



*Collaborating to Conquer Cancer*

## **MAKING THE BUSINESS CASE:**

How Engaging Employees in Preventive Care  
Can Reduce Healthcare Costs

Spring 2008

**MAKING THE BUSINESS CASE**  
**TABLE OF CONTENTS**

**EXECUTIVE SUMMARY**

**INTRODUCTION**

**CANCER'S IMPACT ON SOCIETY & BUSINESS**

**Cancer's Cost to Human Life**  
**Cancer's Cost to Quality of Life**  
**Cancer's Cost to Business**

**PREVENTION WORKS**

**Many Cancers *Can* Be Prevented**

**PREVENTING CANCER and DETECTING IT EARLY IS GOOD FOR BUSINESS**

**Savings with Tobacco-cessation Programs**  
**Savings with Breast Cancer Screening**  
**Savings with Colorectal Cancer Screening**  
**Savings with Cervical Cancer Screening**

**BEST PRACTICES – WHAT YOU CAN DO**

***CEO Cancer Gold Standard™***  
**Partnership for Prevention**  
**National Business Group on Health**  
**American Cancer Society**

**CONCLUSION**

**REFERENCES**

## **EXECUTIVE SUMMARY**

The American Cancer Society (ACS) predicts that in 2008 about 1.5 million new cases of cancer will be diagnosed. The cost in lives is obviously significant; but the literal cost in dollars may be equally troubling. Cancer is an enormous cost to society in direct healthcare expenditures and indirect costs such as lost productivity in the workplace.

C-Change's "Making the Business Case" initiative documents why employers should consider including scientifically proven cancer prevention and early detection services in their respective employee health insurance policies. Research has shown that prevention and early detection services, such as tobacco-free policies, tobacco cessation, as well as regular screenings, are proven methods of decreasing cancer risk among employees and increasing early diagnosis and associated medical care outcomes. The data also suggest that these cancer prevention and early detection services are effectively decreasing direct and indirect costs associated with cancer.

This white paper focuses on four leading types of cancer – breast cancer, colorectal cancer, cervical cancer and cancers associated with tobacco use. The paper illustrates how:

- Cancer costs burden businesses.
- Offering prevention and early detection health insurance benefits reduce both the direct and indirect costs of cancer for employers.
- Companies can start offering preventive and cancer-screening services.

### **Prevention is Possible**

Only through a combination of timely access to prevention, early detection and treatment will more lives – and money – be saved. According to a recent report by the ACS, at least half of all new cancer cases can be prevented or detected earlier through screening. The cost of prevention and early detection is typically less than the cost of treating late-stage cancer, so it is in business' best interest to support preventive and screening strategies. (For more, see page 9.)

### **Prevention is Good for Business**

Since employers provide health insurance to more than 50 percent (160 million) of Americans through their corporate health plans, they are well positioned to make a direct impact on efforts to control cancer-related costs. Direct medical expenses and indirect costs related to cancer cost every employer thousands of dollars each year investments in cancer prevention and early detection services are important long-term strategies to reduce costs. Consider the figures:

- Cancer cost the U.S. \$89.0 billion in direct costs in 2007; lost productivity due to cancer cost \$18.2 billion dollars; premature cancer-related death cost an astounding \$112.0 billion.
- A study of major employers found that patients with cancer cost more than five times as much to insure than patients without cancer (approximately \$16,000 vs. \$3,000 in annual costs).
- Investment in cancer prevention and early detection provide the following "return on investment":
  - Investing \$2.95 per member per month to cover cancer screening may yield additional savings of up to \$3.75 per member per month.
  - Investing \$.18 to \$.79 per member per month for a tobacco-cessation program, an employer can generate a cumulative savings of \$1.70 to \$2.20 per member per month.

(For more, see pages 10-11).

### **What can Businesses Do?**

As indicated by the previously noted "return on investment," it makes good business sense for employers to be actively engaged in promoting employee health insurance coverage and associated utilization of cancer prevention and early detection services. The C-Change "Making the Business Case" initiative strongly encourages all employers to adopt the following:

1. Work with your health plan to increase breast, cervical and colorectal cancer screening and tobacco use cessation
2. Encourage employees to get screened for breast, cervical, and colorectal cancer
3. Implement tobacco-free policies

(For more, see pages 12-15.)

