



The City of Houston:

Strategically Evolving Employee Wellness

With 20,000 employees plus spouses covered on its benefits plan, it was critical that the City of Houston implement a wellness plan that would effectively motivate employees to take responsibility for their own health when it moved to a self-insured model in 2011. Complicating factors included: a predominantly male workforce who, while they had access to healthcare and insurance benefits, were not using it consistently resulting in a number of conditions not being diagnosed and treated. In addition, half of the city's workforce members were production workers and field staff who did not work in an office environment where services and messages could consistently reach them.

Within this landscape, the City's wellness team (at the time just two people) began to develop wellness initiatives that would change over time as employee engagement and needs evolved. From the beginning the ultimate goal was to create a paradigm shift where wellness takes center stage - where employees recognize the importance of caring for their health and that City leadership supports their doing so.

In the first year, the focus was on motivating employees to complete health assessments, including getting basic preventive health screenings (e.g. blood pressure, cholesterol, weight, height). In order to reduce key barriers to these assessments, the City offered screenings on-site and organized them in such a way that entire field crews could get screened and access the technology needed to enter their data on the Cigna platform. Between 92 and 100 screening sessions were offered over the first year to active employees.

In addition, employees were encouraged to complete at least one of three wellness engagements which, in the initial year, included talking through a health goal over the phone with a personal coach, completing an online health module on a

topic such as nutrition or sleep, or reading at least three articles from Cigna's online wellness resource library. Financial disincentives were put in place for non-compliance. In the past, the City had offered \$50 gift cards to employees who participated in health assessments and found it was not an effective motivator. In this iteration, employees were docked \$12.50 per month for the following benefits year for not completing the health assessment; another \$12.50 was deducted per month for the following benefits year for not completing a wellness engagement. For a workforce whose average salary is \$42,000, these deductions proved sufficient to motivate compliance. Almost all (98%) of the covered workforce completed health assessments and completed at least one wellness engagement in the first year.

In Year 2 wellness strategies prioritized expanding the health engagement component to be more community-centric. The City developed partnerships with YMCA and Weight Watchers whereby employees received wellness credits for attending a fitness orientation at the former, or at least one worksite or community meeting of the latter. The health assessment component was also expanded to include gender-specific preventive screenings.

In the third year, wellness strategies expanded to incorporate access to resources and counseling on emotional and mental health issues. These included engaging with a vendor through which counseling was available (up to six sessions free of charge) 24/7. In addition seminars were offered on stress management and resiliency. Finally, medications for chronic conditions such as diabetes, hypertension, cholesterol, and asthma are provided to employees free of charge. These therapies can be oral or injectable also brand and/or generics along with diabetic supplies are provided.

Over time, the City began to see that it was paying for preventive screenings twice for employees who had adverse results at their initial screening because when they scheduled an appointment with doctor due to the initial result, the provider performed the screening again. Thus, in Year 4, the City began to scale back onsite screenings to motivate employees to get preventive screenings at their doctor's office.

Finally, in the last two years, health assessment and wellness engagement incentives have been added for spouses who are covered by the City plan. Payroll deductions for non-compliance are [see comment]. Thus, for an employee whose spouse is not covered, the total payroll deduction if both fail to meet the requirements is \$900. Over two-thirds (71%) of covered spouses met the requirements in the first year.

Data. The City uses health care data to drive decision-making about what services to add (e.g. the free medications for diabetes and high blood pressure control) and to assess the impact of wellness initiatives on health care utilization and spending. It has identified four data points of interest – those who are pre-diabetic, those with BMI greater than 50, those who are uncontrolled diabetics (i.e. A1c greater than 9.0). This data is being analyzed for the first time on last year's data to get an initial data point; going forward changes will be tracked annually as one mechanism for assessing impact of the wellness and benefits offerings. Also tracked are rates of preventive care, trends in case management gaps, and utilization of wellness offerings.

Results. Since onsite screenings have been significantly reduced, about 60% (2014-2015) of employees get the recommended annual preventive care. While no baseline data is available from prior to the shift to self-insurance, Nicole Hare-Everline, the City's Employee Wellness and Employee Assistance Programs Director, estimates that about 10% participated in recommended preventive care. In Years 1 and 2, over 90% of employees participated in the recommended wellness engagements; in Years 3 and 4, the numbers dipped into the high 80%. In Year 5, 92% of employees and 76% of spouses completed health assessments. In addition 80% of employees completed the wellness engagements.

Staffing. While the wellness team started as two people, it has grown to 12.5FTEs over time in order to provide employees with the counseling, education and support needed

to achieve desired health outcomes. In addition to one Wellness and EAP Director and one administrative assistant who manage wellness strategies and communications, there are two and a half FTE onsite counselors; four FTE senior public health educators who provide coaching on medication adherence, fitness goals, etc.; and three registered dieticians and one registered nurse who provide coaching and support on dietary changes. This staffing has grown as the wellness team is able to make the case that these counseling and support offerings will lower health care costs.

The Future. Over the next two to three years, Hare-Everline says the primary goals are to mitigate risk with respect to catastrophic care due to poorly controlled diabetes and to help those who are diagnosed as pre-diabetic change their behaviors to bring their numbers back into normal range.

Advice for Those Working on Similar Initiatives:

- » Work to gain top management buy-in in order to create a supportive environment.
- » Have organizational leaders publicly walk the walk / talk the talk. When onsite screenings were launched, pictures were taken and circulated via department circulars, newsletters and broadcast emails of the Mayor and City Council members getting their biometrics taken.
- » Align wellness initiatives with business objectives.
- » Data is key. Have clear goals and a well-designed tracking system to tell you whether or not you are making progress toward those goals.
- » Track whether your incentives are having the desired impact. Change them if they are not.
- » Remember that just because something works for you does not mean it will for everyone. Provide a diverse menu of options that speaks to the culture of your organization and demographics of your employees.