

36781

WELLNESS STRATEGIC DIRECTION

Bureau of Human Resources Benefits and Wellness Office

2010-2013

The purpose of the Wellness program is to decrease healthcare costs for physical and mental illness and disease through promoting and supporting healthy lifestyle choices by employees and their dependents.

VISION

The City of Portland has an organizational culture that supports wellness, and every City of Portland employee owns responsibility to minimize preventable health risk factors by improving and maintaining their health and wellness.

MISSION

Provide support and resources to motivate employees in taking personal responsibility to minimize preventable health risk factors.

VALUES

In everything we do we value:

- Cost efficiency
- Support
- Personal Responsibility
- Education
- Communication
- Advocacy
- Confidentiality



City of Portland Employee Wellness

INTRODUCTION

The City of Portland re-established the Wellness program in 2005 to reduce health care costs and promote the health of employees and their dependents. While there are some factors in everyone's "wellness" that are out of our control, like our genetic profile or age, there are many elements to personal health we can be proactive about. The Wellness Program must encourage employees to participate in wellness activities to realize the personal and financial benefits of lifestyle changes in achieving better health. Increased participation in citywide and bureau-specific Wellness programs will improve and maintain the health of City employees, improve service to citizens, and reduce health care costs.

For 2010, the primary objectives of the Wellness Program are:

- Create an organizational culture that recognizes and supports Wellness activities
- Increase employee participation in Wellness programs

The Commissioner in charge of the Wellness Program, the Director of Human Resources, Benefits staff, and the members of the Citywide Wellness Committee request the Council's active engagement in achieving these objectives.

For 2010, the Health Benchmarks/Focus Areas for the Wellness Program are:

- Obesity
- Musculoskeletal (Structural) problems
- Cancer
- Cardiovascular/hypertension
- Stress/depression

The Wellness Committee recommends that the most important Health Benchmark of the Wellness Program is reducing City employees' obesity rates. This goal is easily measureable, understandable, and achievable. With success in this area, it is expected there will be an impact on cardiovascular health, structural health, and stress levels of employees. The Wellness Program should focus on programs designed to motivate employees to move their bodies with stretching and exercise, and recognize and choose healthy food. These programs, in combination with worksite screenings allowing employees to track their body mass index (BMI) and blood pressure so participants can monitor their improvement, will be the foundation of the Wellness Program.

Nationally, America is severely overweight. Two-thirds of adults and nearly one-fifth of children in the United States are overweight, placing themselves at greater risk for cancer, cardiovascular disease, arthritis and other chronic diseases. For City of Portland employees, 2009 studies showed 72% of employees are overweight and 23% of employees suffer from hypertension. Only 24% of employees enrolled in the CityCore health plan were shown to have regular preventive health screening tests during the last plan year. Not only are chronic lifestyle conditions placing a major strain on our country's health care system, they are adding additional cost to the City of Portland's healthcare plans. The City of Portland's health care costs raised an average of 4.75% over the time period beginning with plan year 2005-06 through 2009-10. While this increase in cost is significantly less than the overall health care

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industry increases, our goal is not to be within the trend; it is to be better. Nearly 50% of the City's healthcare dollars spent in plan year 2008-09 were spent treating diseases and conditions that are often preventable (e.g. musculoskeletal, cancer, digestive, injury, and endocrine/metabolism). Motivating employees to take personal responsibility to minimize preventable conditions is crucial to achieving the ambitious goals set forth within this strategic document.

The second Health Benchmark goal is reducing structural health problems such as back, joint, and muscle pain. During plan year 2008-09, the City of Portland spent \$1.4 million on large claims (over \$25,000) related to structural health. This has been one of the top claims categories for many years under the City's self-insured medical plans. While the reasons for back and joint issues are many and complex in a work environment such as the City, educating employees on how to prevent degenerative conditions and how to manage pain will be the focus within this area of the strategic direction.

