

OSC 12
Ohio Safety Congress & Expo

WELL AT HOME. SAFE AT WORK.

524 Engaging Employees in a Data Driven and Employee Centric Wellness Program

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Wednesday, March 28, 1 to 2 p.m.

Ohio Bureau of Workers' Compensation

Continuing Nursing Education Disclosures

- o **Goal:** To educate conference attendees on specific aspects of accident prevention and Ohio's workers' compensation system
- o **Learning objectives for session # 524 Engaging Employees in a Data Driven and Employee Centric Wellness Program:**
 - Identify core strategies and program offerings that contribute to successful employee wellness programming
 - Explain the impact of wellness programs on health-care costs and health risk
 - Describe strategies that enhance employee engagement and retention in wellness programs
- o **Criteria for Successful Completion:** Attend the entire event and complete a session evaluation.
- o **Conflict of Interest:** The planners and faculty have **no** conflict of interest.
- o **Commercial Support:** There is no commercial support for this event.
- o **Continuing Education:** Awarded 0.1 IACET general CEUs and 1.0 RN* contact hour.

*The Ohio BWC (OH-18801-01-2013) is an approved provider of continuing nursing education by the Ohio Nurses Association (ONA-001-91), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

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SuperWell

Medical Mutual Case Study: Engaging Employees in a Data Driven and Employee Centric Wellness Program

March, 2012

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Medical Mutual's Employee Program

Makes a strong commitment to wellness ensuring that Medical Mutual will meet and exceed strategic goals:

- Keep our healthy employees healthy
- Reduce the risks of the medium and high-risk employees
- Positively impact healthcare cost/trend
- Enliven and rejuvenate our corporate culture

4

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Employee Program Direction

Shift in Focus...

From: Basic Awareness and Program Participation

To: Concrete, Measurable Outcomes

- Reduction in employee health risk
- Economic Analysis

5

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Wellness Team Consultation/Oversight

Core components that drive program development:

- **Wellness Program Evaluation:** analysis of all program components
- **Operating Plan:** metrics, outcomes, point structure, communications
- **Employee Survey**
- **University of Michigan Analysis**
- **Integration with Benefit Design**
- **Benchmarking Against Best Practice Scorecards:** HERO, NBGH
- **Pursuit of National and Local Wellness Awards**

6

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Wellness Program Development (cont'd)

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Utilizing multiple, integrated data sources:

- Claims Analysis: Medical and Pharmacy
- Predictive Modeling
- HEDIS/Preventive Care Analysis
- Health Assessment Aggregate Data
- Health Screening Aggregate Data
- Health Risk Stratification
- EAP Results
- Short/Long Term Disability
- Demographic Data
- Satisfaction Survey Data
- Rewards Program Participation
- University of Michigan Data

7

Program Awards

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- C. Everett Koop National Health Award (2010)
- American Heart Association: Start! Fit Friendly Company-Platinum Award (2010)
- American Heart Association: Start! Fit Friendly Company-Worksite Innovation Award (2010)
- National Business Group on Health: Best Employers for Healthy Lifestyles, Platinum Award (2006)
- Northeast Ohio Healthy 50 Award (2005)

8

Company Demographics (2010)

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- Approx. 2600 employees
- 75% Female; 25% Male
- 15 Physical Locations
- Years of Service: Less than 5= 33%
- Over 5= 67%
- Over 10= 51%
- Over 20= 24%

Employee Breakdown by Age

9

Medical Mutual's Employee Wellness Program Evolution

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2003/2004	2005	2006	2007
<ul style="list-style-type: none"> •Corporate Wellness Proposal approved by executive team •Full implementation of health promotion practices into day-to-day operations •First Health Assessment (HA) •Walking for Wellness •Weight Watchers •Onsite Health Screenings •Enhanced employee preventive benefits 	<ul style="list-style-type: none"> •Toledo Wellness Center Opening •Roll-out of REWARDS program •Lunch and Learn Seminars •Smoking Cessation Program •Annual employee wellness survey •Nurse Line •Cleveland Cafeteria Grand Opening – healthy menu choices 	<ul style="list-style-type: none"> •Web-based Healthy Living Programs •Cleveland Wellness Center Opening •Education Modules •Health club membership reimbursement •Transition from gift incentives to healthcare premium discount 	<ul style="list-style-type: none"> •Onsite Mammography Screening •Pilot Program: Onsite Blood Pressure Machines •Employee Assistance Program Integration •HA and HLPs Made Available to Non-Insured Employees •Incentive Options Added to REWARDS Program

