of education, coaching and support, this natural decline can be delayed and improved wellness scores can be achieved.

A Healthier You (AHY) groups have shown improved Aggregate Wellness Scores since its inception in 2005



Prevention is also an important component to keeping healthy people healthy. We educate members about the importance of preventive health care such as mammograms, Pap tests, and routine physicals. Using claims data, we send out targeted reminders based on demographic risk factors such as age and gender to members who may be due for these preventive services.

Lifestyle education

Healthcare costs are expensive and working to manage them is critical to our mission at BlueKC. And, these costs are directly impacted by individual behavior choices more than anything else. In fact, up to 70 percent of health costs are influenced by poor lifestyle decisions. These behavior choices include:

- Sedentary living,
- Poor diet,
- Obesity, and
- Tobacco use.

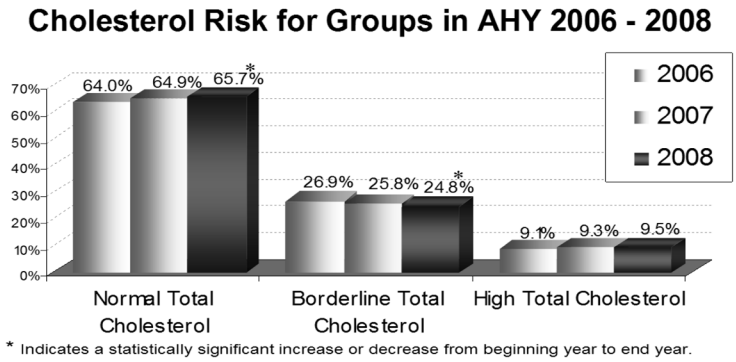
These behaviors lead to cancer, stroke, heart disease, and diabetes.

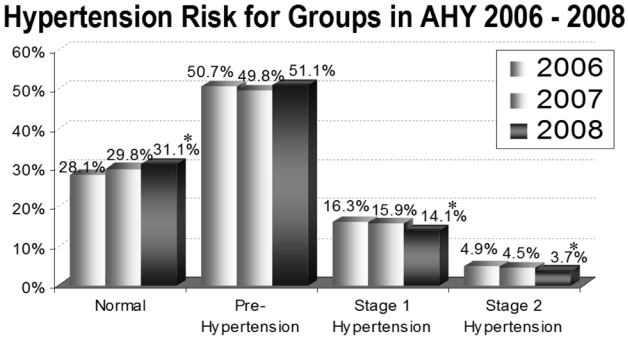
We can try to blame the rising cost of healthcare on factors such as aging baby boomers and expensive technology, but the reality is that we are individually accountable for our lifestyle choices. That's why BlueKC is focusing many resources on lifestyle education – helping members understand how their personal choices affect their health and the health of their family and empowering them to make the necessary lifestyle changes to enjoy a healthy active life.

To this end BlueKC provides:

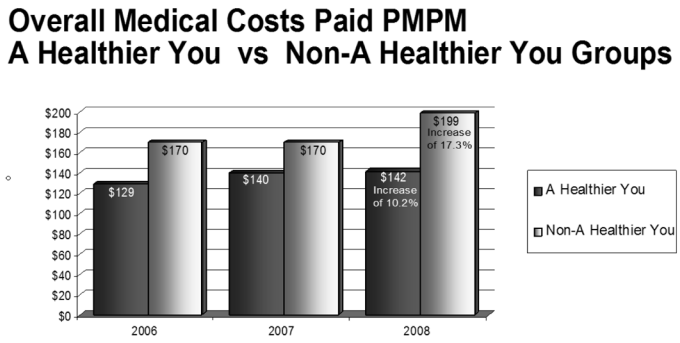
- Online resources and interactive programs for fitness, nutrition and weight management and stress,
- Health Risk Appraisal that provide an overall wellness score and help people quantify their level of risk and the lifestyle opportunities that may help improve their risk,
- Worksite biometric screenings to provide members with important information about early clinical risks such as high blood pressure, high cholesterol, and glucose that can be improved through a healthy lifestyle,
- Telephonic lifestyle coaching to help members set goals and address the lifestyle factors negatively impacting their health, and
- Worksite programs for weight management and nutrition, smoking cessation, and stress management provide a convenient, supportive and friendly environment to engage members in positive lifestyle change.

