

**Name of Program:** Culture of Health & Wellbeing (COHWB)

**Company/Organization:** DTE Energy (DTE)

**Number of Employees:** 10,668

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**Program URL, if applicable:** [Health & Wellbeing | DTE Energy](#)

**Vendor(s), if applicable:** Exos, Livongo, Merative, SmartDollar, Virgin Pulse, Your Dedicated Nurse, Weight Watchers, Empower, Henry Ford Health, Beneplace, Eurest, Biokinetix, ATI Worksite Solutions, Requisite Communications, GYRO, HealthNext

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## Section I: Executive Summary

DTE Energy (DTE) is an energy company with nearly 11,000 employees across 22 states at over 100 locations, headquartered in Detroit, Michigan. DTE has a long rich history of supporting and investing in employee Health and Wellbeing (HWB). DTE introduced Energize Your Life (EYL), DTE's corporate wellness program, in 2004. In 2018, DTE leadership took a commitment to HWB to the next level, aspiring to transform to a best-in-class Culture of Health & Wellbeing (COHWB). The execution commenced in 2019 with a significantly increased investment and the implementation of a sequenced 5-year strategic plan. Since 2018 DTE has received 24 awards (Section III, Figure 10) from prominent industry organizations; including most recently, winning the 2023 Best Employers Excellence in Health & Wellbeing Award from Business Group on Health. **DTE is distinguished by its extraordinary level of leadership support, robust investment, ambitious goals, integrated HWB interventions, strong incentives and disincentives for HWB behaviors, and data-driven approach using established evidence-based methods.**

The DTE COHWB empowers program members to live healthy, happy lives that foster a lifetime commitment to wellbeing and vitality. DTE includes all employees, their families, and pre-65 retirees in their HWB offerings. The program is rooted in four dimensions of wellbeing: physically thriving, emotionally resilient, socially connected, and financially secure. DTE's programs are designed to maximize participation and engagement. As a result, DTE sees participation upwards of 85% in their Healthy Living Requirements (HLR) - completion of an annual physical and health assessment.

DTE approaches their COHWB transformation with the same business rigor and instrumentation as every other business initiative, with six-sigma, continuous improvement methodologies, and leading and lagging indicators of success. Measurement is central to their program.

To understand the impact of COHWB commitment, a pre-post eligible population program evaluation method was employed to demonstrate that DTE is bending the curve on the prevalence of key lifestyle-related conditions (e.g., diabetes, heart disease, obesity) as compared to MarketScan<sup>®</sup>, a national comparator population. A pre-post analysis showed that DTE's HWB program investment substantially reduced workers' compensation claims and workplace injuries. This application will also demonstrate, using industry-leading methodologies, how DTE's COHWB has pervaded the organization as evidenced by a high employee satisfaction rate and how DTE has met organizational leadership goals as evidenced by the HWB awards it has won. These latter outcomes do not use a pre-post evaluation design since collection of the data started 2018 or later. These outcomes are included to demonstrate how DTE is meeting and exceeding organizational targets.

DTE achieved these outcomes by providing individual-level resources that lead to knowledge sharing, support, and engagement. Organizational improvements create a wellbeing supportive environment.

Our commitment to total wellbeing is paramount to the success of the company. If we take care of ourselves, we will be able to take better care of our families, customers and communities where we live and serve.

**Jerry Norcia, Chairman and CEO**

All efforts receive leadership support and management alignment. The cornerstone of EYL is the team, which consists of 33 full-time wellbeing coordinators, athletic trainers, registered dietitians, and exercise physiologists. Employee responses to the Gallup Poll question “My company cares about my overall wellbeing” rank 83rd percentile in 2022 showing that employees feel supported at DTE.

## Section II: Narrative Description of Program

### A. Organization Description

DTE is a Detroit-based diversified energy company involved in the development and management of energy-related businesses and services nationwide: 2.3 million electric customers in Southeast Michigan, 1.3 million natural gas customers in Michigan, and non-utility businesses focused on industrial energy services, renewable natural gas, and energy marketing and trading.

DTE has almost 11,000 employees; 50% of which are field based, 49.3% are represented by a union and 29% are minorities and 29% are female.

DTE is leading the way to a cleaner, safer, and smarter energy future. Their purpose is to improve lives with their energy, and they aspire to be the best-operated energy company in North America and a force for growth and prosperity in the communities where they live and serve. They will achieve this by practicing distinctive service excellence while driving growth.

DTE's actions are driven by their operating model which includes its Service Keys (Safe, Caring, Dependable and Efficient) and Leadership Principles (Inspire, Innovate and Deliver). They understand that to take care of their communities and customers, they must first take care of themselves.

In 2018, DTE leadership established an enterprise priority to become a best-in-class COHWB. Safety and wellbeing are called out directly in the DTE company's operating model. Principles of wellbeing are captured under our Service Keys of "Safe" and "Caring". Employee wellbeing is captured in the Leadership Principle "Inspire".

A COHWB is about surrounding employees with the environment, policies, tools, and cues that support making healthy choices. It's about creating a culture where the healthy choice becomes the valued and easy choice.

As a result of establishing a COHWB as an enterprise priority, DTE significantly increased investment towards HWB initiatives between 2019-2022, such as:

- Expanded the wellbeing team to include 11 athletic trainers focused on MSK and injury prevention, and registered dietitians solely focused on executing a best-in-class nutrition transformation across all locations' cafés, vending, convenience stores, and coffee shops including subsidizing healthy food/beverage purchases and implementing choice architecture
- Invested in the development of a robust HWB measurement strategy
- Focused on mental health gaps, including anti stigma, and launched mental health first aid training
- Built required HWB training for leaders and employees

Our Health & Wellbeing strategy, the belief in it and the rigor in executing it has elevated our efforts to a movement – a movement with strong momentum that has fostered a fundamental change in values at DTE. Health and wellbeing has become a source of pride. It is some of the best work I've been connected to in my career."

**Diane Antishin, vice president, HR and Chief Diversity & Inclusion Officer**

- Implemented a chronic condition management program to address DTE’s most prevalent chronic conditions
- Launched Complex Care Management to focus on critical illness burden
- Executed a HWB multimodal and multimedia marketing campaign designed to inspire vitality
- Published Annual Culture of Health and Wellbeing reports since 2019

It has been very rewarding to see the positive impact of our health and wellbeing efforts on our DTE family. The efforts of EYL, our business partners and our whole team is starting to really change how our fellow employees and their families approach their wellbeing. It’s so inspiring and highlights the true importance of this effort.

**David Ruud, senior vice president, CFO and Wellbeing Executive Champion**

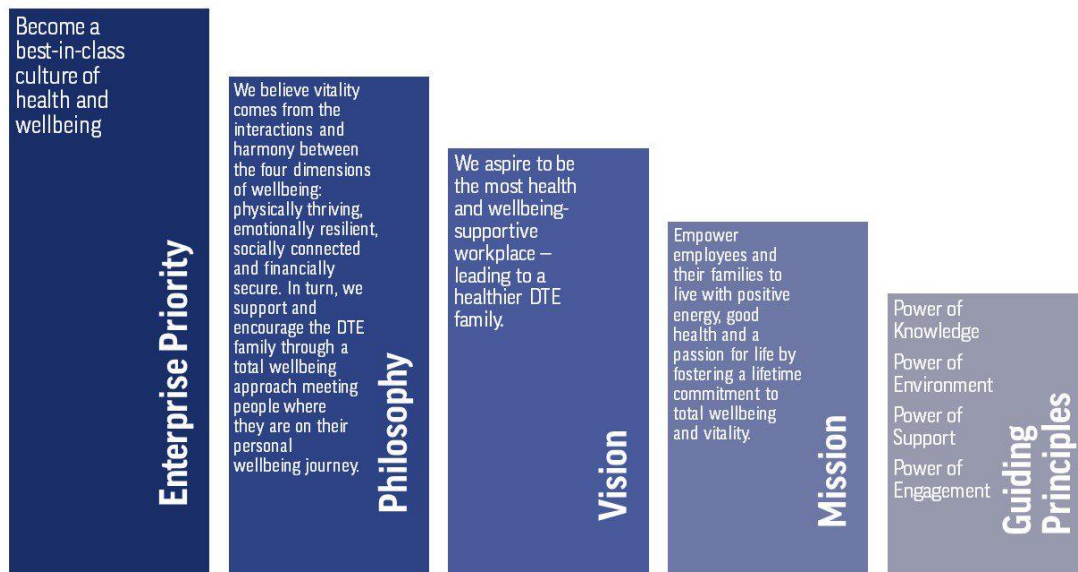
All these changes propelled DTE on its journey to a best-in-class COHWB, and have begun to positively impact the health, safety, and wellbeing of the DTE family.

## B. Health Improvement Efforts and Strategy

### 1. Organizational Health and Wellbeing Goals

DTE’s HWB organization is driven by its priority, philosophy, vision, mission, and guiding principles (Figure 1) to ensure DTE employees can live their best lives. DTE's program is organized around the four dimensions of HWB (Figure 2): financially secure, physically thriving, emotionally resilient, and socially connected.

**Figure 1:** DTE Health and Wellbeing Organizational Framework



**Figure 2:** DTE's Four Dimensions of Wellbeing



To guide their mission, DTE established macro-level goals of leading and lagging metrics. They are steeped in evidence-based approaches and are embedded in the knowledge that if DTE creates a best-in-class COHWB at an organizational level, the individual health and wellbeing metrics of the DTE family will improve.

Table 1 outlines the leading and lagging indicators tracked throughout the year on a HWB dashboard called the HWB Corporate Cockpit.

**Table 1: Leading and Lagging Indicators for Measurement**

GOAL		
LEADING INDICATORS*		
Cultural	1	Annually, achieve a predefined Employer Health Opportunity Assessment (EHOA) target
	2	Annually, achieve a predefined Site Scan Culture Check (Site Scan) target
	3	Tracks monthly progress against project plan scopes of work/goals/milestones identified to achieve annual target

\*The leading indicator metrics roll up to the Enterprise Aspiration Scorecard that rolls up to the Annual Incentive Plan.