10

Medical Mutual's Employee Wellness Program Evolution

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2008	2009	2010	2011
<ul style="list-style-type: none"> •Weight Loss Challenge •Cooking Demonstrations •Return on Investment (ROI) Calculation •Measurement of Obesity in the Population •Rollout of Incentive Tracking and Fulfillment Program •Expansion of Employee Preventive Benefits 	<ul style="list-style-type: none"> •Incentives for Preventive Care Rewards •Implementation of New Fitness Center Management Team •Implementation of Telephonic/Online Lifestyle Coaching •Fresh Produce Home Delivery Program •Rollout of Employee Wellness Web site •Analysis of Cafeteria Food Purchases •Benchmarking with NBGH and HERO 	<ul style="list-style-type: none"> •Chiricosta Weight Loss Challenge •Quarterly BP and Weight Clinics •Quarterly Fitness Contests through Wellness Centers •Employee Wellness Web Site Enhancements •Smoking Surcharge Implemented 	<ul style="list-style-type: none"> •Lifestyle 180 Program •Health Resource Center Available on Web •Seminars and Podcasts offered on SuperWell for Life site •Goal Getter Program •SuperWell Site Enhancements •Expansion of Fitness Center Network

11

Wellness Program Offerings

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Point System allows us to heavily weight programs that we feel are most important for employees to utilize

<p>Health Promotion</p> <ul style="list-style-type: none"> Health Assessment-300 Onsite Health Screening-300 Goal Getter Program-300 Flu Immunization-100 Dental Visit-50 Preventive Care Visit-50 Quarterly BP/Weight Clinics-100 	<p>Education</p> <ul style="list-style-type: none"> Education Modules/Quiz-120 Interactive Online Tools-100 Lunch & Learn Seminars-200 	<p>Healthy Habits</p> <ul style="list-style-type: none"> Weight Watchers-120 Healthy Weight Credit-120 QuitLine Program-120 Smoke Free Credit-120 Chiricosta SuperLoser Challenge-150 The Chef's Garden Purchase-50 Lifestyle Coaching-100 Disease Management Program-100
<p>Fitness</p> <ul style="list-style-type: none"> Join Company Fitness Center-50 Join Community Fitness Center-50 Company Fitness Center Check-in-250 Quarterly Fitness Center Contests-40 Fitness Evaluation-150 Physical Activity Cardio Log-300 Walking Program-160 Company Sponsored Fitness Walks-25 Community Fitness Event Participation-25 	<p>Healthy Environment/Culture</p> <ul style="list-style-type: none"> Tobacco Free Campus Healthy Cafeteria/Vending/Catering Options Accessible Stairwells Coordination with Employee Assistance Program Wellness Integrated into Orientation Sessions Visibility/Accessibility of Wellness Team and Program Comprehensive and Multi-Modal Communications Executive Team Communications 	

12

Wellness Program Point System

2011 Rewards System

Category	Program	Points Available	Points Earned	Number of Employees	Points Per Employee	Total Points
Health Assessment	Health Assessment Only	100	100	443	100	44,300
	Health Assessment + Health Screenings	150	150	466	150	69,900
	Gold (45%-64% of total points)	200	200	466	200	93,200
	Platinum (65% of total points)	300	300	595	300	178,500
	Total	750	750	1,843	750	2,250,000

Wellness Program Incentive Structure

Point Levels	Incentive Amount	Number of Employees Achieving Incentive
Health Assessment Only	\$100	339
Health Assessment + Health Screenings	\$150	443
Gold (45%-64% of total points)	\$200	466
Platinum (65% of total points)	\$300	595
Total		1843