The third Health Benchmark goal is cancer prevention and early treatment. Nationally, skin, lung, breast, colon and prostate cancer are the most prevalent forms of cancer. 10% of CityCore health care costs in 2008-09 were for the treatment of malignant cancer. Early detection is the key to quality of life, improved survival rates, and decreased costs. Preventive care and cancer screenings are vital to the overall health and well being of employees and their families. Out of the \$31.7 million dollars the City paid in medical claims under the CityCore plan, we spent \$2.8 million in plan year 2008-09 treating cancer for patients whose claims exceeded \$25,000. \$900,000 of the \$2.8 million was spent in treating breast cancer. These numbers do not include costs for treatments for patients who have not exceeded \$25,000 in claims costs for their diagnosis. Engaging employees in preventive healthcare and early treatment is the Wellness goal with respect to cancer.

The fourth Health Benchmark goal is improved cardiovascular health and reduced hypertension. Cardiovascular disease is the leading cause of death in the United States and is a major cause of disability. According to the Center for Disease Control, almost 652,091 people die of heart disease in the U.S. each year. That is about 27% of all U.S. deaths. Hypertension, or high blood pressure, is one of several risk factors associated with cardiovascular disease. The table below represents the blood pressure results for all participants of the work-site blood screening program offered during January – March of 2009. While a one-time high measurement is not indicative of hypertension, this provides a baseline for further measurement. Employees participating in the program who have a high reading are encouraged to follow up with their physician.

Blood Pressure	Number in Range	Percent in Range	Database Average
Normal (<=119 over <79)	335	26.11%	29.90%
Prehypertensive (120-139 over 80-89)	651	50.74%	47.49%
Hypertensive (>=140 over >=90)	297	23.15%	22.61%

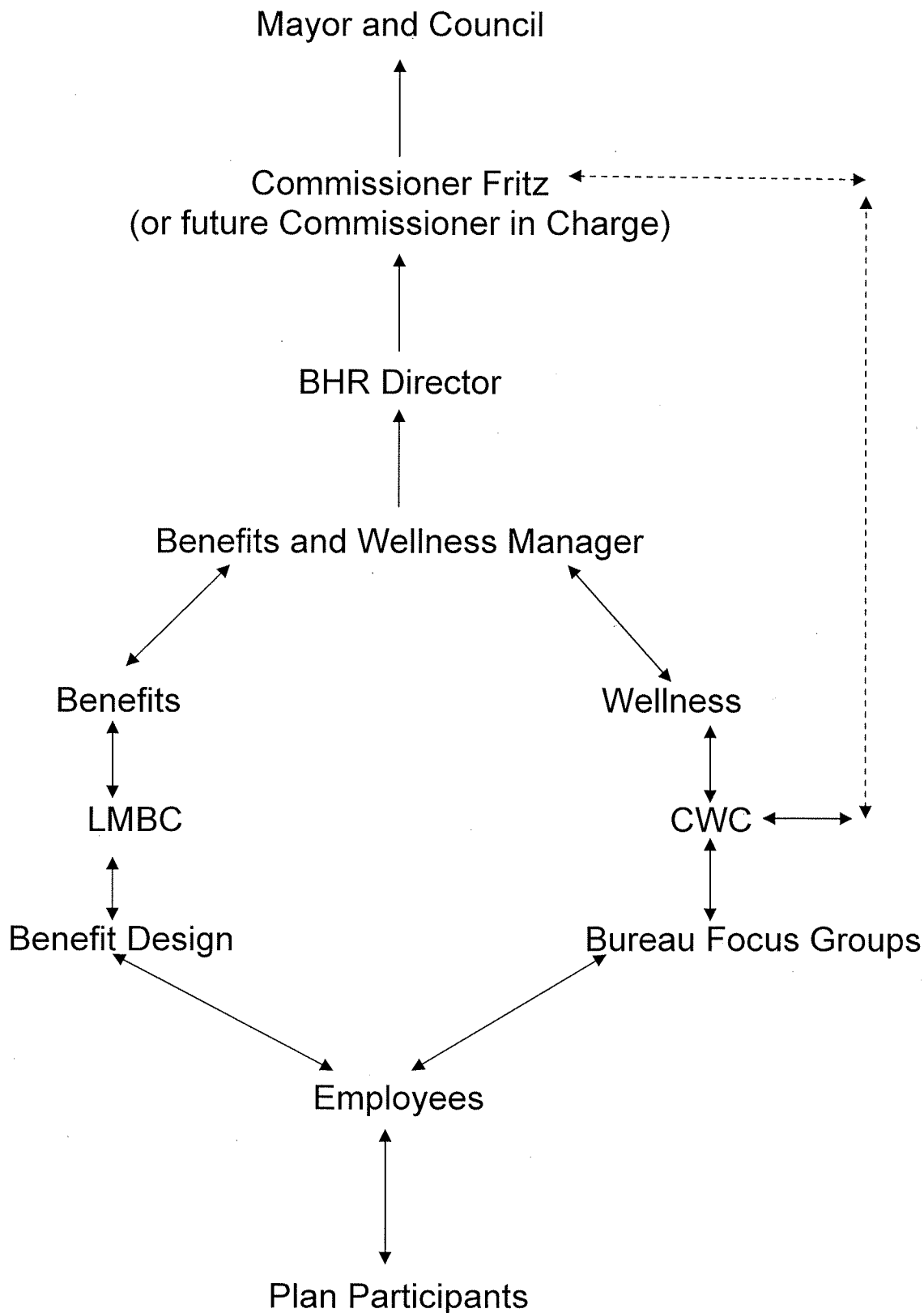
The fifth Health Benchmark goal is stress reduction and treatment of depression. The CityCore plan spent nearly \$1.2 million during plan year 2008-09 in prescription drug costs for the treatment of depression, ulcers, and pain medications. 4.5% of CityCore costs are paid to mental health providers and the plan spent about 5% of its total costs on Symptoms/Ill Defined