LAGGING INDICATORS		
Measures indicators of <i>effectiveness, experience, and efficiency</i> of our wellbeing efforts.		
Effectiveness	4	Reduce prevalence rate of our Top 5 Key Conditions (diabetes, heart disease, hypertension, musculoskeletal, mental health) and achieve prevalence rate target of top 25 percent of a MarketScan benchmark
	5	Achieve target in line with the top decile of a MarketScan benchmark for the Health and Longevity Score (HLS), which is a composite score of biometric and health risk assessment for 11 identified risk factors using a Merative proprietary methodology
	6	Achieve target in line with the top decile of a MarketScan benchmark for prospective DCGx Risk score and reduce the population that is defined as struggling or In-crisis.
	7	Reduce prevalence rates of short-term disability
	8	Annually, stabilize, maintain, or improve incident rates prevalence rates of workers' compensation claims and achieve a target in line or average MarketScan benchmark
	9	Annually, stabilize, maintain, or improve incident rates of Safety Incidents. Achieve rates in line with OSHA and DART benchmarks.
Experience	10	Achieve a target of 100% with an established relationship with a primary care provider, which is called Medical Home Attribution. Identifies patients with an established PCP using Merative's imputed PCP methodology.
	11	Achieve a target of 80% adherence to preventative and chronic care using performance against Merative's overall recommended care guideline quality metrics
	12	Achieve a target of 90% of members completing the Healthy Living Requirements (HLR) to avoid a penalty premium surcharge
	13	Track members program satisfaction and satisfaction with DTE vendors. Track against a Virgin Pulse book of business rate.
	14	Annually, stabilize, maintain, or improve Wellbeing Engagement Score as captured on the Gallup Q12 survey
Efficiency	15	Annually, stabilize, maintain, or improve self-reported Productivity using Virgin Pulse health assessment
	16	Reduce health related days off and cost per employee
	17	Track medical and prescription drug cost trends and compare to MarketScan benchmarks, PWC predicted trend, and general CPI
Awards and Leadership	18	Annually, DTE will apply for recognition to drive innovation and benchmarking and will receive local and national recognition for its health and wellbeing transformation efforts and programs. DTE will participate as a national leader in employee health and wellbeing.

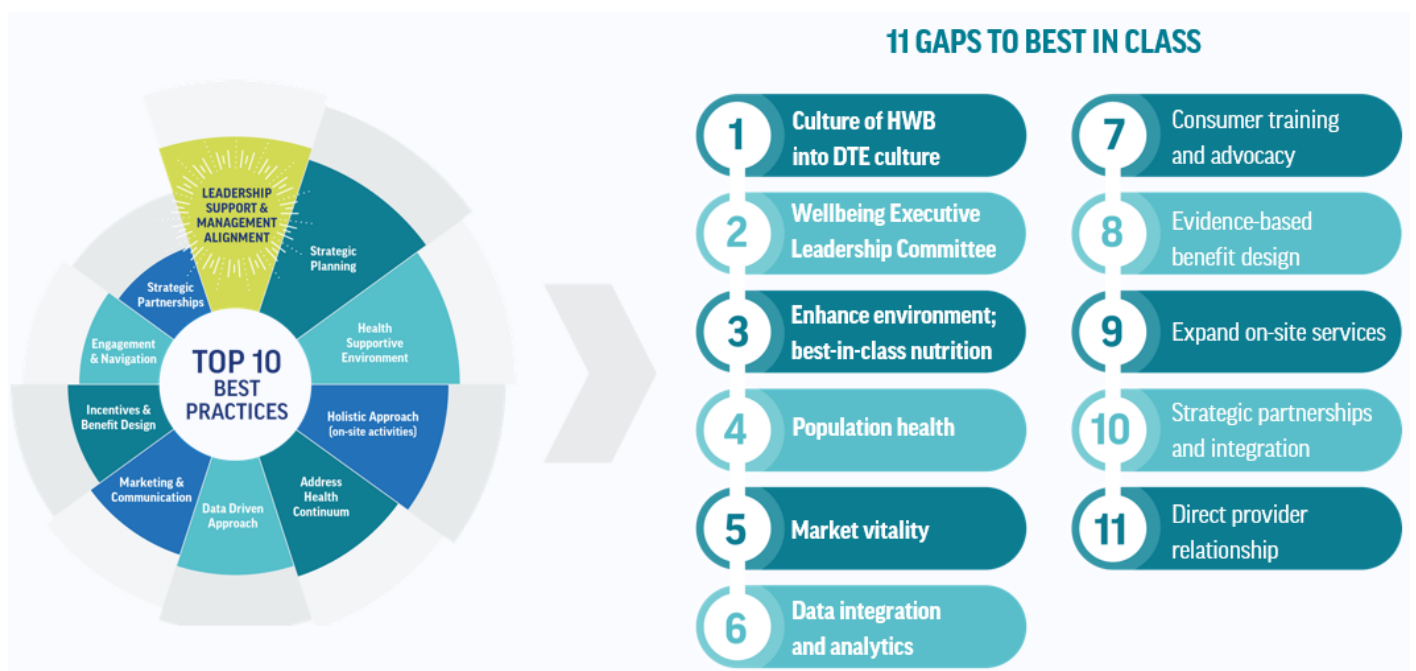
## 2. Organizational Goal Development

While DTE has a long rich history of supporting employee health and wellbeing, early data and metrics told a different story: their health and wellbeing metrics when compared to the world, the US, Michigan, and even Detroit, were concerning.

Jerry Norcia, Chairman, President & CEO of DTE Energy, made a commitment to embark on a cultural transformation to support the HWB of the DTE family. To ensure alignment with his Executive Committee and Senior Leader Team, he led immersive conversations until there was overwhelming agreement that “developing a Culture of Health & Wellbeing is clearly connected to our overall business goals, but most importantly, it’s the right thing to do.”

In 2018, DTE conducted extensive benchmarking to learn what other employers had done to achieve a best-in-class COHWB. They identified 10 best-practices through benchmarking and evidence-based research, then conducted a six-sigma gap analysis and identified 11 gaps (Figure 3). They scoped over 80 projects to mitigate the gaps, formulated a project schedule, and created a glide path to best-in-class.

Figure 3: Best-in-Class Gaps



DTE then embarked on aligning the C-suite and leadership with the following concepts:

1. DTE knew how to engage in a successful cultural transformation - their Culture of Safety transformation went from a bottom quartile to top decile safety performance.
2. Health and Safety was their #1 value; they simply needed to “widen their lens to focus on health with the same intensity and instrumentation” as they did with safety.
3. HWB is a leading indicator/enabler of their overall business goals: safety, engagement, productivity, and more.



4. Caring for employees' wellbeing is a natural extension of their focus on keeping employees safe.
5. A paradigm shift to be PROACTIVE, PREVENTATIVE and EMBEDDED, rather than a reactive episodic countermeasure was the priority.

### 3. Scientific Principles

DTE uses evidence-based practices and principles to drive health improvement and cultural transformation including population health management, Center for Positive Organizations, Transtheoretical Model of Change, and a total wellbeing approach.

The goal of using the population health management approach is to provide support at every stage of the population health continuum (Figure 4) in all four dimensions of total wellbeing.

Figure 4: Population Health Continuum

Well	Keep the healthy people well.
At Risk	Reduce the number of DTE family members at risk for illness.
Acute Illness	Provide rapid access to primary care and social support for acute illnesses.
Chronic Illness	Ensure members with chronic conditions are managing those conditions with excellence.
Catastrophic Illness	Provide access to the highest quality care for serious and catastrophic illnesses.

DTE applies the concepts of transformational research on “positive organizations” through the University of Michigan’s Ross School of Business. This work inspires and enables leaders to build high-performing organizations that bring out the best in people. One of the benefits of Positive Leadership is ‘research-backed improvement of employees’ wellbeing as related to positivity and growth mindset.’

Related to health and wellbeing behavior change, DTE’s implements a whole person / total wellbeing philosophy: individuals’ health and wellbeing are equally driven by their physical, emotional, social, and financial health.

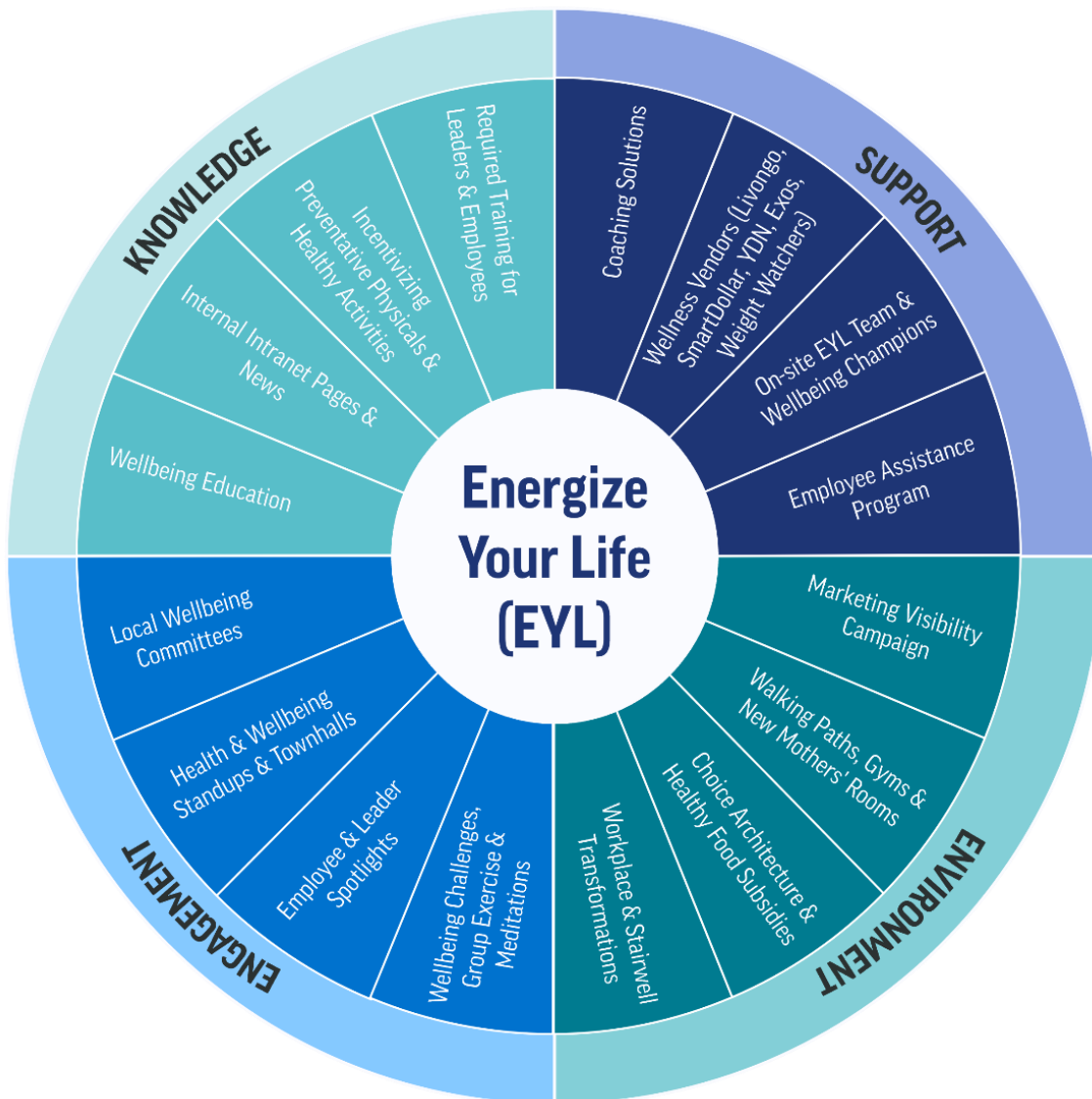
DTE builds their programming and ensures support meets people where they are on their wellbeing journey, and level of readiness, by incorporating the Transtheoretical Model of Change theory delivering awareness, education, and intervention programming to move employees through the Stages of Change continuum across levels of readiness.