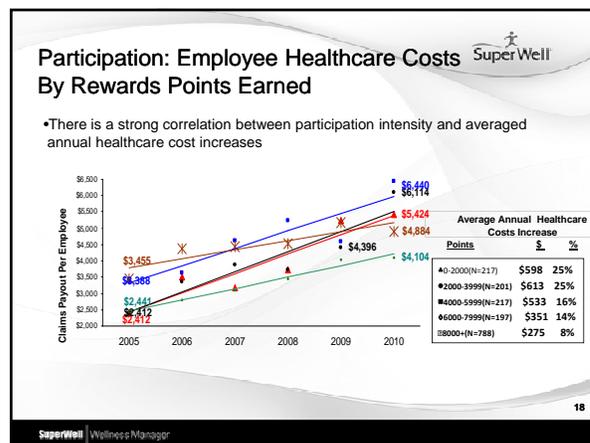
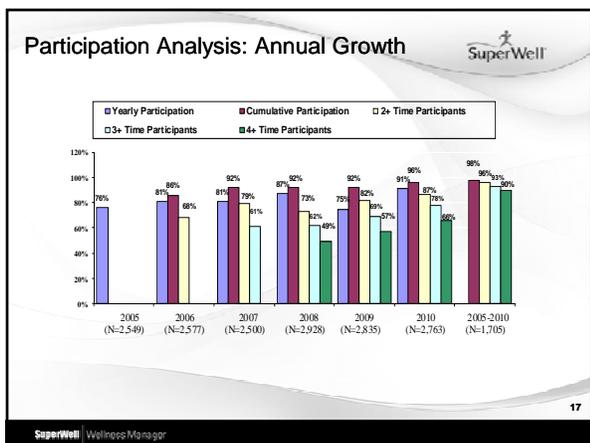
Employee Wellness Site

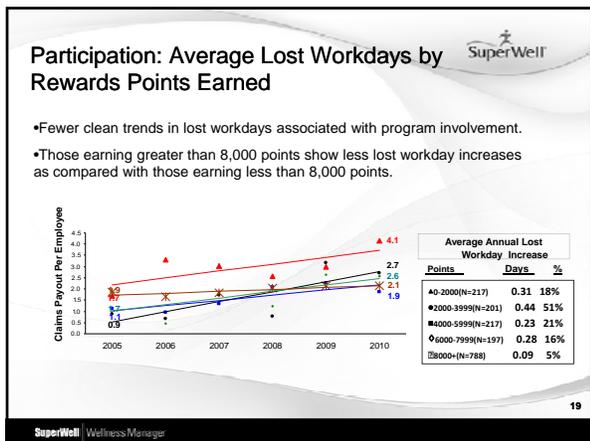
Navigation: HOME, POINTS, EDUCATION, FITNESS, FINANCIAL, EVENTS, ADMIN, LINKS/URGENT, REWARDS, PARTICIPATE

Your Total Points: 635

Wellness News: Watched Down by Obesity...
 Wellness Tip: Try this eating tip from Weight Watchers...
 Wellness Work: Does your health and lower healthcare cost sound too good to be true?

Participation Results





Wellness Points/T1, T2 Risk Status

2005 Risk Status	2010 Risk Status	Wellness Rewards Points (Cumulated 2005 - 2010)	
		Average	
0-2	0-2	11,588	
	3-4	9,942	
	5+	9,029	
3-4	0-2	10,647	
	3-4	10,526	
	5+	9,621	
5+	0-2	10,337	
	3-4	9,763	
	5+	9,605	

Among two time HRA Participants (2005 vs. 2010), N=1,023

20

- ### Participation Analysis
- Program participation remains high, with a cumulative participation of 98%
 - Repeat participation was especially high, with 96% of employees participating at least two years from 2005 through 2010.
 - In 2010, 91% of employees took part in at least one program.
 - Strong correlation between participation and averaged annual healthcare cost increases from 2005 to 2010.
 - Strong correlation between participation (points) and remaining low risk or moving to lower risk from 2005 to 2010 (T1/T2 HA).
- 21

Risk Analysis and Economic Results

22

Risk Analysis: Shift in Risk Groups

Risk	2004/2005	2007/2008	2010/2011	% Change
Low Risk (0-2)	60.4%	66.9%	68.8%	↑ 8.4%
Medium Risk (3-4)	28.7%	25.5%	24.0%	↓ 4.7%
High Risk (5+)	10.9%	7.6%	7.3%	↓ 3.6%

