

# 6

## Leveraging Benefits: Opportunities to Promote the Delivery and Use of Preventive Services

### Overview:

Actions employers can take to strengthen prevention efforts.

Sections include:

- The Importance of Supporting Community-Level Interventions
- The *Guide to Community Preventive Services*
- Employer Action in the Absence of Evidence-Based Guidelines
- General Advice to Employers about Health Improvement and Maximizing the Value of Health Coverage
- *Community Guide* Recommendations
- Employer Case Examples, Success Stories, and Action Examples





# 6 Leveraging Benefits: Opportunities to Promote the Delivery and Use of Preventive Services

The previous sections of the *Purchaser's Guide* include the scientific evidence and detailed benefit language employers need to implement comprehensive and structured clinical preventive service benefits within their medical benefit plan(s). They provide actionable strategies for improving health and reducing healthcare costs, and information on 46 conditions, diseases and injuries, that can be prevented through appropriate screening, testing, counseling, immunizations, preventive medication, and preventive treatment.

Employers have opportunities to promote the delivery and use of preventive services beyond the provision of medical benefits.

Providing coverage for clinical preventive services is an essential step to improving overall employee health. But, while coverage is necessary to promote the delivery and use of preventive services, it is not sufficient to optimize the health of employees. Employers are in a position to affect health behavior and lifestyle choices in multiple ways.

## The Importance of Supporting Community-Level Interventions

Community-level preventive services include a diverse array of activities that:

- Educate people about the availability or use of preventive services.
- Encourage people to seek preventive services.
- Encourage providers, health plans, and health systems to offer preventive services.

Employers are in a unique position to assure the use of clinical preventive services and promote the use of community- or population-level preventive services. By supporting community-level interventions employers can improve the overall health and safety of the communities in which they reside, thereby improving the health and quality of life of current and future employees. Supporting community-level interventions may also benefit employers. Employers may develop important relationships with potential business partners in the area, they may increase the positive image of their companies, and they may develop a new set of knowledge, skills, and abilities that further enhances or improves their business strategies.

Employers can — and should — enhance the health of the communities in which they operate by supporting population-level health interventions. Improving community health will protect and promote the health of present and future employees.

## **The Guide to Community Preventive Services**

The *Guide to Community Preventive Services (Community Guide)*, published by the Centers for Disease Control and Prevention (CDC), is an important resource for all stakeholders about population health issues. It addresses ways to increase the use of clinical and community preventive services and complements the work of the *Guide to Clinical Preventive Services (Clinical Guide)*, a publication of the U.S. Preventive Services Task Force (USPSTF), and the *Purchaser's Guide*.

*The Guide to Community Preventive Services* ([www.thecommunityguide.org](http://www.thecommunityguide.org)) provides recommendations about population interventions that have the potential to positively affect community health by preventing injury, disease, disability, and premature death.

Our understanding of opportunities for population-level prevention is growing. Therefore, the *Community Guide* is a work in progress. As new information on the effectiveness of community level interventions is gathered the *Community Guide* will evolve and expand. *Community Guide* recommendations are published in peer-reviewed journals and posted on the *Community Guide* website ([www.thecommunityguide.org](http://www.thecommunityguide.org)) as they are developed.

The *Community Guide* is developed by the independent and nonfederal Task Force on Community Preventive Services, which is composed of experts from a range of health promotion and related fields. Recommendations contained in the *Community Guide* are based on rigorous and systematic reviews of scientific literature.

The *Community Guide* directs purchasers to evidence-based population health recommendations and other activities that may complement their investments in clinical preventive services. Some of these activities are described in Appendix A. Implementing the *Community Guide's* evidence-based recommendations provides the potential to improve community health by preventing injury, disease, disability, and premature death.

## **Employer Action in the Absence of Evidence-Based Guidelines**

The presence of an evidence-based guideline generally means that objective measures of several experiences have credibly and consistently shown that the intervention or policy improves important health or behavioral outcomes.