## 4. Efforts to Achieve Health and Wellbeing Goals

### a. Individual-level Efforts

A key strength of DTE’s approach is the breadth and depth of the programs provided to its employees and families. This section describes the individual programs followed by a description of the organizational programs. Collectively, they constitute the multi-faceted “intervention” that drives the outcomes described in Section III. All employees and spouses can participate in the Energize Your Life (EYL) wellbeing program. The program is built on the foundation of the guiding principles (Figure 5): The Power of Knowledge, Support, Engagement, and Environment. For a more complete listing of programs and offerings, see supplemental materials in Section V.

Figure 5: Energize Your Life Wellbeing Program Principles



The Power of Knowledge is how EYL enhances the awareness of the link between lifestyle habits and program offerings and educates employees as active leaders in their health.

The Power of Support ensures the right support is provided to the right person at the right time. To that end, the EYL Team serves 60 In-person locations and an additional 44 locations virtually. In addition to providing personal 1:1 support and delivering extensive health education (Section III Table 3), the EYL team connects employees to the appropriate resources available via the robust ecosystem of program and support offerings.

The Power of Engagement creates opportunities to inspire engagement with efforts top-down and at the grassroots. Overall engagement is driven by extrinsic rewards, including financial incentives for completing the annual HLR and engaging in the wellbeing portal, discounts on healthy food, and peer-to-peer recognition for being supportive and healthy.

The Power of Environment aims to make healthy choices an easy choice and drives improvements made to the physical and virtual environments (addressed further in Question 4b).

SmartDollar REALLY WORKS! I have used it for a couple of years now and it helped me to save for a mortgage, a wedding and even our Hawaii honeymoon. Some advice that resonated with me, and is engraved in my financial plans, is that before making any plans to save, one has to focus on getting rid of debt. This resource has helped me stay disciplined and accomplish my financial goals throughout the years.

**Galia Ainsworth, specialist, Labor Relations**

I thought 2021 would finally provide some relief from the pandemic and all the craziness going on in the world. But I guess not! Just when we thought we were coming out of COVID-19, the variants appeared. It felt like we took 10 steps back. To avoid crumbling from the stress, I focused on ways to strengthen my mental health. I participated in the Wellness Moments that EYL offered and started meditating. I also dedicated at least 15 minutes a day to taking care of myself with creative outlets, like crafting wreaths for different holidays. All those steps helped me cope.

**Rosalinda Gonzales-Johnson, collection representative,  
Customer Outreach**

## b. Organization-level Efforts

In 2018, DTE doubled the financial investment available to support the cultural transformation. The allocation of wellbeing and prevention dollars increased to 7% of the active healthcare spend. At that time, wellbeing was also integrated into health plans, hiring, compensation, training, performance review, paid time-off or absence, flextime, remote work, tobacco usage, and other policies.

The Wellbeing Executive Leadership Committee (WELCOM) was created in 2019 at the request of the CEO with the CFO as the WELCOM Executive Champion. The WELCOM Executive Champion serves as a thinking partner responsible for executive communications, driving accountability at the highest level and reinforcing strategy. The WELCOM is comprised of 25 leaders and executives, representing all business units, that are responsible for specific projects designed to mitigate the gaps to best-in-class and to cascade the HWB commitment. These projects are tracked through a governance process for accountability using objective metrics and milestones. Leaders and executives are provided updates on a defined cadence.

HWB is explicitly built into DTE's operations model. To ensure alignment the CEO cascades an annual HWB goal across the organization. All leaders are expected and encouraged to support the total wellbeing of the team, that includes incorporating healthy activities into their teams' day. All leaders can earn rewards by initiating HWB activities. Ultimately, the success of meeting the annual HWB targets factor into the Compensation Committee and the Annual Incentive Plan.

Locally, employees are supported by the 200-person Wellbeing Champion network and 19 Local Wellbeing Committees as part of the WELCOM governance. Champions are responsible for attending an annual summit, participating in monthly wellbeing updates, engaging, participating, promoting, and giving feedback in EYL programs. The Local Wellbeing Committees meet monthly and are responsible for driving local HWB, cascading the commitment of wellbeing at a local level, escalating concerns to the WELCOM, and addressing site-specific cultural needs.

DTE's physical environments are designed to support HWB. All sites with over 100 employees have gyms, walking paths, meditation/prayer rooms, and wellness zones. Eight sites have clinics. Headquarters has a Performance Center that has a state-of-the-art fitness facility, a gymnasium, a clinic that includes physical therapy, counseling and quiet room, and a rest and recovery area. All DTE locations have undergone or are undergoing workplace transformation to add sit-to-stand desks, a variety of work environments, wellbeing rooms with treadmill desks, and improved New Mothers' Rooms.

DTE's virtual environment has been improved to encourage breaks between meetings. DTE's Outlook system is set with invitation defaults, meetings scheduled for a half-hour will end 5 minutes early and meetings scheduled for one hour or longer will end 10 minutes early. Additionally, they leverage Viva Insights which schedules focus time, breaks, recognition, reminders to end the day, and Headspace meditation sessions and resources.

Since starting in 2021, I've really embraced all the Fitness Zone has to offer. I utilize both the live classes and the recordings, and exercise six days per week! Exercise has become a new and important part of my daily life, and there is no other way I'd rather start my day. The coaches have helped me with exercises, stretches and modifications for injuries or mobility issues that I've encountered. I attribute all my success to them! Not only have I lost some weight and toned up, but I feel better—healthier, stronger and more confident. I am so grateful to the Fitness Zone coaches for helping me on my fitness journey.

**Jennifer Carver, manager, Strategic Supply Category**

### Section III. Evaluation Methodology and Results

Given DTE’s decision to make HWB a key business priority in 2018 and the resulting substantial expansion of HWB programs in 2019, the outcomes in this application are assessed using pre-post evaluation. Where possible, a comparison to a Merative’s MarketScan® benchmark was incorporated. MarketScan® is the largest commercial claims data set in the United States.

#### A. Participation

The aim of the DTE Programs is to build a high-performing organization that brings out the best in people. For the evaluation, all employees and spouses enrolled in DTE’s medical plan were defined as the eligible population. The average population through the period 2017-2021 was 13,901. As a result of high employee retention rates at approximately 86% each year (Table 2), DTE has had the ability to continually introduce members to best practices and immerse them in the COHWB. DTE ensures their HWB efforts flow through every aspect of the organization and exposes all employees to the commitment of the COHWB throughout the employee lifecycle from recruitment through retirement.

HLR incentivizes members to get annual preventive screenings and complete a health assessment (HRA). Of particular importance, DTE aims to consistently engage spouses at a similar level to that of their employees.

If it weren't for the Healthy Living Requirements program, I'm not sure I'd be here today. I was diagnosed with prostate cancer during one of my annual physicals. I was young, had no family history of cancer and had no visible symptoms. Since we caught it early, it was treatable with surgery. I didn't have to go through radiation or chemotherapy. Had I waited to go to the doctor until I started experiencing symptoms, my story may have had a very different ending. I believe the HLR program saved my life.

**Mike Listello, supervisor, Safety & Health**

**Table 2:** Healthy Living Requirement (HLR) Participation, 2017-2022

Performance Year	PY 1		PY 2		PY 3		PY 4		PY 5	
Calendar Year	2017		2018		2019		2021		2022	
	Count	%	Count	%	Count	%	Count	%	Count	%
Employee	7,485	85.9%	7,926	88.0%	8,318	90.4%	7,827	85.4%	7,943	87.5%
Spouse	4,163	87.2%	4,332	89.5%	4,442	91.5%	3,956	85.4%	4,002	90.4%
<b>Total</b>	<b>11,650</b>	<b>86.4%</b>	<b>12,259</b>	<b>88.5%</b>	<b>12,762</b>	<b>90.8%</b>	<b>11,784</b>	<b>85.4%</b>	<b>11,942</b>	<b>88.5%</b>

*Note: 2020 is not listed in Table 2 as HLR was suspended in 2020 due to COVID-19 out of an abundance of caution*

Virgin Pulse, DTE’s HRA and biometrics administrator, has a benchmark for HRA and biometric completion in 2022 of 44%. Therefore, DTE’s completion rate is higher than the benchmark.

Of those that were continuously enrolled and eligible for the HLR from 2017 to 2021 (10,492 employees), 75% participated in a biometric screening at least twice.

Table 3 represents the health and wellbeing events offered directly to employees. These are not tracked at a unique employee level as employees can attend multiple events. This table shows a substantial increase in programming and participation from 2017-2022.

**Table 3: Energy Your Life (EYL) Employee Events, 2017-2022**

Year	2017	2018	2019	2020	2021	2022
Number of EYL Events	273	1,651	1,981	2,379	3,483	3,972
Number Participating in EYL events	9,914	48,173	66,367	69,931	83,888	89,169

Leadership is a key cornerstone to DTE’s COHWB strategy. Throughout the year DTE hosts required leader-led Stand-ups to help educate and inform employees about important topics related to DTE’s top priorities, such as safety, health and wellbeing. Leaders are provided with a discussion guide, video recordings featuring subject matter experts, education/tools/resources, and often include employee and leader testimonials and storytelling to inspire and communicate with impact. To hold leaders accountable, leaders are required to document completion. Table 4 shows HWB Stand-up completion since 2018.

**Table 4: Leadership Completion of Health & Wellbeing Stand-ups, 2018-2023**

Stand-up Leader OnTrack Completion	2018	2019	2020	2021	2022	2023
Healthy Living Requirements	88%	93%	NA*	95%	97%	95%
Emotionally Resilient	NA	NA	75%	85%	88%	NA
Physically Thriving (Injury Prevention)	70%	73%	83%	85%	87%	NA
Financially Secure	NA	NA	NA	83%	NA	NA
Socially Connected	NA	NA	NA	NA	83%	NA

*\*HLR completion of an annual physical and health assessment was cancelled in 2020*

## **B. Health Outcomes**

### **Background**

DTE has assessed health outcomes through the following:

1. Prevalence of Lifestyle Conditions
2. Workplace Injury Reduction

### **1. Prevalence of Lifestyle Conditions**

While meaningful participation and engagement are the foundation of any wellbeing program, the goal is to achieve meaningful improvements in the lives of DTE employees. DTE chose an ambitious approach to assessing health outcomes; determining whether it could significantly affect the prevalence of lifestyle-related disease, in addition to addressing the management of lifestyle conditions.

## **Evaluation Design**

**Description of Methodological Approach:** Evaluation of trends in prevalence between the DTE member population (treatment population) to Merative’s MarketScan® national database (comparator population). MarketScan® is a claims database representing Merative’s book of business. Within MarketScan®, there are approximately 4,500 customers that include 40% of the Fortune 100 employers, 7 of the top 10 U.S. payers, 70+ state, local and federal government agencies, and approximately 273 million lives. For Merative’s payer clients, MarketScan is segmented by industry and for this analysis, DTE was compared to the other utility companies in MarketScan®.

The analysis examines the two-year period (2017 to 2018) prior to implementation of DTE’s additional investment in programmatic interventions and the three-year period post additional investment (2019 – 2021).