Employers can play a pivotal role in reducing cancer incidence and premature death within the U.S. today. Healthier employees and healthier bottom lines can be achieved by providing scientifically-proven cancer prevention and early detection services and worksite policies and encouraging the utilization of these services.

## **INTRODUCTION**

The American Cancer Society (ACS) predicts that in 2008 about 1.5 million new cases are expected to be diagnosed.<sup>1</sup> The cost in lives is obviously significant; but the literal cost in dollars can't be ignored, either. The National Institutes of Health (NIH) says the overall cost of cancer in 2007 was \$219.2 billion<sup>2</sup> – \$47.6 billion more than the NIH estimate of just five years earlier.

But cancer doesn't have to be this expensive or deadly. Evidence suggests that certain measures can help decrease the risk of developing and dying from cancer. Experts agree that if more people were to quit smoking and follow screening guidelines as recommended, we would see a marked decline in cancer rates and deaths. The National Commission on Prevention Priorities as well as the U.S. Preventive Services Task Force has identified four evidence-based interventions that would have a significant impact on cancer morbidity and mortality:

- Tobacco cessation services
- Breast screening tests
- Colorectal screening tests
- Cervical screening tests

In order for these interventions to have an impact, however, people need to have access to them, and this is where the nation's employers come in. Employers are the second largest provider of health insurance coverage in America after the federal Medicare program, and therefore have a major impact on the health of the nation. While today's healthcare costs may cause some employers to rethink the benefits they provide to their employees, it is more important than ever to include benefits reducing the impact of cancer as a part of a company's health and wellness program.

This C-Change Making the Business Case white paper is designed to serve as a tool to help employers build the economic case to increase access and utilization of the targeted evidence-based cancer prevention and early detection services, to help increase survivorship and decrease healthcare expenditures.

C-Change is a national multi-sector cancer collaborative. Members include over 130 leaders from government, business and non-profit organizations. This collaborative strives to address the full continuum of cancer care and control issues with a goal of eliminating cancer as a public health problem, at the earliest possible time. To learn more about C-Change, visit its web site at [www.C-ChangeTogether.org](http://www.C-ChangeTogether.org).

## **CANCER'S IMPACT ON SOCIETY & BUSINESS**

### **Cancer's Cost to Human Life**

In 2008, about 566,000 Americans are expected to die from cancer – one of every four deaths in the United States and more than 1,500 people a day.<sup>3</sup> Cancer continues to be the leading cause of death for those between the ages of 45 and 65 – prime working years.<sup>4</sup> All cancers combined, about 1.5 million new cancer cases, are expected to be diagnosed in 2008.<sup>5</sup> The number of deaths and diagnoses, as well as the lifetime risk, for four major cancers is as follows:

#### **Tobacco-related Cancer**

- Tobacco use causes increased risk for cancer of the lung, mouth, nasal cavity, larynx, pharynx, esophagus, stomach, liver, pancreas, kidney, bladder, uterine cervix and acute myeloid leukemia
- Every year, smoking kills more than 276,000 men and 142,000 women<sup>6</sup> – lung cancer alone is expected to kill 161,840 people in 2008 and is the leading cancer killer<sup>7</sup>
- Based on rates from 2003-2005, almost seven percent of men and women born today will be diagnosed with cancer of the lung and bronchus at some time during their lifetime – one of every 14 men and women<sup>8</sup>
- About 215,020 Americans are estimated to be diagnosed with lung cancer in 2008, accounting for about 15 percent of all cancer diagnoses<sup>9</sup>

#### **Breast Cancer**

- Based on rates from 2003-2005, over 12 percent of women born today will be diagnosed with cancer of the breast at some time during their lifetime – one of every eight women<sup>10</sup>
- In 2008, more than 182,000 new cases of invasive breast cancer are expected to be diagnosed and 41,000 people (including 450 men) are projected to die from it<sup>11</sup>

#### **Colorectal Cancer**

- Based on rates from 2003-2005, over five percent of men and women born today will be diagnosed with cancer of the colon and rectum at some time during their lifetime – one of every 19 men and women<sup>12</sup>
- In 2008, over 108,000 cases of colon cancer and more than 40,000 cases of rectal cancer are expected to occur, and nearly 50,000 people are expected to die from it, accounting for almost one out of 10 cancer deaths<sup>13</sup>