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Conditions. Often, this claims category contains the codes used by practitioners when a diagnosis is not clear so the symptom is referenced instead. This is a pattern seen with various conditions that have a significant mental health component. The top presenting problems identified through the Employee Assistance Program (EAP) are Marriage/Primary relationships, Family issues, and legal information. The EAP provided counseling services to 743 unique participants in the last plan year, out of 5980 total plan participants (12%). Motivating employees to seek the treatments necessary to manage stress and/or depression will also assist in the other health benchmark categories.

2010 WELLNESS PROGRAM ORGANIZATIONAL STRUCTURE



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STAKEHOLDER ROLES

We value each stakeholder and their participation in reaching the goals defined within the strategic direction.

Council

Governing entity for the City of Portland.

Mayor

Assigns portfolios. Mayor's portfolio includes oversight of the Office of Management and Finance (OMF) and the Bureau of Human Resources (BHR)

Commissioner in charge of the Wellness Program

The Commissioner in charge of the Wellness Program works with the BHR Director, Citywide Wellness Committee, and Council to ensure that wellness programs, activities and strategies are designed to improve employee wellness and reduce healthcare costs.

Bureau of Human Resources (BHR)

Administrative management of the Benefits Office and Wellness Program. BHR Director meets routinely with the Commissioner in charge of the Wellness Program to review wellness strategic objectives and initiates support and assistance where appropriate.

Benefits

Administration of employee benefits and wellness program. Provides staffing and leadership regarding medical, dental, vision, life and long term disability and wellness offerings Citywide. Makes recommendations to BHR Director and LMBC.

Wellness Program within Benefits Office

Works with Citywide Wellness committee, participants and focus groups to plan and implement strategic goals by identifying and designing relevant wellness activities and programs

Labor Management Benefits Committee (LMBC)

Review and recommend plan design changes related to medical, dental, vision, life and long term disability programs offered to City employees and their dependents

Citywide Wellness Committee (CWC)

The committee is comprised of liaisons from bureaus, labor unions and other stakeholders. The Wellness Committee advises the Commissioner in charge and BHR on Wellness Program structure and implementation. Recommendations by CWC for funding requests may be made by the BHR Director, through the Commissioner in charge.

Focus Groups

Meet monthly at the bureau/location level to determine the Wellness Program needs of employees within the bureau's unique culture. Through liaisons from the focus groups to CWC, individualized needs and combined needs of the City can be addressed. A designated focus group member will be responsible for reporting to the CWC at least quarterly on bureau activities, ideas, and progress towards goals. Focus groups should include the Wellness Coordinator from the Benefits and Wellness Office, Human Resource Coordinator (HRC), union representative(s) (if desired) supervisors and staff.

