National Business Group on Health

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Creative Health Benefits Solutions for Today, Strong Policy for Tomorrow

U.S. House Committee on Agriculture
Subcommittee on Department Operations, Oversight, Nutrition and Forestry
Addressing the *Health* in Health Care: Nutrition, Prevention and Wellness Practices
August 5, 2009

Statement of LuAnn Heinen, Vice President, National Business Group on Health
Director, Institute on the Costs and Health Effects of Obesity
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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, excess 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 DC 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 1 of 7 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 breakeven 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 breakeven 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 3* 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.

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 five 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 midsized 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 EA, Trogdon JG, Cohen JW and Dietz W, Annual Medical Spending Attributable to Obesity: Payer- and Service-Specific Estimates, Health Affairs (online), July 27, 2009.

Goetzel RZ, Ozminkowski RJ, Baase CM and Bilotti GM, 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 RZ and Osminkowski RJ, 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 CL, Carroll MD, and Flegal KM, 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 KE, 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.

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Experience

Vice President, National Business Group on Health (NBGH) **Washington, DC**
2007 – present
Director, Institute on the Costs & Health Effects of Obesity, NBGH
2003 – present
Lead national patient safety and wellness/obesity prevention initiatives for membership association of Fortune 500 employers. Develop and communicate strategies and tactics for large employers to achieve their health and productivity objectives. Major focus on quality and outcomes reporting, board and executive leadership, consumer information, and environmental and behavioral support for healthy lifestyles.

Principal, Heinen HealthCare Associates LLC **Minneapolis, MN**
1998 – 2003
Provided analysis, research and project management consulting services to health care organizations. Representative clients include Blue Cross Blue Shield Minnesota, National Marrow Donor Program, and Fairview Health System.

Divisional Vice President, Chronimed, Inc. **Minneapolis, MN**
1994 – 1998
Led business development function for specialty pharmacy provider seeking to expand care management, patient education and compliance programs for chronic diseases.

Vice President, Center for Healthcare Evaluation, UnitedHealth Group **Minneapolis, MN**
1990 - 1994
Promoted from Project Director (1990 – 1991) and Director, Healthcare Evaluation Services (1991 – 1993). Developed external research and consulting function for United using its extensive claims databases for health care quality analysis and reporting, health services research and pharmaceutical surveillance.

Project Manager, The Lewin Group **Washington, DC**
1984 – 1989
Promoted from Associate (1984 – 1985) and Senior Associate (1985 – 1987) positions. Consulted for federal programs/agencies, health plans, pharmaceutical manufacturers, union trusts and employer-sponsored health benefit plans. Led recruitment of new associates for two years.

Internships at UCSF Institute for Health Policy Studies, Harvard Pilgrim Health Care and Duke University Center for Health Policy

Professional Activities

NICHQ Childhood Obesity Steering Committee
NCQA Measurement Advisory Panel on Adult Obesity
NCQA Health Promotion Advisory Committee
Minnesota Heart Disease and Stroke Prevention Advisory Board
CDC Worksite Obesity Prevention Advisory Committee
Chair, Subcommittee on Workplaces, CDC Weight of the Nation Initiative

Education

Kennedy School of Government, Harvard University M.P.P. (Health Policy concentration)
Stanford University, A.B. with distinction in Human Biology (Health Policy concentration)

Recent Publications

LuAnn Heinen and Helen Darling, "Reducing Obesity through Workplace Solutions: The Role of Employers," *Milbank Quarterly*, March 2009

Alison Earles and LuAnn Heinen, "Employee Health Promotion: A Legal Perspective" in Healthy Worker, Healthy Company: Worksite Health Handbook (edited by Nicolaas Pronk), 2009.

LuAnn Heinen, "The Big Deal About Not Being Fully Present," Risk & Insurance, June 2007.

LuAnn Heinen, "Obesity in (Corporate) America: Large Employer Concerns and Strategies of Response," *North Carolina Journal of Medicine*, July/August 2006

LuAnn Heinen, Tre McCalister and Jodi Cox, "Overcoming Cultural Roots of Obesity and Inactivity: Employers Respond," *American Journal of Health Promotion*, Nov/Dec 2005

Other

Regular speaker and media source; quoted in New York Times, Wall Street Journal, USA Today, US News & World Report and other national publications; Boston Globe, Cleveland Plain Dealer, Minneapolis Star Tribune, Ft. Worth Star-Telegram and various daily papers; regional business magazines including the Dallas Business Journal, Colorado Biz Magazine, Atlanta Business Chronicle; and Business Insurance, Employee Benefit News, Human Resource Executive and other HR publications.

Committee on Agriculture
U.S. House of Representatives
Required Witness Disclosure Form

House Rules* require nongovernmental witnesses to disclose the amount and source of Federal grants received since October 1, 2006.

