

# A Call for Wellness 2.0

*The Rev. Jeff Thiemann, President and CEO of Portico Benefit Services, delivered this speech to the ELCA Conference of Bishops on Oct. 5, 2015. Visit [PorticoBenefits.org](http://PorticoBenefits.org) and select “Call to Live Well > Wellness Reformation” to watch the speech online.*

Jesus came that we would have abundant lives. And we have been given gifts to steward. I am here to share with you a two-edged message. It is a warning and an invitation. I want to sound the alarm, and I want to stir your imagination. I want to present serious challenges, and I want to call us to reformation. I speak of rapidly increasing health care costs in this country, and rapidly increasing costs inside the ELCA.

Across the ELCA, congregations and leaders are acutely aware of these high costs and the fact that they are reaching the outer limits of affordability. But I also bring hope. All is not lost. This is a problem that we can solve as long as we accept that gift of abundant life together.

So why are health care costs rising so quickly? It’s a simple matter of good news and bad news. Medical intervention is producing wonderful but high-cost treatments and specialty prescriptions that have turned what used to be fatal diagnoses into chronic conditions that can be treated for a lifetime. Unfortunately, a sedentary, overweight, aging American population is increasingly dependent on those medications for the long-term. And the result? Rapidly escalating medical costs.

Left unchecked, what does this mean for the ELCA? Financial instability — for congregations, for their leaders, for synods, and, in the end, for this church.

As increasing health contributions bite deeply into already decreasing budgets, fewer congregations will be able to afford full-time pastors. Health benefits, salaries, and even calls — as you well know — are already being cut back. Leaders find themselves making hard choices, perhaps buying insurance on their own, or worse, considering leaving the ministry to provide the support they need for themselves and for their families. Promising candidates may opt to not enter the ministry at all. And those who stay find it increasingly difficult to support their families with the money and the benefits that remain. Inevitably, mission support will be impacted, compromising already bare-bone synod budgets and impacting the work that we can all do together as the ELCA.

Now, you know this is true. And you may be wondering, “What can we do? This problem seems so big.” Yes, there is a lot about the health care system and costs that we can’t control. But I’m here to tell you that there is a lot that we can control. To reduce our health care spending, we must, number one, adopt healthier lifestyles. And number two, we must become wiser consumers of the health care dollars that we spend. When we’re healthier, we consume less health care. And when we buy health care with an eye to quality and cost, we spend less. And when we spend less, health care coverage costs less.

Today, I’m going to hold up a mirror in front of all of us to look at where we are, as a community. No, we are not as healthy as we need to be. And yes, I’m going to share with you some facts that are sobering. But I want you to hear this information from a place of hope.

I believe rostered leaders and the congregations they serve can become significantly healthier, physically and emotionally. And I believe our congregations can better support these leaders, providing not only salary and benefits, but by cultivating communities that nurture healthier lives. In the process, we will not only contain health care costs, our leaders will become more resilient, the kind of leaders the church can call upon to thrive in the coming decades. As this church flourishes, living testimonies of good health and abundant lives will be shared.

It's been almost eight years since my predecessor, John Kapanke, stood in front of the Conference of Bishops and shared, at that time, the state of poor health within the ELCA. A year later, we launched what became our wellness-oriented health plan, where we began to reward members and their spouses for taking the health assessment and then for doing follow-up health activities.

So, how has this worked for us? Has it changed the national health profile of our membership? For some, yes. But for the vast majority, no. The health plan was innovative in its day. It had a gentle, invitational approach. As a community, we sampled wellness. We took stock. We were invited to try an activity for four to six weeks. But only half of us even did that second activity. And for most people, it did not become a lifestyle change.

Since 2007, we've captured over 300 wellness voices, stories that now weave together in a very familiar storyline: "I was skeptical at first. I did it for the money. But then I noticed that it had an impact. My family started to do something with me. I stopped using a medication. It had a positive impact on my health and on my ministry. Thank you. That has made a difference." But these are just 300 stories out of thousands of members.