While it is too early for BlueKC to measure actual reduction in disease from our wellness and lifestyle offerings, we are monitoring some important early indicators. These include a reduction in ER utilization, improvements in specific clinical risk factors such as blood pressure and cholesterol, and our initial results demonstrate a direct, positive impact. Overall medical costs have trended up at a slower rate for those participating in the program (10% increase); non participating companies have seen medical costs increase more than 17%.





* Indicates a statistically significant increase or decrease from beginning year to end year.



Chronic disease education, coaching and support

At BlueKC our objective is to improve the health of every member – no matter their present status. When it comes to members with chronic disease our **Healthy Companion™** program provides the education, coaching and support necessary to help individuals better understand and manage their health condition.

One of the things we are most proud of is the very personal touch we provide to each of the members that touch our clinical programs. BlueKC provides an in-house disease management program based on a one-on-one nurse model. This means a member is assigned to a specific nurse to speak with for all of their disease-specific needs creating a trusting, caring relationship. Our nurses are trained in special motivational interviewing techniques to better

engage the member and develop goals based on the member's own priorities. Member satisfaction ratings for BlueKC nurse calls are over 90 percent.

The integration provided by our programs allows nurses to easily refer members for lifestyle coaching when they have indicated a desire to address one or more of these risk factors. For example, our nurses often set a member up to talk to a health coach to assist them with smoking cessation or schedule a consult with our in-house dietician to help address questions or concerns about their eating habits.

In addition to nurse coaching, our chronic disease programs include quarterly educational newsletters and standard of care reminders. These low-touch services are provided to all members identified with a chronic condition regardless of their level of risk.

This high-touch, integrated approach has been both cost-effective and popular among our members, employers, and physicians.

Acute events in the lives of our members

Sometimes members face events that require hospitalizations or intense use of other healthcare services. These events often require healthcare services from multiple and different entities in the system. Today, movement across entities in our health care system regularly leads to poor outcomes because of a lack of coordination of care for the patient between these entities. Our program includes strategies that facilitate coordination of care and transitions from one entity to another and insure that appropriate services are delivered in appropriate settings. During these times we also evaluate the services being rendered for safety and clinical effectiveness.

Members with significant acute care needs are engaged in a very personalized way. Our team focuses on engaging members to better understand the various medical treatments available, prognosis and outcomes.

Our recently deployed post-discharge program recognizes the inherent risks associated with the transition from an inpatient setting to a home setting. Case managers initiate outbound calls to identified members within two days of discharge from hospitalization in order to assess the member's condition at home, reinforce discharge instructions, review medication management, address self management strategies, educate members on how to handle physician follow-up visits and, if appropriate, refer the member to additional BlueKC case management or disease management services. Our nurses utilize not only their own clinical expertise and programs available here at BlueKC to assist the members, but can also connect the members with additional programs and services available in the community that can help members get the resources they need. Early anecdotal results from this program are very positive – through BlueKC's engagement, the members have avoided serious complications and readmissions.

Catastrophic injury and illness

Accidents happen. Serious illnesses can strike quickly and require intensive, critical medical interventions. BlueKC case management assists these members and their families through anticipatory and proactive support. Like our disease management nurses, members and their families work directly with one case management nurse. The intent is to assist the member and his/her family in finding the information necessary so they can be confident in the healthcare decisions they are making. Interventions planned collaboratively by the nurse and the member are highly variable, based on member needs. The case management nurse will develop an individualized care plan, coordinate benefits, aid in treatment and discharge planning, and generally assist in navigating the complex health system. This process fosters a one-on-one relationship where the nurse is able to serve as an advocate for the member.

