January 24, 2013

Dear Hoosier Employer:

Did you know that approximately 2.4 million Hoosiers, or two in five people now living in Indiana, are predicted to develop cancer? In 2011, approximately 34,050 Indiana residents were diagnosed with cancer, amounting to almost four new cases of cancer diagnosed every hour of every day. Cancer is devastating Indiana’s healthcare costs, mortality rates, and employee productivity — in short, cancer touches us all.

The Indiana Cancer Consortium (ICC), Indiana’s only statewide cancer coalition, invites Hoosier employers to help reverse this trend by taking part in the ICC Employer Gold Standard Initiative. This certification program establishes the workplace as the primary setting to focus on early detection and appropriate screening for cancer.

The workplace has been identified as a key way to reach average-risk, age appropriate adults for screenings that lead to prevention and early detection. According to the 2006 employer health benefits survey, employers control health insurance for preventive care for 59 percent of working adults and their dependents. According to the National Business Group on Health, in 2010 the indirect costs of cancer to employers included an estimated $136 billion in lost productivity.

Also consider that for every employee without cancer, employers spend an average of $3,000 per year in direct medical costs. When an employee is diagnosed with cancer, that number jumps to an estimated $16,000 per year. Since it is estimated that two out of every five people will eventually develop cancer in Indiana, a company that employs 100 people would spend $640,000 in direct medical costs for approximately 40 employees with cancer, compared to only $180,000 in direct medical costs for 60 healthy employees.

By joining this Employer Gold Standard initiative, employers can mitigate the effects of cancer in the workplace and reduce the burden of cancer across Indiana. The ICC Employer Gold Standard Initiative identifies Hoosier workplaces as a primary site to promote evidence-based cancer screenings.
Please take a few minutes to review this packet and learn more about the ICC Employer Gold Standard Initiative. To apply and receive the benefits of becoming a pilot organization, please complete the ICC Assessment, and return to Wendy Noe at wendy_noe@komenindy.org. Once we receive the assessment, we will be in touch with next steps. Technical assistance calls will be provided.

Once your assessment form has been returned and approved, you will be asked to complete a measurable action plan which will be due in May.

Thank you for your commitment to helping create a healthier workforce through primary prevention and early detection. We look forward to working beside you to reduce the cancer burden for all Indiana residents.

Sincerely,

Sara Edgerton  
Chair, ICC  
CEO, Community Cancer Care, Inc.

Stephen Tharp, M.D.  
Co-Chair, ICC  
Medical Director, St. Vincent  
Frankfort Hospital

Wendy Noe  
Chair, ICC Breast and Cervical Cancer Action Team  
Outreach and Grant Manager, Komen of Central Indiana
ICC Employer Gold Standard Requirements

All employers must be current members, or join, the Indiana Cancer Consortium. All employers are required to address at least two of the following cancers: breast, cervical, and colorectal cancer. All employers must design an ICC approved cancer prevention and control action plan.

In addition, employers must earn three or more points from the following best practices established in the Guide to Community Preventive Services.

<table>
<thead>
<tr>
<th>Intervention</th>
<th>List A – Benefits / Policies (1 point each)</th>
<th>List B – Programs (.5 points each)</th>
<th>List C – Communications (.5 points each)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INCREASING COMMUNITY DEMAND</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Client reminders</td>
<td>Require insurers to send age-appropriate reminders to all enrolled workers</td>
<td>Conduct annual HRAs that include cancer screening measurement and feedback</td>
<td>Conduct annual workplace communication campaigns coinciding with national campaigns (i.e. promoting colorectal cancer screening in March)</td>
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<tr>
<td>Small media</td>
<td></td>
<td></td>
<td>Distribute cancer screening small media via workplace communication channels</td>
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<tr>
<td>One-on-one education</td>
<td></td>
<td>Bring health educators to the worksite to provide on-site education about cancer screening</td>
<td></td>
</tr>
<tr>
<td><strong>INCREASING COMMUNITY ACCESS</strong></td>
<td></td>
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</tr>
<tr>
<td>Reducing structural barriers</td>
<td>Create policy allowing for time off for recommended cancer screenings</td>
<td>Bring cancer screening to the worksite (mammography vans, distribution of FOBT kits)</td>
<td></td>
</tr>
<tr>
<td>Reducing out-of-pocket costs</td>
<td>Reduce or eliminate co-pays, co-insurance, and deductibles for recommended cancer screenings</td>
<td>Reduce or eliminate cost of on-site screening opportunities</td>
<td>Promote free or low-cost screening services for un/underinsured workers such as the National Breast and Cervical Cancer Early Detection Program</td>
</tr>
<tr>
<td><strong>INCREASING PROVIDER DELIVERY AND REFERRAL</strong></td>
<td></td>
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<tr>
<td>Provider assessment and feedback</td>
<td>Require insurers to report utilization of cancer screenings; Include provider assessment and feedback in insurance contract</td>
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<td></td>
</tr>
</tbody>
</table>
ICC Employer Platinum Standard Requirements

To achieve the ICC Employer Platinum Standard, employers are required to meet the above expectations as well as:

- Address all of the following cancers: Breast, Cervical, and Colorectal
- Earn 6 or more points from the chart above.
- Attend an information call on the National CEO Cancer Gold Standard program.
ICC EMPLOYER GOLD STANDARD
ASSESSMENT FORM

Assessments must be received via e-mail at wendy_noe@komenindy.org or by mail to:

ATTN: Indiana Cancer Consortium
615 N. Alabama Street, Suite 426
Indianapolis, IN 46204.

