

State of New Hampshire Health Benefit Committee Workgroup

Wellness and Health Improvement Plan

2016-2021



“As Governor, the health of state employees and retirees is important to me. I want everyone to be able to enjoy the highest quality of life possible. Healthier employees provide better service to the citizens who we are all dedicated to serving. The State continues to offer health improvement programming to provide opportunities for individuals to improve their health and wellness. Helping New Hampshire employees and retirees stay healthy is critical to controlling health care costs.”

Maggie Hassan
Governor of New Hampshire



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A. Introduction

The State of New Hampshire Employee Wellness Program was created in 2006 as a new initiative of the Health Benefits Advisory Committee also known as the Health Benefits Committee (HBC). Originally, the HBC was made up of members appointed from the State of New Hampshire and members from the Local 1984 Service Employees International Union (SEA). The many constituencies represented on the HBC have worked collaboratively as a group under these guidelines and continue to work together as a constructive, cohesive unit. The 2013 – 2015 State of New Hampshire Collective Bargaining Agreements with the New England Police Benevolent Association, the New Hampshire Troopers Association and the Teamsters Local 633 allowed for the inclusion of these bargaining units in this collaborative effort.

The HBC agreed from the beginning to work at creating an open, honest and fair forum for information and idea sharing that would lead to mutually beneficial benefit negotiations in the future. To be most effective, the HBC agreed to work together providing equal and open access to information, look beyond just cost-saving measures, to explore options for the overall benefit of the health programs and to put forth a united effort to achieve common goals. Shortly after, Governor John Lynch signed Executive Order 2006-07, An Order Relative to State Employee Wellness. This Order directed all executive departments and agencies to support the efforts and goals of the HBC Workgroup and the committee's focus on workplace health promotion. When announced to employees, it was promoted as the first coordinated effort to focus attention on the full range of health promotion offerings under the health benefit plan as well as related state services such as the Employee Assistance Program (EAP).

On January 3rd, 2013, Governor Margaret Wood Hassan was sworn in as the 81st Governor of New Hampshire. Soon after assuming office, Governor Hassan demonstrated her support for the HBC Workgroup by filming a message as part of a health education video created to inform State employees about health care. Governor Hassan has also demonstrated her commitment to health and wellness through her support of the Governor's Council on Physical Activity and Health. The Governor's Council on Physical Activity and Health is comprised of representatives from state agencies, health care, business, education, older adult organizations and individuals with an interest in promoting physical activity.

B. Health Benefit Committee Workgroup Mission

The HBC Workgroup's mission is to "Play an important role in the efforts to establish and maintain a wellness program that supports State of NH employees, retirees and their families in pursuit of greater health and well-being, which serves as a national example."

C. Health Benefit Committee Workgroup Vision

The HBC Workgroup also established a vision statement: "Support a wellness program that is fully integrated within state operations through partnerships and regarded as a national model for employee and beneficiary wellness."

D. Health Benefit Committee Workgroup Overview

Through the HBC, the cross-agency Wellness Workgroup was created with goals and objectives to promote wellness through education and healthy lifestyle choices. Promoting health and encouraging healthy lifestyles can make a significant difference in the long-term health of State employees, retirees and their dependents and is one important way the State can address the escalating cost of health benefit coverage. The HBC Workgroup relies on staffing resources from the Department of Administrative Services, Employee Assistance Program, Department of Health and Human Resources, Department of Transportation, Anthem Blue Cross and Blue Shield, and the SEA. The members of the Wellness Work Group are:

Linda Brewer, Employee Assistance Program Counselor – Health and Human Services

Alan Sylvester, Workers' Compensation Program Administrator - Administrative Services