#### **Cervical Cancer**

- Based on rates from 2003-2005, almost one percent of women born today will be diagnosed with cancer of the cervix at some time during their lifetime – one of every 145 women<sup>14</sup>
- In 2008, in the United States, it is estimated that 11,070 women will be diagnosed with cervical cancer and almost 4,000 deaths are expected<sup>15</sup>

### **Cancer's Cost to Quality of Life**

A 2007 study published in the *Journal of the National Cancer Institute* reported that cancer patients' financial demands during the first year of treatment are a severe burden to their lives as well as to their workplaces in many instances:

- Cancer patients spend an estimated \$2.3 billion in time spent on travel to, waiting for, and receiving inpatient and outpatient treatment in the initial phase of care<sup>16</sup>
- Lung cancer patients spent 272 hours (or nearly two weeks) on treatment in the first year after diagnosis, those with breast cancer spent 66.2 hours<sup>17</sup>
- A study in the *Journal of Supportive Oncology* published in 2004 concluded that breast cancer patients incurred out-of-pocket expenditures and lost income costs averaging \$1,455 a month<sup>18</sup>
- Not surprisingly, according to a survey conducted by the Harvard School of Public Health that appeared in *Health Affairs*, more than half of all respondents said cancer is one of their most important health concerns.<sup>19</sup>

## Cancer's Cost to Business

It should be noted that discussing cancer in terms of its *financial* impact on society and business is not in any way meant to discount the *personal* toll cancer takes on individuals and families. But cancer is expensive to *everyone*. It can quickly deplete an individual's life savings, it can exhaust government resources and it can hamper business' ability to expand and prosper.

In 1963, Americans spent \$1.3 billion on cancer treatment; 40 years later, in 2004, Americans spent \$72.1 billion on cancer treatment alone.<sup>20</sup> The NIH estimates that in 2007, the overall cost of cancer was \$219.2 billion – \$89.0 billion in direct medical costs, \$18.2 billion in lost productivity due to illness, and \$112.0 billion for lost productivity due to death.<sup>21</sup>

It is also difficult to separate cancer's economic burden on American business from its impact on American society overall, since society's success is in many ways tied to its ability to create, build and maintain a strong, ever-expanding and prosperous economy. Employers provide coverage for 160 million people (60 percent of the non-elderly population<sup>22</sup>). While individuals with cancer make up only a fraction of those employees – 1.6 percent of those insured by employers – this population accounts for 10 percent of employers' medical claims costs.<sup>23</sup> Additionally, cancer is the second leading cause of long-term

“Cancer is one of the leading causes of long-term disability.”  
- Met Life Group Disability

disability and the sixth leading cause of short-term disability claims in the U.S.<sup>24</sup>

A study of major employers found that patients with cancer cost five times as much to insure as patients without cancer (\$16,000 vs. \$3,000 in annual costs).<sup>25</sup> In fact, while the cost per member per month (pmpm) for health coverage in 2006 of people without cancer was \$360, for people with cancer it was \$2,390—and even more depending on the type of cancer, with the pmpm for breast cancer about \$2,700, for cervical cancer about \$3,500 and for lung cancer about \$8,000.<sup>26</sup> So for many employers, reducing cancer expenditures by even half could result in dramatic annual savings.

Smokers, who still make up 20.0 percent of the U.S. population,<sup>27</sup> or one of every five people, present one of the most clear-cut examples of costs to business associated with a preventable lifestyle choice.

- Smoking results in more than \$100 billion annually in medical costs in the U.S.<sup>28</sup>
- Healthcare costs for smokers are about 40 percent higher than healthcare costs for non-smokers. On average, an employee who smokes costs employers about \$1,850 more in medical costs and \$1,897 in lost productivity each year.<sup>29</sup>
- Employees who smoke had about two times more lost production time per week than workers who never smoked; an indirect cost of \$27 billion to employers.<sup>30</sup>
- Smokers, on average, miss 6.16 days of work a year due to sickness, including smoking related acute and chronic conditions, while nonsmokers miss 3.86 days of work a year.<sup>31</sup>
- Pregnant smokers are at greater risk for low-birth weight babies, pre-term deliveries and infant death than pregnant non-smokers, which can greatly increase medical costs.
- Secondhand smoke costs the U.S. economy roughly \$10 billion a year: \$5 billion in estimated medical costs associated with second-hand smoke exposure, and another \$4.6 billion in lost wages.<sup>32</sup>
- Tobacco-free workplaces can save \$190 per 1000 square feet per year in reduced cleaning and maintenance costs, according to the U.S. Environmental Protection Agency.<sup>33</sup>
- Non-smoking employees exposed to secondhand smoke also have higher medical costs due to smoke-related illnesses. Exposure to secondhand smoke increases the chance of developing lung cancer up to 30 percent.<sup>34</sup>

