

Miller Canfield

A Successful Wellness Program and How to Keep it Going

Troy Chamber of Commerce – Wellness Forum

November 1, 2005

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One to One

PROACTIVE OUTREACH

**Core
Individualized
One to One**

**Worksite
Environment**

**Ongoing
Process**

Mc Fit Participation Core Program

- 2003 – 423 Employees 60%
- 2004 – 586 Employees 81%
- 2005 – 447 Employees 64% in progress

One to One Measures & Provides personal and tailored counseling



- Fitness
- Blood Pressure
- Cholesterol
- Glucose
- Weight/BMI
- % Body fat
- Alcohol consumption
- Stress level

One to One Measures & Provides personal and tailored counseling



- Goals
- Skills training
- Motivation
- Resources
- FOLLOW UP

One to One Follows UP Counsels and Re-measures

- All employees
 - Low risk 2 x/year
 - At risk 4 x/year
 - Semi-annual after year one
- Medical referrals



- Tom Deitz
- Reasons for participating
 - Screening attracted me
 - Regular follow up
 - I knew I would be seen back and would be accountable to someone
 - Re-measurement helped keep me motivated and keep track of my values
 - Non-judgmental counselor support very helpful

- Improvements
 - O₂ Uptake 18 ml/kg/m Poor to 38 ml/kg/m rank Above Average
 - 265 lbs. to 196lbs
 - Poor 28% body fat to Above Average 20% body fat
 - Cholesterol 138 to 100
 - HDL-C 45 to 50
 - Maintained for 3 years

Kalamazoo Museum



One to One

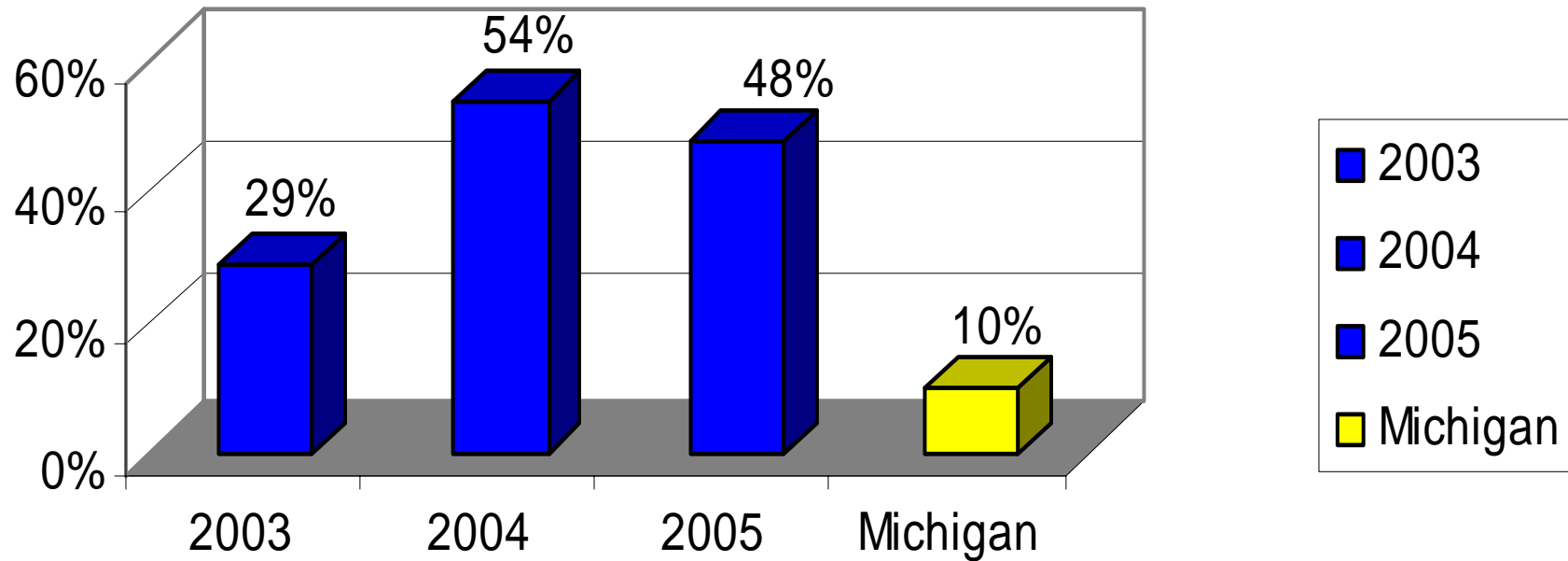
Emphasize Follow-up

- Persistent outreach to all employees
 - personal contacts
 - mailings
 - telephone calls
 - e-mail
 - mentoring

“For the career of the employee”

