

2007 ROONEY AWARD
Nomination Form – Innovative State Human Resource Management

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Brief Overview:

Oklahoma has the second highest heart disease death rate in the nation. The State also has one of the highest smoking rates, sedentary lifestyle rate, as well as a growing obesity and diabetes epidemic. Studies clearly demonstrate that coronary heart disease can be prevented. The key to this is to identify and manage cardiovascular disease risk factors. The goal of the OK Health Mentoring program is to reduce employee's risk for heart attacks and strokes and thereby, reduce unnecessary medically related expenses.

By promoting healthy lifestyle choices and encouraging behaviors and attitudes among employees that are essential to good health, the OK Health program is working to lower health utilization costs and improve the lifestyles of employees in the State of Oklahoma. The OK Health Mentoring program is a well structured wellness/disease management program that contains all key elements designed to attract, engage, and motivate participants, and thereby produce a potential cost savings. The program is a scientifically based program designed to reduce cardiovascular disease and diabetes among Oklahoma state employees. It is evidence based that includes a risk identification computerized health risk assessment (HRA) to screen and risk stratify participants. In January 2006, EBC implemented the OK Health Mentoring program as a resource for employees to address health risk factors, which contribute to preventable illnesses. The OK Health program is a unique and effective solution for better health by incorporating wellness, disease management, and health mentoring into a single comprehensive wellness-mentoring program. Participants receive services through a secured Internet web site and telephone one-on-one health mentoring. Participants receive personalized goals and actions plans with 12 week and one year follow up assessments. Mentors help participants with health behavior change through weekly one-on-one mentoring adding educational modules, food diaries, and exercise diaries. Program participants and mentors interact with participant's physicians (PCP) in which the mentors forward information of the participant's goals and action plans and follow up progress reports. Participants are instructed to provide physician based clinical evaluations that include blood pressure, weight, hips and waist measurements, fasting lipid panel that provides information on total cholesterol, LDL, HDL, Triglycerides, and fasting blood glucose.

1. Please provide a brief description of this program.

The Oklahoma Employees Benefits Council (EBC) is the State's benefits office for 36,000 active State employees. EBC offers employees a comprehensive benefits package, which includes health insurance. The State provides employees with a benefit allowance to help pay for the benefits offered by EBC. As insurance costs increase, so does the cost by the State to fund the benefit allowance. In an effort to lower insurance costs and to improve the health of State employees, EBC offers a unique and effective solution called the OK Health Mentoring program. The program is designed to incorporate wellness, disease management, and health mentoring into a single comprehensive wellness program. Most large employers offer only a wellness or a disease management program with no one-on-one contact and individualized attention and follow up. The OK Health program is unique in that the program offers both disease management and wellness combined with health mentoring and one-on-one contact. The goal of the program is to impact health risk factors contributing to preventable illnesses by promoting healthy lifestyle choices and encouraging behaviors and attitudes among employees that are essential to good health and that will lower health utilization, which in turn will lower health insurance premiums.

2. How long has this program been operational (month and year)?

EBC implemented a two-year pilot program (July 2003 through December 2005) with the Oklahoma Department of Human Services (DHS). DHS employees were interested in weight loss, fitness and exercise, healthy eating, stress management, and smoking cessation. The results were tremendous. During the pilot program, seventeen percent of the agency's 7,000 employees participated. The national average for employee participation in wellness programs is approximately ten percent.

Participants completing one year in the pilot program lost weight, lowered their blood pressure and cholesterol, and they saved money by lowering health claims costs by thirty-one percent. A thirty-one percent reduction in health claims costs is accomplished through individualized one-on-one mentoring between the participant and a professional health mentor for one year. EBC was so impressed with the results that the OK Health program was offered to all 36,000 active state employees in January 2006.

3. Why was this program created? (What problem(s) or issues does it address?)

Oklahoma has the second highest heart disease death rate in the nation. The State also has one of the highest smoking rates, sedentary lifestyle rate, as well as a growing obesity and diabetes epidemic. Studies clearly demonstrate that coronary heart disease can be prevented. The goal of the OK Health Mentoring program is to reduce employee's risk for heart attacks and strokes and thereby, reduce unnecessary medically related expenses. The OK Health program is working to lower health utilization costs and improve the lifestyles of employees in the State of Oklahoma.

4. Why is this program a new and creative method?

The OK Health Mentoring program is a well structured wellness/disease management program that contains all key elements designed to attract, engage, and motivate participants, and thereby produce a potential cost savings. The program is a scientifically based program designed to reduce cardiovascular disease and diabetes among Oklahoma state employees. It is evidence based that includes a risk identification computerized health risk assessment (HRA) to screen and risk stratify participants. Most large employers offer only a wellness or a disease management program with no one-on-one contact and individualized attention and follow up. The

OK Health program is unique in that the program offers both disease management and wellness combined with health mentoring and one-on-one contact.

5. What was the program's start up costs? (Provide detailed information about specific purchases for this program, staffing needs and other expenditures, as well as existing materials, technology and staff already in place.)

The OK Health pilot program start up budget was \$89,000. Our specific purchases for the program was licensing and web portal fee through our contracted vendor

INTER_xVENT^{USA}, INC.

6. What are the program's operational costs?

For FY2007 our budget is \$874,000 with an in-house mentoring call center that employees ten sub-contracted full-time Health Educators, one administrative staff member and two FTE state employees.

7. How is this program funded?

The OK Health program is funded through the Employees Benefits Council

8. Did this program originate in your state? Yes

9. Are you aware of similar programs in other states? If yes, how does this program differ? No

10. How do you measure the success of this program?

Participants receive personalized goals and actions plans with 12 week and one year follow up assessments. Mentors help participants with health behavior change through weekly one-on-one mentoring adding educational modules, food diaries, and exercise diaries. Program participants and mentors interact with participant's physicians (PCP) in which the mentors forward information of the participant's goals and action plans and follow up progress reports. Participants are instructed to provide physician based clinical evaluations that include blood pressure, weight, hips and waist measurements, fasting lipid panel that provides information on total cholesterol, LDL, HDL, Triglycerides, and fasting blood glucose. During the conception of the pilot program we partnered with the OK State Health Department-Chronic Disease

Services (OSDH-CDS) to do all our analysis of the program outcomes for reduction of claims utilization. Now that the program has been rolled-out to all 37,000 state employees the OSDH-CDS has hired a full-time epidemiologist that will analyze utilization of health claims. There are many ancillary benefits from having healthy employees such as less absenteeism and increased productivity. The OK Health program offers employees a unique and effective solution for better health by incorporating wellness, disease management, and health mentoring into a single comprehensive wellness-mentoring program.

11. How has the program grown and /or changed since its inception?

The pilot program had no incentives for participation. Now to encourage participation in the program, employees are eligible to receive two wellness incentives. The first incentive includes an initial visit to a primary care physician and lab work at no out-of-pocket cost to the participants. All health plans offered by EBC, including the State's self insured indemnity plan have agreed to a "Wellness Partnership Contract (WPC)" to waive these initial costs to encourage employees to participate and to get healthy. The second wellness incentive is a discount at a participating fitness center. A third possible incentive being offered by some agencies is the OK Health pay incentive. Agencies electing to offer a pay incentive are authorized to pay participants \$100 (Bronze), \$300 (Silver), or \$500 (Gold) for successfully completing the program. The incentive consists of three separate payments payable to a participant upon completion of the (1) initial enrollment, (2) twelve-week follow up, and (3) achieving goals at the twelve-month follow up. At this time fifty-two agencies are participating cash incentive. The challenge is to get all 124 state agencies participating in the cash incentive.