

Attachment B-2

Summary of Public Comments and CDC Response

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June 27, 2016

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Dear Mr. Richardson,

The Academy of Nutrition and Dietetics (the "Academy") appreciates the opportunity to submit these comments to the Centers for Disease Control and Prevention (CDC) related to its April 26, 2016 proposed data collection submitted for public comment and recommendations regarding the Workplace Health in America survey. Representing more than 100,000 registered dietitian nutritionists (RDNs),<sup>1</sup> nutrition and dietetic technicians, registered (NDTRs), and advanced-degree nutritionists, the Academy is the largest association of food and nutrition professionals in the United States and is committed to improving the nation's health through food and nutrition across the lifecycle. Every day we work with Americans in all walks of life — from prenatal care through end of life care — providing nutrition care services and conducting nutrition research. The Academy supports the proposed data collection and its purpose to describe the current state of U.S. workplace health promotion and protection programs and practices in employers of all sizes, industries and regions.

**The Academy supports the proposed data collection as an important in encouraging evidence-based preventive and wellness services, and we urge the CDC to survey and record differences in the effectiveness and added value of credentialed, qualified health care practitioners.**

#### **A. Recognizing the Need for Health Promotion and Disease Prevention**

It is the position of the Academy that primary prevention is the most effective, affordable course of action for preventing and reducing risk for chronic disease. RDNs and NDTRs are leaders in delivering preventive services in both clinical and community settings and in facilitating and participating in research in chronic disease prevention and health promotion. Diet, nutrition, and physical activity are critical factors in the promotion and maintenance of good health throughout the life cycle. Cost-effective interventions that produce a change in personal health practices are likely to lead to substantial reductions in the incidence and severity of the leading causes of disease in the United States.<sup>2</sup> In an era

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<sup>1</sup> The Academy recently approved the optional use of the credential "registered dietitian nutritionist (RDN)" by "registered dietitians (RDs)" to more accurately convey who they are and what they do as the nation's food and nutrition experts. The RD and RDN credentials have identical meanings and legal trademark definitions.

<sup>2</sup> U.S. Preventive Services Task Force. "Guide to Clinical Preventive Services." AHRQ website. Available at <http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/clinicians-providers/guidelines-recommendations/guide/cpsguide.pdf>. Accessed June 23, 2016.

of increasing health care expenditures and relative decreases in availability of federal funds, there is increasing demand on health promotion and disease prevention to be economically viable and to produce results.

As CDC recognizes, four of the ten leading causes of death — cardiovascular disease (CVD), stroke, some types of cancers, and type 2 diabetes — are associated with modifiable health behaviors including poor nutrition and are ripe targets for well-designed, evidence-based wellness and prevention programs.<sup>3</sup> Almost 50 percent of adults in the United States have at least one chronic illness.<sup>4</sup> In 2006, people with chronic diseases accounted for 84 percent of health care spending in the United States.<sup>5</sup> Large studies looking at the relationship between modifiable risk factors and medical claims showed that several risk factors, including tobacco use, overweight/obesity, high blood glucose, high stress, and lack of physical activity, accounted for an estimated 25 percent of total employer healthcare expenditures.<sup>6</sup>

The government should continue to play a helpful role in the assessment of effective worksite wellness through continuation of funding research, and in the sharing of best practices by continuing efforts at the Centers for Disease Control and Prevention promoting evidence-based workplace wellness efforts and vetting relevant resources. Selected clinical and community preventive services that have a positive influence on personal health and are cost effective in comparison with the treatment of disease should be highlighted and encouraged in agency guidance.<sup>7</sup> Prevention-effectiveness studies assess the impact of public health programs, policies, and practices on health outcomes. The results of prevention-effectiveness studies should provide a basis for CDC's public health program recommendations, guidelines for prevention, and a framework for decision-making about resource allocations.

## **B. Use of Qualified Providers Enhances Program Effectiveness**

As part of vetting research for its resource center, the Academy encourages the CDC to focus on the role of particular qualified practitioners in improving public health. Too often, companies lack a healthcare professional capable of helping them to evaluate health care costs, develop support for internal changes to promote healthy behaviors, structure an incentive program that matches employees needs and interests, or evolve services to meet the changing needs of the worksite. Wellness is a continual process that should not simply be added on as an additional task for an already busy Human Resources employee. Qualified practitioners can ensure companies are enrolling employees that need the

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<sup>3</sup> Anderson RN, Smith BL. Deaths: Leading causes for 2002. *Natl Vital Stat Rep.* 2005;53:1-89.

<sup>4</sup> Wu SY, Green A. Projection of chronic illness prevalence and cost inflation. Santa Monica, CA: RAND Health; 2000.

<sup>5</sup> Centers for Disease Control and Prevention, "Preventing and Managing Chronic Disease to Improve the Health of Women and Infants" (accessed January 25, 2013).

<sup>6</sup> R Goetzel and R Ozminkowski, "The Health and Cost Benefits of Work Site Health-Promotion Programs," *Ann Rev Pub Health* 2008; 29:303-23.

<sup>7</sup> U.S. Preventive Services Task Force. "Guide to Clinical Preventive Services" (accessed January 24, 2013); Tengs TO, Adams ME, Pliskin JS, Safran DG, Siegel JE, Weinstein MC, Graham JD. Five-hundred life-saving interventions and their cost-effectiveness. *Risk Analysis.* 1995;15:369-390.



services, are making progress, are delaying the onset of diabetes, and are identifying employees at risk for metabolic syndrome and decreasing risk factors over one, two, or three years. This is where the focus of wellness can make a difference. Our RDNs who excel at employee wellness work closely with benefits managers, fitness center staff, and food service for cafeteria and vending, in addition to educating upper management on the need for their support in this ongoing and evolving process. Worksite wellness needs to be tailored to the employee population and the worksite, and we encourage this new resource to include strategies and tools for educating and reaching CEOs and CFOs.