Evidence-based guidelines do not exist for every important topic because studies or evaluations have not been conducted, such experiences have not been published or otherwise shared, or results across interventions have not been synthesized. As a result, employers will often have to consider how to act in the absence of an evidence-based guideline. When making such judgments, employers should first consider whether there are evidence-based guidelines that can meet some of their needs.

If there are no guidelines available, employers should consider using general advice (provided below) to inform the design and implementation of interventions. Appendix B includes case examples and of worksite population health interventions implemented by large employers. These brief examples describe just a few of the many population health interventions that can be effectively implemented in the workplace.

**Promoting and protecting the health of employees and beneficiaries is critical to the continued health of American businesses.** Providing coverage for clinical preventive services is the first step to improving overall beneficiary health. Employers should carefully consider integrating population-level health programs and policies into both their coverage packages and their overall worksite health promotion plans. This integrative effort should enhance the effectiveness of medical benefits and increase the likelihood that beneficiaries will appropriately use the coverage they have.

## **General Advice to Employers about Health Improvement and Maximizing the Value of Health Coverage**

Employers can ensure health improvement and maximize coverage value in many ways. At a minimum, an employer's healthcare strategy should include:

1. Educating beneficiaries about the importance of clinical preventive services and healthy lifestyles.
2. Encouraging beneficiaries to use their covered preventive services appropriately.
3. Supporting community-wide disease prevention and health promotion activities.

To promote the appropriate use of clinical preventive services among beneficiaries, employers should:

- Provide referrals to community-based support services and prevention programs, as needed (e.g., tobacco quitlines).
- Encourage health plans to promote clinical preventive services.
- Encourage providers to increase the use of appropriate preventive services (e.g., time-appropriate reminders to patients).
- Increase preventive service access points (e.g., worksite immunization programs).

To more broadly promote health among their beneficiaries, employers should:

- Make information, data, and recommendations about prevention available to employees and their families.
- Support employee participation in programs of clinical or community prevention (e.g., incentives).
- Support healthy worksites (e.g., offer a healthy cafeteria program).
- Support evidence-based health policies (e.g., require smoke-free workplaces).

To promote health generally, employers can:

- Work to increase awareness of critical health problems among employees, health plans, providers, beneficiaries, other purchasers, and the general public.
- Provide in-kind or financial support to develop or continue evidence-based health programs and policies benefiting broader communities. Consider:
  - > Sponsoring or providing supplies for school health programs.
  - > Partnering with other business and community agencies to develop environmental health promotion strategies (e.g., changing the physical environment by creating walking and biking trails, encouraging increases in cigarette taxes and banning of cigarette smoking in public spaces).

- Promote public policies that aim to prevent illness, injury, and death (e.g., minimum legal drinking age laws).
- Encourage employees to participate in health promotion programs available in their communities.

## Appendix A: Links Between Selected Topics with Particular Relevance to Purchasers and *Community Guide* Recommendations

**Table 6.0: *Community Guide* Recommendations that may Complement Clinical Preventive Services Recommended in the *Purchaser's Guide***