**Choice of Conditions: The prevalence rates of conditions impactable through lifestyle behaviors are analyzed.** If DTE achieves a superior best-in-class COHWB, it is expected that rates of lifestyle conditions will fall relative to the benchmark more than those conditions that are not modifiable. To identify lifestyle conditions, a Merative grouper methodology called “Lifestyle Conditions” was applied. Lifestyle Condition groups are established from a literature review of published research showing a causal relation between lifestyle risk factors and certain conditions. For example, the diabetes Lifestyle Condition grouper does not contain the diagnosis codes for Type 1 diabetes, since research has not shown that lifestyle conditions are associated with Type 1 diabetes. The list of lifestyle conditions was narrowed for the analysis to those *related* to the five key conditions tracked on the DTE corporate cockpit: hypertension, heart disease, musculoskeletal, mental health/substance abuse, and diabetes. The Lifestyle Conditions of overweight/obesity and lipid metabolism disorders were also included since these conditions are closely related to diabetes, hypertension, and heart disease, and overweight/obesity is related to musculoskeletal conditions <sup>iii</sup>. We created a group, Any Condition, which represented the rate of people with any of the conditions listed above.

## **Population**

**DTE Intervention Population:** The intervention population consists of all active DTE members in the self-insured, medical plan enrolled from 2017-2021. 7,221 self-insured, active, continuously enrolled DTE enrollees were included in this analysis.

**MarketScan® Comparator Population:** The comparator population consists of a random sample of 8,000 continuously enrolled (2017 to 2021), active members in self-insured medical plans pulled from a set of utility companies from the Merative MarketScan® database. Demographic characteristics were similar between cohorts (Table 5).



**Table 5:** Characteristics of DTE Intervention Population and MarketScan Comparator Population, 2017

	N	Age 2017	% Female	% Employee
DTE Intervention Population	7,221	31.29	45.8%	41.2%
MarketScan® Comparator Population	8,000	30.97	47.7%	41.4%

### **Statistical Modeling**

To assess DTE’s trend in the prevalence of lifestyle conditions compared to the MarketScan® Utility company sample, the following logistic regression model was used.

$$\text{logit}(\pi_i) = \alpha + (\text{YEAR POST})x_i + (\text{DTE})x_i + (\text{YEAR POST} * \text{DTE})x_i + (\text{Covariates})$$

- where  $i = 1$  is the patient level indicator, and  $\pi_i$  is the probability of having the condition for patient  $i$
- YEAR\_POST is a binary variable distinguishing the years before and after the intervention; 1 for 2019-2021 and 0 (reference) for 2017-2018
- DTE is a binary variable distinguishing those with the intervention treatment (DTE) to a comparison sample (MarketScan®); 1 for DTE and 0 (reference) for MarketScan®
- YEAR\_POST\*DTE Interaction Term is the change in odds of having the condition from pre- to post-period for DTE compared to MarketScan®
- Covariates include:
  - Gender (ref=male)
  - Age
  - Relationship (ref=child dependent)

To test the marginal effects of the difference-in-difference (DID) interaction term across all levels of the covariates, a recycled prediction method was used<sup>iii</sup>. The recycled prediction method provides more easily interpreted statistics than raw logistic regression coefficients. The recycled prediction method computes marginal effects for each observation and then calculates the sample average of these effects to obtain the overall marginal effect. The significance of the DID trend was tested using a paired T-test statistic. Using the model coefficients, the predicted probability was calculated for each record for the four scenarios: DTE Pre-period, DTE Post-Period, MarketScan® Pre-Period, and MarketScan® Post-Period and then calculated the difference-in-difference for these four groups and tested the significance using paired t-test of the differences.

### **Results**

Table 6 shows the results from the trend prevalence regression model.

This analysis shows that DTE members have a higher probability of having lifestyle-related conditions. While the reasons for the higher prevalence of lifestyle-related conditions are unknown, we assume it is because of higher rates of risk factors within the population.



DTE has been “closing the gap” between themselves and MarketScan® in the post-period (2019-2021). This is consistent for all lifestyle conditions except for coronary artery disease, where DTE increased more than MarketScan®.

There is a 24.4% predicted probability that a member of DTE will have any condition in the pre-period. In the post-period, there is a 23.1% predicted probability that a DTE member will have any condition. This is an absolute decrease of 1.2% from the pre- to the post-period. For MarketScan, the difference from the pre-period to the post-period was an absolute increase of 0.2% (22.2% in the pre-period to 22.4% in the post-period). The absolute difference between the two differences is 0.14%. Applying these results, in the DTE population of 7,221, we would expect 87 fewer people with claims for a lifestyle-related condition in the post-period. By contrast, in a MarketScan® population of 8,000, we would expect 16 more people with a claim.

Using alpha <0.05, all conditions and having Any Condition, were significant, rejecting the null hypothesis, and indicating that there is a difference in pattern unlikely due to chance alone. DTE has also been able to reduce the probability of having a condition from the pre- to the post-periods for osteoarthritis, hypertension, overweight/obesity, and lipid metabolic disorder, diabetes, and having any condition.

**Table 6:** Predicted Probability of Prevalence Rates of Lifestyle Conditions in DTE compared to MarketScan®, 2017-2021

	DTE	MarketScan®
<b>Alcohol Use</b>		
Predicted probability of having the condition in pre-period (2017 to 2018)	0.0036	0.0018
Predicted Probability of having the condition in post-period (2019 to 2021)	0.0036	0.0022
Difference between pre-and post-period	0.0001	0.0004
<i>Difference-in-difference (P-Value of paired t-test)</i>	-0.0003 (<0.001)*	
<b>Coronary Artery Disease</b>		
Predicted probability of having the condition in pre-period (2017 to 2018)	0.014	0.014
Predicted Probability of having the condition in post-period (2019 to 2021)	0.016	0.012
Difference between pre-and post-period	0.002	-0.002
<i>Difference-in-difference (P-Value of paired t-test)</i>	0.004 (<0.001)*	
<b>Diabetes</b>		
Predicted probability of having the condition in pre-period (2017 to 2018)	0.057	0.044
Predicted Probability of having the condition in post-period (2019 to 2021)	0.054	0.042
Difference between pre-and post-period	-0.003	-0.002
<i>Difference-in-difference (P-Value of paired t-test)</i>	-0.0013 (<0.001)*	

<b>Hypertension</b>		
Predicted probability of having the condition in pre-period (2017 to 2018)	0.11	0.115
Predicted Probability of having the condition in post-period (2019 to 2021)	0.107	0.117
Difference between pre-and post-period	-0.003	0.002
<i>Difference-in-difference (P-Value of paired t-test)</i>	-0.005 (<0.001)*	
<b>Lipid Metabolism Disorders</b>		
Predicted probability of having the condition in pre-period (2017 to 2018)	0.092	0.084
Predicted Probability of having the condition in post-period (2019 to 2021)	0.078	0.084
Difference between pre-and post-period	-0.014	0.0004
<i>Difference-in-difference (P-Value of paired t-test)</i>	-0.015 (<0.001)*	
<b>Peripheral Vascular Disease</b>		
Predicted probability of having the condition in pre-period (2017 to 2018)	0.003	0.002
Predicted Probability of having the condition in post-period (2019 to 2021)	0.003	0.003
Difference between pre-and post-period	0.001	0.001
<i>Difference-in-difference (P-Value of paired t-test)</i>	0.000 (<0.001)*	
<b>Osteoarthritis</b>		
Predicted probability of having the condition in pre-period (2017 to 2018)	0.036	0.03
Predicted Probability of having the condition in post-period (2019 to 2021)	0.034	0.029
Difference between pre-and post-period	-0.001	-0.001
<i>Difference-in-difference (P-Value of paired t-test)</i>	-0.0003 (<0.001)*	
<b>Overweight/Obese</b>		
Predicted probability of having the condition in pre-period (2017 to 2018)	0.029	0.017
Predicted Probability of having the condition in post-period (2019 to 2021)	0.026	0.019
Difference between pre-and post-period	-0.002	0.002
<i>Difference-in-difference (P-Value of paired t-test)</i>	-0.004 (<0.001)*	
<b>Tobacco Use</b>		
Predicted probability of having the condition in pre-period (2017 to 2018)	0.01	0.002
Predicted Probability of having the condition in post-period (2019 to 2021)	0.01	0.003
Difference between pre-and post-period	0	0.001
<i>Difference-in-difference (P-Value of paired t-test)</i>	-0.001 (<0.001)*	
<b>Any Condition Above</b>		
Predicted probability of having the condition in pre-period (2017 to 2018)	0.244	0.222
Predicted Probability of having the condition in post-period (2019 to 2021)	0.231	0.224
Difference between pre-and post-period	-0.012	0.002
<i>Difference-in-difference (P-Value of paired t-test)</i>	-0.014 (<0.001) *	

\*Statistically significant alpha 0.05

## 2. Workplace Injury Reduction

Ensuring a safe work environment is a core value to DTE and reducing/eliminating injuries is a robust component of DTE’s overall program. To track progress in workplace safety, musculoskeletal (MSK) injury rates are a key indicator of success. The program provides support and interventions aimed at preventing injuries and optimally treating injuries when they occur. The components of the program are ergonomics, training, medical services, safety and ergonomic committees, education on body preparation, positioning, and conditioning. Examples of specific elements include pre-work warmups, in field observation and correction, ergonomic risk assessment and coaching, functional movement testing and personal programs, wearable technologies core strength training, injury triage, and light-duty return-to-work strategies.

DTE has 11 athletic trainers matrixed into the field, they conduct ride-along and job site visits to observe employees, teach the biomechanics of tasks with presentations and handouts on proper body positioning for injury prevention, physical preparedness stretching for mobility and exercises for stability, and incorporate safety.

### Evaluation Design

To assess improvements in workplace injuries, a pre-post eligible population evaluation design was used to show that both the rates and the trend in workplace injuries dropped significantly from 2017/2018 to 2019/2022.

### Population

The population was limited to active employees in the Gas Operations and Distribution Operations divisions since the work in these divisions is more likely to result in on-the-job injury (Table 7). Members were not required to be continuously enrolled.

Table 7: Gas and Distribution Operations divisions Employee Count, 2017-2022

	2017	2018	2019	2020	2021	2022
Employees	1,593	1,670	1,786	1,822	1,829	1,826

Over the next year, our challenge is to have continued success in safety, by coming up with creative ways to re-engage the workforce. We are also using preventative injury resources, already provided by the company. We have a great partnership with our EYL Team. Our EYL leaders have created a dynamic, inclusive program, that helps us all focus on our overall health. They come into the service center and help us with warm-ups to prevent soft tissue injuries, they give us recipes and tools for healthy eating, and they are proponents for mindfulness as well. Their contribution to our overall success in safety is quite evident.

**Joi Stewart, overhead line supervisor**

Thank you for all of your time and knowledge helping me with my injury. All the exercises, stretches and your extensive knowledge really paid off. I have made a full recovery and feel better than ever! I will continue to do the exercises and stretching I have learned from you. Thanks again.