**RDNs and NDTRs are qualified, credentialed practitioners who are uniquely positioned and skilled to provide effective wellness and prevention programs.** The United States Preventive Services Task Force (USPSTF) recommends and recognizes RDNs as effective practitioners skilled in providing (1) behavioral counseling to promote a healthy diet in adults at increased risk for CVD,<sup>8</sup> (2) screening for and management of obesity in adults,<sup>9</sup> and (3) behavioral counseling interventions to promote a healthful diet and physical activity for cardiovascular disease prevention in adults.<sup>10</sup> A recently released study found that overweight and obese adults who received individualized, RDN-provided MNT (that cost insurers a mere \$0.03 per insured member per month) had clinically and statistically significant reductions in weight and BMI and increases in number of minutes of exercise over two years compared to adults who were in an obesity management program but did not elect to receive MNT.<sup>11</sup> MNT and other nutrition services provided by an RDN are necessary and yield quality, evidence-based care to recipients, improve health outcomes, and lower health care costs.<sup>12</sup>

Through ongoing clinical involvement and rigorous participation in research on chronic disease prevention and health promotion, RDNs have developed and delivered cost effective and clinically effective strategies transferable to skill-based workplace health training. RDNs are trained in nutrition counseling, weight management, and physical activity making them a wise choice to provide guidance and oversight to corporate wellness programs. Not only are RDNs well-qualified based on their skill set and training, they are also credentialed. **The Academy urges CDC to define the specific qualifications and credentials for program instructors and defend such determination by publishing research studies CDC relied upon showing instructors with those qualifications and credentials have effectively provided relevant science-based wellness programs.**

**The Academy additionally recommends that employers encourage their employees to be counseled to consult recognized, credentialed health professionals and to seek**

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<sup>8</sup> U.S. Preventive Services Task Force. "Behavioral Counseling in Primary Care to Promote a Healthy Diet in Adults at Increased Risk for Cardiovascular Disease" (accessed January 24, 2012).

<sup>9</sup> U.S. Preventive Services Task Force. "Screening for and Management of Obesity in Adults" (accessed January 24, 2012).

<sup>10</sup> U.S. Preventive Services Task Force. "Behavioral Counseling to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults" (accessed January 24, 2012).

<sup>11</sup> Bradley DW, et al. The Incremental Value of Medical Nutrition Therapy in Weight Management. Managed Care, (accessed January 24, 2013).

<sup>12</sup> Bradley DW, et al. The Incremental Value of Medical Nutrition Therapy in Weight Management. Managed Care, (accessed January 24, 2013).

**referral for the treatment of chronic diseases such as diabetes that are discovered through participation in HRAs and/or biometric screenings. Intensive, individualized approaches toward behavior modification initiated subsequently may be more expensive, but they are also more effective and should be incentivized.**

When coupled with comprehensive worksite programs that address policy, systems and environmental changes, employees who receive individualized counseling will have a worksite environment that can support individual personal choices for the best potential health outcomes and return on investment.


### **C. Conclusion**

The Academy sincerely appreciates the opportunity to offer comments on the NCCDPHP and the Workplace Health in America survey, and we would welcome the opportunity to assist the CDC going forward. Please contact either Jeanne Blankenship by telephone at 312-899-1730 or by email at [jblankenship@eatright.org](mailto:jblankenship@eatright.org) or Pepin Tuma by telephone at 202-775-8277 ext. 6001 or by email at [ptuma@eatright.org](mailto:ptuma@eatright.org) with any questions or requests for additional information.

Sincerely,



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## **CDC Response to Public Comment #1**

Wednesday, July 6, 2016

Jeanne Blankenship, MS RDN  
Vice President, Policy Initiatives and Advocacy  
Academy of Nutrition and Dietetics

Dear Ms. Blankenship,

Thanks very much for your thoughtful comments and interest in the CDC Workplace Health Program. We are in full agreement with the Academy that primary prevention is the most effective, affordable course of action for preventing and reducing risk for chronic disease. We envision the CDC Workplace Health Promotion Resource Center to be a place where the most recent scientific evidence is summarized and translated for wellness practitioners. This would include CDC led investigations as well as other leaders in the field; data from our nationally representative survey of employers; available training and certification programs; and other publically available and credible information to assist wellness professionals.

Your constituency – RDNs, NDTRs, and advanced-degree nutritionists – are a key target audience for the information, tools, and resources that will comprise the Resource Center. One of our main goals is to make available the most recent, evidence-based materials in a consumer friendly way so that practitioners such as the professionals you represent, are in the best possible position to design and make available health promotion programs in the workplace. Having workplace health promotion programs implemented with workers across the country exposed to and participating in them will enable both individual employees and their employees to benefit.

We welcome any additional thoughts you may have as we continue to develop the Resource Center and would also greatly appreciate your organization promoting it through your network once it is available. We plan to have a very brief (2 minute) consumer feedback survey as part of the site once launched which will provide an additional opportunity to provide input that we can use to improve the site and the workplace health promotion tools and resources it houses.

For additional information, please visit our website, [www.cdc.gov/workplacehealthpromotion](http://www.cdc.gov/workplacehealthpromotion). You can also email me directly at [jlang@cdc.gov](mailto:jlang@cdc.gov).

Thanks again for your thoughtful comments.

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