Plan Participants

Responsible for healthcare and lifestyle decisions

WELLNESS PROGRAM GOALS

Organizational Culture

The key to sustaining health behavior improvements among our plan participants is to create a “culture of wellness” within the City. Organizational culture is comprised of the ideas, values, norms, behaviors and personality of a group of individuals. In order to be successful, the City’s Wellness program must be fully integrated into the culture of the entire organization and each sub-group. It must be thoroughly supported by the City Council, Bureau Directors, Union leaders, and managers.

GOALS

Embrace lifestyle management within the work environment and throughout the City structure

- Strategies:
 - Council, manager and supervisor training to identify, model and encourage healthy behaviors
 - Work to establish wellness goals within bureaus and/or work groups
 - Annual work session at Council to evaluate progress

Deliver wellness communications

- Strategies:
 - Identify and use methods of communication designed to motivate employees.
 - Utilize Citywide Wellness Committee to advise on program messaging
 - Link to existing (established) communication systems within bureaus.
 - Develop and encourage bureau focus groups

Identify and utilize bureau resources for Wellness programs

- Strategies:
 - Work with bureaus to identify resources (e.g. time, space, funds) that can be targeted to support Wellness efforts within the bureau, in order to assure consistency and leadership support for Wellness efforts.
 - Encourage each Bureau to set aside some allocation within its training budget line item for employee wellness.
 - Promote equity across bureaus to ensure all employees have access to Wellness programs

Administrative responsibilities in meeting these goals: Take strategic ownership of wellness program and work closely with all stakeholders in promoting and ensuring success of program. Model healthy behaviors and support managers and staff participation.

Committee responsibilities in meeting these goals: Direct interested staff to available resources. Determine program efforts that can be implemented on bureau or labor union level . Give input to Commissioner in charge and Benefits staff regarding the programs.

Participant responsibilities in meeting these goals: Take personal responsibility to model healthy behaviors and activities. Employees would be expected to share information with family members and support co-workers in their wellness efforts.

Participation

Increase the number of employees who participate in Wellness activities. 36% of employees participated in the 2009 Wellness Survey. 61.1% of the respondents told us they would most likely participate in a Wellness activity during their lunch and/or break. Aside from the annual safety and wellness fairs, the most popular programs among survey participants was body composition testing, financial wellness education, exercise programs and worksite stretching. Accessibility of programs, time and cost were the most common barriers to participation survey respondents identified. 68% of survey participants indicated they have tried to make lifestyle changes over the past 18 months. Weight loss and physical activity goals were identified the most. Supporting employees with accessible, cost effective programs is critical to achieving the City's wellness mission.

GOALS:

Increase employee participation in Wellness programs by 5% in 2010

- Strategies:
 - Implement tools to measure participation.
 - Keep track of/count number of presentations, participants and the number and type of activities available to participants.
 - Repeat all-employee survey annually
 - Improve communication, marketing and education policies related to program offerings
 - Did you Know? email education and to home mailing addresses.
 - Wellness presentations at Bureau meetings
 - Involve management in revitalizing Bureau Focus Groups
 - Online Q & A
 - Explore incentives such as subsidizing Wellness activities, friendly competitions between bureaus/workgroups, etc.

- Group Walks
- Casual non-contact sports (competition between bureaus)
 - Enhanced accessibility to Wellness programs for shift workers and bureaus not within the downtown core
 - Activities targeted for people with disabilities
 - Online preregistration for remote location fitness classes
 - Increase Citywide accessibility to wellness program offerings and fitness facilities.
 - Improve ease of registration and participation in blood screenings

Increase number of employees reporting healthy lifestyles by 5% in 2010.

- Strategies:
 - Annual survey of employees
 - Council and managers model healthy behaviors
 - Add annual walk-further to walk (or walk at lunch) week as well as bike-to-work week

Increase blood screening participation (22% in 2009) to 25% in 2010, 30% in 2011 and 35% in 2012.

- Strategies:
 - Improve publicity and ease of sign up
 - Provide incentives such as friendly competitions, free breakfast, testimonials from previous year participants, etc.

Administrative responsibilities in meeting these goals: Take strategic ownership of wellness program by working closely with all stakeholders in actively promoting participation. Council and managers will participate in wellness activities.