In addition to the traditional case management services, at BlueKC, all members entering case management are routinely screened to identify depression or medication non-adherence, two common barriers to optimum health outcomes.

By facilitating necessary and appropriate care, promoting medication adherence, and avoiding preventable complications that could lead to readmissions, BlueKC's Case Management program has been able to demonstrate improved health status for these members, as well as a respectable return on investment in 2008 of about 3:1.

Health and Wellness as a Community Approach

Childhood Obesity Prevention

BlueKC has worked with regional collaborators to develop and expand Pre-Kindergarten to Grade 12 school-based programs for physical activity, nutrition, and nutrition education. From identifying resources to meet School Wellness Policies as part of Coordinated School Health Programs to pilot programs with school districts and Head Start delegates, Blue KC has collaborated on numerous projects to prevent childhood obesity.

Best practice guides, toolkits, training and program evaluation manuals have been produced and disseminated to physicians, school administration and staff, and community program grantees through sponsored lunch and learns, mini-conferences, booster trainings, coalition meetings, regional forums and mailings. BlueKC also sponsored an award winning, six-part series and a special with public television on physical activity and nutrition in schools.

Currently, a project entitled "Generation XL: Physical Activity Across the School Day" is in production. This program encourages physical activity through: biking and walking to school; promoting school yard gardens; changing Physical Education's philosophy to moving more kids more of the time; enhancing the recess experience, especially before lunch; inserting movement into the curriculum; and invigorating before and after school programs through joint use arrangements.

Adolescent Immunization Collaborative

One of BlueKC's Community Wellness projects, the greater Kansas City area Adolescent Immunization Collaborative (AIC), achieved significant results in improved immunization rates and school-entry readiness over a three-year collaborative. Adolescent immunization rates for BlueKC's commercial and Medicaid HMO members improved nearly four-fold during this time. Also, for the three area schools in the pilot, non-compliance of students with immunizations declined (improved) nearly 90% from 2006 to 2007 with the BlueKC-supported interventions.

The Collaborative received national attention in 2008 when it was chosen for presentation at the Centers for Disease Control and Prevention's National Immunization Conference in Atlanta, Georgia, and was honored by URAC with the Gold Award in the Health Plan category in its first "Best Practices in Consumer Empowerment and Protection," as well as an Honorable Mention for Patient Safety.

Medical Services for Head Start Children

BlueKC was the proud recipient of the "Outstanding Community Partnership Award" in February 2009 from the Missouri Head Start Association (MHSA) for its collaborative efforts to increase childhood health screenings and treatment rates from 15 percent to 80 percent; its education efforts to remove barriers to better health for this population; and its sponsorship and data-sharing activities. As a result of the success of BlueKC's agreements with Head Start, this process has been replicated by MAHS to place similar arrangements with each of the four Managed Care Plans within Missouri HealthNet for Kids.

Community Pilot Project – Patient Experience Survey

BlueKC has been a community leader in the first of three regional pilots to measure consumers' experiences in physicians' offices. In partnership with the Metropolitan Medical Association, Kansas City Quality Improvement Consortium (KCQIC), BlueKC, United and Aetna partnered with a shared vendor, Consumers' CHECKBOOK, to field a patient experience survey for members and PCPs in the greater Kansas City area in November 2008.

Seven hundred thirteen Kansas City primary care physicians were included and the results can be viewed online at www.KCQIC.org. Measures of patient experience, particularly with physician communication, have been shown to have a direct correlation to the quality of health care and outcomes.

One week after the consumer site launched, there were over 4000 unique visitors to the web site, showing strong interest from consumers.

“PHIT Kids” – Culturally Sensitive Pediatric Obesity Management

“PHIT Kids: Promoting Health in Teens and Kids” at Children’s Mercy Hospital, the area’s only children’s hospital, sought philanthropic support from BlueKC for the modification of current and future program resources to ensure culturally sensitive educational programming to the diverse patient population that was currently enrolled, or expected to enroll, in this expanded program. The scope of the project also included evaluation of the effect of this modification on patient physical and psychosocial outcomes and patient and parent satisfaction with the program.