Chris Porter, Compensation and Research Benefit Specialist - SEA

Diane Caldon, Wellness Coordinator - Administrative Services

Linda Huard, Health Benefits Committee – SEA Chair

Laurie Patterson, Wellness Coordinator –Safety

Dr. Richard Lafleur, Medical Director - Anthem Ad Hoc

Michael Loomis, Wellness Program Administrator - Administrative Services

Lisa Marzoli, Wellness Coordinator - Anthem

Heather Fairchild, Safety and Wellness Coordinator - Health and Human Services

Joe McCue, Wellness Coordinator - Transportation

John Crampton, Employee Assistance Program Specialist - Health and Human Services

Mike Lawless, Employee Assistance Specialist - Health and Human Services

Karen O'Connor, Northeast Delta Dental - Oral Health & Wellness Solutions Specialist

Subject Matter Expert, Division of Public Health, Health and Human Services

Peg Blacker, Benefits Manager, Administrative Services

In 2006, the HBC Wellness Work Group began the task of implementing Governor Lynch's executive order by working with every agency in disseminating information to employees regarding wellness through education and healthy lifestyle choices. The current Wellness Coordinators appointed throughout the State are as follows:

Robert Lewis, Adjutant General

Diane Caldon, Administrative Services

Beth Kiley, Agriculture

Dawn Allen, Banking Commission

Kathy Wheeler, Banking Commission

Anthony Scott, Corrections

Diana DeCota, Cultural Resources, State Library

Erika Randmere, Employment Security

Kim Crowley, Fish and Game Commission

Jennifer Edgerly, HHS: NH Hospital

Heather Fairchild, Health and Human Services: Office of the Commissioner

Katrina Taylor, Human Rights Commission

Lynn Dubey, Information Technology

Destiny Buffington, Insurance

Kira Hageman, Joint Board of Licensure & Cert

Micki Delorey, Labor

Danielle Albert, Labor

Diane Bergquist, Legislative Branch

Tiffani McIntosh, Lottery Commission

Chris McIntyre, Office of Veterans Services

Azanna Wishart, Public Utilities Commission

Laurie Patterson, Safety

Joseph McCue, Transportation

Laura King, Treasury

Maureen Brown, Veterans Home

Janet Goodridge, Retirement System

E. Health Benefit Committee Workgroup Goals

The HBC Wellness Workgroup provides support to members and agencies in an effort to improve health, prevent disease, and maintain a high quality of life for everyone. Developing goals and setting measurable health improvement outcomes plays an important role to assist in identifying gaps in wellness programming, prioritizing high-impact communication strategies, and providing health promotion and disease prevention support. Setting goals and monitoring progress through assessment, planning, and evaluation will enhance changes in the worksite environment, communication practices, as well as policy and cultural improvements. The fundamental goal of the workgroup is to engage employees and family members in an effort to adopt and maintain healthier lifestyles that will lower their risk of developing illness or being injured and enhancing their quality of life.

Outcomes of established goals will result in enhanced knowledge and participation in programming designed to improve health behaviors. Additional outcomes of healthier employees, dependents, and retirees include lower direct costs such as insurance premiums, worker's compensation claims, and they also positively impact many indirect costs such as absenteeism, moral, and worker productivity.

The goals of the HBC Workgroup are to:

1. Reduce the risk of chronic disease among members through workplace interventions and program support.
2. Engage members in activities, awareness campaigns, and education in maintaining a healthy lifestyle.

3. Develop leadership support to effectively institute supportive environments for healthy behaviors.

F. Health Benefit Committee Workgroup Health Improvement Target Areas

Collecting data and monitoring health improvement is an integral part of population health management. Health improvement indicators can be participatory in nature such as attending a worksite health screening or outcome based such as the prevalence of a chronic disease. These measures monitor health program success to reduce mortality and morbidity from preventable health conditions. The following are key indicators derived from State of New Hampshire (SONH) Health, Dental, and Pharmacy Benefit Program utilization reports.

Target Area 1: Health Related Quality of Life and Well-Being

Strategic Goal: Improve health-related quality of life and well-being by engaging members in activities, awareness campaigns, and education

Overview: Health-related quality of life is a multi-dimensional concept that includes physical, mental, emotional, and social functioning. It goes beyond simply measuring healthcare utilization and focuses on the impact health status has on quality of life.