**James Saucedo, fitter, Gas Metering**

## Measures

To evaluate workplace injury reduction, the rate of workplace Musculoskeletal (MSK) injuries are measured. MSK Injury Trend includes First Aid and recordables in the following categories: bending/climbing/crawling/reaching/twist, caught in, crushed, pinched, cumulative trauma/repetitive motion, fall, overexertion, slip, trip, loss of balance, struck by/against, walking/running/sitting/standing.

## Results

Figure 6 shows the reduction in workplace injuries in the post-period.

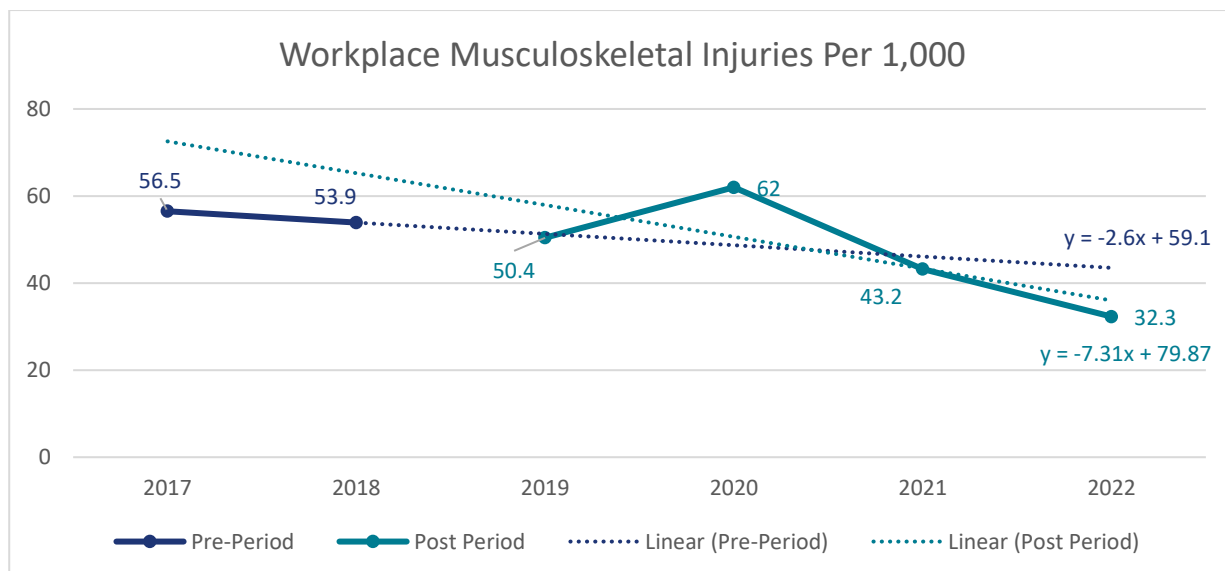
The slope in Musculoskeletal (MSK) workplace injuries dropped from -2.6 from 2017 to 2018 and -7.31 from 2019 to 2021. This indicates that had the intervention not taken place, DTE could have expected a reduction of 2.6 MSK injuries per 1,000 per year. In contrast, post-intervention, there was a decrease of 7.3 injuries per 1,000 per year.

The rate of workplace injuries in 2022 projected by the pre-intervention trend is 46.1 per 1,000. The actual rate of workplace injuries in 2022 was 32.3 per 1,000. The estimated reduction in the number of injuries is 25 (from 84 to 59); a meaningful number given the limited size of intervention population (1,826).

Injuries due to overexertion are particularly preventable and DTE has made reduction in these types of injuries a key focus. In 2022, injuries caused by

- overexertion decreased by 25%
- falls and slips/trips decreased by 37%
- “struck by/against” incidents decreased 20%

**Figure 6:** Rate of Musculoskeletal Conditions in Employee population per 1,000, 2017-2022



## C. Organizational Outcomes

### **Background**

DTE has focused on three measurable organizational outcomes, two of which relate to its development of a COHWB as described previously:

1. Workers Compensation
2. Culture of Health
  - Measure 1: Employer Health Opportunity Assessment (EHOA) score
  - Measure 2: DTE site scan score
3. Employee Satisfaction
4. Recognition and Leadership

### **1. Workers' Compensation**

Workers' compensation (WC) is a direct reflection of workplace health and safety. The number of workers' compensation claims are a sentinel measure of workplace safety. Workers' compensation claims affect employer financial health both through direct medical costs, reduced worker productivity, and added stress to other workers covering the jobs. It reflects the health of workers and, in turn, their quality of life.

### **Evaluation Design**

The evaluation uses a pre-post approach examining the two-year period (2017 to 2018) prior to the implementation of DTE's related programs and the four-year period post-implementation (2019 – 2022).

### **Population**

The included population was defined as all active, self-insured, and fully insured DTE employees that were continuously enrolled with medical insurance coverage from 2017 through 2022 (Table 8).

**Table 8:** Workers' Compensation Evaluation, 2017-2022

Population Assessed for Workers Compensation Evaluation	
Size	6,704
Average Age	48.7
% Male	73%

### **Measures**

New WC cases that were opened during the time period and include incident, medical and leave type workers' compensation cases. (Sedgwick is the supplier of workers' compensation data for DTE.)

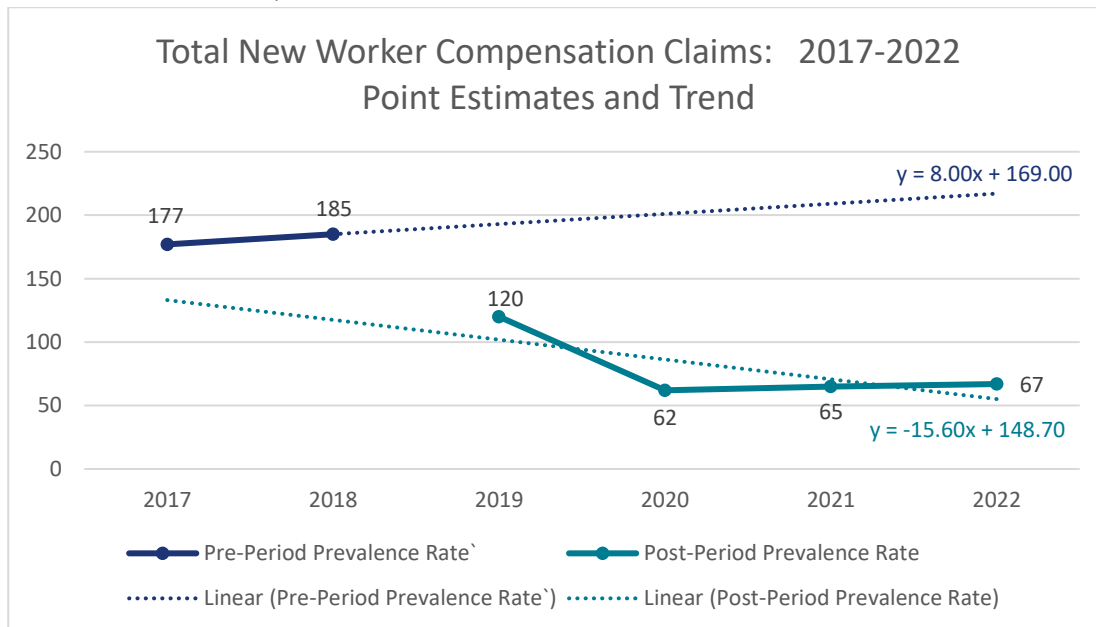
## Results

The trend in the number of new workers' compensation claims from 2017 to 2018 is compared to the trend from 2019 to 2022. A linear regression line was fit to the available data points.

As shown in Figure 7, new workers' compensation claims dropped precipitously in 2019 and continued to fall through 2022. The trend line for 2017 to 2018 had a slope of 8.00 while the slope of the trend line for new workers' compensation claims dropped to -15.6. This indicates that had the intervention not taken place, DTE could have expected an increase of 8 new workers' compensation claims per year. In contrast, post-intervention, there was a decrease of 15.6 claims per year.

Comparing the number of claims projected in 2022 by the pre-intervention trend to the actual number of claims in 2022 indicates an estimated reduction in claims of 150 (from 217 to 67).

Figure 7: New Workers Compensations Claims, 2017-2022



To determine if the reduction is statistically significant, the following null hypothesis was tested. The pre-baseline (2017 – 2018) mean percentage of the study population with a new workers' compensation claim is the same as the post-baseline (2019 – 2022) mean percentage of the study population with a new workers' compensation claim.

The following logistic regression model was used:

$$\text{Workers comp claim (1/0)} = \text{intercept} + (a)\text{YEAR\_POST}$$

Note: YEAR\_POST is a binary variable distinguishing the years before and after the intervention; 1 for 2019-2021 and 0 (reference) for 2017-2018.

As indicated, the mean percentage of the study population with a new workers' compensation claim decreased dramatically from 2.7% to 1.2%. This difference was statistically significant with a p-value of <0.001 (Table 9).

**Table 9:** Comparison of Mean Number of Worker Compensation Claims Pre and Post Intervention, 2017-2022

	Pre-Period	Post-Period	T-test
Predicted Probability of a Workers' Compensation Case	0.027	0.012	<0.001

## 2. Culture of Health & Wellbeing

Developing a pervasive and best-in-class COHWB has been a distinguishing feature of DTE's initiatives. DTE has created an interconnected fabric of programs that support health across divisions, job classifications, and geographic locations.

DTE measures COHWB through two externally validated evidence-based instruments:

- HealthNEXT's Employer Health Opportunity Assessment (EHOA): EHOA is a "top down" measure of DTE's COHWB
- Virgin Pulse's Site Scan Culture Check (Site Scan): the site scan is a "bottom up" measure of the COHWB

### Measure 1: Employer Health Opportunity Assessment (EHOA)

#### Evaluation Design

The evaluation tracks EHOA results starting in 2018 (baseline) through 2022 and assesses DTE's performance (Figure 8) against targets in 2022.

#### Population

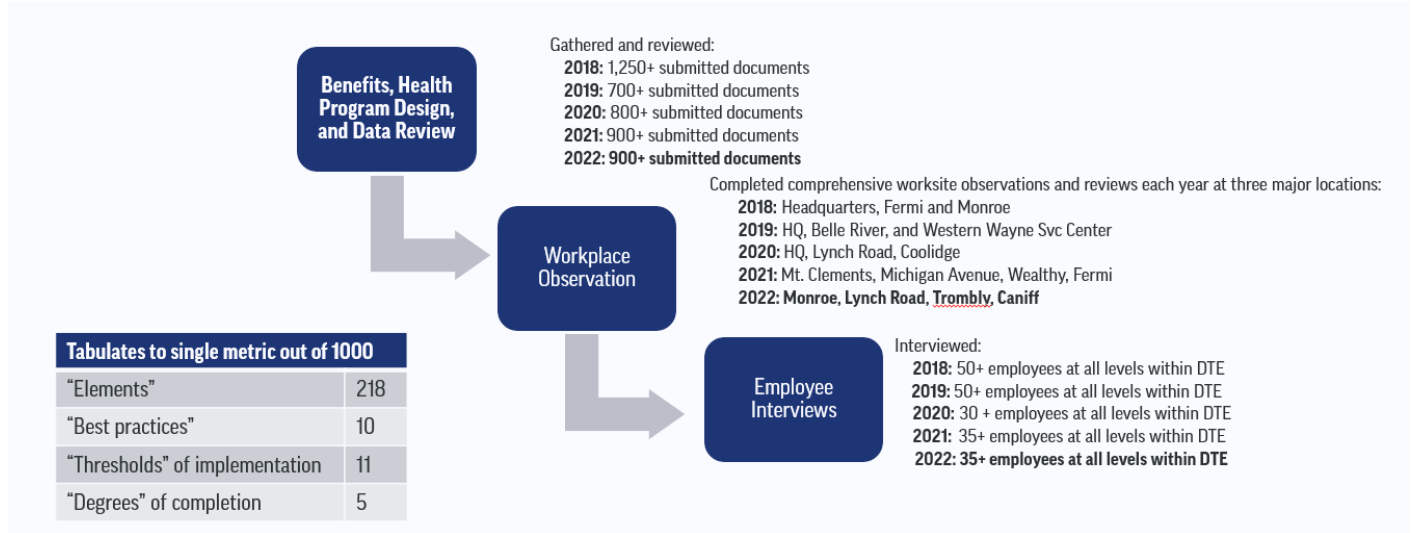
All employees participate in the EHOA. The assessments include active employees at all levels of the organization including leadership and management.