23

Risk Analysis: Shift in Risk Measures

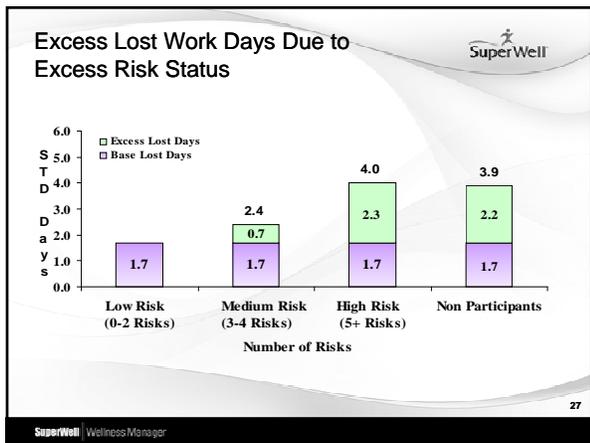
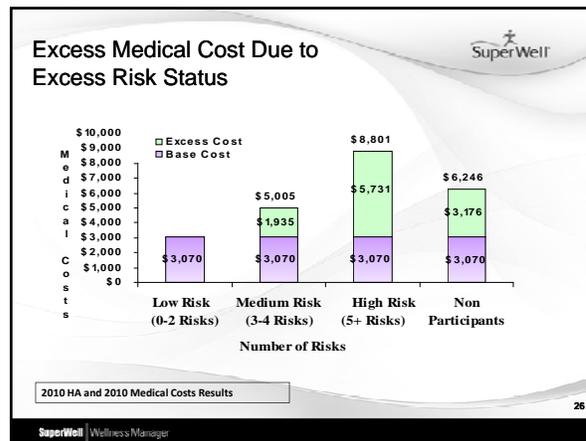
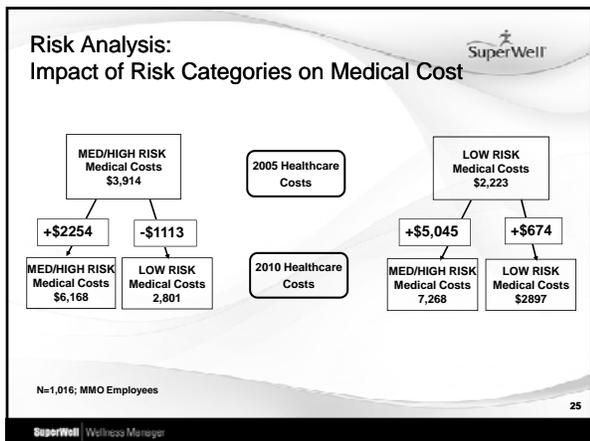
While improvement (risk reduction) is evident in several measures, there is still an increase in risk for existing disease (+3.0%), blood pressure (+3.5%) and weight/BMI (+4.1%).

	2005 High Risk %	2010 High Risk %	Net Change % Point
Safety Belt Use	25.5%	12.3%	-13.2%
Physical Activity	20.1%	16.1%	-4.0%
Cholesterol	8.2%	4.3%	-3.9%
Job Satisfaction	9.9%	6.8%	-3.0%
Life Satisfaction	13.6%	11.0%	-2.5%
Smoking	11.2%	8.8%	-2.4%
Medication to Relax	10.4%	9.5%	-0.9%
Stress	16.2%	16.0%	-0.2%
Alcohol	1.2%	1.8%	0.6%
Illness Days	3.2%	3.9%	0.7%
Existing Disease	11.0%	14.1%	3.0%
Blood Pressure	32.1%	35.6%	3.5%
Weight (BMI)	51.9%	56.0%	4.1%