Objective 1.1

Increase the percent of adolescents and adults compliant with annual well care visits

Why is this important? In a well-person exam, a healthcare provider will address health and wellness issues with the member. These may include healthy eating, exercise, family planning for ages 19-39, how to prevent injuries, misuse of drugs and alcohol, how to stop using tobacco, secondhand smoke, sexual behavior and screening for sexually transmitted infections including HIV and HBV if high risk, counseling to reduce the risks of getting skin cancer, special risks you might have for cancer (such as family history) and steps you can take to manage any such risks, dental health and mental health.

In a well-child exam, a healthcare provider will consult about how to keep your child safe, how to prevent injuries, counseling to reduce the risks of getting skin cancer, good health, diet, physical activity and development. Annual dental referrals starting at age 3 or earlier, if needed. At these well-child exams, the child may get vaccines and other screenings.

Objective 1.2

Increase the percent of members utilizing preventive oral health and treatment procedures

Why is this important? In today's dentist office, dental hygienists and providers are screening patients for signs and symptoms of chronic disease through oral cleanings and preventive exams. For example, gum disease, which is an advanced inflammation of the gums that causes them to pull away from the teeth, can spread inflammation to

other areas of the mouth and body if left untreated. Members utilizing preventive procedures give oral healthcare providers the opportunity to educate them about the interplay between bacterial infection and the body's immune response to infection. In addition, oral healthcare providers can also identify symptoms of chronic disease and refer members to their healthcare provider for follow up and treatment.

Objective 1.3

Improve the distribution of participants within the three categories of the Well-Being health risk-continuum

Why is this important? The Well-Being Assessment contains health related risk factors validated by the Health Management Research Center (HMRC) at the University of Michigan. Based on the average assessment responses, participants fall into one of three categories on the health risk-continuum: Living Well, Attention, and Facing Challenges. HMRC research indicates a direct correlation between health risks, healthcare costs, and productivity. Improvement in the Well-Being health risk-continuum indicates that members are reducing health risk, engaging in a healthier lifestyle, and a better quality of life.

Objective 1.4

Increase the percent of members vaccinated against disease

Why is this important? Vaccines are recommended for all adults based on factors such as age, travel, occupation, medical history, and vaccines they have had in the past. Getting appropriate immunizations is now more important and accessible than ever.

Objective 1.5

Decrease the number of emergency room visits

Why is this important? According to the New England Healthcare Institute, The overuse of U.S. emergency departments (ED) is responsible for \$38 billion in wasteful spending each year. ED overuse is on the rise across all patient populations, irrespective of age or insurance coverage. Drivers of ED overuse include lack of access to timely primary care services, referral to the ED by primary care physicians themselves, and financial and legal obligations by hospitals to treat all patients who arrive in the ED.

Target Area 2: Chronic Disease Management and Prevention

Strategic Goal: Reduce the risk of chronic disease and improve the quality of life for all persons affected through workplace interventions and care management support.

Overview: Chronic diseases are common, costly, and debilitating, but they can often be prevented. By choosing healthy behaviors – like avoiding tobacco, eating healthier food and beverages, and getting regular physical activity – members can reduce their chances of chronic disease or improve their health and quality of life if they already have a chronic disease. According to the National Center for Chronic Disease Prevention and Health Promotion, health benefits, community and workplace culture

are vital components to prevent chronic disease and reduce financial costs through a systems-approach to support healthy choices and reduce unhealthy behaviors.

Objective 2.1

Improve cardiovascular health and quality of life through prevention, detection, and treatment of risk factors for heart attack and stroke.

Why is this important? The risk of members developing and dying from cardiovascular disease would be substantially reduced if major improvements were made in diet, physical activity, control of high blood pressure and cholesterol.

Hyperlipidemia, or too many fats or lipids in the blood, can lead to cardiovascular disease. Cardiovascular disease is the No. 1 cause of death in the United States. Lifestyle changes are important to reduce the risk for heart attack and stroke. Medications for high blood cholesterol are the 7th costliest indication by plan cost and In 2014, high blood cholesterol was the 3rd most prevalent chronic health condition among members.