#### Measures

EHOA assessments use the following data sources:

- Health-related claims and benefit design review
- Workplace sites visits of a representative sample of locations
- 360-degree interviewing of leadership, management, and employees

**Figure 8: EHOA Review Process**



The EHOA is a survey assessing COHWB across 218 measured elements grouped into 10 domains and measured by 11 thresholds of implementation and 5 degrees of completion. The score for the domains can be found in the results section below.

Scores within the domains are weighted using HealthNEXT’s algorithm resulting in an overall score with a maximum value of 1,000.

To determine performance in each category, DTE is assessed using EHOA methodology<sup>iv</sup>. The assessments of performance within each element are completed by trained reviewers.

**Results**

Table 10 shows the trend in the overall, average EHOA score and each of the 10 domains.

There was a dramatic increase in the overall score and all domain scores that began in the year after implementation, 2019. However, there was continual improvement, year after year, in all years until the end of the measurement period, 2022.

Salient findings include:

- The overall, “Annual EHOA Score” increased by 75% from 2018 to 2022 (from 386 to 675)
  - This represents a 17.7% compound annual growth rate
- The increase in the 10 domains’ scores ranged from 52% to 310%

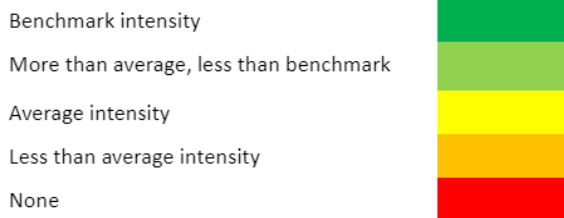
HealthNEXT establishes a target score for each domain that constitutes “Achieving a Culture of Health.” DTE has reached the target in five areas: 1) Leadership support and management alignment, 2) Wellbeing strategic plan, 3) Data-driven approach, 4) Marketing and communications, and 5) Vendor management-strategic partnerships.



Assuming a similar rate of increase, DTE is forecasted to meet the “Achieving a Culture of Health” Benchmark in 2023. This is based on predictive modeling of the value of the work that was planned on the 5-year strategic roadmap and the annual targets that were set.

**Table 10:** EHOA and Component Scores Through Time, 2018-2022

Best Practices	Maximum Score	"Achieving a Culture of Health"	Base Year 2018	2019	2020	2021	2022	Percent Increase 2018 to 2022
Leadership Support & Management Alignment	100	75	44	69	81	89	92	109%
Wellbeing Strategic Plan	50	35	23	28	33	35	37	61%
Health Supportive Environment	100	75	37	47	56	62	64	73%
Wellbeing On-site Activities	100	60	32	36	42	43	49	53%
Health & Wellness Across Continuum	200	150	79	86	95	109	120	52%
Data Driven Approach	100	75	49	56	73	80	82	67%
Marketing & Communication	100	75	49	54	59	72	80	63%
Incentives & Benefit Design	100	60	33	34	36	44	51	55%
Engagement & Navigation	100	65	30	34	45	57	59	97%
Vendor Management - Strategic Partnerships	50	30	10	33	38	39	41	310%
Annual EHOA Score:	1000	700	386	477	558	630	675	75%



## Measure 2: Site Scan Culture Check (Site Scan)

### Evaluation Design

The evaluation tracks Site Scan results starting in 2019, through 2022 and assesses DTE’s performance against targets in 2022.

### Population

All active employees meeting specific requirements participate in the Site Scan Culture Check. The 2022 Site Scan culture check is conducted at the 20 DTE locations that have at least 100+ employees.

## Measures

The Site Scan measures DTE's COHWB using three domains:

1. Leadership discussions
2. Employee Viewpoints
3. Environmental scans

The Site Scan is conducted each year by Dr. Mary Marzec and her team, who created the Site Scan assessment at the University of Michigan's Health Management Research Center.

It is comprised of three components, each with separate survey instruments:

- 1) **The Employee Component Score** is based on the Wellbeing at Work survey 8-dimensional assessment. It quickly captures perceptions of wellbeing by job class and location.

The Employee Viewpoint survey is supported by scientific publications that demonstrate the validity and reliability of the instrument. Participation: In 2022, there were 1,438 respondents, or 17% participation based on all DTE employees.

- 2) **The Leadership Component Score** is based on brief, structured discussions with key leaders/stakeholders to capture insights on policies and practices to surface perceptions about current and desired future state. In 2022, 54 leaders participated.
- 3) **The Environment Component Score** is based on a review of policies and assessments of physical environments including exercise space, stairwells, cafeterias, outdoor amenities, and local community.
- 4) **The Composite Culture of Health Score** is a weighted average of the Employee, Leadership, and Environment Component Scores. These scores can be trended over time and can be used to identify top-performing and low-performing sites and assessed against targets.

## Results

Table 11 shows the results for the Composite Culture of Health Score and its components.

The overall score and scores of all three components improved from baseline to 2022.

Salient findings:

- The Composite Culture of Health Score increased by 19.1% from 2019 to 2022 (from 68 to 81)
  - The increase was driven by the 27.4% increase in the Environmental Scan component score (from 62 to 79)
- In the 2021-2022 period, the Composite Culture of Health Score increased from 79 to 81. Component analysis showed the increase was a function of 1) an increased perception of wellbeing support for employees as determined by the Employee ViewPoint survey and 2) EYL resources that are part of the Environmental Scan.

DTE has the highest culture check score in the Virgin Health Book of Business.

**Table 11:** Site Scan and Component Scores Through Time, 2019-2022

DTE Scores	2019 (Baseline)	2020	2021	2022	% Change from Baseline
<i>Number of Sites</i>	14	19	21	20	
Composite Culture of Health Score	68	74	79	81	19.1%
Leaders Discussion	71	75	79	79	11.3%
Employee ViewPoint	73	73	80	83	13.7%
Environmental Scan	62	74	78	79	27.4%

### 3. Employee Satisfaction

#### **Evaluation Design**

Employee Satisfaction is a critical aspect to DTE’s wellness program as it serves as both a barometer and a result of progress. Higher employee satisfaction leads to improved productivity, increased employee retention, allowing for increased exposure to our programs and engagements. Responses to this question are collected as part of the Gallup Q12 survey, which measures employee engagement at the enterprise level.

#### **Population**

In 2021, 8,547 employees responded to the Gallup Q12 survey, specifically the question “My company cares about my overall wellbeing” and in 2022, 8,742 employees responded.

#### **Measures**

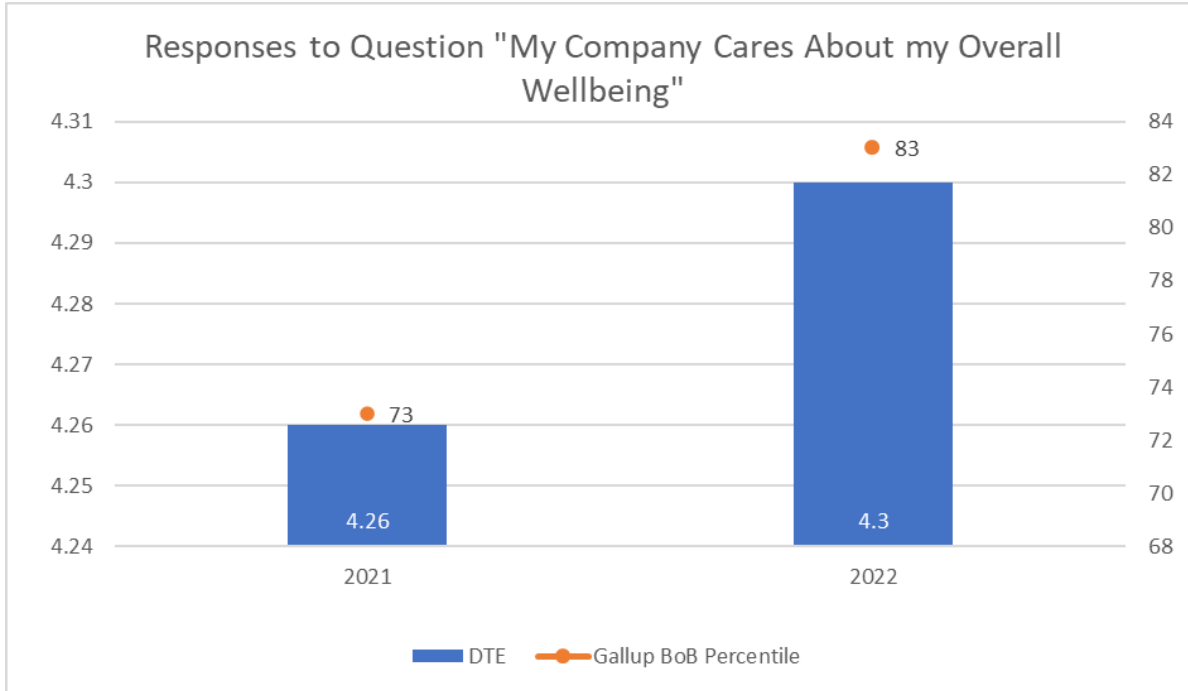
Employee satisfaction is captured with the employee responses to the Gallup Poll question “My company cares about my overall wellbeing” on a 5 point scale. This question was instituted in 2021 and only two years of data are available. It should be noted, though, that in 2014 DTE introduced a custom HWB question before Gallup had standard HWB question available. The question was “DTE Energy has a sincere interest in the health and wellbeing of its employees” and DTE trended the data over time. In 2021 DTE transitioned to the standardized Gallup question to enable comparison to Gallup Book of Business.

#### **Results**

Figure 9 shows the results to the Gallup Poll question that changed in 2021.

DTE has improved year-over-year and responses fall within the 73<sup>rd</sup> and 83<sup>rd</sup> percentile each year, respectively, when compared to the Gallup book of business.

