

what's working

peer workshops help
participants help themselves



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Most people who have chronic health conditions have been told they should eat better, exercise and manage stress. But that's what people expect to hear, and many don't pay attention to advice from a medical professional.

Often, however, people will listen to someone like themselves—someone with a similar chronic health problem, who can provide firsthand advice on managing a condition.

UNITE HERE HEALTH (UHH), a multi-employer welfare fund, taps into that tendency through Chronic Disease Self-Management Program (CDSMP) workshops led by two trained leaders, at least one of whom is a rank-and-file fund participant who has a chronic disease and is not a health professional.

Kristin Reeg, regional director of healthcare delivery at UHH in Los Angeles, California, said the goal of the program—developed by Stanford University—is to help participants manage their conditions, which could improve their health, decrease unnecessary utilization of health care services and reduce costs to the fund.

UNITE HERE International Union represents about 270,000 hospitality workers in hotels, stadiums, casinos, airports and cafeterias in the United States and Canada. The union's health fund, UHH, covers more than 200,000 lives in places such as Las Vegas, Nevada; Atlantic City, New Jersey; New York, New York; Chicago, Illinois; Boston, Massachusetts; and Monterey, Los Angeles and Orange County, California. The annual income of the average hospitality worker is less than \$30,000, and UNITE HERE has made quality, affordable health care a high priority. Lowering costs is an important rationale for the CDSMP.

Topics covered at the workshops offered to plan members and their spouses include:

- Techniques to deal with problems such as frustration, fatigue, pain and isolation
- Appropriate exercise for maintaining and improving strength, flexibility and endurance
- Appropriate use of medications
- Communicating effectively with family, friends and health professionals
- Nutrition
- How to evaluate new treatments.

More important than the education, however, is the ability for participants to interact with people like them who are also trying to make changes. Central to the program is a weekly exercise to set an "action plan," an attainable goal to change a basic habit, like walking more after work or eating a healthier breakfast. Workshop participants discuss their goals, get feedback and report on how they're doing.

UHH identifies and trains its own participant leaders and trains UHH staff to help them run the program. To make it easier to export the program to other parts of the fund, UHH produces communication materials, provides a set of standard procedures for recruiting and agendas for graduate meetings, and maintains a participant database.

The program started in Los Angeles and Orange Counties and has expanded to Boston, Connecticut, New York, Chicago and Washington, D.C.

Once a participant has gone through the initial six-week program, he or she is invited to monthly meetings for graduates. Participants have shared that they like coming back to see how friends are progressing and enjoy the opportunities to learn



CDSMP graduates in Los Angeles/Orange County have participated in several 5K walks.

more and get inspired to keep making changes.

Graduates who consistently attend are reimbursed for up to \$100 each month for copays for their maintenance drugs. They also are provided a texting program through CareMessage, which provides education in two streams—diabetes and general wellness.

Members voluntarily enroll in the texting program, which sends three to five text messages per week that include meeting reminders, educational content specific to their chronic condition, reminders to follow action plans and encouragement to engage in healthier habits (e.g., “Take the stairs today!”).

About an equal number of program graduates were receiving text mes-

sages from the two original streams, and last year UHH expanded the texting service to provide medication reminders.

Candidates for the program are identified through three key strategies:

1. UHH staff known as “Health Promoters” speak to workers in worksite break rooms during nonwork times and at union meetings and identify good candidates through their conversations.
2. Program graduates recommend peers they know who could benefit from the program.
3. The fund analyzes claims data to help identify candidates with chronic conditions, gaps in care and high risk factors.

Health Promoters also telephone people whom they haven’t been able to find at work. The Health Promoters act much like community health workers and must develop creative plans to find and meet program candidates.

To be successful, the Health Promoters “must quickly build relationship with participants,” Reeg said. “UHH Health Promoters are uniquely positioned to do this, since they can leverage the relationship the union has with its members.”

They connect with participants and listen closely to their concerns to draw out goals and aspirations for a better life. They inspire candidates to enroll and motivate them to continue to participate.

More than 1,500 members have completed the program through more than 137 workshops.

Through independent third-party evaluations of its program, UHH has found that its participants showed statistically significant improvements on almost all measures included in the evaluation: self-reported health, eating behavior, depression, shortness of breath, pain, time spent on exercise each week, health interfering with daily activities and communication with doctors.

After completing the program, the percentage of enrollees who reported being in fair or poor health declined from 68% to 40%, and the percentage who reported being in good, very good or excellent health increased from 32% to 60%.

Mean results for low-density lipoprotein (LDL or “bad cholesterol” levels improved significantly overall, and patients with much higher than normal body mass index (BMI), blood glucose levels and blood pressure showed statistically significant improvements.

The average number of days missed by enrollees decreased from 1.4 to 0.9 days per month.

Data show that results are sustained not only through the first year but also through the second year after program completion. In Los Angeles, insurer Kaiser Permanente and UHH are partnering to continue to study the results after a third year.

UHH estimates the return on investment (ROI) for the program ranges from \$1.20 to \$1.50 for every \$1 invested.

The program has helped UHH keep health care costs down for its members, Reeg said. The fund received a discount from one health insurer contingent upon continuing the program.

“The simple fact is that every dollar UHH spends on health care is a dollar that could have gone to a worker in wages, wages that would help lift hospitality workers out of



A UHH participant leads a Chronic Disease Self-Management Program workshop.

poverty and likely to do more for their health than increasing spending on their health care. UHH believes its challenge is to radically bend the cost curve while maintaining quality coverage,” Reeg said.