In 2014, high blood pressure was the second most prevalent chronic health condition. Health problems that can occur over time when high blood pressure is left untreated include congestive heart failure, stroke, kidney disease, vision loss, and heart disease. What is most troubling is that there are no symptoms of high blood pressure and many cases are undiagnosed until a major health problem occurs.

Objective 2.2

Decrease the prevalence of low back pain

Why is this important? Low back pain is the most prevalent chronic health condition. According to the National Institute of Neurological Disorders and Stroke, lower back pain is the most common cause of job-related disability and a leading contributor to missed work days. Low back pain can range from a dull, constant ache to a sudden sharp sensation that leaves the person incapacitated. Sedentary lifestyle can set the stage for low back pain, especially when a weekday routine of getting to little exercise is punctuated by strenuous weekend workout. The majority of acute low back pain is mechanical in nature, meaning that there is a disruption in the way the components of the back (the spine, muscle, intervertebral discs, and nerves) fit together and move.

Objective 2.3

Improve Behavioral and Mental Health among members

Why is this important? Depression is among the top five targeted health conditions by prevalence. If left undiagnosed, members with depression may experience severe health problems that result in emergency care or hospitalization.

Objective 2.4

Reduce the prevalence of diabetes and improve the quality of life for all members who have, or are at risk for diabetes.

Why is this important? In 2014, diabetes was the fifth most prevalent chronic health condition and medications for diabetes are the number one costliest indication by plan cost. According to a study by the Health Care Cost Institute, diabetic adults covered in employer-sponsored insurance have healthcare costs on average \$10,000-\$15,000 more than their non-diabetic peers.

Objective 2.5

Reduce the prevalence of cancer among members

Why is this important? A variety of cancers occur in this population. Breast cancer continues to be the most commonly diagnosed and treated type followed by skin, lung and prostate cancer. Cancer screenings help detect early stages of cancer or masses before they develop into cancer. Cancer is the costliest health condition exceeding \$13.6 Million dollars in 2015 in medical care.

Objective 2.6

Decrease the percent of eligible members in the ConditionCare program who are high or moderate risk for future health complications

Why is this important? The ConditionCare Program is designed to help improve health outcomes and control expenses associated with specific conditions. ConditionCare uses a collaborative and holistic health management approach to help members better manage asthma, diabetes, chronic obstructive pulmonary disorder, coronary artery disease, or heart failure. Nurse Care Managers assist eligible members via telephone for one-on-one lifestyle condition management coaching and intervention along with support from a multi-disciplinary team of health professionals such as dietitians, pharmacists, health educators, social workers and more. This program seeks to help increase participant self-management of their condition, support their physician's plan of care, decrease inpatient hospitalization, increase adherence to evidence-based guidelines and preventive screenings. Successfully decreasing the percent of eligible member in the program that are high or moderate risks means these patients are living healthier lifestyles and managing their health condition. As a result of low enrollment in the program, only 8% of members graduated from this program.

Objective 2.7

Promote health and reduce chronic disease risk through the consumption of healthful diets, daily physical activity, and maintenance of healthy body weights

Why is this important? Nutrition and weight status reflect strong science supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. This objective also emphasizes that efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in worksites.

Body Mass Index (BMI) is a person's weight in kilograms divided by the square of height in meters. In general, BMI is an inexpensive and easy-to-perform method of screening for weight categories and can be used as a health measurement tool but is not diagnostic of the body fatness or health of an individual. To determine if a high BMI is a

health risk, a healthcare provider would need to perform further assessments. A BMI of 30 or higher is classified as an obese weight status. People who are obese are at increased risk for many diseases and health conditions including the top five targeted health conditions by prevalence the State's population experiences (low back pain, hypertension, hyperlipidemia, depression and diabetes). BMI can also measure the health of a population overall and serve as an indicator of whether they are transitioning to a healthier population as a whole by being more physically active and eating healthier.