Overall, according to the ACS *Cancer Facts and Figures 2007*, cancer is responsible for \$128.1 billion in lost productivity annually.<sup>35</sup> Furthermore, the ACS estimates this figure could be dramatically reduced if more businesses invested in prevention and early detection for employees, not just treatment.<sup>36</sup>

“Patients with cancer cost five times as much to insure as patients without cancer.”  
- The American Journal of Managed Care

“Cancer is responsible for \$128 billion in lost productivity... but could be dramatically reduced if more businesses invested in prevention”  
- American Cancer Society

Like all health conditions, cancer has a profound impact on the general cost of healthcare.

- Between spring of 2004 and spring of 2005, premiums for employer-sponsored health insurance rose by 9.2 percent. Premiums continued to increase much faster than overall inflation (3.5 percent) and wage gains (2.7 percent). Since 2000, premiums for family coverage have increased by 73 percent, compared with inflation growth of 14 percent and wage growth of 15 percent. Average annual premiums for employer-sponsored coverage rose to \$4,024 for single coverage and \$10,880 for family coverage.<sup>37</sup>
- Absenteeism – the cost of missed work – costs companies \$660 per employee in 2004, with nearly one-third of organizations characterizing the trend as a serious problem.<sup>38</sup>
- Presenteeism — the cost associated with employees who work at decreased productivity levels – is responsible for 60 percent of the total cost of employee illnesses, according to a 2004 study by the Institute for Health and Productivity Studies at Cornell University.<sup>39</sup>



## PREVENTION WORKS

### **Many Cancers *Can* Be Prevented**

Numerous organizations have documented that up to 70 percent of cancers are preventable.<sup>40</sup> These include:

The Institute of Medicine - According to a 2003 report from the Institute of Medicine, as many as 100,000 new cases of cancer and 60,000 deaths can be prevented each year by 2015 if “efforts to help people change their behaviors that put them at risk were stepped up.”<sup>41</sup> The report went on to note that the reductions in cancers, including smoking-related cancers such as lung cancer, and colorectal cancer, would be “particularly striking.”

The National Commission on Prevention Priorities - The National Commission on Prevention Priorities, convened by the Partnership for Prevention, ranked the top 25 high-value preventive services for 2007.<sup>42</sup> The organization estimated that up to 60,000 premature deaths could be prevented annually if effective smoking cessation and recommended colorectal and breast cancer screening were implemented. Not surprisingly, cancer prevention and early detection services ranked high on the list:

- Tobacco-cessation counseling is *the* highest value preventive service
- Colorectal cancer screening tied for third place<sup>43</sup>
- Both cervical cancer screening and breast cancer screening were in the top-15 high-value preventive services

The American Cancer Society - Overall, at least half of all new cancer cases can be prevented or detected earlier by screening, according to the *ACS Cancer Facts & Figures 2008*. “Regular screening examinations...can prevent cancers of the cervix, colon, and rectum by allowing removal of precancerous tissue before it becomes malignant,” the report notes. Smoking-related diseases remain the most preventable cause of death in our society.<sup>44</sup>

The National Committee for Quality Assurance (NCQA) - In 2004 the NCQA identified thousands of “excess” cases of cancer that could have been averted if people had received appropriate and timely preventive care, including 7,600 cases of late-stage breast cancer and 20,000 cases of late-stage colorectal cancer.<sup>45</sup> The NCQA report states that preventing these cancer cases may have resulted in savings of hundreds of millions of dollars.

For most of these cancers, early detection has been proven to reduce mortality,<sup>46</sup> and yet, according to a 2006 report, only slightly more than half (52 percent) of adults received preventive care and screening tests according to guidelines for their age and sex.<sup>47</sup> (Only 35 percent of people receive colorectal cancer screening, 79 percent of people receive cervical cancer screening, 68 percent of people

“75 percent of the \$1.9 trillion spent on health care in the United States stem from preventable chronic health conditions ... but only 1 percent is allocated to protecting health and preventing illness.”