TOPICS IN THE PURCHASER'S GUIDE	RELATED COMMUNITY GUIDE RECOMENDATIONS
<b>Breast, cervical, and colorectal cancers</b>	<p>To increase cancer screenings (client-oriented):</p> <ul style="list-style-type: none"> <li>• Use client reminders</li> <li>• Use multicomponent interventions using media, education and enhanced access</li> <li>• Reduce structural barriers</li> <li>• Use client incentives (with reminders)</li> <li>• Use small media</li> <li>• Reduce out-of-pocket costs</li> <li>• Provide one-on-one education</li> <li>• Offer provider reminder recalls</li> <li>• Offer provider assessment and feedback</li> </ul> <p><i>Note:</i> these approaches have differential effectiveness for different types of screening. Visit the <i>Community Guide</i> website for more information.</p>
<b>Diabetes</b>	<p>To improve the care of persons with type 2 diabetes:</p> <ul style="list-style-type: none"> <li>• Ensure that disease management and case management programs are provided in healthcare systems.</li> <li>• Provide diabetes self-management education in community gathering places (e.g., community centers or faith institutions) for adults.</li> </ul> <p>Also see the entry for obesity (below) for more type 2 diabetes-related information.</p>
<b>Immunizations</b>	<p>To increase community demand for immunizations:</p> <ul style="list-style-type: none"> <li>• Provide client recalls and reminders</li> <li>• Institute multicomponent interventions with education</li> <li>• Require immunizations for attendance at child care and school</li> </ul> <p>To enhance access to immunization services:</p> <ul style="list-style-type: none"> <li>• Reduce out-of-pocket costs</li> <li>• Institute multicomponent interventions for expanding access</li> <li>• Offer via home visits</li> </ul> <p>To improve provider-based interventions:</p> <ul style="list-style-type: none"> <li>• Institute a provider reminder and recall system</li> <li>• Provide assessment and feedback for providers</li> <li>• Establish standing orders to vaccinate adults</li> </ul>

**Table 6.0: *Community Guide* Recommendations that may Complement Clinical Preventive Services Recommended in the *Purchaser's Guide* (Continued)**

TOPICS IN THE PURCHASER'S GUIDE	RELATED COMMUNITY GUIDE RECOMENDATIONS
<p><b>Injury prevention: Motor vehicle occupant injury</b></p>	<p>The <i>Community Guide's</i> systematic review of the effectiveness of selected population-based interventions addressing motor vehicle occupant injuries focused on interventions within three areas:</p> <ul style="list-style-type: none"> <li>• Increasing the proper use of child safety seats</li> <li>• Increasing the use of safety belts</li> <li>• Reducing alcohol-impaired driving</li> </ul>
<p><b>Obesity</b></p>	<p>The <i>Community Guide</i> has recommended numerous population-based interventions for families, schools, and communities, which are proven effective in promoting physical activity. It also has a growing portfolio of work related to nutrition and obesity. To increase physical activity, the <i>Community Guide</i> recommends:</p> <ul style="list-style-type: none"> <li>• Use of community-wide campaigns</li> <li>• Use of point-of-decision prompts to increase stair use</li> <li>• Use of health behavior change programs adapted for individual needs</li> <li>• School-based physical education</li> <li>• Social support in community settings</li> <li>• Creation and/or enhanced access to places for physical activity combined with informational outreach</li> </ul> <p>To control overweight or obesity:</p> <ul style="list-style-type: none"> <li>• Offer worksite programs combining nutrition and physical activity</li> </ul>
<p><b>Tobacco use</b></p>	<p>To increase tobacco cessation:</p> <ul style="list-style-type: none"> <li>• Increase unit price for tobacco products</li> <li>• Develop mass media campaigns and use with other interventions (e.g., excise tax increase, other community educational programs)</li> <li>• Establish provider reminder systems</li> <li>• Establish provider reminder systems with provider education</li> <li>• Reduce patient costs for treatments</li> <li>• Make available telephone support for quitting smoking and use with other interventions (e.g., cessation counseling)</li> <li>• Make available telephone support for quitting with the possible provision of cessation medications</li> </ul> <p>To decrease environmental tobacco smoke (ETS):</p> <ul style="list-style-type: none"> <li>• Implement smoking bans or restrictions</li> </ul>

**Note:** *Community Guide* content is a work in progress. Additional content will become available over time. Please check the website ([www.thecommunityguide.org](http://www.thecommunityguide.org)) for updated information.

## Appendix B: Employer Case Examples, Success Stories, and Action Examples

Many employers around the country have implemented programs, policies, or procedures to promote their employees' health. Some of the approaches used have been evaluated and published. Other approaches have been reviewed systematically by the *Community Guide* or through another systematic review mechanism. In 2005, the *Community Guide* began a set of reviews to examine the effectiveness of interventions conducted in worksite settings or made available by employers. The results of these reviews will begin to be available in late 2006.