Target Area 3: Engage and assist members in supportive environments that help them make healthy choices

Strategic Goal: Institute a culture of health and well-being at the workplace

Overview: Lessons learned from worker safety programs have resulted in practices that identify and remove risks before they become hazardous. The same applies to employee health and wellness. Typically, daily routines for many employees are developed around employment including the time it takes to commute to and from work. Therefore, worksite culture, peer support, and influence are a key element to worksite wellness programs and maintenance of healthy behaviors. Worksite wellness programs and a culture of health shouldn't be a benefit, but the norm.

Objective 3.1

Increase the percent of members participating in wellness benefit programs.

Why is this important? Employees and dependents have access to a multitude of health benefits that can help them achieve and maintain healthy behaviors. From gym membership and fitness equipment payment, community health education reimbursement, and health promotion incentive programs, members have many opportunities to utilize benefits that can contribute to a healthy lifestyle.

The Well-Being Assessment (WBA), also known as the Health Assessment Tool, is a health risk appraisal used to increase member awareness of personal health factors for making appropriate lifestyle changes with the support of a workforce health promotion program like Healthy Lifestyles. The Healthy Lifestyles WBA acts as a progress report for life. The assessment covers six key areas including life evaluation, emotional health, physical health, healthy behavior, work environment, and basic access. After members complete their WBA, they have access to a personal online lifestyle management program with resources to reach health goals and focus areas recommended in the results of their personal HRA.

Objective 3.2

Improve the aggregate scores among the Healthy Lifestyles six Well-Being Domains

Why is this important? The average Overall Well-Being Score acts as a scientifically validated measure of the combined effects on a group's health and well-being. The Overall Well-Being Score is comprised of the average scores from the six Well-Being

Domain areas that can help improve strategic planning and develop tailored action plans to enhance workplace wellness and culture. The Healthy Lifestyles six Well-Being Domains are a reflection of the aggregate responses to the questions associated with the Healthy Lifestyles Well-Being Assessment. The Well-Being Assessment compares an organization's aggregate scores to the national Well-Being index, providing a clear perspective on the organization's state and direction for future goal setting.

Objective 3.3

Demonstrate organizational commitment and support of worksite health promotion among Executive and Agency leadership

Why is this important? Examples of organizational commitment and support include executive and agency leaders participating in wellness activities, senior leader communications to employees endorsing or role-modeling wellness behaviors, and worksite policy supporting a healthy environment.

Objective 3.4

Conduct ongoing evaluations of health improvement target objectives using multiple sources of data including prevalence, participation, and attribution

Why is this important? Evaluating wellness program performance, health outcomes, and satisfaction among membership is an important component to improve the management of organizational and overall member health.

G. Putting the Plan into Action!

To be successful in achieving the objectives set in this plan, the Health Benefit Committee Workgroup will plan, develop programs, and recommend policies that help achieve a working environment that support lifestyle choices. This process will be implemented by using components and training from the Center for the Promotion of Health in the New England Workplace (CPH-NEW) Participatory Program. CPH-NEW is a research and innovative center that is a joint initiative between the University of Massachusetts-Lowell and the University of Connecticut. This initiative is funded by the Centers for Disease Control National Institute of Occupational Safety and Health (NIOSH). CPH-NEW is a NIOSH Total Worker Health Center for Excellence.

The Healthy Workplace Participatory Program is a unique tool that helps employers plan, design, implement, and evaluate integrated health, safety, and wellness programs that promote overall health and well-being. Emerging evidence¹ on integrated occupational safety and wellness programs has shown savings on health care and administrative costs in the industry, as well as superior program impacts on health outcomes through coordinated safety and health promotion activities.

H. Citation

¹NIOSH [2012]. Research Compendium: The NIOSH Total Worker Health Program:

Seminal Research Papers 2012. Washington, DC: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, DHHS (NIOSH) Publication No. 2012-146, 2012 May:1-214.