- National Committee for Quality Assurance

receive breast cancer screening, and 35 percent of people receive tobacco screening and “brief intervention.”<sup>48</sup>) Today, 75 percent of all healthcare costs in the United States stem from preventable chronic health conditions, but just one percent of the \$1.9 trillion spent on health care is allocated to prevention and wellness.<sup>49</sup>

## **PREVENTING CANCER IS GOOD FOR BUSINESS**

While the advantages of preventive services – and the lower disease and death rates that follow – are obvious as they relate to individuals and their families, a review of the available research makes it clear that the advantages to business are likewise real:

- Research demonstrates, for example, that cancer screenings for breast, cervical and colorectal cancers can lead to earlier detection, and in some cases actually prevent cancers through identification and management of pre-cancerous or *in situ* (generally more curable) conditions. This leads to lower disease severity, lower costs and fewer deaths.<sup>50 51</sup>
- Furthermore, medical plus non-medical benefit savings related to early detection of breast, cervical and colorectal cancer essentially pays for the costs of these cancer screenings.<sup>52</sup>

The fact is, people with cancer who die cost more than those who are cured (or in long-term remission) when you consider medical insurance and non-medical insurances such as disability and life insurance.<sup>53</sup> The cost of cancer prevention and early detection is actually relatively low and may be offset through modest changes elsewhere; these costs are lower, in fact, than some ancillary benefits routinely covered by health plans.<sup>54</sup>

An actuarial study conducted by Milliman, Inc. showed that it would take an investment of only \$2.95 per member per month for the typical employer to reach near full compliance among their employees to cover breast, colorectal and cervical cancer screening, and that this would yield savings of up to \$3.75 per member per month.<sup>55</sup>

Many health economics experts suggest that if an intervention can save one year of life for less than \$50,000, it is cost-effective. So in economic terms, screening for colorectal, cervical and breast cancer is very cost-effective.<sup>56</sup> Cost savings, when broken down by cancer type, are striking.

### **Economic Benefit of Cancer Prevention and Early Detection**

- Improves individuals' health
- Averts direct medical costs
- Reduces lost productivity
- Reduces disability
- Reduces employee turnover

*-American Cancer Society*

### **Savings with Tobacco-cessation Programs**

- A 1998 report in the *New England Journal of Medicine* found that a healthcare plan's annual cost of covering treatment to help people quit smoking ranged from \$0.89 to \$4.92 per smoker, and the annual cost of treating smoking-related illness ranged from \$6 to \$33 per smoker.<sup>57</sup>
- According to a study by America's Health Insurance Plans and the Kaiser Permanente Center for Health research, investments in tobacco cessation can generate immediate cost benefits. By investing \$.18 to \$.79 per member per month, an employer can generate a cumulative savings of \$1.70 to \$2.20 per member per month after five years.<sup>58</sup>

### **Savings with Breast Cancer Screening**

- Regular mammograms can dramatically reduce a woman's risk of dying of breast cancer. A mammogram every one to two years can reduce this risk of death by about 16 percent for women aged 40 years or older.<sup>59</sup>
- Mammography every two years extends life for women aged 65 or older at a cost of about \$36,924 per year of life saved, compared to the \$50,000 considered cost-effective.<sup>60</sup>
- According to an actuarial study conducted by Milliman, Inc., it would take an investment of only \$1.10 per member per month for the typical employer to reach near full compliance among their eligible employees to cover breast cancer screening, and that this would yield savings of up to \$0.55 per member per month.<sup>61</sup>

### **Savings with Colorectal Cancer Screening**

- According to a 2003 U.S. Department of Health and Human Services report, regular screening for colorectal cancer can reduce the number of people who die of this disease by at least 30 percent.
- An employer could save \$896 per year per colorectal cancer patient in net patient time costs if colorectal cancer is screened and diagnosed during the early stage of the disease.<sup>62</sup>

- Screening for colorectal cancer extends life at a cost of \$11,890 to \$29,725 per year of life saved, compared to the \$50,000 considered cost-effective.<sup>63</sup>
- According to an actuarial study conducted by Milliman, Inc., it would take an investment of only \$1.70 per member per month for the typical employer to reach near full compliance among their eligible employees to cover colorectal cancer screening, and that this would yield savings of up to \$3.00 per member per month.<sup>64</sup>