Barriers to effective adoption of healthy family habits were explored, and feasible plans were formulated. Patients and families were seen for follow-up based on their unique needs and strengths relating to successful weight management. Results of this program were statistically significant for reducing BMI and reducing post-program weight regain when compared to controls. In this effort, quality of care was improved for this underserved, high risk target population.

About Blue Cross and Blue Shield of Kansas City…

Blue Cross and Blue Shield of Kansas City has been serving customers' health insurance needs in the Kansas City area since 1938, and provides a variety of group and individual health plans to nearly one million members in northwestern Missouri and Johnson and Wyandotte counties in Kansas. It has projected annual revenues of $2 billion and employs 1,000 area residents.

In addition to providing dependable, affordable health plans to the community, the company has developed the region's most comprehensive health and wellness program for its members. A Healthier You™ is designed to effectively help our members become more accountable for their health and educate them to lead healthier lifestyles. This program continues to grow, with more than 210 large businesses participating, representing more than 130,000 individual members.

As the only local, not-for-profit commercial insurance company in Kansas City, Blue Cross and Blue Shield of Kansas City's commitment to he community runs deep. As a long-time member of the community, it believes strongly in the idea of giving back, and investing time and dollars to keep area neighborhoods and school districts strong and children healthy. Annually, the company provides $3 million to a variety of community initiatives serving this objective.

Fulfilling its commitment to advance educational excellence, the company is proud to support member school districts as they provide a strong educational experience for the children in the Kansas City area. The company has awarded nearly a quarter of a million dollars annually to our member school districts since 2003. Through this financial support, educators can achieve their objectives for their students.

Nationally, Blue Cross and Blue Shield is the leading health insurance organization, serving 100 million people across the country. One in every three Americans carries a Blue Cross and Blue Shield card in his or her wallet.

For more information on our company, please visit our newly redesigned Web site at www.BlueKC.com.

SUPPLEMENTAL MATERIAL SUBMITTED BY MARSHA LOMMEL, PRESIDENT AND CEO, MADONNA REHABILITATION HOSPITAL

Improve your health and enrich your life with Madonna ProActive PLUS.

A benefit for the 65 & better crowd.

Build the stamina to keep doing what you love the most. Discover your best self and enjoy every moment life offers.

The PLUSes
Select hours for ProActive PLUS members
Reduced membership dues
No contract

Group classes

Young at Heart	Aqua Arthritis
Pilates	Water Aerobics
Circuit Training	Beginning Tap Blast
Gentle Yoga	Body Sculpt for Beginners

ProActive PLUS Hours

Monday - Friday	8 a.m.-4 p.m.
Saturday & Sunday	7 a.m.-7 p.m.

No matter where you are on your wellness journey, we'll meet you there ... so you can do more of what you love every day.

Assessment Fee*
Senior $49
The Assessment Fee includes a comprehensive fitness asssessment and a follow-up training session.

Monthly Membership Dues
Seniors $43
(Must be 65 years old)

*Members pay the Assessment Fee only once, as long as active membership at ProActive is maintained. ProActive requires advance, written notice for termination of all memberships. Monthly dues rates are subject to change at any time. Please refer to the member policy handbook for complete terms and conditions of membership.

Call Member Services at 420-0000 to get started today!

With Madonna ProActive PLUS, now you can!

You've invested in your 401k.
Invest in *your* healthier future.

You've contributed to the community.
Contribute to *your* wellbeing.

You've helped your children become adults.
Help *yourself*.

Q. What's the difference between a gym and Madonna ProActive?

A. Madonna ProActive is Lincoln's FIRST medical-fitness facilty. In addition to the equipment and classes, Madonna ProActive offers specialized programs for your heart, health and overall wellness. Additionally, at ProActive, members have access to on-site medical personnel including physical therapists, cardiac and holistic wellness nurses, registered dietitians and exercise physiologists.