Figure 9: Gallup Poll Question 12 Results, 2021-2022



#### 4. Awards and Recognition

##### Evaluation Design

Annually, DTE will apply for recognition to drive innovation and benchmarking and will receive local and national recognition for its health and wellbeing transformation efforts and programs. DTE will participate as a national leader in employee health and wellbeing.

##### Population

N/A

##### Measures

Evidence of a leadership event or winning an award in each year since 2018 to meet organizational goals.

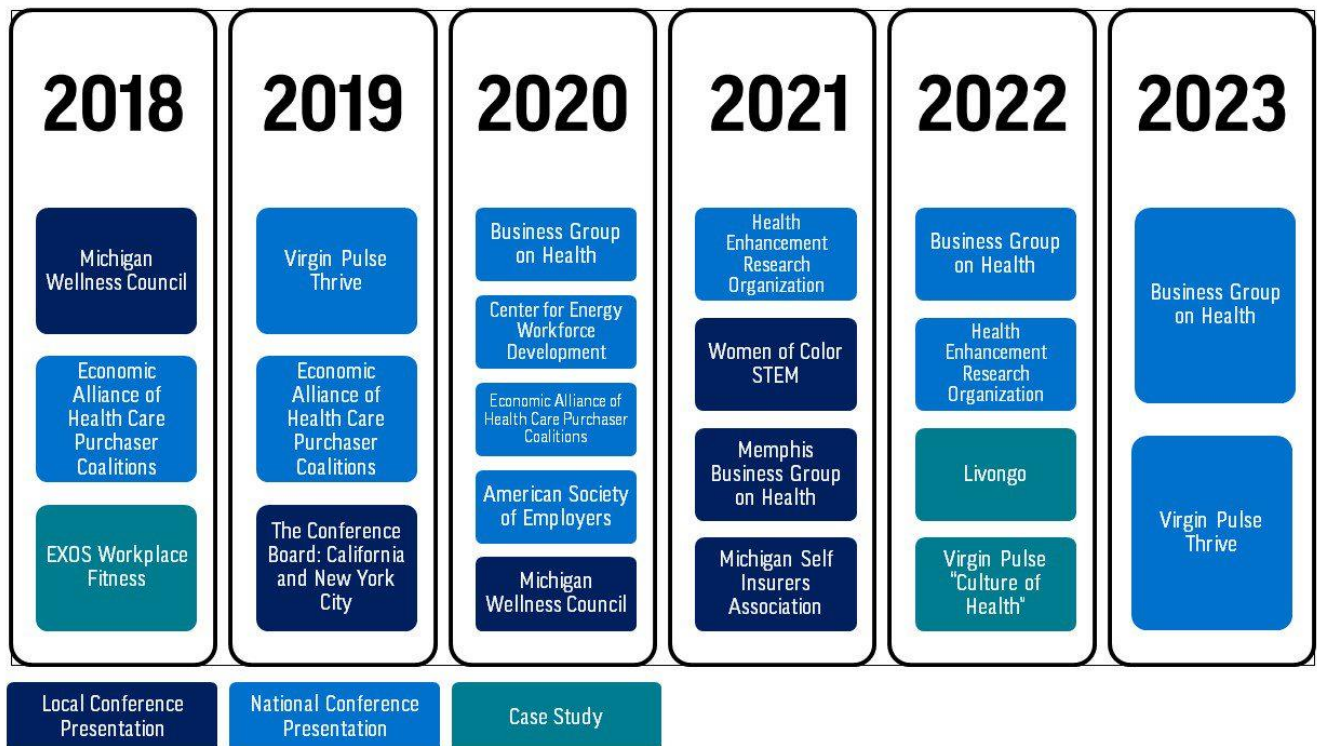
##### Results

Figures 10 and 11 demonstrate leadership awards and events presented at between 2018 and 2022. Since 2018, DTE has won 24 prominent awards, including the 2023 Best Employers Excellence in Health & Wellbeing Award from Business Group on Health. Additionally, DTE has presented at 18 events and developed three case studies between 2018-2022.

Figure 10: Awards, 2018-2022



Figure 11: Case Studies and Presentations, 2018-2023



## Section IV. Innovation and Other Important Factors (1,000/1,000 words)

DTE is distinguished by its ambitious goals, varied interventions, and data-driven approach using established methods with robust evidence. Innovations DTE has utilized to foster its COHWB Interventions include Social Determinates of Health, Rewards and Incentives, Emergency Preparedness, Annual Report, and Diversity, Equity and Inclusion efforts.

DTE **addresses local social determinants of health barriers** by partnering with and supporting educational opportunities and development pipelines across Michigan. High school and college students gain experience in different careers across the enterprise. In summer 2019, DTE launched a first-of-its-kind workforce development program to train people with barriers to employment in a skilled job. Partnering with the Michigan Department of Corrections and the International Brotherhood of Electrical Workers (IBEW) Local 17, they developed and launched a program at Parnall Correctional Facility's Vocational Village to train returning citizens for careers in tree trimming. In April 2021, DTE launched a Detroit-based tree-trimming program in partnership with IBEW Local 17. The first program of its kind in the nation, the tree-trimming academy addresses barriers to employment for Detroiters with known causes of failure, e.g., lack of childcare or transportation options, in similar programs.

DTE is on the leading edge of **leadership investment and cross-functional relationship utilization** to plan, implement and improve health and wellbeing programs. Utilizing their strategic improvement plan, DTE scopes projects to mitigate gaps in their EHOA score. Each WELCOM member is assigned to champion a project and appropriate individuals across the organization lead each project, including individuals from Corporate Safety, Talent & Recruitment, Corporate Communications, Training & Development, and Health & Welfare Benefits. The HWB team manages the projects with bi-weekly updates and are input into a tool to approximate the annual EHOA score to ensure the projects remain on track. To maintain accountability, the HWB team reports these approximations to WELCOM monthly, Senior Leader Team bi-monthly, Executive Committee quarterly, Leadership Team tri-annually, and Board annually. HWB leading indicator metrics roll up to the Enterprise Aspiration Scorecard that rolls up to the Annual Incentive Plan.

In March 2021, employees joined the "Building Emotional Strength Together" Part I town hall co-hosted by DTE's president and CEO, and manager of Wellness & Health Promotion. The town hall featured guest speaker, Dr. Nina Vasan, renowned psychiatrist and founder of The Stanford Lab for Mental Health Innovation. To address how mental health remains a top risk for the DTE family and is an important topic at DTE, Part II of the Building Emotional Strength Together town hall was held in April 2022. The original speakers returned to discuss mental health in the workplace and reducing the stigma. Over 1,500 employees attended the live event.

Mental health became its own pandemic during the COVID-19 pandemic, with soaring rates of anxiety, depression and burnout. It was very important to help the DTE family function and even thrive, despite dealing with the global health crisis. We aimed to empower employees to tap into their potential for resilience—that ability to bounce back from difficult experiences and navigate adversity.

**Matthew Paul, executive vice president,  
Distribution Operations**

DTE **rewards and incentivizes** members for certain behaviors. Medically enrolled employees and spouses that complete a health assessment and annual preventive screening avoid a \$1,200 dollar/person surcharge. Throughout the year, employees and spouses are encouraged to participate in health and wellbeing activities through the wellbeing portal (RedBrick prior to 2021 and Virgin Pulse 2021 and after) and in-person. Participating members accumulate points that can be redeemed for gift cards, to be donated, or used in the Virgin Pulse store. When DTE moved to Virgin Pulse, the point system changed to encourage increased engagement and create smaller, more frequent steps toward behavior change. The portal provides actionable insights based on biometrics and social determinants of health data. The portal predicts risks and needs and mitigates them without compromising privacy.

The EYL Portal virtual shoutout was a great tool to encourage our coworkers and family. Engaging others in our health journey helps us stay accountable and have fun along the way.

**Dusti Janda, supervisor,  
Plant Operations**

In July 2019, DTE leaders and employees participated in a live emergency preparedness drill simulating a flu pandemic. This provided a strong foundation for what became a real-life emergency. When **COVID-19** occurred, processes and procedures were in place to ensure DTE could continue to deliver energy to the public while also protecting and supporting employees' safety, health, and wellbeing. DTE's COVID-19 response efforts included working with community partners to provide testing and services and providing stipends for childcare and home office supplies. COVID-19 enhanced DTE's focus on health and wellbeing, and they began offering programs to fight isolation and loneliness, including virtual fitness coaching, nutritional and cooking demos, employee assistance, injury prevention and ergonomic health support, and social event opportunities.

Beginning in 2019, DTE created and released its [Annual COHWB Report](#). This report provides information on their mission and history, and summarizes their accomplishments, milestones, and goals of the past year. It tells readers that health and wellbeing is a top DTE priority and inspires employees to improve their well-being. It also includes quotes showing local level highlights and how the company invests in the health and wellbeing of the DTE family, plus relevant information regarding programming, metrics, and future strategy. The report is disseminated broadly, on DTE's external-facing websites, intranet and mailed to homes. Links to reports: [2019](#), [2020](#), [2021](#), [2022](#).

DTE is committed to providing a welcoming environment and **enhancing equity**. DTE's culture of caring and service demands standing up for what is right for all employees and the communities served. DTE appointed a Chief Diversity and Inclusion Officer (CDIO), expanded Diversity, Equity and Inclusion (DEI) staff resources and engaged a third-party DEI consulting partner to guide them on their journey. That journey includes communications from the CEO and CDIO when tragic events take place across the county with accompanying listening sessions, a declaration of Juneteenth as a day for all DTE employees to learn, act and heal. DTE provided a grant of \$250,000 to the Michigan Justice Fund to reduce youth incarcerations and ensure those leaving incarceration receive the support they need.

**Social connection and community support are integral to health and wellbeing**, therefore DTE's Culture of Service (COS) is closely tied to their COHWB. DTE's value of seeing "our work through the

eyes of those we service...and know that our work is a powerful means to serve others” led them to build a COS. Participation in community outreach is strongly encouraged for employees, and they are granted paid time off for outreach activities. In 2021, employees contributed 70,274 hours of service (increased from 62,627 in 2020) to their communities at 944 non-profit organizations.