Additional Targeting for Intervention

Among two time HA Participants (2005 vs. 2010), N=1,023

24



Healthcare Cost/T1, T2 Risk Status

2005 Risk Status	2010 Risk Status	N	Average Annual Healthcare Paid						Average Healthcare Paid 2005-2010
			2005	2006	2007	2008	2009	2010	
0-2	0-2	543	\$2,224	\$2,871	\$2,725	\$3,120	\$3,549	\$2,897	\$2,898
	3-4	83	\$2,272	\$3,423	\$3,719	\$3,698	\$4,809	\$6,190	\$4,018
	5+	9	\$1,743	\$3,450	\$6,228	\$6,170	\$5,653	\$17,212	\$6,743
3-4	0-2	132	\$3,472	\$2,526	\$3,251	\$3,938	\$3,936	\$2,781	\$3,317
	3-4	127	\$4,060	\$4,963	\$4,734	\$3,800	\$4,161	\$4,329	\$4,341
	5+	31	\$5,193	\$5,298	\$7,654	\$5,393	\$10,115	\$11,611	\$7,544
5+	0-2	21	\$1,993	\$2,409	\$4,145	\$2,903	\$3,166	\$2,775	\$2,899
	3-4	42	\$3,459	\$7,380	\$6,433	\$8,048	\$5,140	\$6,041	\$6,083
	5+	28	\$6,186	\$15,875	\$15,343	\$14,502	\$10,610	\$8,861	\$11,896

Among two time HA Participants (2005 vs. 2010), N=1016

Lost Work Days/T1, T2 Risk Status

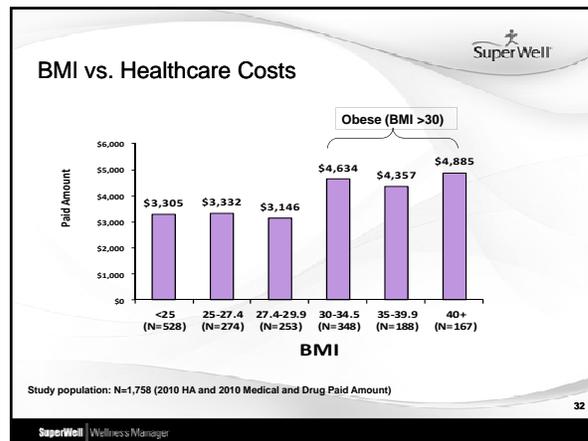
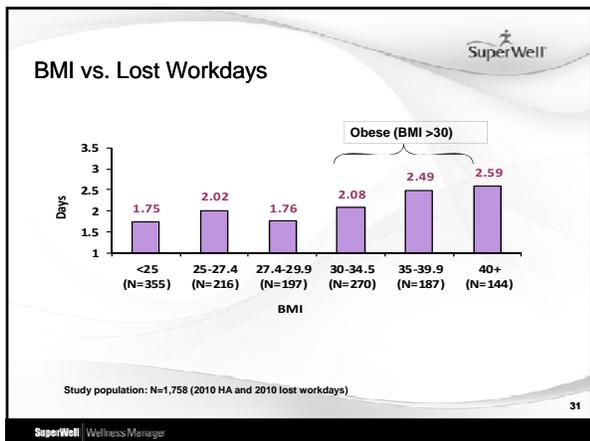
Time One Risk Status	Time Two Risk Status	N	Average Work Lost Days (STD)							Average Lost Days 2005-2010
			2005	2006	2007	2008	2009	2010		
0-2	0-2	497	0.7	0.56	1	1.26	1.64	0.84	1.00	
	3-4	82	0.76	1.43	1.62	1.3	1.61	1.91	1.44	
	5+	9	0	0	3.97	3.44	0	1.78	1.53	
3-4	0-2	120	2.61	0.19	1.49	2.11	2.58	1.48	1.74	
	3-4	119	2.14	1.05	1.96	1.92	1.69	1.97	1.79	
	5+	31	1.13	1.03	3.46	0.87	4.45	4.94	2.65	
5+	0-2	20	0.65	0.65	3.07	2.85	1	1.35	1.60	
	3-4	42	1.36	3.17	6.39	5.86	0.31	2.88	3.33	
	5+	27	3	10.3	2.72	3.3	5.33	6.63	5.21	

Among two time HA Participants (2005 vs. 2010), excluding women with pregnancy claims, N=947

Studying Relationships...

- BMI and Lost Workdays
- BMI and Healthcare Costs

Developing Additional Strategic Initiatives



BMI Initiatives

Chiricosta Weight Loss Challenge (2010)

- Six-Month Weight Loss/Get Healthier Challenge
- CEO Endorsement and Ownership of Program
- CEO Blogs and Communications
- 1400 Participants
- 6500 Pounds Lost

Employee Weight Analysis Summary

Study Time Period One: Chiricosta Weight Loss Challenge
Study Time Period Two: 6 Months Post Chiricosta Weight Loss Challenge
 N= 928 (participants in both study periods)

	Time Period One January-June, 2010	Time Period Two June, 2010-January, 2011
% Employees that Lost Weight	69	40
% Employees that Gained Weight	12	36
% Employees that Maintained Weight	19	24
Total lbs. lost	5,273	2,123
Total lbs. gained	790	2,662

Benchmarking –

How are we doing against national standards?