Q. What if I've never been a member at a fitness facility?

A. Then Madonna ProActive is exactly the place for you! The wel coming atmosphere was especially designed for people of all abilities and fitness levels. The goal in creating ProActive was to establish an environment where all members of the community feel comfortable and relaxed.

Q. Is ProActive just for people who are recovering from illness or injury?

A. No. Madonna ProActive is for everyone. Madonna's excellence in rehabilitation, based on more than 40 years in the community, created a foundation for the community's first medical fitness facility, but membership is open to everyone who cares about their health and wellness.

No matter where you are on your road to health and wellness, we'll meet you there. Maybe you're a beginner on the road to wellness. Or maybe you've been at it for a while. ProActive's supportive and friendly team will customize a program that helps you keep doing all the things you love in life.

ProActive is for anyone who wants help developing a wellness routine so they can live life more fully.

Madonna ProActive
Now you can.

7111 Stephanie Lane
(55th & Pine Lake Road)
Lincoln, NE 68516
402.420.0000
www.MadonnaProActive.org

About Madonna ProActive

Madonna ProActive is Lincoln's leader in medically based health and fitness open to all members of the community. For more than 50 years, Madonna Rehabilitation Hospital has been a trusted name in inpatient and outpatient rehabilitative therapy. With Madonna ProActive, now every member of the community can have access to our medical, therapeutic and educational expertise, in addition to the latest research and technology.

Regardless of age or ability, whether you are just starting out, dealing with health issues or training for a triathlon, Madonna ProActive will meet you where you are and help you on your way to wellness.

Madonna ProActive's certified fitness, wellness, nutrition and medical experts will tailor a program based on your own unique goals and abilities and provide ongoing support to get you where you want to be. As a member, you'll have access to 55,000+ square feet of the finest facilities and equipment.

We have always believed that better health is best achieved by treating the whole person—body, mind and spirit. It's a philosophy that extends across all of Madonna services so we can help members, patients, clients and community members achieve a complete state of health and wellness.

MedFit

a safe exercise program for you

Only available at Madonna ProActive *Now you can.*

Madonna ProActive *Now you can.*

402.420.0000
7111 Stephanie Lane
(55th & Pine Lake Road)
Lincoln, NE 68516
www.Madonna ProActive.org

Listen to your doctor. You can't afford not to.

- The average cost of a coronary bypass surgery is around $50,000.
- People who are diagnosed with diabetes typically have medical expenditures that are 2.3 times higher than those without diabetes.
- About 60% of people with chronic diseases are working-age adults.
- Exercise is not only good for the body, but also is good for the mind. Regular exercisers, those who are active for at least 30 minutes most days of the week, significantly decrease their risk of becoming chronically ill, depressed, disabled and dependent on others.

Get with the program, and know what it's like to achieve success.

- 10-week medically supervised class, focused on safe exercise in a small-group format.
- For people with medical concerns like obesity, diabetes, heart disease and other chronic conditions.
- Focused on strength, aerobics, balance, flexibility and education.
- Meets for one hour on Mondays, Wednesdays and Fridays at 11 a.m.

You expect results, and so do we.

- With the direct supervision of an exercise physiologist who has medical fitness experience, a registered nurse with rehabilitation certification and advanced education in holistic wellness, a registered dietitian who knows how to cook up fun and a lifestyle coach who faces challenges head on, you will be equipped with the tools to succeed.
- MedFit is more than a program. It's an educated approach to wellness.

