



# Serving Up The Next Big Ideas In Health Promotion

AN INTERVIEW WITH  
**LARRY CATLETT, M.D.**

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TOP 10 HEALTH PROMOTION  
PROFESSIONALS WINNER

# Dishing It Out

ABOUT

DISH

**D**ISH is where big ideas can become winning ideas! DISH is all about competition, learning and recognizing the best of the best. By being a part of DISH, members of the health promotion community can keep their fingers on the pulse of what is happening in the field. At [dish.welcoa.org](http://dish.welcoa.org), DISH members and guests can read what others are DISHING out about the industry's best practices, new ideas, and innovative thoughts, then vote for the best entries or DISH out their own ideas and reap the rewards.

ABOUT

★WELCOA

**T**he Wellness Council of America (WELCOA) was established as a national not-for-profit organization in the mid 1980s through the efforts of a number of forward-thinking business and health leaders. Drawing on the vision originally set forth by William Kizer, Sr., Chairman Emeritus of Central States Indemnity, and WELCOA founding Directors that included Dr. Louis Sullivan, former Secretary of Health and Human Services, and Warren Buffet, Chairman of Berkshire Hathaway, WELCOA has helped influence the face of workplace wellness in the U.S.

Today, WELCOA has become one of the most respected resources for workplace wellness in America. With a membership in excess of 5,000 organizations, WELCOA is dedicated to improving the health and well-being of all working Americans. Located in America's heartland, WELCOA makes its national headquarters in one of America's healthiest business communities—Omaha, NE.



★WELCOA's  
**DISH**

## The Top 100 Health Promotion Professionals

### About The Contest

**COMPETITION LAUNCH:** September 2014

**ENTRIES:** 210

**WINNER:** Rachel Druckenmiller



#### THE PRIZES

- The **Top Health Promotion Professional** won an all-expenses paid trip to the 2015 WELCOA National Summit in San Diego where she will be formally recognized.
- The **Top 10** received a full WELCOA membership for 1 year.
- The **Top 100** received a certificate and were featured on WELCOA.org and Well Informed.

#### HOW WINNERS WERE CHOSEN:

The best health promotion professionals are often not recognized for their constant tenacity and dedication to the people they help. WELCOA set out to change that with the Top 100 Health Promotion Professionals awards.

In September of 2014, The Wellness Council of America(WELCOA) launched DISH, a platform that

allow members of the Health Promotion industry to share ideas, vote on their favorite idea submissions, and be rewarded for innovation. The first DISH contest was an effort to identify the Top 100 Health Promotion Professionals in the country. The 210 entries were scored by an elite panel of judges who, along with peer voting, determined who should be considered one of the Top 100 Health Promotion Professionals in the country. Rachel Druckenmiller, featured in this edition of DISH Winning Ideas, was awarded the number one spot on the list.

The WELCOA Faculty and Judging Panel including industry leaders, Judd Allen, Brian Luke Seaward, Bill Baun, and Sean Foy, were blown away with the volume of talented professionals and their incredible stories. DISH judges spent weeks reviewing all applicants and ranking them based on 5 major criterion: commitment to professional development, demonstrated success, innovation, leadership and compelling vision. The contest served to recognize and celebrate the great work that the field of health promotion is turning out every day, and to set the bar even higher for those practitioners who are still developing their skills and setting career goals. Visit [dish.welcoa.org](http://dish.welcoa.org) to read winner submissions and get involved in the next contest.



ABOUT

# LARRY CATLETT, M.D.

**TITLE:** Founder & Chief Medical Officer

**ORGANIZATION:** Occupational Medical Consulting, LLC

**INDUSTRY TYPE:** Corporate Health & Wellness

## A Quick Serving...

### WHAT MADE YOU DECIDE TO GO INTO THE FIELD?

I entered the field when it became apparent to me that prevention, not claims management, was health care's best hope.

### WHAT HAS HELPED SET YOU APART AS A LEADER?

The development and spread of a successful behavior change intervention accompanied by supporting software helped me become recognized as a leader.

### WHAT ADVICE WOULD YOU GIVE SOMEONE WHO WANTED TO BE A LEADER IN HIS/HER INDUSTRY?

To lead, you must spread your passion for wellness, demonstrate meaningful program outcomes, remain creative and open to change, and remember that no one on your team is smarter than all of you together!