Name: LuAnn Heinen

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Organization you represent (if any): National Business Group on Health

1. **Please list any federal grants or contracts (including subgrants and subcontracts) you have received since October 1, 2006, as well as the source and the amount of each grant or contract. House Rules do NOT require disclosure of federal payments to individuals, such as Social Security or Medicare benefits, farm program payments, or assistance to agricultural producers:**

Source: _____ Amount: _____

Source: _____ Amount: _____

2. **If you are appearing on behalf of an organization, please list any federal grants or contracts (including subgrants and subcontracts) the organization has received since October 1, 2006, as well as the source and the amount of each grant or contract:**

Source: See attached Amount: _____

Source: _____ Amount: _____

Please check here if this form is NOT applicable to you: _____

Signature: LuAnn Heinen

* Rule XI, clause 2(g)(4) of the U.S. House of Representatives provides: *Each committee shall, to the greatest extent practicable, require witnesses who appear before it to submit in advance written statements of proposed testimony and to limit their initial presentations to the committee to brief summaries thereof. In the case of a witness appearing in a nongovernmental capacity, a written statement of proposed testimony shall include a curriculum vitae and a disclosure of the amount and source (by agency and program) of each Federal grant (or subgrant thereof) or contract (or subcontract thereof) received during the current fiscal year or either of the two previous fiscal years by the witness or by any entity represented by the witness.*

PLEASE ATTACH DISCLOSURE FORM TO EACH COPY OF TESTIMONY.

NATIONAL BUSINESS GROUP ON HEALTH

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

FOR THE YEAR ENDED DECEMBER 31, 2008

Federal Employer I.D. # 52-1147591

Federal Granting Agency/Program Title	Federal CFDA Number	Grantor's Number	Federal Expenditures
Department of Health & Human Services:			
Maternal Child and Health Bureau: Business Partnership for Information/ Communication	93.110	G96 MC04447	$ 87,966
The Business Case for Breastfeeding Toolkit	93.110	G96 MC04447	26,259
Childhood Obesity Toolkit	93.110	G96 MC04447	3,877
Centers for Disease Control, Cooperative Agreement with National Organizations to Apply Evidence Based Practices to Protect Health, Prevent Disease and Disability, and Promote Health Behaviors with and for Business Organizations	93.283	U38/HM000219-01	170,984
Office of Minority Health - Reducing Racial and Ethnic Health Disparities		OMH-ANMA-1-07	87,398
National Institutes of Health: National Heart Lung and Blood Institute Cornell Project		7 R01 HL079546	55,165
National Institute of Mental Health Engaging Large Employers Regarding Evidence-Based Mental Health Treatment		HHSN271200700024C	162,811
TOTAL			$ 594,460

NATIONAL BUSINESS GROUP ON HEALTH

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

FOR THE YEAR ENDED DECEMBER 31, 2007

Federal Employer I.D. # 52-1147591

Federal Granting Agency/Program Title	Federal CFDA Number	Grantor's Number	Federal Expenditures
Department of Health & Human Services:			
Maternal Child and Health Bureau: Business Partnership for Information/ Communication	93.110	G96 MC04447	$ 374,614
The Business Case for Breastfeeding Toolkit	93.110	G96 MC04447	869
Centers for Disease Control, Cooperative Agreement with a National Organization For Promoting Health, Preventing Disease and Disability, and Managing Chronic Disease in the Workplace	93.283	U38/CCU322443	191,118
Centers for Disease Control, Cooperative Agreement with National Organizations to Apply Evidence Based Practices to Protect Health, Prevent Disease and Disability, and Promote Health Behaviors with and for Business Organizations	93.283	U38/HM000291	24,837
Office of Minority Health - Reducing Racial and Ethnic Health Disparities		OMH-ANMA-1-07	7,049
National Institutes of Health: National Heart Lung and Blood Institute Cornell Project		1 R01 HL079546	113,811
National Institute of Mental Health Engaging Large Employers Regarding Evidence-Based Mental Health Treatment		HHSN271200700024C	6,392
TOTAL			$ 718,690

NATIONAL BUSINESS GROUP ON HEALTH

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

FOR THE YEAR ENDED DECEMBER 31, 2006

Federal Employer I.D. # 52-1147591

Federal Granting Agency/Program Title	Federal CFDA Number	Grantor's Number	Federal Expenditures
Department of Health & Human Services:			
Maternal Child and Health Bureau: Business Partnership for Information/ Communication	93.110	6 U93 MC 00111	$ 139,003
Centers for Disease Control, Cooperative Agreement with a National Organization For Promoting Health, Preventing Disease and Disability, and Managing Chronic Disease in the Workplace	93.283	U38/CCU322443	333,299
Agency for Healthcare Research & Quality: Preventative Services Assessment		HHSP233200500717P	27,725
Substance Abuse & Mental Health Services Adminstration: Employee Assistance Program		HHSP233200600825P	9,298
Substance Abuse & Mental Health Services Adminstration: New Freedom Project		HHSP233200400417A	7,333
Substance Abuse & Mental Health Services Adminstration: Best Practices		HHSP233200600891P	901
National Institutes of Health: National Heart Lung and Blood Institute Cornell Project		1 R01 HL079546	1,303
TOTAL			$ 518,862