MedFit class outline

Weeks 1-4
Mondays
- Range of motion enhancement and stretching
- Cardiovascular strength exercises
- Muscular strength and endurance circuits

Wednesdays
- Group class emphasizing muscular strength, flexibility, balance, coordination, range of motion and dexterity

Fridays
- Week 1: Circuit Class
- Week 2: Group Class
- Week 3: Guest Speaker: Amber Pankonin, Registered Dietitian
- Week 4: Group Class

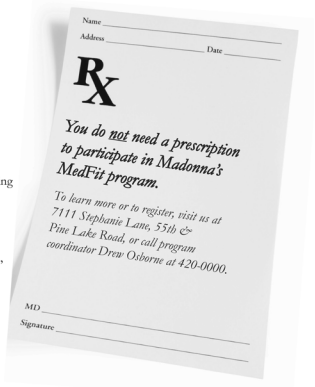
Week 5
Monday: Circuit Class
Wednesday: Group Class
Friday: Mid-point Assessment & guest speaker: Ian Thompson, Wellness Coach

Weeks 6-9
Mondays
- Range of motion enhancement and stretching
- Cardiovascular strength exercises
- Muscular strength and endurance circuits

Wednesdays
- Group class emphasizing muscular strength, flexibility, balance, coordination, range of motion and dexterity

Fridays
- Week 6: Circuit Class
- Week 7: Guest Speaker: Sharon Duffy, Registered Nurse and stroke survivor
- Week 8: Group Class
- Week 9: Guest Speaker: Anthony Sobotka, Exercise Physiologist for ProActive's LifeBalance for Heart (cardiac rehab) program

Week 10
Monday: Circuit Class
Wednesday: Group Class
Friday: Final Assessments



LifeBalance for Heart

What is Madonna ProActive LifeBalance for Heart?
LifeBalance for Heart is a **Cardiac Rehabilitation Program** designed to help you in reaching your personal level of peak health. You will receive an individualized health assessment conducted by a cardiac nurse. Once the assessment is complete, our expert team will work with you to establish an individualized program to help you to meet your fitness and health-related goals.

Because we believe you are an integral part of the goal-setting process, you are an active member of your LifeBalance for Heart team, which includes a physician, a cardiac nurse, exercise physiologist, registered dietitian and an integrative medicine/relaxation specialist. In order to meet your goals, we will use approaches found in traditional cardiac programs such as monitored exercise, progressive activity and education. We will compliment these traditional approaches with other techniques including cardiac/chair-based yoga, behavior change counsel, relaxation techniques, heart healthy cooking, and nutritional counsel.

We encourage you to choose topics of interest to you from each of our major educational categories: cardiac risk factor modification (to include smoking cessation), nutritional counseling, prescribed exercise and holistic health counseling.

Ever felt uncomfortable in a traditional fitness environment?
Our exercise physiologist will take you step by step through ProActive's exercise equipment. Our team will also teach you how to monitor your exercise and follow through on your program. You will begin our program under close supervision of the staff using heart monitors. This supervision will decrease as your health improves and you gain the knowledge and confidence to advance your exercise. We hope you will be an independent member of ProActive in 3-5 months. You will then have access to 55,000+ square feet of the finest facilities and equipment - open 7 days a week. Our facility offers equipment for all levels of fitness and abilities. Struggling with arthritis pain? Go easy on your joints and take a walk in our warm water aqua track. Need to relax after the stress of surgery? Take a walk through our meditation garden or relax in front of our fireplace. Our team can help you find the equipment, classes and services that are best for you.

How is LifeBalance for Heart different from other programs?
Our holistic, unique approach emphasizes comprehensive wellness including your social, emotional, spiritual and intellectual health as well as your physical fitness. The real difference in our program is the integration of traditional and holistic approaches to your individualized program and our recognition of you as the driving force in choosing key areas that will impact your health.

Because we limit class size, you will have optimal personal attention, addressing your individual needs. This ratio is ideal for both your monitored exercise, as well as your risk factor education. We understand that accepting your diagnosis and making lifestyle changes isn't easy. We will work one-on-one with you to set goals, and provide the support you need to stay on track.

Does Insurance cover LifeBalance for Heart?
LifeBalance for Heart is a Medicare-approved program that covers a variety of diagnoses including myocardial infarction (heart attack), open-heart bypass surgery, heart valve surgery and coronary stent placement. The program will be covered by most private health insurance plans with a physician referral.

Call 486-7730 for more information.