Committee responsibilities in meeting these goals: Promote participation within their bureaus. Direct interested staff to available resources. Actively participate in program offerings. Give input to Commissioner in charge and Benefits staff regarding the programs.

Participant responsibilities in meeting these goals: Take personal responsibility to actively participate in wellness offerings, activities and surveys.

Health Benchmarks

Obesity not only impacts lifestyle but can also lead to lower self-esteem, cause depression, and significantly diminish quality of life. Obesity also increases a person's risk for developing serious obesity-related health conditions. In 2004, the U.S. Centers for Disease Control and Prevention (CDC) ranked obesity as the number one health risk facing America. Obesity currently results in an estimated 400,000 deaths a year in the United States and costs the national economy nearly \$122.9 billion annually.

The City's employee population is consistent with national statistics related to Body Mass Index (BMI) as shown below. Table 1 represents the BMI calculations for all participants of the citywide worksite blood screening program offered during January – March of 2009.

Body Mass Index	Number in Range	Percent In Range	Database Average
Underweight (<18.5)	7	0.54%	1.18%
Ideal Weight (18.5-25)	354	27.48%	28.48%
Overweight (25-30)	534	41.46%	34.91%
Obese (30-35)	246	19.10%	20.19%
Super Obese (35-40)	87	6.75%	9.18%
Morbid Obese (40+)	60	4.66%	6.05%

Table 1

BMI scores can be deceptive, as they do not factor in an individual's age or other factors, such as percentage of body fat. However, they are one tool in measuring our employees' fitness level. Committing to reduce the City of Portland's employee obesity rate is the first primary goal within this strategic direction. The expectation is that improving in this area will impact all other areas (structural, cardiovascular and cancer) outlined above.

GOAL - OBESITY

5% of City employees decrease their BMI by 2012-13

- Strategies:
 - Support weight management through plan design.
 - Work-site Blood/BMI/Blood Pressure Screening
 - The Bureau of Human Resources and the Benefits and Wellness Office will review, assess, and may make recommendations to LMBC on the following benefit options for consideration in plan design for 2010-11
 - Nutritional Counseling
 - Surgical Interventions
 - Pharmaceutical Interventions

- Behavioral Counseling (supportive program and other available telephone/online support programs)
- Offer affordable fitness opportunities at appropriate locations through-out the City
 - Email updates on private fitness club discounts
- Continue to implement, assess and provide fitness opportunities available to City employees. Improve awareness and availability of:
 - Yoga
 - Personal Training Sessions
 - Boot Camp and other Cardiovascular fitness programs
 - CityShape I and II fitness centers
 - Walking program options
 - Fitness club discounts
 - Educate employees on training/exercise they can do on their own time
- Provide bureau level education about the cause and prevention of obesity in the following categories:
 - Healthy lunches and portion control
 - Diabetes education
 - Mindful eating
 - Sweetened beverages and health
 - Hydration education and assessment
 - BodyFit (body composition testing and education)
 - Healthy holiday food demonstrations
- Review and assess vendor programs to support prevention of obesity, and evaluate additional partnerships that may bring added programs to bureaus.
 - Kaiser disease management, education and wellness programs
 - ODS disease management, education and wellness programs

Cancer: According to the World Health Organization, at least one-third of all cancer cases are preventable. Prevention offers the most cost-effective long-term strategy for the control of cancer. Key prevention measures include quitting tobacco, eating a variety of healthy foods, staying active and maintaining a healthy weight. 9% of the costs paid under the CityCore plan were for the treatment of cancer. Office visits (examination and observation) were 4.3% of claims for plan year 2008-09. Increasing the costs for preventive care is important in diagnosing health related issues that are not only life threatening to the participant, but costly to both the participant and the City. Wellness survey results indicate that 12.8% of respondents use tobacco products occasionally or regularly. Educating participants on the risks of tobacco use as well as other preventive cancers is important to the wellness program.

GOAL - CANCER

Increase preventive cancer screenings for City of Portland employees and plan participants by 10% over 3 years.

