

Memorandum

Human Resources



Date: June 10, 2011
To: Mayor and Council
From: Renie Broderick, Human Resources Director
Lynna Soller, Employee Benefits Manager
Through: Charlie Meyer, City Manager
Subject: Update on Employee Wellness Program

At the January 13, 2011 Issue Review Session we presented to you the recommendations of the Wellness Task Force to begin the process of developing a comprehensive, sustainable and measurable Wellness Program that optimizes the participation of employees and ultimately improves the health of the City of Tempe employees and their families.

The recommended steps to implement our Wellness Program were:

1. Issue a RFP for a Wellness Vendor
2. Wellness Vendor Selection Process Completed by April 2011
3. Voluntary Biometric Screenings and Health Risk Assessment (HRA) Completion by May 2011
4. Employees Choose Contribution Structure During May 2011 Open Enrollment
5. Biometric and HRA Data Aggregated & Sent to City of Tempe June 2011
6. Wellness Vendor and City of Tempe Wellness Committee Collaborate on Engagement Tools / Activities for 2011/12 Plan Year July-August 2011

We are happy to report that we are on track to implement our new and improved Wellness Program effective July 2011. An RFP was issued in February and 12 proposals were submitted. After a robust review process conducted by members of the Six-Sided Partnership and the Wellness Task Force, a recommendation for a contract award will be presented to Council in July, 2011.

Numerous Employee Information Sessions to explain the new Wellness Program were held at various locations throughout the City during the month of April. On-site biometric screenings were completed during April and May by 1,115 employees – other employees may have utilized either their own personal physician or gone to Cigna's Care Today clinic to obtain their results. This represents approximately 76% of our total eligible population which is an incredible statistic and gives us a good benchmark to measure the health of our workforce. The online HRA was then completed by 1,326 employees.

Preliminary aggregate reporting indicates the following initial benchmarks:

- 63% of on-site biometric participants had 3 or more at-risk measures. Our population's most prevalent risk factors are: high blood pressure, body composition and HDL cholesterol levels.

- The highest risk factor identified was blood pressure. A total of 83% of participants have either pre-hypertension (63%) or hypertension (20%). This is significantly higher than the self-reported data at the beginning of the biometric screenings whereby only 17% reported hypertension or pre-hypertension. This shows us there is a “perceived” favorable health status our employees have with regard to this risk factor.
- Body Mass Index (BMI) & Waist Circumference shows a significant area of health improvement opportunity (note: while there can be some “false positives” for BMI for some employees, the aggregate data indicates this is an area that requires some focus and educational outreach)
 - 37% of the population fell in the category of overweight
 - 35% of the population fell in the category of obese
 - 5% of the population was considered extremely obese
 - Waist circumference results indicate 44% of the population fell in to the non-desirable measurement category (males ≥ 40 inches & females ≥ 35 inches)
- The HDL (good cholesterol) factor showed 39% of participants had undesirable (low) levels of HDL. This is a significant area of opportunity for education around nutritional habits.
- Tobacco users accounted for 11% of the on-site biometric screening participants. While this is below the national average of 20.6%, this still presents a significant area of opportunity in education and focused programs.

As previously indicated, no confidential health data on individual employees is reported to the City of Tempe. The summarized data on HRA responses will be sent to the City of Tempe and analyzed in order to establish a baseline on employee health status. The HRA analysis provides an initial benchmark that we can use to customize our wellness efforts to insure we target programs that will have the most impact on improving employees’ health. When health risks improve this tends to lead to a lower cost per participant within the health plan, a higher level of productivity, and most of all, an improved quality of life for employees and their families.