#### **Savings with Cervical Cancer Screening**

- Researchers have found that rates of cervical cancer death dropped by 20 to 60 percent after screening programs began.<sup>65</sup>
- Pap screening every three years extends life at a cost of about \$5,392 per year of life saved, compared to the \$50,000 considered cost-effective.<sup>66</sup>
- According to an actuarial study conducted by Milliman, Inc., it would take an investment of only \$0.15 per member per month for the typical employer to reach near full compliance among their eligible employees to cover cervical cancer screening, and that this would yield savings of up to \$0.20 per member per month.<sup>67</sup>

## **BEST PRACTICES – WHAT YOU CAN DO**

### **Work with your health plan to increase breast, cervical and colorectal cancer screening and tobacco use cessation**

Even though your health plan may cover recommended breast, cervical and colorectal cancer screening and tobacco use cessation, employees need to understand that it is important to get these services. Some studies show that more people get the services when their out-of-pocket costs are reduced. Work with your health plan to help increase delivery of early detection services and tobacco use cessation among your employees.

- Review your current health plan coverage of breast, cervical, and colorectal cancer screening and tobacco use cessation. You can find model benefit language in *A Purchaser's Guide to Clinical Preventive Services: Moving Science into Coverage* at <http://www.businessgrouphealth.org/prevention/purchasers/guide/fullguide.pdf>, pgs 131-150, 195-200, 415-425.
- Eliminate co-payments and deductibles for cancer screening services.
- Extend coverage of these services to employees' spouses and dependents.
- Work with your health plan to inform employees of available services. For example, include the information in Summary Plan Descriptions, meetings to explain benefits, and health plan newsletters.
- Work with your health plan to send mailed or telephone reminders to workers when they are due for screening exams.

### **Encourage employees to get screened for breast, cervical and colorectal cancer**

The Community Preventive Services Task Force reports that use of cancer screening services and tobacco use cessation increases when employees are informed about and reminded to get these services. You can:

- Educate employees about *why* and *when* they should be screened for breast, cervical, and colorectal cancers and about the availability of tobacco use cessation services:
  - Distribute fact sheets, pamphlets and newsletters.
  - Use payroll inserts, bulletin boards, e-mails, notices in mailboxes, announcements at meetings and shift changes, tent cards in break rooms, gender-specific flyers in the bathroom stalls or whatever works best to reach your workers.
  - Work with unions, retiree clubs or other groups that reach your employees.
- Arrange for a speaker, perhaps an employee who detected a cancer early and remains healthy, or ask your local American Cancer Society about a speaker. Hold the session during work hours or at lunch. If that will not work, prepare a short video presentation that employees can watch on their own time.
- Use reminders to let employees know they are due for a cancer screening service. Some businesses send birthday card reminders. For other ideas, see the chart "Information to Share with Employees" for examples.
- Invite onsite, mobile screening services (e.g., mammography vans) to come to your workplace. Check with your local American Cancer Society and local hospitals to see if these services are offered.
- Encourage employees to ask their doctors about receiving any preventive services every time they go for a medical visit.
- Offer incentives, such as flex time or paid time off/sick leave, for appointments with health professionals.
- Ask employees to get screened and quit using tobacco as a gift to family members. Take their spouse to get screened too.

## Implement tobacco-free policies

Workplace tobacco-free policies—not allowing the use or retail sale of tobacco products at work—protect all employees from secondhand smoke exposure, and may encourage smokers to quit or reduce tobacco use. You can:

- Adopt a tobacco-free policy. Consider making all workplace areas—not just inside, but outside—tobacco free. Include vehicles, rental space, and all onsite and offsite locations.
- Put your policy in writing. Include information about the health risks of tobacco use, the consequences of using tobacco in prohibited areas, and information on proven quitting aids and programs. A model policy is available at [http://www.cdc.gov/tobacco/secondhand\\_smoke/00\\_pdfs/appx.pdf](http://www.cdc.gov/tobacco/secondhand_smoke/00_pdfs/appx.pdf).

No employer or industry, however, can do it alone, nor can success be maintained without the active participation and commitment from the business community's leadership. It is senior leadership that has the influence to change long-held healthcare policies and benefits at their companies and industry-wide, influence others to act, and attract attention to the cause of preventing cancer among employees.

Numerous organizations have effectively responded to research that shows prevention is in business' best interest. These organizations include the *CEO Roundtable on Cancer*®, American Cancer Society, Partnership for Prevention and the National Business Group on Health.