- Strategies:
 - Evaluate preventive benefit structure within the health plan
 - Review and cost annual physical exams
 - Review and cost co-pay benefit design for preventive services in place of co-insurance
 - Review plan design with LMBC
 - Provide education about the causes of cancer, focusing on breast, colon, lung, prostate and skin cancer
 - Develop reminder protocols for cancer screenings
 - Support national campaigns (e.g. Race for the Cure, Great American Smoke-out)
 - Provide targeted education regarding focused cancers and symptoms
 - Increase awareness on genetic susceptibility to cancer
 - Provide information about prevention through maintaining healthy lifestyle and avoiding environmental contaminants, etc.
 - Increase awareness of the risks/consequences of skipping preventive screenings
 - Enhance communication materials designed to encourage screenings
 - Develop educational opportunities with vendors for small targeted group presentations (discourage risk behavior)
 - Develop smoking cessation programs for PBOT Maintenance Operations, Portland Water Bureau (Interstate) and Downtown.

Prevention support for the recurrence of cancer

- Strategies:
 - Review opportunities for supportive care of cancer survivors (e.g. nutrition and mental health services)
 - Review and assess the need for additional benefits related to nutrition based programs
 - Review and assess supportive care services with additional focus on mental health benefits
 - Develop complementary support services for individuals diagnosed with cancer and those who are in remission
 - Seek input from survivors through targeted focus group opportunities about employer based supportive programs

Cardiovascular Disease and Hypertension

High Blood pressure and high levels of bad cholesterol are risk factors associated with cardiovascular disease. Cardiovascular disease is the leading cause of death in the United States and is a major cause of disability. According

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to the Center for Disease Control, almost 652,091 people die of heart disease in the U.S. each year. That is about 27% of all U.S. deaths. Hypertension, or high blood pressure, is one of several risk factors associated with cardiovascular disease. Table 2 below represents the blood pressure and Table 3 represents the cholesterol results for all participants of the work-site blood screening program offered during January – March of 2009. While a one-time high measurement is not indicative of hypertension, it will provide a baseline when further measurements are completed.

Blood Pressure	Number in Range	Percent in Range	Database Average
Normal (≤ 119 over < 79)	335	26.11%	29.90%
Prehypertensive (120-139 over 80-89)	651	50.74%	47.49%
Hypertensive (≥ 140 over ≥ 90)	297	23.15%	22.61%

Table 2

Total Cholesterol	Number in Range	Percent in Range	Database Average
Desirable (≤ 199)	739	57.20%	62.30%
Borderline High (200-239)	423	32.74%	28.17%
High (≥ 240)	130	10.06%	9.53%

Table 3

Lipid screening is the most common technique used to evaluate the cardiovascular system and measure the different types of fat in our body. There are many different kinds of lipids, most of which are included in the participants total cholesterol level. 37.7% of employees tested displayed borderline to high cholesterol.

GOAL - Cardiovascular Disease and Hypertension

Reduce the percentage of pre-hypertensive and hypertensive employees by 10% over 3 years. Target: 41% pre-hypertensive, 13% hypertensive, by 2013

- Strategies:
 - Maintain accurate data that measures hypertension rates
 - Work-site Blood/BMI/Blood Pressure Screening
 - Introduce and increase attendance at programs that have been shown to reduce the risk of hypertension
 - Review disease management programs available with direct coaching by health professionals, and evaluate effectiveness and alternatives
 - Address the connection between physical, mental and cardiovascular health
 - WalkOptions and/or other walking program
 - Breathing and Relaxation
 - Yoga
 - Boot Camp and other cardio programs
 - CityShape I & II fitness centers

- Develop smoking cessation programs for PBOT Maintenance Operations, Portland Water Bureau (Interstate) and Downtown.

Decrease employee cholesterol levels (based upon elevated CHL/HDLC ratio) by 5% over 3 years. Target: 32.7%

- Strategies:
 - Increase cardiovascular fitness opportunities
 - Continue to assess and provide fitness opportunities available to City employees promoting cardiovascular health.
 - Boot Camp and other Cardiovascular fitness programs
 - CityShape I and II and other bureau fitness centers
 - WalkOptions and/or other walking program

Provide programs aimed at increasing awareness of contributing factors related to cardiovascular health and the means for reducing risk factors

- Strategies:
 - Develop communication materials to be used at health fairs and Bureau presentations
 - Assess the need for alcohol risk factor related information as it relates to cardiovascular health
 - Develop educational opportunities with vendors for small targeted group presentations
 - Hydration education and assessment