Listed below are a few examples of evidence-based practices applied to worksite settings and examples of worksite health promotion practices that will inform evidence-based practices in the future.

### Employer Case Examples and Success Stories

#### *Tobacco Cessation: Supporting Quit Attempts*

Tobacco use, responsible for approximately 440,000 deaths per year, remains the leading preventable cause of death in the United States.<sup>1</sup> There is substantial evidence that smoking cessation improves health by lowering an individual's risk for diseases caused by smoking such as heart disease, stroke, and cancer.<sup>4</sup> Helping tobacco users to quit is one important goal of a comprehensive effort to reduce morbidity and mortality associated with tobacco use.<sup>2</sup> Approximately 70% of tobacco users want to quit<sup>3</sup> and efforts to quit are frequent, although it is rare for a smoker to quit permanently on a single attempt.

Tobacco use affects productivity and absenteeism, increases use of disability leave, and increases overall healthcare costs among workers.<sup>1</sup> Good quality evidence-based recommendations are available for clinical and community interventions designed to motivate and assist the cessation efforts of tobacco users. Many community-based interventions designed to assist smokers in quitting are directly applicable to the worksite.

The *Community Guide* recommends providing coverage for tobacco use treatment and routine treatment of tobacco use in healthcare systems as two effective interventions to increase tobacco cessation.<sup>5</sup> The Public Health Service Clinical Practice Guideline, *Treating Tobacco Use and Dependence*, recommends individual, group, and proactive telephone

#### Employer Success Story: Union Pacific Railroad

Union Pacific Railroad experienced a **decrease from 40% to 25% in smoking prevalence among its employees** in the 7-year period during which it has offered a cessation benefit as part of a comprehensive tobacco cessation program. The program included smoking bans and restrictions and reduced beneficiary out-of-pocket costs for nonsmokers. The program was implemented incrementally, starting with the removal of smoking areas, the addition of coverage for tobacco dependence treatment, and finally the move to smoke-free buildings.<sup>4</sup>

counseling along with the use of Food and Drug Administration (FDA) approved cessation medications (e.g., bupropion—Wellbutrin® or Zyban® and varenicline—Chantix™).<sup>7</sup> The USPSTF strongly recommends that clinicians screen all adults for tobacco use and provide tobacco cessation interventions for those who use tobacco.<sup>5</sup> There is also evidence that nicotine replacement medications (e.g., Nicorette® gum) increase successful quit rates and increase tobacco abstinence rates.<sup>6</sup>

Purchasers can support tobacco cessation efforts by implementing evidence-based guidelines:

- Promote a smoke-free workplace and campus.<sup>7</sup>
- Provide coverage for the full range of counseling options (individual, group, and by telephone) and reduce or eliminate copays and deductibles for counseling.<sup>6</sup>
- Ensure that all FDA-approved tobacco cessation medications are available in formularies and reduce or eliminate copays and deductibles for medications.<sup>6</sup>
- Educate employees about using flexible spending account (FSA) funds to pay for tobacco cessation medication and nicotine replacement products.
- Provide employees with tobacco quitline numbers and contract with a quitline vendor to provide services for employees.
- Become active in the communities where workplaces exist: support implementation of smoke-free workplace laws, appropriate school-based initiatives (including smoke-free campuses and curricula), and increased excise taxes on cigarettes and tobacco products.<sup>5</sup>

Purchasers can ensure that their health plans and delivery systems:

- Aggressively educate plans' providers and enrollees about the availability of tobacco cessation benefits.