Applicant
Name of Business: ________________________________

Street Address: ________________________________

City: _____________ State: _____________ Zip: _____________

Telephone: _____________ Fax: _____________

Contact Person
Contact Name and Title: ________________________________

Direct Phone: ________________________________

E-mail Address: ________________________________

Demographic Information
Please provide as much information as possible.

Number of Employees:

- ☐ <25
- ☐ 25-100
- ☐ 100-249
- ☐ 250-749
- ☐ ≥750

Gender:
- % Male: ______
- % Female: ______

Job Type:
- % Salaried: ______
- % Hourly: ______

Work Status:
- % Full-time: ______
- % Part-time: ______
- % Temporary/Seasonal: ______

Average Age: ______
Age by Group:

- % < 18 years of age: __________
- % 18-34 years of age: __________
- % 35-44 years of age: __________
- % 45-64 years of age: __________
- % ≥ 65 years of age: __________

Racial/Ethnic Group:

- % Non-Hispanic White: __________
- % Asian/Asian American: __________
- % Hispanic/Latino: __________
- % Black/African American: __________
- % Other: __________
- % American Indian: __________

Education Level:

- % < High School: __________
- % High School Graduate/GED: __________
- % Some College/Technical: __________
- % College Graduate: __________
- % Post-graduate/Advanced Degree: __________

Business Type:

- □ For-profit
- □ Nonprofit Other
- □ Nonprofit/Government

IN THIS SECTION, PLEASE CIRCLE 'Y' or 'N'.

1. Preventative screenings are consistent with the American Cancer Society recommended timeline guidelines:

**Breast Cancer**

*Mammography annually for woman 40 years old and above*

**Covered under insurance benefit plan?** Y / N

**Co-Pay covered by insurance/organization?** Y / N

**Cervical Cancer**

*Women aged 21 to 29, should have a Pap test every 3 years. Beginning at age 30, the preferred way to screen is with a Pap test combined with an HPV test every 5 years. This should continue until age 65.***

**Covered under insurance benefit plan?** Y / N

**Co-Pay covered by insurance/organization?** Y / N

**Colorectal Cancer**

*Annually if aged >50 years using FOBT kit annually or colonoscopy once every 10 years*

**Covered under insurance benefit plan?** Y / N

**Co-Pay covered by insurance/organization?** Y / N

2. Preventative screenings for employee’s families are covered under the package? Y / N

3. Employees have paid time off (i.e. sick leave) in order to visit the doctor to have regular screenings? Y / N

4. Incentives are provided for employees to support prevention, specifically cancer screening? Y / N
5. Employees are educated on what screenings are covered under their benefits package? Y / N

6. Is anyone in the organization aware of what current cancer screening rates are for employees? Y / N
   Would your organization be willing to gather cancer screening rate data? Y / N
   If no, why not?

7. Upper management is involved and dedicated to the organization's overall wellness goals? Y / N

8. There are disease management programs or resources for employees with conditions with high-cost productivity implications (e.g. cancer)? Y / N

9. Does your organization communicate/promote the importance of screening for:
   Breast Cancer? Y / N   Cervical Cancer? Y / N   Colorectal Cancer? Y / N

10. Does your organization have a wellness committee or group? Y / N
    If Yes: Are cancer screenings a part of their agenda? Y / N

11. Could cancer screening initiatives be added to the wellness goals? Y / N

12. Does your organization provide resources for those living without health insurance? Y / N
    If No: would you if you had a list of resources? Y / N

13. Which evidenced-based strategies is your organization already using to increase screening rates for your employees (Please mark with 'X')?
    ☐ Provide incentives such as flex time or paid time off/sick leave, for appointments with health professionals.
    ☐ Reduce out-of-pocket costs by eliminating or minimizing co-payments or deductibles for cancer screenings.
    ☐ Extend coverage of these services to spouses and dependents of members/constituents/employees and include these services in retiree health plans.
    ☐ Work with your health plan to ensure that the plan’s healthcare providers are routinely referring patients for screenings.
    ☐ Align with the ICC’s overall strategies of increasing Indiana breast, cervical, and colorectal screening rates and implementing wellness policies within your organization.

Human Resource/Benefit Specialist Commitment Signature:
The Indiana Cancer Consortium (ICC), Indiana’s only statewide cancer coalition, invites Hoosier employers to help reduce Indiana’s cancer burden by taking part in the ICC Employer Gold Standard Initiative. This program establishes the workplace as the primary setting to focus on early detection and appropriate screening for cancer.

**Why Invest?**

**Partnership in Prevention**

**Absenteeism**: Average 28% reduction in sick leave

**Disability**: Average 30% reduction in workers’ compensation and disability management claims costs

**Productivity**: Productivity losses related to personal and family health problems cost U.S. employers $1,685 per employee per year

**Health-care costs**: Average 26% reduction in health costs

**ROI**: Average: $5.93-to-$1 savings-to-cost ratio

**In 2010, indirect costs of cancer to employers included an estimated $136 billion in lost productivity.**

National Business Group on Health

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**Employers who want to invest their health care dollars wisely will emphasize preventative services that are proven to be cost-effective... breast, cervical and colorectal cancer screenings have been proven to be cost-effective in the short, mid and long-term.**

“Why Invest?” Partnership in Prevention

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**WHY?**

**WHO?**

Providers, Local Health Departments, Insurers, Hospitals, Health Educators, University Health Systems, Key Partner Organizations, Trade Organizations, Organizations Serving Hard to Reach Populations, etc.

**WHEN?**

January 2013: Assessments Distributed
February 2013: Informational Calls
March 15, 2013: Assessments Returned
March to April 2013: Action Planning
May 2013: Final Action Plans Submitted
June 1, 2013 to April 30, 2014: Implementation of Policy Strategies
April 2013: ICC Annual Meeting
Recognition