So let's be clear, our ELCA health plan does critically important work. We spent \$120 million in 2014 on health claims for medical and pharmacy benefits for our members. And it makes a big difference. We paid for 8,200 checkups and screenings, 100% paid for. It helped four out of five of us get prescription medication — 300,000 prescriptions — to fight chronic conditions or infections that make life possible for some people. It paid for over 4,000 emergency room visits and hospital stays. It helped one out of 10 of us get access to counseling or therapy services. And it provided 550 of us with life-giving or life-extending cancer treatment.

But, as a community, we have not made enough progress towards greater health. Our claims continue to be higher for a national group our size. And, what's worse, the lifestyle-related health risks that are most strongly correlated with health problems have not significantly improved. In some cases, they've increased.

ELCA-Primary health claims are 23% higher than the same national group our size within the Blue Cross Blue Shield network; 23% higher. So why is that? Well, we are 11 years older than the average group. We work in more stressful environments. And, our population has a higher incidence of chronic conditions like diabetes, heart disease, asthma, kidney disease, and heart failure.

So what does the annual health assessment tell us about our collective health? As of 2014, six years after rolling out our wellness plan, our risks have only marginally improved. And in some cases, they've gotten worse. 72% of us are at risk for poor nutrition. That's an improvement from 75% in 2008, but after eight years of talking about the impact of poor nutrition, 72% are still not eating well. High blood pressure: 51% of us are at risk for high blood pressure. That's down from 59%, and that's good news. But, people don't understand that high blood pressure contributes to many other diseases, and that's dangerous for us. 57% of us are at risk for poor emotional health. That's about the same as it was eight

years ago. This is troubling because high stress levels contribute to all sorts of illnesses, and that correlation is very, very clear. We may feel we're coping with it, but it's taking its toll. 59% of us are at risk for not getting enough exercise. That is up from 50% in 2008. And finally, overweight: 68% of us are at risk for being overweight, up from 67% in 2008. Despite all that has been communicated, not just by Portico, but by other methods in the United States, two-thirds of us are overweight. And we know better now than ever that this is a serious problem, and it leads to things like cancer, high blood pressure, high cholesterol, heart disease, diabetes, stroke, and osteoarthritis.

If you think about it, if we had the choice to be healthy or not to be healthy, we would all choose to be healthy. And yet we're not behaving that way. So, when we look in the mirror, we see higher-than-average claims and higher-than-average health risks that have not significantly improved during the eight years.

At Portico, the ELCA's non-profit benefit ministry, we know it's time for a change. I propose that we look at what we've done these last eight years as Wellness 1.0, our first foray into this. But it's time for something new. It's time for Wellness 2.0. Blue Cross Blue Shield estimates that 30% of claims nationwide are preventable. Now, there is a significant amount of inefficiency and over-treatment, but 30% is huge, and that could be significantly reduced by, number one, using the right level of care, and, number two, adopting healthier lifestyles.

So, in the coming months, you can expect the following from Portico: Creative adjustments to the health plan. We are exploring ways, now, through the health plan, to help our members become better health care consumers and support their efforts to adopt healthier lifestyles. By re-thinking our plan design and benefit offerings, we can do more to steer members toward options that deliver quality outcomes in a cost-effective way. By helping members understand how health care is priced and billed, we can all be better prepared to shop for health care wisely. By working with innovative, cutting-edge tools, we'll be able to provide our members smart tools that will help them be wiser consumers, and also get on board changes that will increase the probability that they will incorporate healthy choices to live out healthy lifestyles.

Secondly, a refocused 2016 GO! Invitation. We're beginning to shape the 2017 health plan that helps members achieve measureable outcomes, durable lifestyle changes — not rewarding just good intentions, but rewarding outcomes. And in the short term, we're going to start to implement some of that with our 2016 GO! Invitation. What you can expect is to be asked to take concrete steps to impact your health and the health of the communities that you're part of.

Thirdly, collaboration. We know that culture change doesn't happen unilaterally. We will initiate a series of conversations across the ELCA over the next six months. And our hope is that, collaboratively, ELCA leadership will develop a strategy for culture change, and, if appropriate, we will introduce this strategy at next year's churchwide assembly.