### CEO Roundtable on Cancer®

Founded in 2001 when former President George H.W. Bush challenged a group of executives to "do something bold and venturesome about cancer within your own corporate families," the CEO Roundtable has since become a leading advocate of initiatives that reduce the risk of cancer, enable early diagnosis, facilitate better access to best-available treatments, and hasten the discovery of novel and more effective diagnostic tools and anti-cancer therapies.

To that end, it implemented the prestigious *CEO Cancer Gold Standard*™ accreditation. Organizations that adopt the *CEO Cancer Gold Standard* demonstrate a commitment to risk reduction, early detection, and access to quality care, focusing on five critical areas, known as the "five pillars." For each pillar, accredited *CEO Cancer Gold Standard* organizations maintain a culture that encourages healthy lifestyles and provides the support needed when a diagnosis of cancer becomes a reality.

The first three pillars of the *CEO Cancer Gold Standard*—Tobacco Use, Diet & Nutrition, and Physical Activity—address risk reduction through lifestyle change. The fourth pillar—Prevention, Screening & Early Detection—sets guidelines for detecting cancer at the early stages; and finally, the fifth pillar, Access to Quality Treatment and Clinical Trials, ensures that employees and their family members have access to the best available cancer treatment. Currently, 16 U.S. corporations have attained accreditation:

- American Cancer Society (ACS)
- Johnson & Johnson
- American Legacy Foundation
- M. D. Anderson Cancer Center at the University of Texas
- AstraZeneca
- Novartis
- Edelman
- OSI Pharmaceuticals
- Enzon Pharmaceuticals
- Quintiles Transnational Corp.
- GlaxoSmithKline
- SAS Institute
- Jenner & Block
- University of North Dakota
- Valeant Pharmaceuticals
- Duke Medicine
- C-Change

In addition to meeting all requirements of the *CEO Cancer Gold Standard*, these accredited employers also offer model programs and practices related to prevention and early detection, such as:

- Communicating the importance of screening for cancer and including a schedule of cancer screenings by type of cancer, based on age, sex and risk factors
- Educating employees about how preventive procedures and tests are covered under health benefit plans
- Encouraging employees to work with their healthcare provider to develop a personal plan for cancer screening based on age, sex and risk factors
- Making it easy for employees to access screening by, for instance, offering onsite or near-site screening programs for skin cancer and breast cancer (mammography)
- Offering programs such as flextime to assist employees in keeping healthcare provider appointments for cancer screening

More information about the *CEO Cancer Gold Standard* can be found at [www.CancerGoldStandard.org](http://www.CancerGoldStandard.org).

### **Partnership for Prevention**

The Partnership for Prevention (PFP) is an organization comprised of businesses, nonprofit organizations and government agencies advancing policies and practices to prevent disease and improve the health of all Americans. It seeks to increase investment in preventing disease, promoting health and making prevention a national priority by:

- Analyzing leading scientific research to identify effective policies and practices that should be adopted to accelerate progress toward better health for all Americans
- Convening diverse healthcare stakeholders and facilitate dialogue among them to assess critical issues, find mutually agreeable solutions, and set priorities for public and private sector action
- Educating decision-makers in every sector about innovative prevention policies and practices, provide analytical tools to aide implementation, and advocate adoption of these approaches

In 2004, PFP developed the CEO-focused “Leading by Example” initiative. It is designed to capitalize on the dynamics of the workplace to improve employee health by promoting greater business involvement in health promotion and disease prevention. The CEO-driven efforts of this initiative are described in PFP’s 2005 publication, *CEOs on the Business Case for Worksite Health Promotion*. While the best practices in that report are too numerous to list, they include programming details from a wide array of successful programs, including UAW-GM Lifesteps, which covers 1.1 million employees, retirees and their dependents; Johnson & Johnson’s Healthy People, covering almost 110,000 people; Pfizer’s Healthy Directions, which addresses the health needs of more than 50,000 people; and even much smaller enterprises, like the U.S. Chamber of Commerce’s Healthy Lifestyle Program, which covers approximately 500 staff members. In 2007, PFP published a companion document, “Investing in Health-A Guide to Help Make Workplaces Healthier.

Information on the organization, its membership, initiatives and publications can be found at [www.prevent.org](http://www.prevent.org).

### **National Business Group on Health**

Founded in 1974, the National Business Group on Health is the only national nonprofit organization exclusively devoted to representing the perspective of large employers and providing practical solutions to its members’ most important health care problems.