Purchasers can ensure that their medical offices and employee clinics:

- Integrate tobacco dependence treatment into disease management initiatives.
- Follow the Public Health Service Clinical Practice Guideline, *Treating Tobacco Use and Dependence*, which recommend that providers<sup>6</sup>:
  - **Ask** every patient, at every visit, if they use tobacco
  - **Advise** to quit
  - **Assess** readiness to quit
  - **Assist** with the quit process
  - **Arrange** for follow-up with counseling and medications

### Employer Case Example: Centers for Disease Control and Prevention (CDC)<sup>7</sup>

The Centers for Disease Control and Prevention (CDC) recently implemented a tobacco-free campus in all CDC-owned buildings nationwide. This included provision of free over-the-counter nicotine replacement medications to federal employees, negotiations with labor unions to remove previously negotiated smoking huts, provision of smoking cessation classes, and encouraged access to the national network of tobacco quitlines (1-800-QUIT NOW).

Additional information about coverage for tobacco treatment can be found on the CDC website ([www.cdc.gov/tobacco/educational\\_materials/cessation/index.html](http://www.cdc.gov/tobacco/educational_materials/cessation/index.html)). Employers interested in making their worksite smoke free can also reference *Making Your Workplace Smokefree – A Decision Makers Guide* ([www.cdc.gov/tobacco/research\\_data/environmental/etsguide.htm](http://www.cdc.gov/tobacco/research_data/environmental/etsguide.htm).)

### **Lipid Disorders: Screening and Treatment Adherence**

Lipid disorders, which result from abnormal levels of cholesterol in the blood, increase the risk of cardiovascular disease (CVD), including coronary heart disease (CHD) and coronary artery disease (CAD). Arteriosclerosis (a thickening or hardening of the arteries) is particularly sensitive to lipid levels. From 1999 to 2002, about 17% of the U.S. adult population had high cholesterol (total cholesterol 240 mg/dL or higher).

The National Cholesterol Education Program (NCEP) Adult Treatment Expert Panel-III (ATP-III) recommends that clinicians routinely screen all adults aged 20 years and above for elevated blood cholesterol once every 5 years.<sup>9</sup> The goal of screening is to identify and treat individuals with lipid disorders in order to decrease their risk for CVD events, such as heart attack.

The NCEP ATP-III Treatment Guideline states that the first line of therapy for elevated LDL cholesterol levels is therapeutic lifestyle changes (e.g., diet, exercise, weight loss, smoking cessation). Drug therapy (e.g., cholesterol-lowering medication), may be used, when appropriate, to further reduce cholesterol levels. Both therapeutic lifestyle changes and cholesterol-lowering medications are proven effective for improving lipid profiles and reducing the risk of heart disease. Yet, the benefits of lowered cholesterol can only be realized with quality care and adherence to treatment.

NCEP ATP-III also includes a series of recommendations to increase adherence to recommended treatments. The ATP III recommendations are based on large, randomized, control clinical trials, prospective epidemiological studies, and smaller clinical trials.<sup>9</sup> An expert panel qualified each recommendation according to a category of evidence, which can be found at the NCEP website: ([http://nhlbi.nih.gov/guidelines/cholesterol/atp3\\_rpt.htm](http://nhlbi.nih.gov/guidelines/cholesterol/atp3_rpt.htm).)

### **Employer Success Story: Fieldale Farms<sup>10</sup>**

Fieldale Farms, a poultry processor in Georgia, offered mobile screening, a gift card, and other incentives to all employees participating in its Wellness Program. Those with elevated cholesterol were offered follow-up nutrition counseling and company-paid fitness memberships. Over a 5-year evaluation period, 26% of the participating employees with high cholesterol normalized their cholesterol levels through diet changes, and/or medications. **In 2004, the overall healthcare cost for an employee participating in the Fieldale Farms Wellness Program was \$3,052 per year — less than half the national average healthcare cost for a manufacturing employee (\$6,900).**