Rev. 09/07

Is Arthritis Effecting Your Daily Activity?

A new "Let's Move Together" class for people with arthritis pain begins Wednesday, Aug. 5.

About the class

Through engaging group discussion and medical instruction, you will learn the basics of joint anatomy and joint protection, the importance of exercise and nutrition, how to take medications properly and communicate better with your doctor. You will also learn about self-help devices that can enhance daily activities. The informal, small group setting allows you to seek answers to the questions of most concern to you. In each class, you will receive tips and techniques that can be used right away to better manage the condition.

Class schedule & Cost

This class will meet on Wednesdays, from 10-11 a.m. and 5-6 p.m.
Education Wing at Madonna ProActive
7111 Stephanie Lane (55th & Pine Lake Road)
The fee for the class is $20 for members and $30 for non-members.

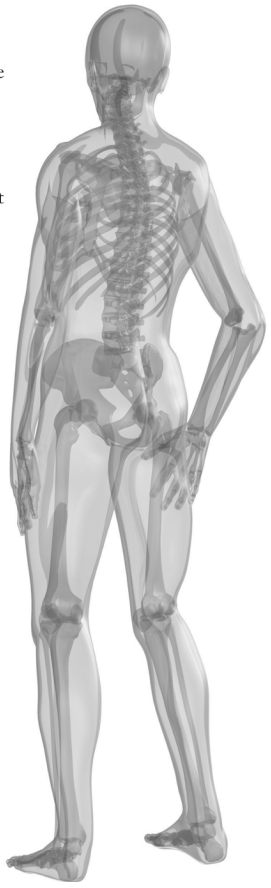
About the instructor

Sharon Duffy, ProActive's holistic and wellness nurse has successfully completed an in-depth training on the Arthritis Foundation Self-Help program and will lead the class. Sharon is committed to give participants relevant, reliable and resourceful information about arthritis, good for the mind, body and spirit.

For more information

Call Sharon Duffy, RN, at 486-7787, or e-mail her at sduffy@madonna.org.

Madonna
ProActive
Now you can.



LifeGuide for Adaptive Training

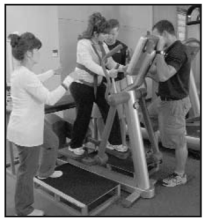
What is LifeGuide for Adaptive Training?
Adaptive Training is designed for people with physical limitations that make it difficult to use traditional fitness equipment. The goal is to enable each person to exercise more safely, effectively, and independently by using adapted fitness equipment and exercises. ProActive members with a variety of medical conditions are encouraged to participate, including those with a spinal cord injury, stroke, traumatic brain injury, multiple sclerosis, amputation, or severe arthritis.

The classes involve stretching, strength training and cardiovascular training. An explanation of how to use equipment that has been designed or specially adapted for persons with different disabilities is also included. This class is led by one of ProActive's exercise physiologists with specialized training in using adaptive equipment. A physical therapist is available to consult.

Ever felt uncomfortable in a traditional fitness environment?

Madonna ProActive was founded on the rehabilitation model, which stresses the importance of holistic wellness. Furthermore, ProActive was created as an environment for people of all abilities. ProActive is about encouraging wellness throughout your life, regardless of your ability level.

Charlie Bills and Anthony Sobatka lead the Adaptive Training group. Both Anthony and Charlie are certified Strength and Conditioning Specialists through the National Strength and Conditioning Association (NSCA). In addition, Charlie has a degree in exercise science from the University of Nebraska-Lincoln and worked as a research analyst in the Movement Sciences Center at Madonna Rehabilitation Hospital for two years before becoming an exercise physiologist at Madonna ProActive.



Anthony earned his degree in sports science from Briar Cliff University in Sioux City, Iowa, with emphasis in cardiac rehab and athletic training. Anthony completed internship work at Floyd Valley Hospital and CNOS (Center for Neurosciences, Orthopedics and Spine) before he joined the ProActive team.

Additionally, physical and occupational therapists are available on a consultative basis to assist in developing programming for clients with unique needs.