Musculoskeletal/Structural Health (Back and Joint Health)

As the City's employee population ages, normal wear and tear can lead to back, knee, hip and other joint pain caused by degenerative disease. Workplace activities can cause musculoskeletal problems but so can everyday activity. Injury prevention combined with healthy low-impact activity education programs is key in minimizing risks. 45% of Wellness Survey respondents reported pain in their back/joints in the last 6 months. 26% of those sought treatment. Nearly 16% of the dollars spent on healthcare for CityCore participants were related to musculoskeletal health. This translates into a cost of \$51.00 per member per month. Preventive and educational programs are important to reduce this cost.

GOAL – STRUCTURAL HEALTH

Reduce the percentage of employees experiencing pain for structural problems by 3% over each survey period for a cumulative reduction of 9% by 2013.

- Strategies:
 - Bureau of Human Resources/Benefits to review benefit plan and educational opportunities to support structural health
 - Review physical therapy options, pain clinics and other supportive therapies related to structural health, to determine effectiveness and increase participation.

- Review disease management programs available with direct coaching by health professionals, and educate employees to encourage participation in those found effective.
- Provide opportunities for employees to learn about joint health, injury and pain prevention
- Introduce educational information about osteoporosis, arthritis and other degenerative diseases.
 - Train the Trainer stretching sessions at PBOT Maintenance Operations, Portland Water Bureau (Interstate), and Downtown.
 - Educate participants on alternative therapies (e.g. chiropractic services, acupuncture, naturopathic medicine)
- Provide preventive and remedial activities related to structural health
 - Develop programs that support those suffering from back and joint pain
 - Develop education on the causes of weak joints and other structural issues
 - Encourage Risk Management to continue and refine programs on ergonomics and workplace safety
 - Evaluate and implement if appropriate, the Fire Bureau "Squat Assessment" program to other City Bureau's.

Stress and Depression

Direct and indirect costs of stress and depression have continued to increase. Nearly 50% of Wellness Survey respondents identified stress management as an EAP educational category they were interested in. 20% of employee assistance program services provided to participants in the last Quarter were dealing with depression, work/life management, anxiety and emotion. It is important to design supportive programs dealing with stress and depression to align with other already established program areas.

GOAL – STRESS AND DEPRESSION

Define and increase the number of employees reporting effective management of stress and depression

- Strategies:
 - Establish supportive programs based upon the diverse needs of City participants.
 - Provide information about medical and non-medical methods of stress and depression reduction
 - EAP counseling and medical options
 - Mental illness information and remedies, including Seasonal Affective Disorder, PTSD, etc
 - Exercise/Diet
 - Meditation / personal time
 - Education on short/long term affects of stress

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- Education on what is behind depression (causes and science/chemical)
- Use of Naturopathic or other alternative medicine techniques (e.g. Chiropractic, acupuncture and naturopathic physicians as covered under the CityCore plan)
- Support Diverse Empowered Employees of Portland program
- Monthly Health and Wellness Brown Bags
 - Consistent opportunity for employees to gain education and information (e.g. parenting, elder care, taking responsibility, motivation, stress, family leave, finances)
- Expand employee recognition mechanisms to acknowledge good work in difficult times
- Encourage employee community involvement outside of work
 - Volunteerism
 - Sports Teams
 - Other social networking
- Develop support and encourage mechanisms for appropriate leave usage
 - Identify steps for appropriate information and management of work life balance.

Administrative responsibilities in meeting health benchmark goals: Take strategic ownership of benefits and wellness program/offerings working closely with all stakeholders in promoting, designing, tracking and measuring the success of the health benchmarks.

Committee responsibilities in meeting health benchmark goals: Direct interested staff to available resources. Determine program efforts that can be implemented on bureau or labor union level. Give input to Commissioner in charge and Benefits staff regarding the programs. Pro-actively participate and generate enthusiasm in bureau focus groups.

Participant responsibilities in meeting health benchmark goals: Take personal responsibility to:

- Understand plan benefits
- Seek preventive services
- Establish personal health and wellness goals
- Participate in programs or activities to help achieve goals and sustain good health