## Employer Success Story: Johnson & Johnson<sup>11</sup>

Johnson & Johnson, a manufacturer of healthcare products, offered a comprehensive health and wellness program to its employees. The program offered on-site fitness centers, an internet-based lifestyle management program, and a \$500 premium incentive to those who completed a health risk appraisal (HRA) and enrolled in a high-risk intervention program (as needed). For those with chronic medical conditions, such as hyperlipidemia, the program also offered lifestyle counseling with a registered nurse, and a comprehensive disease and care management program. Over a 2.75 year period, the program yielded a 9% decrease in the number of participating employees with high cholesterol levels. Medical expenses decreased by \$225 per participating employee, per year, over four years. **As a result, Johnson & Johnson saw a savings of approximately \$8.5 million per year due to reduced inpatient hospital use, fewer mental health visits, and fewer outpatient doctor's office visits. Job absenteeism also decreased.**

## Employer Action Examples

### *Opportunities to Supporting Breastfeeding*

Human breast milk is universally recognized to be the optimal food for infants and is nutritionally superior to formula. Breast milk confers immunity and protects infants from infections and allergens. Further, research shows that children who were breastfed are at significantly lower risk for many conditions and diseases such as childhood obesity and type 2 diabetes compared to non-breastfed children.<sup>12</sup> Breastfeeding also has important short- and long-term health benefits for the mother. A woman's risk of breast cancer is decreased 4.3% for every 12-month increment of breastfeeding over her lifetime. Her risk of ovarian and endometrial cancer is decreased through breastfeeding as well.<sup>13-14</sup>

Children who are not breastfed contribute to additional healthcare expenditures and productivity losses for the employers of their parents. A 2001 U.S. Department of Agriculture (USDA) study estimated that at least \$500 million (in year 1998 dollars) could be saved in healthcare costs if breastfeeding rates were increased to match those recommended by the Surgeon General and the *Healthy People 2010* goals.<sup>15</sup>

### *Breastfeeding and Employment: Barriers and Opportunities*

Despite the well-documented benefits of breastfeeding, only 70% of new mothers initiate breastfeeding and only 36% continue to breastfeed for the recommended 6-month minimum.<sup>1</sup> Women who — at the birth of their child — intend to return to work full-time are even less likely to initiate breastfeeding.<sup>16</sup> Employed women also have a shorter duration of breastfeeding than do women who do not work outside the home.<sup>16</sup> Low rates of breastfeeding among working women should be of great concern to employers. Mothers are the fastest growing segment of the U.S labor force and approximately 70% of employed mothers with infants or toddlers work full-time.<sup>16</sup> Further, one-third of working mothers

return to work within 3 months of the birth of their child and two-thirds return within 6 months, the exact time period when breastfeeding is most critical.<sup>16</sup> The negative effect of part- and full-time work on breastfeeding rates is not absolute. Employers who provide employees with worksite lactation programs effectively increase the number of their employees who continue breastfeeding after returning to work.

Employers can support breastfeeding mothers in multiple ways:

1. Purchasers can include breastfeeding counseling as a component of their medical benefit plan. For more information about breastfeeding counseling, please refer to the breastfeeding subsection of the “Health Pregnancy” chapter located in Parts II and III of the Purchaser’s Guide.
2. Employers can ensure that their beneficiaries have access to baby-friendly hospitals that promote the initiation of breastfeeding. The World Health Organization (WHO) provides guidelines on hospital breastfeeding policies and several domestic organizations track hospitals who comply with this well-recognized international guideline.<sup>17</sup> Employers can preferentially select baby-friendly hospitals to include in their health plan networks and encourage their beneficiaries to choose baby-friendly hospitals through education, incentives, or reduced copays/coinsurance.
3. Employers can provide a worksite lactation program.

### Employer Action Example: Worksite Lactation Program<sup>16</sup>

The implementation of a worksite lactation program is one way an employer can support its breastfeeding employees. The essential components of a worksite lactation program include:

#### SPACE

A nursing mother’s room (NMR) or other designated space that is centrally located, has adequate lighting, ventilation, and privacy; has a sink, an electrical outlet, and a designated refrigerator.