### WHAT IS YOUR VISION FOR THE FUTURE?

My team will continue to refine the behavior change process, focusing on enhancing each individual's goal setting process and shifting the individual's cost/benefit analysis toward change. We will explore health plan changes that enhance engagement. We will determine the best way to define condition management spend impact in these relatively small groups, and identify care gaps whose elimination makes the greatest improvement in disease control and quality of life.

## Intro

Larry Catlett, M.D. founded Occupational Medical Consulting, LLC (“OMC”) in 1996 responding to the increased need for managed health and wellness workplace solutions. He provides medical oversight and executive direction to OMC’s 35 employees who deliver onsite wellness and centralized occupational health services management for companies throughout the US. He also serves as Medical Director to a large construction company on the East Coast and began piloting wellness interventions with them in the mid 90’s. OMC’s Mission is to save lives by changing employee at-risk behavior. In this interview, Dr. Catlett shares his wisdom on what makes programs deliver on the outcomes the industry promises.

**Q** OMC Started as a small company in 1996 and continued to innovate in the industry. To what do you credit OMC’s staying power as the health promotion industry has grown and changed?

**Dr. Larry Catlett:** We recognized from the beginning that to be successful we would have to devise a program around the expected outcomes of significantly changing at risk health behavior and affecting medical spend. During our program development, it quickly became clear that we would need a data tracking system with robust reporting features to drive, track and report on

our health behavior change intervention. It was also obvious that we would need to develop a method of evaluating the effect of this behavior change on health care spending. Having these critical elements in place from the beginning gave us a head start initially and provides us staying power as we continue to improve both the software and our coaching efforts.

**Q** Tell me about the *Wellness Works Program*. Why do you think it has been so successful?

**LC:** While our program offers all the common elements of wellness programs in general, from health

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promotion to health coaching, our focus is on one on one, face to face coaching continuing over time. Early on we recognized the value of Motivational Interviewing (MI) in effecting health behavior change. The paucity of training environments for this skill caused us to develop our own intense training in MI as applied to health behavior change. This training is ongoing and is offered to those firms who lease the OMC software to help them assure quality and positive results in their coaching efforts. The development of software that drives the coaching interaction and allows accurate ongoing reporting of the effects of the program has definitely contributed to our success as has our extensive quality assurance program and ability to demonstrate consistent significant behavior change and effect on health care spend.

**Q** In an internal interview that you posted in your Top 100 Health Promotion Professionals entry, you mentioned a major threat to the industry being the lack of definition of what constitutes a “wellness program”. Why do you think the definition of a “wellness program” is important?

**LC:** When the Office of Management and Budget put out a release a while back that stated wellness programs do not work, I took notice. If this perception of wellness outcomes becomes the norm it could doom the industry. We need to define wellness interventions by their expected outcomes and then judge them by those expected outcomes. A program that centers around quarterly challenges cannot be expected to significantly result in sustained behavior change for a

[Health awareness programs] are often judged unfairly by whether or not they significantly reduce risk, change behavior and save money—none of which they are designed to do.

large number of employees and therefore is not likely to directly affect spend. A program that promises decreased health care costs in the participating population should be judged by its ability to do so. Many wellness programs are not robust enough to improve health risk in the population and therefore affect costs. It does not mean they do not work, as their goal may be to begin to create an atmosphere of wellness that can lead to more intense intervention and ultimately result in change—but they are often judged unfairly by whether or not they reduce risk, change behavior and save money—none of which they are designed to do.

**Q** How would you begin to categorize wellness offerings so that program impact could be better measured and understood across the many types of products and services out there?

**LC:** WELCOA has already done that to some extent. Long ago, you classified programs into health awareness, health education and finally a more intensive intervention directed at actual health behavior change in individuals. I see that programs that promote healthy lifestyle behaviors in an effort to make wellness a company value fall into health awareness category and should be judged on how well they are able to prepare the culture for the next step. Add population-based educational interventions directed at specific identified company health issues and you have a health promotion/health education intervention in place. This program should be judged by how well it identifies health issues in the population and how well it educates the population in regard to the health and financial impact such issues may hold for the company and individuals who

may have these health issues. Include spouses in the program, incorporate HRA and measurement data, add face to face health coaching directed at specific health behavior change in individual members of the population, deliver management education (supported strongly from top level management) as to their specific role in the success of the program, and report behavior change success and effect on spend and you have a fairly complete health behavior change program. This level should be judged specifically on the extent to which wellness is incorporated into the company’s strategic plan, sustained participation rates, participation and engagements rates, and impact on individual/population risk status and annual medical spend.