How is Adaptive Training different from other programs?

Not only does LifeGuide for Adaptive Training involve equipment and expertise at Madonna ProActive, it also coordinates with Madonna Rehabilitation Hospital's Institute for Rehabilitation Science and Engineering, where collaborative work between fitness trainers and clinicians aims to breakdown the barriers that clients face when trying to exercise on traditional equipment. Adapted equipment emerging from this research is available for use at Madonna ProActive.

How do I get more information or get started with LifeGuide for Adaptive Training at ProActive?

The schedule for Adaptive Training is included in the overall class schedule, which is available at the Front Desk. You may also call ProActive, (402) 420-0000 or get more information at www.MadonnaProActive.org.

Adding to Your Nutrition IQ
Registered Dietitian Services Available at ProActive

- **Are you challenged to combine better eating with a busy life?**
- **Do you have medical issues?**
- **Where do you get started in tackling nutrition and your health?**

What Types of Services do Registered Dietitians Offer?

Registered dietitians counsel people on many different topics, including:

- Healthy Meals
- Weight Control
- Menu Planning
- Diabetes
- Food Handling
- Stroke Rehabilitation
- Sports Nutrition
- Food Labels
- Heart Disease
- Digestive Problems
- High Blood Pressure
- Cancer
- Osteoporosis
- And Many More!

What is a Registered Dietitian?

They are your nutrition experts, assisting consumers in translating the most recent findings in research into real life solutions to improve your health. Registered dietitians are your most credible, objective source of nutrition information and trained in the use of nutrition to prevent and control disease.

Caution: Beware of those that are trying to provide you with nutrition advice in combination with trying to sell you products. In Nebraska, the initials RD/LMNT behind a dietitian's name indicate that the nutritionist is licensed to practice Medical Nutrition Therapy.

Registered Dietitian Access Opportunities for You at ProActive

- **What's Cooking "On The Go" Sessions** Tiny tidbits of nutrition tips to help increase your nutrition IQ. These presentations are in a "come and go" format and are part of your ProActive membership.
- **Group Education Classes** Approximately one hour in length, these monthly presentations are a great way to learn more about specific health topics in a group setting, such as Fitting in Fast Foods or Carbohydrate, Weight Loss and You. Most will be at no cost to you or at a nominal fee.

Taking Your Health to the Next Level:

- **Individualized Coaching/Counseling** Let our dietitians help take your success to the next level by helping map a plan for your eating success. Visits are not limited to within the walls of ProActive. Dietitians can take you to the grocery store for a specialized tour or help meet your specialized needs. Sessions are available to be purchased by the 1/2 hour or as packages for a reduced fee.
- **Specialized Classes** Keep an eye out for programming that is specific to health conditions such as weight, diabetes, metabolic syndrome, men or women's health and more.

Meet the Dietitian:

Michelle Welch, RD/LMNT A self declared foodie, Michelle focuses her efforts in working with clients to make wellness

real in their daily lives. Michelle's wellness programs have received recognition from the American Hospital Association, Centers for Disease Control and the US Department of Health and Human Services as "exemplary programs that work" with the Lifestyle Challenge as their primary example. Well over 10,000 pounds have been lost at the original site of the Lifestyle Challenge that Michelle begin in Northwest Iowa. In this past year, ProActive members and corporations participating in their first round of Lifestyle Challenge through Fit for Work lost over 2,400 pounds and logged over 36,400 hours of activity.

As a Corporate Wellness Developer, she designs nutrition and health related programming for use with ProActive members and businesses utilizing Madonna Fit for Work services. Michelle is also married to a dietitian; so their children stand no chance. In her free time she likes to experiment with foods, quilting, scrap booking and use of tap and shopping as exercise techniques. **Michelle provides individual counseling and group session education as well as What's Cooking events for ProActive members and Fit for Work clients.**

All ProActive nutrition related services are provided by the Registered Dietitians of Madonna Fit for Work.

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Madonna Fit for Work