#### EQUIPMENT

Breast-pumps (employers may provide single or multi-user pumps, subsidize employee purchased pumps, or require employees to bring their own pumps).

#### WRITTEN COMPANY POLICIES REGARDING

- Breastfeeding
- Maternity leave
- Use of vacation days, flex time, sick days, personal time, and FMLA.
- Breaks for expressing milk (two breaks and a lunch period for each 8-hour work period).

#### EDUCATION

- Communicate the breastfeeding support policy to all employees.
- Provide a list of community resources available to support breastfeeding women.
- Train supervisors and managers on the company breastfeeding policy.

Other services such as access to a lactation specialist on an as needed basis at the worksite or in the beneficiary’s home can further support breastfeeding.

## Employer Action Example: Hospital Network Selections to Support Breastfeeding<sup>12,17</sup>

The World Health Organization (WHO)/UNICEF's Baby-Friendly Hospital Initiative seeks to acknowledge hospitals that promote breastfeeding through a variety of programs, policies, and supports. To qualify as "baby-friendly," hospitals and birthing centers must prove that they follow the WHO's *Ten Steps to Successful Breastfeeding Guideline* as follows:

- Have a written breastfeeding policy that is routinely communicated to all healthcare staff.
- Train all healthcare staff in skills necessary to implement this policy.
- Inform all pregnant women about the benefits and management of breastfeeding.
- Help mothers initiate breastfeeding within one hour of birth.
- Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants.
- Give newborn infants no food or drink other than breast milk, unless medically indicated.
- Practice rooming-in (allowing mothers and infants to remain together 24 hours a day).
- Encourage breastfeeding on demand.
- Give no artificial treats or pacifiers to breastfeeding infants.
- Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

To ensure beneficiary access to baby-friendly hospitals that comply with the WHO breastfeeding guideline, employers should:

- Direct health plans to include baby-friendly hospitals in-network.
- Work with healthcare consultants, health plans, and benefits staff to develop a mechanism to encourage women to birth at baby-friendly hospitals. To steer beneficiaries toward baby-friendly hospitals employers can:
  - > Educate beneficiaries on the benefits of delivering their baby at a baby-friendly hospital.
  - > Educate beneficiaries on the importance of breastfeeding initiation and maintenance.
  - > Provide monetary or other types of incentives (e.g., baby car-seats) to beneficiaries who birth at baby-friendly hospitals.
  - > Reduce copayment/coinsurance amounts for services rendered at baby-friendly hospitals.

**A list of Baby-friendly hospitals located in the United States can be found at: [www.babyfriendlyusa.org](http://www.babyfriendlyusa.org)**

### Employer Success Story: CIGNA<sup>18</sup>

CIGNA, an insurance and benefits company based in Philadelphia, offers a corporate lactation program for all employees who breastfeed. The program was created in 1995 when CIGNA employees asked for assistance in continuing to breastfeed after returning from maternity leave. To date, over 1,000 women have enrolled in the Working Well Moms program in more than 250 CIGNA offices. The program provides consultation for mothers with a professional lactation consultant before and after birth and access to a private room equipped with a hospital-grade breast pump, refrigerator, carrying case, and supplies.

The Working Well Moms program has enabled CIGNA to surpass the *Healthy People 2010* 6-month breastfeeding objective by 45%. Breastfeeding duration for women enrolled in the Working Well Moms program is 72.5% at 6 months post-birth (nationally only 21.1% employed mothers continue breastfeeding for 6 months). And 36% of women enrolled in the Working Well Moms continue to breastfeed through the first year of their baby's life; nationally only 10.1% of employed mothers breastfeed their babies to 1-year of age.

As a result of the Working Well Moms program, **CIGNA saw a savings of \$300,000 in annual healthcare expenses for breastfeeding mothers and their children. The program also reduced absenteeism among breastfeeding mothers.**

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