Health Enhancement Research Organization

HERO Scorecard Results

The scorecard is a tool designed to determine employee health management best practice. It can be used as an inventory, an indicator for program success and as a benchmarking tool.

"The greatest value of the Scorecard is in providing an inventory of EHM best practices for consideration; your scores provide an indication of where you can identify opportunities to enhance your program."

	2008	2009	2010
Medical Mutual of Ohio Score	147	162	164

Total possible points: 200
 National Average: 92

National Business Group on Health




Wellness Impact Scorecard

The scorecard was developed to assist employers in understanding levels of achievement in improving health, the strengths and weaknesses of their programs and to help them benchmark against the programs of other employers.

Overall Progress				
	Total Potential Points	MMO's Score		
		2008	2009	2010
Company's Efforts to Improve Health (Level 1)	50	43	50	50
Employee Engagement (Level 2)	50	39	50	46
Outcomes and Analysis (Level 3)	100	75	87.5	94.5
Total	200	157	187.5	190.5

37

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Cultural/Environmental Analysis



Wellness Program Survey Results

- 96% of employees surveyed feel that the Wellness programs are making a positive impact on the corporate culture.
- 94% of employees surveyed feel that the Wellness programs are making a positive impact on their health.
- 95% of employees responded that they are very satisfied or satisfied with the Wellness program.

Ongoing Assessment of Healthy Environment

- Tobacco free campus, policies
- Accessible stairwells
- Executive support: communications, programs, participation
- Healthy nutrition choices: cafeteria, vending, company events, meetings
- Employee recognition and reward for healthy lifestyles
- Wellness integrated into new hire orientations

38

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Executive Summary and Analysis

39

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Executive Summary and Analysis

- Participation in the wellness program showed a positive impact on healthcare cost trends for four consecutive study periods.
- The low risk population continues to grow, a key achievement in our health management strategies.
- Employees who participated (earned more *Rewards* points), had smaller healthcare cost increases and lower lost workday increases than those who earned less points.
- As risk increased, cost increased (cost follows risk).
As risk increased, lost workdays increased (lost days follows risk).

40

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Executive Summary and Analysis (continued)

- In general, an increased participation level (years of participation or number of wellness points) was associated with an increase in the percentage of individuals at low risk.
- The wellness program had the most impact on percent risk reduction for those employees with risk factors for: **physical activity, safety belt use and cholesterol.**
- The number of employees at risk for **existing disease, blood pressure, and weight/BMI** increased over time and will remain a focus of programming and interventions.

41

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Employee Engagement Strategies

42

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Employee Engagement 

Utilize Standard "Marketing" Strategies:

- Ensure they are aware of the product
- Help them understand why they need the product
- Help them understand the value of the product
- Educate them about the product

Successful Programs:

- Speak to interests and concerns of employees
- Align with corporate goals
- Are linked to personally or financially meaningful incentives

Consider Social Aspect:

- Humans are social by nature
- Lifestyle risk travels through social networks
- "We're in this together" approach tied with relevant social activities

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Employee Engagement 

- **Know your workforce:** learn and capitalize on what motivates employees; utilize needs/interests surveys
- **Make it relevant:** self-interest drives behavior; speak to interests/concerns
- **Sell the "personal" message of wellness:** self-empowerment and personal health, not just the rising costs of healthcare
- **Focus on the right people:** include employees who maintain health, not just those who improve
- **Publish results and accomplishments**
- **Communications:** frequent; must be two-way; senior management involvement

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Employee Engagement 

- **Use multi-modal approach:** provides individualized opportunities
- **Be aware of the impact of company culture:** employees are eight times more likely to be engaged if wellness is perceived as a priority in the company
- **Maintain a positive tone:** employees more likely to tackle what isn't working
- **Pay attention to program structure:** easy to understand and participate in?
- **Focus on details:** equity across worksites, data integrity, being reasonable/fair
- **Position wellness personnel:** ensure they are visible, reachable, approachable
- **Don't get stale**

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Q & A

Thank You

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