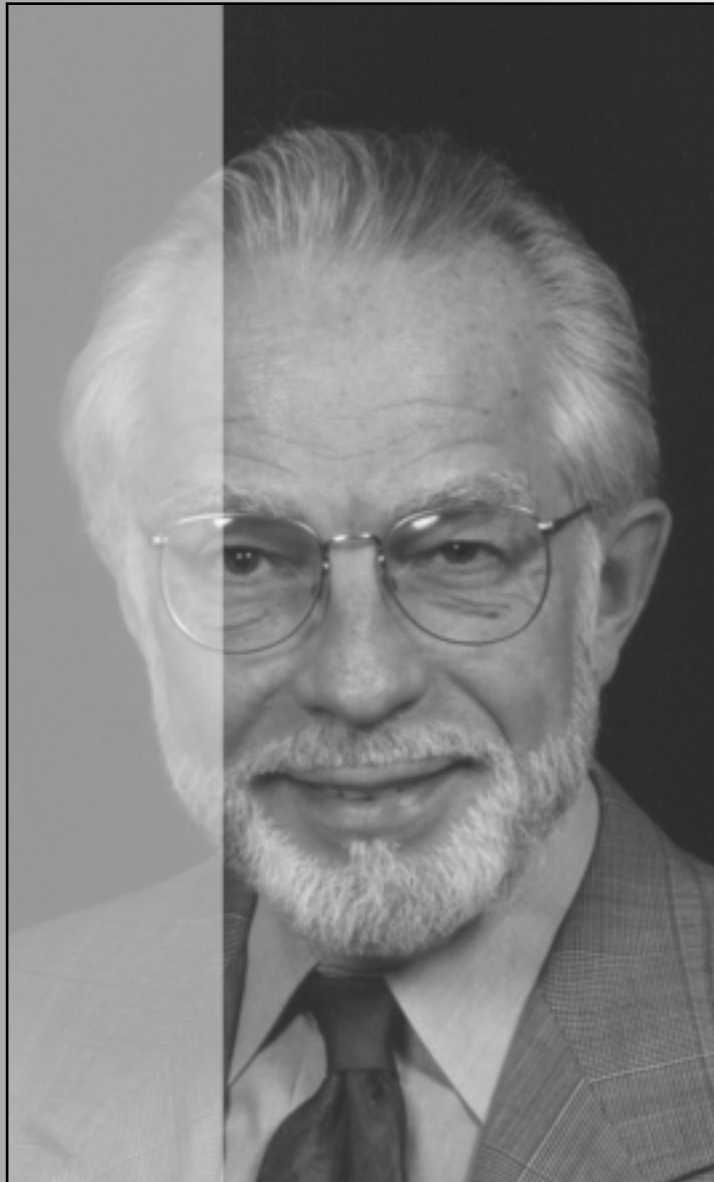


# R. William Whitmer

R. William Whitmer, charter president of the Health Enhancement Research Organization, has a long history in the young health promotion industry. In 1976, he founded Wellness South Inc., a health promotion provider company. During the health-care reform debate of 1993 and 1994, Whitmer was instrumental in efforts to ensure that if health-care reform was enacted, it would provide financial incentives for employers that provided qualified employee health promotion programs. [For more on HERO, see "Research Coalition Champions Health Promotion" in the spring 1999 issue.]





# Heroic Efforts

## Improving Health Promotion Through Research

*Nearly 50 percent of all diseases and medical problems are associated with lifestyle choices that can be influenced by health promotion activities. But only about 5 percent of the nation's health-care budget is spent on disease prevention and health enhancement combined. This is the dichotomy that the Health Enhancement Research Organization and R. William Whitmer, M.B.A., seek to address.*

*Whitmer developed the idea of unifying a group of employers that had a common interest in health-enhancement research after working on the health-care reform debate of 1993 and 1994. In 1996, HERO was founded with Whitmer as charter president and CEO.*

*Whitmer is a frequent contributor to the professional and lay press. He has authored chapters for three textbooks and published more than thirty-five scientific articles. He is author of Whitmer's Guide to Total Wellness and is a regular speaker at national and international conferences.*

*Whitmer spoke with Worksite Health Co-Senior Editor George Pfeiffer, M.S.E., FAWHP, recently on HERO's work and the importance of health-enhancement research.*

George Pfeiffer: What is HERO, and why did you start this organization?

R. William Whitmer: HERO is a national, not-for-profit coalition of organizations that united to facilitate research to help enhance the health of employees, their dependents, and the nation in general.