So, to you, ELCA leadership, I ask you to provide a critical new element: Mutual expectations. Wellness 2.0 needs to be about how we show up, not just about taking small, temporary steps. Despite good intentions, we have not, as a group, taken wellness seriously over the last eight years. And I believe it is critical that this church clearly defines, communicates, and reinforces that it expects its leaders to be as healthy as they can be, from candidacy through retirement. And equally important, we need this church to define, communicate, and reinforce to sponsoring organizations the expectations that they support their leaders to live healthy lives.

This will be creative work. Within our respective organizations — congregations, synods, seminaries, churchwide, and Portico — each of us can explore what it means to define, communicate, and reinforce

cultural expectations based on honesty, respect, and hope, not shame. By working through all expressions of this church, I believe we can change cultural expectations for good health in this church, so that healthy leaders become the norm, not the exception. So, as you prepare to leave this gathering, I have three statements, and I want to ask you if you can agree to these three statements.

Number one: “I understand and accept that we have a systemic problem.” If we, as a group, don’t become healthier, it will cripple our congregations and, ultimately, the effectiveness of our ministry together.

Number two, I’d ask you, can you agree with this? “I recognize that change is possible.” I believe we can change the expectations of ELCA leadership, and we can establish healthy lifestyles as our norm.

And then, finally, the big one. I’m asking you to agree to this. “I’m prepared to determine what step or steps I need to take.” It may be that you need to take a step toward healthy living. It may mean that you need to return to a healthier lifestyle that you once lived. It may be that you are living a healthy lifestyle, and you need to be a role model and encourager and a supporter to those around you. I’m asking that you accept that this starts now.

While serving as a parish pastor in California, I took the Mayo challenge seriously. I worked with a Mayo coach, I committed to regular exercise, I moved toward a healthier weight, I ended up avoiding beginning a prescription drug that would have become a lifetime medication, and I experienced a path to a much healthier lifestyle. Now, in my current call, I experience different stressors than you do, than parish pastors do. Sometimes I feel like I’m serving a congregation of tens of thousands of members, and they’re not all happy. But I tell you this because I want you to know two things. I want you to know that I’m doing my part, and secondly, I would not ask any of you to do something that I’m not willing to do myself.

So, you may be reaching for a more concrete picture of what this Wellness 2.0, this wellness reformation looks like. What will it look like down the road? And I don’t have all the answers, but I can give you some ideas. We’ll be guided and held accountable by clear expectations for self-care within this church, and these expectations will be role-modeled first and foremost by you and me, those responsible for key leadership in this church. We’ll embrace the concept of *metanoia*, a changed heart; we’ll create or return to a healthier version of ourselves. I’m not talking about comparing yourself to some photoshopped picture on the front of a fashion magazine. I’m talking about returning, or maintaining, living as healthier versions of ourselves — healthy enough to manage the stress and demands of this call of service. Not to be perfect, but to be well, even in the midst of disease. And when we face setbacks, we don’t give up. With the support of those around us, we get back up and keep going. Each rostered leader and sponsoring congregation will hold each other accountable, to reclaim health and resilience for all the people of this church, with grace, with love, and with hope.

Now this won’t be easy, and it’s going to involve emotional angst, physical hurdles, and difficult conversations with family members, congregation members, and colleagues. But we’ll find the way to greater health because the church is the right place for us to have these uncomfortable conversations. This is the place that believes in transformation. This is what we’re called to live within. It’s where people find, in that community, hope, and forgiveness, and grace. And in the process, we will create a legacy for those that come behind us — a healthy culture that supports them as they follow God’s call.

So I want to follow up with you and solicit your feedback. Portico cannot do this on our own. We can’t do it to you, we can’t do it for you. But over time, with strength and courage, hopefulness and grace, I believe that we can be reformed together. Jesus came that we would have abundant lives, and I believe that it is time for us to stop walking away from that promise in the way that we live. Thank you.