**Q** Do you think that the third type of program you described is best for both changing behavior and reducing medical spend?

**LC:** The two go hand in hand. The behavior change achieved by lifestyle change programs reduces risk level

Program Category	Dr. Catlett's Proposed Evaluation Criteria
Health Awareness	<ul style="list-style-type: none"> <li>• Ability to prepare a culture for the next programming step.</li> </ul>
Health Promotion/Education	<ul style="list-style-type: none"> <li>• Ability to identify population health issues.</li> <li>• Ability to educate population about the impact of health issues.</li> </ul>
Comprehensive Health Risk Management	<ul style="list-style-type: none"> <li>• Incorporation of wellness into organization's strategic plan.</li> <li>• Year-over-year participation &amp; engagement rates.</li> <li>• Individual/population risk status improvement.</li> <li>• Annual medical spend impact.</li> </ul>

of participants which can be directly correlated with decreased spend using actual dollars spent annually at the participating company. The only caveat I would add is that regardless of how well you reduce risk, health care costs continue to rise per individual test, visit or procedure; so efforts directed at consumer purchasing and evaluating /changing plan design are important considerations to assist in controlling spend over time.

**Q** Think of the client organization whose results with OMC have been the most outstanding, what do you think made the different in the success of the intervention?

**LC:** The integration at all levels, not always necessarily perfectly, of wellness into the company’s strategic plan which as the first pillar of their business plan. In this particular company, this action basically placed healthy behavior as an expectation on par with highly valued safe work practices and was visibly and audibly supported, albeit to greater and lesser extents throughout

**“To succeed, vigorous support does not have to be perfect, but it does need to be pervasive and ongoing.”**

the company, by all levels of management. To succeed, vigorous support does not have to be perfect, but it does need to be pervasive and ongoing. Good health behavior must become a cultural norm. The company and vendor must develop a partnership that supports and sustains good health behavior throughout the company.

**Q** What can a health promotion professional do right now to begin integrating these practices into their wellness offerings?


**LC:** First you must set the stage. Discover you client’s strongest most motivating cultural values. Talk to company managers and supervisors. What are their expectations of wellness? Look at the company business plan and mission and vision statements. Be sure to differentiate your wellness intervention from feel good or purely educational programs discussed elsewhere in this interview, all of which have different outcome expectations and to which they may have been previously exposed with “disappointing” results. Develop goals and objectives for your wellness intervention that mesh with company business goals. Share with upper management outcomes based program reviews that demonstrate how wellness efforts (particular aggressive health behavior change interventions) can contribute significantly to reaching their business goals if they are willing to commit to managing the health business variable as they manage other aspects of the business. Show them that wellness really can change behavior. For example, in the first year of our program, OMC reduces the high risk category by 24% on average. Healthy employees carrying minimum risk burdens are more vigorous and more productive and spend less money than a population at higher risk.



“Above all, be driven by the fact that helping people achieve and maintain a healthy lifestyle sustains quality of their life into the years when it can most be appreciated.”

**Q** What advice would you have for an up and coming professional who wanted to achieve what you have achieved in your career?

**LC:** Model your wellness efforts on programs that consistently demonstrate significant behavior change and risk reduction (high-risk participant numbers should be in the single digits percentage-wise, and low risk should be near 70% after three to five years). Stick to what you develop that works even if it is more expensive than wellness offerings that don't deal with actual risk reduction and spend impact. Track and report your outcomes on a regular basis. If you offer less aggressive

programs, be sure you tell your clients what they can realistically expect from them. Above all, be driven by the fact that helping people achieve and maintain a healthy lifestyle sustains quality of their life into the years when it can most be appreciated, significantly reducing suffering from the morbidity associated with preventable chronic disease. As a physician whose efforts were, from completion of residency until the founding of OMC, all directed toward the often unsatisfying treatment of chronic disease, I have found disease prevention efforts to be so much more rewarding than our often feeble attempts at managing the disease once it has taken hold. 



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