In regard to starting HERO, it was an outgrowth of my work at Wellness South. I have been in the health promotion business for a long time. We started Wellness South in 1976. Like many in the field, I was often frustrated by the lack of quality health-enhancement research, especially

research that associated health enhancement with economic impact. Over time, I became convinced that it was unlikely any private sector organization would step up and get the job done. On the governmental side, there is no national institute for health promotion, and probably won't be in our lifetime.

Because of this, in 1994, I started thinking about creating a coalition of employers, consultants, health promotion providers, scientists, pharmaceutical companies, health-care providers, professional associations, and others who could join forces and consolidate health-enhancement research objec-

tives and resources. Early on, I found a partner—Mark Dundon, president of Sisters of Charity of Nazareth Health System—who shared this vision.

Getting it done was not easy. On more than one occasion, it seemed as if the idea to get diverse—and on occasion competitive—organizations all reading on the same page would be impossible, but we kept the faith and stayed with it. It took us nearly two years to convince fifteen organizations to support the idea financially.

The initial objective for HERO was to create an employee research database, then concentrate on research that addressed the impact of modifiable



health risks on controllable diseases and medical expenditures. More recently, we moved toward health and productivity research and related issues.

Pfeiffer: Your landmark study, "The Relationship Between Modifiable Health Risks and Health Care Expenditures," established the association between ten health risks and individual health-care costs, and you did it in a way that each risk was analyzed as an independent variable. What's been the reaction to the study?

Whitmer: First, let me comment on the HERO database that is the foundation for this and other studies. The database was constructed through a joint effort between HERO, six large employers, the StayWell Co., and the MEDSTAT Group. This is another illustration of synergy at work. It is almost certain that none of these organizations would have single-handedly constructed the database, but by getting the different parties together, HERO got the job done. Having more than 47,000 employees, all of whom participated in the same health-risk assessment and biometric screen and enrolled in a fee-for-service health-care plan, and linking the two data sets together is no small accomplishment.

Now to answer your question about the reaction to the study. It was positive. I can tell you that more than 100,000 reprints of the published study have been purchased. I am gratified that the study was featured in the *Wall Street Journal* and dozens of other publications. My colleagues and I have done numerous presentations on the study and data at conferences across the country and, on occasion, internationally. The acceptance of the first published research study from an "upstart organization," as we were called in the *WSJ*, is rewarding to everyone associated with HERO, and, we hope, meaningful to the health-enhancement field.

Pfeiffer: Two follow-up questions. First, what lesson should corporate decision-makers glean from this data? And second, how should the health promotion practitioner apply this and other parallel data in making programming decisions?

Whitmer: **The most fundamental lesson is that employees who are high risk have medical expenditures higher than those at lower risk. Some may say, "So what? We knew this already." My response is they may know it, but they apparently don't believe it, because if they did there would be a lot more serious commitment to employee health enhancement. It is the job of the practitioner to make sure that management is aware of this and similar kinds of research projects.**

To this end, it is a HERO policy to try and get peer-reviewed and published research into the lay media. The reason is that the CEO, CFO, and human resources and benefits executives and managers usually do not read the scientific literature, but they do read the *Wall Street Journal*, *USA Today*, *Fortune*, and similar publications. Because of this, our job is not finished with peer review and publication in a respected professional journal. We strive to create coverage in the newspapers and magazines that influence corporate executives. This is not easy because we are competing for limited space. HERO has been successful in generating major coverage in some of these important lay publications for the majority of studies we have completed.

The practitioner needs to be aware of the mass-circulated coverage of health and productivity research and make sure that management has digested the data and truly understands the implications. If corporate decision-makers really comprehend that employees who maintain poor control of conditions like diabetes, asthma, arthritis, or back pain cost more than when these conditions are under optimal control, it is a major step in the right direction. The same is true for

those who are obese, smoking, physically unfit, and have other modifiable health risks. They are more costly when compared to those not at risk.

Pfeiffer: One significant finding in this study was the impact of psychosocial risks on medical costs. For example, those who reported being depressed had total health-care costs 70 percent more than those who reported not being depressed. Uncontrolled stress was associated with 46 percent higher costs. Did these findings surprise the HERO research team?

Whitmer: The answer is a definite yes. After we received the raw data results, I conducted an informal, highly unscientific poll. We created a brief description of the study design, then asked about twenty scientists, physicians, corporate executives, and others to predict the three risks associated with the highest costs. No one thought that self-reported depression would be number one. Several did feel that uncontrolled stress would be in the top three. Smoking was most often predicted to be associated with the highest costs.