With over 265 members representing many Fortune 500 and Fortune 100 companies that span industries – including Exxon Mobil, Wal-Mart, General Motors, IBM, Bank of America, JPMorgan Chase & Co., Procter & Gamble, Dell, The Boeing Company, Costco, Johnson & Johnson, Time Warner, Microsoft, and The Walt Disney Company – the organization represents employers that cumulatively provide health coverage to more than 50 million U.S. workers, retirees, and their families. The group’s goal is to foster the development of a quality health care delivery system and treatments based on scientific evidence of effectiveness.

The NBGH has published the following two reports to aid employers in their health promotion and disease prevention efforts:

1. A Purchasers Guide to Clinical Preventive Services: Moving Science into Coverage
2. Improving Health, Improving Business: An Employers Guide to Help Employers Make Workplaces Healthier

Information on the organization, its member benefits, and its published reports can be found at [www.BusinessGroupHealth.org](http://www.BusinessGroupHealth.org).

### **American Cancer Society CEOs Against Cancer**

In 2005, the American Cancer Society (ACS) initiated a pilot project with the aim of engaging Corporate Executives of Fortune 1000 companies to support the mission of the ACS. By fall of 2006, promising results led to a recommendation that CEOs Against Cancer be developed as a Branded-Nationwide Executive Engagement Strategy.

The intention of the program is to build an infrastructure for a nationwide leadership network of CEO's engaged in multiple integrated strategies to support the 2015 goals of the Enterprise, including—but not limited to-- employer initiative programs and implementation of the CEO Cancer Gold Standard.

Currently, the top 25 markets/states across the country have been targeted for implementation; in order to participate, a minimum of 20 Fortune 1000 companies must exist in a single market. Early successes include the ACS Illinois Division; with five years of program history, they have engaged more than 75 CEOs from across the State of Illinois. Additionally, the Midwest Division (Minnesota and Wisconsin specifically) has successfully implemented their first year. California plans to launch their efforts with an event scheduled for June 2008. Ohio and Tennessee will kick off their respective efforts with events in the first half of FY 2009.

For more information about CEO's Against Cancer, please contact Linda Saulnier, Managing Director by email at [Linda.Saulnier@cancer.org](mailto:Linda.Saulnier@cancer.org).

## **CONCLUSION**

Cancer and the cost of treatment is not going to disappear any time soon. But cancer and the cost it levies on individuals, business, and society *can* be addressed and *can* be contained over the long-term.

For employers both big and small, offering benefits and opportunities to their workforces to take preventive measures not only can prevent cancer from occurring, lower risk among high-risk populations, and catch cancer early when effective treatment is still available, but it can save them money. Employers can do something today that will benefit them and their workforces into the future.

Research demonstrates clearly that it is far more costly to pay for cancer treatments and support than it is to provide early detection and tobacco cessation services. Direct medical expenses (health insurance premiums) and indirect costs (lost productivity) related to treating employees with cancer cost every employer thousands of dollars every year.

Today, the annual healthcare expenditure in the U.S. is \$2.4 trillion<sup>68</sup> – and more than \$200 billion of that goes to treating cancer. We know that 75 percent of all healthcare costs stem from health conditions that can be prevented or treated if detected early, yet only one percent<sup>69</sup> of annual healthcare expenditure is allocated to protecting health and preventing illness. And, from recent rates of growth, this year health benefits costs will eclipse profits at the average Fortune 500 company.<sup>70</sup> At a time of such challenges in the healthcare system, responsibly reigning in health care costs is everyone's job, including that of business. What can employers do to save money?

- Eliminate co-pays and deductibles for cancer screening tests and smoking-cessation programs
- Provide individual incentives to employees who follow screening guidelines and engage in tobacco-cessation efforts
- Distribute educational materials to employees reminding them of screening guidelines and the importance of smoking cessation
- Ensure that all eligible employees use these services
- Implement tobacco-free policies

Additionally, implement programs that make your company eligible for *CEO Cancer Gold Standard* accreditation. You will not only benefit your workforce and your bottom line, but you will inspire others to act, a ripple effect with no end. You may also want to become involved in the Partnership for Prevention, and if you are a large employer, the National Business Group on Health.

In the end, the war on cancer will be won not by others, but by you. It is, in fact, not only possible, but also highly cost-effective and socially responsible.

Set an example. Become a leader. Save money and save lives. Create a sea change.



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