MC Employees with No CVD Risks vs. MI

Fitness, BP, Cholesterol, Weight, Glucose, Smoking



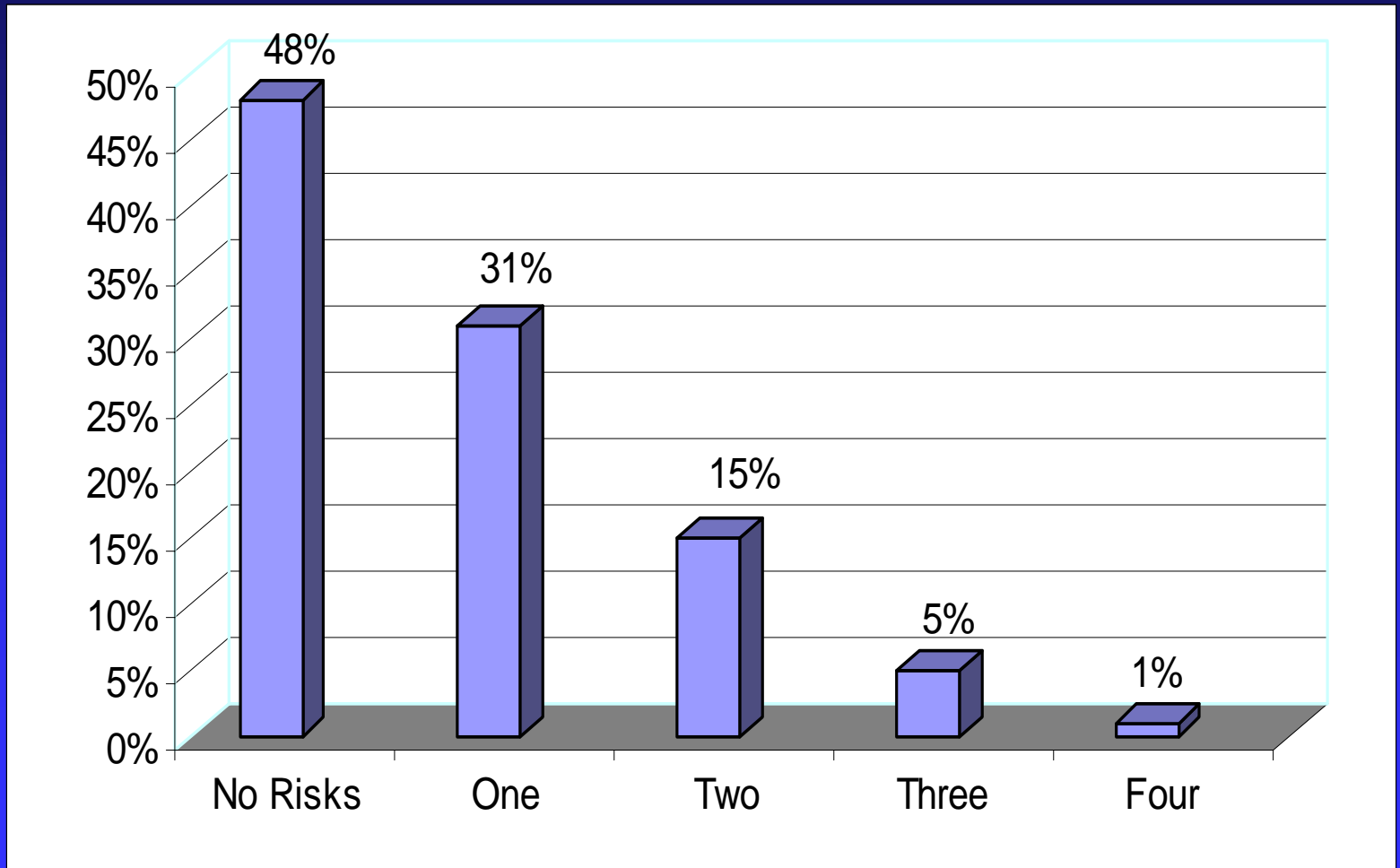
12 Risk Factors Miller Canfield 2004-2005

- Fitness
- Waist Circumference
- Blood Pressure
- Cholesterol
- Glucose
- Smoking
- Stress
- Coping
- Depression
- Alcohol
- Fruit/Fiber
- Fat Intake

Goetzel RZ, et. al. (1998, October). The relationship between modifiable health risks and health care expenditures: An analysis of the multi-employer HERO health risk and cost database. *JOEM*, 40(10):843-54.

Miller Canfield Employees

79% No or Low Risk





What Works

A Synthesized Best Practice Criteria

- Science based programs
- Achieve high rates of engagement and participation short and long term.
- Individual counseling/coaching and tailored interventions
- Achieve successful health outcomes

Advisory Panel for the Centers for Disease Control and Prevention and the Chronic Disease Directors Association, Worksite Health and Productivity Management Project, March 2005.



What Works

A Synthesized Best Practice Criteria

- Adequate funding to achieve positive outcomes
- Variety of engagement strategies, something for everyone, classes, small group, individual, internet based, telephonic
- Operate at multiple levels simultaneously addressing individual, environmental, policy, and cultural factors in the organization.
- Execution of well designed program
- Long-term commitment

Michigan Steps Up

Business Resources

- Designing Healthy Environments at Work
 - No cost online assessment tool
- Information on the Health Risk Appraisal
 - No cost individual HRA online
 - No cost HRA online aggregate corporate report
- Worksite Wellness Chronicles (best practice companies)
- How Can My Business Become Involved in the Michigan Steps Up
- Promotional Materials
- Business Workgroup Members
- Contact the Healthy Businesses Workgroup

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