Pfeiffer: Is HERO involved in any other research projects?

Whitmer: It is often said that, in the research business, it is feast or famine. Designing, conducting, and submitting for peer review and publication is under our direct control. The decision to accept or reject, and the time involved is in the hands of others. We are currently in the feast mode. HERO had three important studies published in October and November 2000.

The first study is, "Gender-Specific Effects on Modifiable Health Risk Factors on Coronary Heart Disease and Related Expenditures," which was published in the *Journal of Occupational and Environmental Medicine* in November 2000. This



study was funded by NASA and is one of the first cardiovascular, gender-specific research projects within a working population.

NASA wanted to learn more about gender-specific risk predictors for heart disease. The results showed that smoking is the number one predictor of heart disease among working men. With working women, the number one predictors are obesity and uncontrolled stress. We also did a cost-impact analysis and found little in the way of correlation between men and women.

A second study was featured in *USA Today* in October 2000. "The Relationship Between Modifiable Health Risks and Group-Level Health Care Expenditures" was published in the *American Journal of Health Promotion's* September/October 2000 issue. This is a follow-up study to the first published HERO study, but instead of evaluating the association between health risks and individual costs, this one looks at the cost impact of specific risks. The results indicate that those employees who reported being depressed most of the time with no way of coping were responsible for nearly 8 percent of total health-care costs. A total of ten risks were evaluated.

The third study is a very innovative project funded by Union Pacific Railroad. This employer has a long history of providing quality employee health-enhancement research programs and has an excellent reservoir of data. The study, "Projecting Future Medical Care Costs Using Four Scenarios of Lifestyle Risk Rates," was also published in the September/October 2000 issue of the *American Journal of Health Promotion* and adjusts the HERO database, using UPRR data and demographics, to create predictive cost models. The findings suggest that if health risks at UPRR are reduced by 1 percent per year, over a ten-year period, the cost savings would be \$7.7 million per year or \$77.4 million for the ten-year

period when compared to health risks remaining at current levels.

Pfeiffer: In which direction do you see HERO going?

Whitmer: HERO is constantly searching for ways to influence employers, health-care providers, and others to be more proactive in making health-enhancement programs part of the corporate culture. Our initial emphasis on health-risk econometric research is one way to do this; however this kind of research may not be as meaningful for employers in other countries where health care is paid for by the government. After considering several options, about three years ago, HERO concluded that individual productivity is one factor that generates global corporate interest. This was the beginning of our movement into health and productivity research and related issues.

One of the factors behind this interest is the unprecedented chaos at the workplace. Mergers, downsizing, reengineering, and all the other changes are creating high-level stress and distractions that impact health and probably impact productivity. The challenge is, we don't know much about how to measure productivity. This is a problem, because as Jack Welch, CEO of General Electric, has often said, "If you can't measure it, you can't manage it."

We worked for about a year to create a health-and-productivity research concept paper which was shared with a number of organizations including the National Institutes of Health, NASA, the Agency for Healthcare Research and Quality, the National Institute for Occupational Safety and Health, and the National Institute on Aging.

The concept calls for creation of a relatively small group of individuals with expertise in various areas of health and productivity. Included are research scientists, corporate medical directors, academicians, corporate executives, consultants, economists, and labor leaders. The first objective is to create fundamental health-and-pro-

ductivity research questions. This then leads to one of the greatest challenges—the creation of productivity metrics to respond to the questions. Initially, this effort has been funded by HERO, NASA, and AHRQ. We are making good progress and we are on track to start a small demonstration project to test the concept within three or four large corporations.

Pfeiffer: Do you see HERO using the Internet to expand your influence and accomplish the mission?

Whitmer: Yes, let me give you an example. We have created an association with *Business & Health* magazine. We are collaborating on an effort to learn more about what employers are doing relative to health and productivity. We are especially interested in knowing about productivity metrics. I feel there may be more going on than we suspect.

We invite the readers of *Worksite Health* to get involved. For more information, go to the HERO Web site at <http://www.the-hero.org> and click on Health and Productivity. If there is significant response, then we will edit and categorize the information according to industry and make it available for employers around the world.

Pfeiffer: What else is on your Web site?

Whitmer: We provide a lot of background information on HERO—the mission and vision, the board of directors, and how to become a part of the HERO operation. You can also find all our research reports and back copies of our newsletter, the *Health Enhancement Research Advocate*. In addition, the Web site provides information on how to get on our mailing list. Perhaps most important, there is detailed information about the first annual HERO International Health and Productivity Conference, which will be in Washington, D.C., on February 12-14, 2001.