## Section V. Supplemental Documentation

### Exhibit 1: List of DTE Health & Wellbeing programming



#### Power of Knowledge

- On-site and Virtual Wellbeing Educational Programming
- Monthly Education Focus
- Monthly Total Wellbeing Webinars
- Monthly Emotional Wellbeing Webinars
- Intranet and Teams Resource Pages
- Internal News Articles
- Incentivized Annual Preventive Care
- Incentivized Healthy Activities
- Required Leader and Employee Health and Wellbeing Training
- Take Care Magazine (Employees and Pre-65 Retirees)
- Financial Planning
- Healthy Living Requirements
- HWB in Onboarding Information and Orientation



#### Power of Support

- Health Coaching
- Fitness Coaching
- Nutrition Coaching
- Employee Assistance Program (on-site and telephonic)
- Livongo
- SmartDollar
- Weight Watchers
- Your Dedicated Nurse
- On-site EYL Wellbeing Coordinators
- On-site EYL Registered Dietitians
- On-site EYL Athletic Trainers
- On-site EYL Performance Coaches
- EYL Wellbeing Champions
- Employee Resource Group Partnerships
- 401K
- Family Care Support Group
- Emotional Resilience Toolkits
- EYL Cookbook
- Diversity, Equity & Inclusion
- Mental Health First Aid



#### Power of Environment

- Marketing Visibility Campaign
- Walking Paths
- Gyms and Fitness Zones
- Wellness Zones
- On-site Occupational Health Clinics with Primary Care, Pharmacy Delivery and Physical Therapy
- New Mothers' Rooms
- Prayer and Meditation Rooms
- Choice Architecture in Cafes, Markets and Vending Machines
- Healthy Food Subsidies in Cafes, Markets and Vending
- Fitness Tracker Subsidies
- Gym Subsidies
- Workplace Transformation Initiative
- Stairwell Transformations
- Sit-to-Stand and Walking Desks
- Default Meeting Times to Allow for Breaks
- HWB in Job Description Positioning Statements



#### Power of Engagement

- Local Wellbeing Committees
- Health & Wellbeing Stand-ups
- Health & Wellbeing Town Halls
- Employee and Leader Spotlights
- Enterprise Wellbeing Challenges
- Location Wellbeing Challenges
- Group Wellbeing Challenges
- Teams Channels
- EYL Portal Shoutouts, Groups and Friends
- Group Exercise Classes
- Meditation Classes
- Stop-By Tables
- Vending Sampling
- Daily Flash Challenges
- Care Force Volunteerism
- Viva Insights
- HWB Social Media Postings
- Family Friendly Leader Award
- HWB Toolkits for Leaders

## Exhibit 2: Excerpts from Annual COHWB Report demonstrating management support for HWB best-in-class cultural transformation and programming

2019

PRINT

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# Welcome

Welcome to our first annual report regarding the health and well-being of the DTE Energy family and the role we all play in helping each other live our best lives.

At DTE, people are the center of our business. As we live our service keys of Safe and Care, we start first with employees. We have more than 10,000 people working to serve customers and communities with affordable, reliable and clean energy. And we know that if each of us is healthy and well, we will be able to give our best personal energy to our work, our families and our communities. That's why we have embarked on a journey to become the healthiest and most well-being-supportive organization.

For years we have had a laser focus on safety, which allowed us to make tremendous strides in our Safety journey. We are now widening the lens to focus on Health & Well-being with the same rigor, vigor and instrumentation. Caring for employees' well-being is a natural extension of our focus on keeping employees safe.

Working together, we will achieve our goals through integrated, best-in-class programs spanning all four areas of total well-being: physical health, emotional wellness, social connectivity and financial fitness. We will support all employees regardless of where they are along their health and well-being journey. Our programs will encourage people who are strong in one area to share their success, while at the same time supporting people striving to improve in other aspects of their health and well-being.

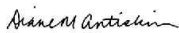
We can help line workers with high blood pressure change their diet so they will be around to play with their grandchildren. We can support and encourage customer service representatives as they train for their first 5k. And we can help warehouse supervisors learn how to better manage their personal budgets to save for their retirements.

Together, we have the power to deliver a health-supportive environment to improve the lives of all DTE employees and their families. We invite you to read this report to learn more about the progress we've made and what lies ahead. We believe that our journey will allow us to become a best-in-class, benchmark culture of health and well-being for others to model.

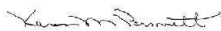
In best health,



**Peter Oleksiak**  
executive vice president & CFO  
well-being executive champion



**Diane Antishin, SPHR**  
vice president, HR Operations and  
chief diversity and inclusion officer



**Karen Personett**  
manager, Health & Well-being



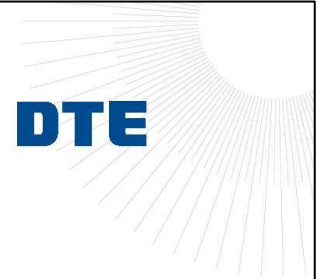
**DTE**

### Powering Through COVID-19 Together

At the time of publishing this report, we are all adjusting to a new normal. In the wake of this pandemic, our focus on health and well-being is more imperative than ever before. Our efforts intensify as we help our community and our collective DTE family navigate the unique health and well-being implications of these uncertain times. We will power through this together.



Left to right: Karen Personett, Peter Oleksiak and Diane Antishin



# Dear DTE family,

We are pleased to share DTE Energy's **2022 Culture of Health & Wellbeing Annual Report**. Throughout these pages are inspiring stories from our DTE family – stories that demonstrate their commitment to **taking care** of themselves and others and the positive impact on their vitality.

Through these first-hand accounts, you also will gain insight into the priority DTE places on employee health and wellbeing, the extent to which we hold ourselves accountable to measure our progress and impact, how we celebrate successes and our commitment to continually raise the bar.

This past year, we saw tremendous growth in leader involvement and support of wellbeing, a deepening of our Take Care tenets and an expansion of mental health resources. And thanks to the strong leadership of the Wellbeing Executive Leadership Committee (WELCOM) and the collaborative efforts of our wellbeing champions and our many partners, we exceeded our health and wellbeing targets for a fourth year in a row. In addition, DTE continues to build respect as a leader in health and wellbeing, evidenced by our company receiving the distinguished Best Employer in Health & Wellbeing award and Excellence in Mental Health award. What we are most proud of, though, has been the positive and direct impact these efforts have had on the DTE family.

2022 was a critical time to help employees rebalance and ground themselves in the new post-pandemic world. Specifically, it was a time to: **RECHARGE** our personal batteries; **RESET** our intentions and outlook; and **REDISCOVER** our relationship to our work, our health and our wellbeing. We applaud our DTE family for all the progress you've made along your own personal health and wellbeing journeys. This annual report is dedicated to all of you.

As we look forward to 2023, we face some temporary business challenges, but we have no doubt that there are tremendous opportunities ahead to make significant positive impact for our DTE family. Together, we are well-positioned to continue building a brighter and healthier future for all of us.

In best health – take care,



Diane Antishin, SPHR  
vice president, HR and Chief  
Diversity & Inclusion Officer

David Ruud  
senior vice president, CFO  
and Wellbeing Executive Champion

Karen Personett  
manager, Wellness & Health Promotion





## DTE Energy: Creating a Culture of Health and Wellbeing Client Success Story



### DTE Energy at a glance

- Detroit-based energy company that started as a small gas plant in 1849. DTE Energy grew to include both electric and gas companies and serves 3.6 million customers
- More than 11,000 employees (73% male population) across 60+ locations with 7 unions
- Focused on wellness since 1938 when they began offering employees access to a health club and small clinic

### Goal

To achieve a best-in-class culture of health and wellbeing and to be the healthiest and most wellbeing-supportive organization.

To accomplish this goal, DTE Energy focused on leveraging best practices and turning them into next practices.

### Challenge

DTE's diverse population, inclusive of field, remote and in-office workers, made it challenging to reach their 60+ locations throughout 21 states to consistently align to their organizational goals and priorities.

They sought a solution to unify their organization across its dispersed workforce to both align to their goals and enhance their company's culture of health and wellbeing.

### Solution

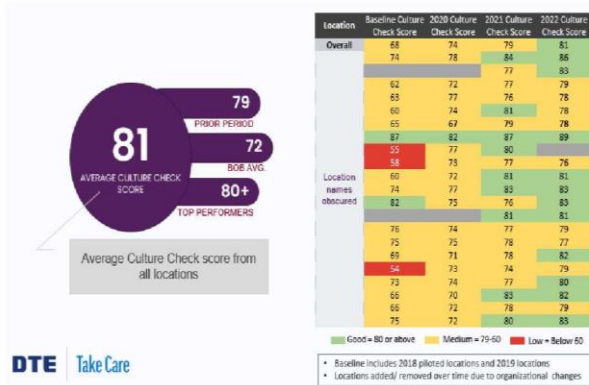
As a data-driven organization, DTE partnered with Virgin Pulse to incorporate Virgin Pulse's **Culture Check** into their wellbeing strategy as one of the leading indicator metrics. This externally validated, evidence-based assessment and metric allows them to:

- Align the organization to their goals and commitments
- Help measure progress
- Create a plan and annual targets, and defined a path to best-in-class company culture

[Learn more about Culture Check](#)

## Results & Impact

After implementing Culture Check, DTE Energy became more aligned and intentional organization-wide. "The progress we've made between 2018 and today is tremendous. It shows in all the other metrics we're tracking, making Culture Check an important metric to drive the improvement." said Karen Personett, Manager of Wellness and Health Promotion at DTE. The Leadership Interviews are an important component of the Culture Check Assessment. They supplement the information that comes from the online assessment.



**Reporting Example to Leadership:** 17 Culture Check Scores either improved or maintained, from 2021 to 2022.

## Created sense of accountability

DTE's executive leadership value having a metric to measure their culture.

DTE utilized Culture Check to create location-specific project plans that enabled them to compare their progress against best practices and outline areas for improvement. Onsite Health and Wellbeing Specialists used these plans as guides on achieving specific goals.

This created a sense of accountability for leaders and established action plans for improving their company culture and wellbeing programs. DTE made improvements that respected employee boundaries and inspired healthy competition while supporting the entire population.



## Results & Impact

### Strategic onsite health and wellbeing presence

To support employees' health and wellbeing, DTE incorporates Onsite Health & Wellbeing Specialists to further support their wellbeing strategy and company culture. These Specialists are an integral part of DTE's success.

Culture Check further highlighted their value, especially to local leaders. Specialists help to support Health and Safety meetings and are key to infusing health and wellbeing into daily routines.

They provide personalized support facilitating access to resources. They manage initiatives, such as location wellness zones, mini grants, gym upgrades, and vendor partner integrations. The Health and Wellbeing Specialists execute the enterprise wellbeing strategy and simultaneously support local strategies.



### About Virgin Pulse's Workplace Health & Wellbeing Team

Virgin Pulse Onsite Health & Wellbeing Specialists support clients in building a culture of health, enhancing member engagement, and driving healthy behavior change.

They customize the wellbeing journey, so it better resonates with members by combining an individualized platform experience and local health and wellbeing strategies.

## Enhanced nutrition support

Ahead of Culture Check, DTE knew healthy eating was a challenge among their population. While plans were underway to enhance resources, Culture Check identified specific areas of opportunity, highlighted gaps, and engaged leaders.

Specifically, DTE noted that convenience, time, and available options impacted employees' choices. For example, common fare provided at Health & Safety meetings was largely unhealthy. Out of convenience and time, field workers opted for fast food options instead of bringing balanced lunches to work.

DTE implemented a variety of changes that transformed the culture, including healthier, more balanced onsite food options, having Nutrition Manager and dietitians on staff, meal/lunch idea cards at Wellness Zones, and promotion of resources on the Virgin Pulse platform. Leaders were also given resources to easily shift to healthier options. Additionally, DTE hosted nutrition support on the company intranet, including:

- Catering resources (guidelines & tips)
- Cholesterol/ Diabetes Information & tips
- Company cookbook
- Healthy snacking
- Quick and easy meals
- Tips on staying hydrated
- Eating healthy on a budget



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