

## 5-YEAR STRATEGIC PLAN | July 1, 2012 – June 30, 2017

BetterHealth Worksite Program for City of Albuquerque and 16 Government Entities

The 5 Year Strategic Plan for the BetterHealth worksite wellness program is a focus tool to effectively and collaboratively address the program's priorities to increase physical activity, improve nutrition, and reduce tobacco use. Science based strategies will be used to reach employees and their families. The healthy office culture that emerges over five years will demonstrate that the City of Albuquerque and 16 government entities truly value health.

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## CITY OF ALBUQUERQUE



August 1, 2012

#### To: City of Albuquerque Employees and Citizens,

On behalf of the City of Albuquerque, we are pleased to declare our commitment to support the priorities contained in the BetterHealth Worksite Wellness Program 5-Year Strategic Plan. By increasing physical activity, improving nutrition, and reducing tobacco use among employees and their families, we will manage the rising health care costs that are attributable to lifestyle. With health insurance premiums increasing annually at an unsustainable rate, it is imperative that the City of Albuquerque adopt this new plan and engage more employees each year in health improvement activities.

By signing this proclamation, we encourage all senior leaders, managers, and supervisors to play a significant role in creating a healthy worksite culture in all locations. The healthy work culture will help employees maintain positive changes gained through the BetterHealth program and elsewhere.

With the areas of focus identified for the next five years, we are demonstrating to the citizens of Albuquerque and the greater metropolitan area that we as a City are serious about our responsibility to manage our limited financial resources through the use of proven employee wellness initiatives. We are confident that other governments and businesses will view us as a model employer as we achieve the objectives set forth in the plan. We will share our strategies with other organizations in New Mexico and our nation, and encourage them to implement employee wellness programs as well.

Best regards toward better health and a better you,

Robert J. Perry

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#### **EXECUTIVE SUMMARY**

Scientific evidence clearly demonstrates that implementing comprehensive worksite wellness programs is an effective method to improve health and productivity and reduce healthcare costs among participants. The City of Albuquerque has invested in an employee health and wellness program since 2007, and has reached thousands of employees with effective behavior change initiatives. Due to high rates of tobacco use, obesity, poor nutrition and inadequate physical activity, coupled with unsustainable healthcare cost increases nationwide, the City of Albuquerque remains committed to engaging more employees in health campaigns in the coming years.

The five year strategic plan for the *BetterHealth* worksite wellness program will be used as a focus tool for promoting health and reducing chronic conditions associated with tobacco, physical activity, and nutrition. The plan will serve as a guide for identifying annual priorities and developing annual action plans each fiscal year to impact over 24,000 lives. Initiatives will reach 6,600 City of Albuquerque employees and their families. In addition, 3,900 employees from 16 government entities enrolled in the City's health plan will be reached by *BetterHealth* initiatives, along with their families.

Over the next five years, the vision of healthy employees, offices, and families will be realized when the strategic plan becomes operational and more leaders, employees and families become engaged in the program. Through the use of evidence based practices in the areas of smoking cessation, healthy weight, nutrition, and physical activity, it is expected that more employees and family members will achieve and maintain healthy blood pressure, blood cholesterol, and blood glucose levels, and experience improved mental health.

Key focus areas are described below in the four goals of the strategic plan:

- 1. Prevent, detect, and reduce modifiable risk factors for diabetes, heart disease, stroke, cancer, lower respiratory diseases, and arthritis
- 2. Create a healthy worksite culture
- 3. Build wide support and collaboration
- 4. Evaluate and continuously improve initiatives

Twenty-seven 5-year objectives were developed to support achievement of the goals. Annual and biannual progress reports will highlight accomplishments and areas to improve, continue, or eliminate throughout the five year duration.

The logic model contained in the strategic plan graphically displays essential collaborative partners, key activities over five years, and their linkage to the intended outcomes of better health for employees and families.



#### INTRODUCTION

The BetterHealth program, formerly known as Rising to Good Health, was initiated in 2007. The program is staffed with a full time coordinator and is funded to conduct annual activities. The program is designed to reach over 24,000 people, including 10,500 employees from the City of Albuquerque and 16 government entities listed below, over 4,800 spouses and domestic partners, and over 9,000 children.

#### **16 Government Entities**

Bernalillo County

Sandoval County

Albuquerque Bernalillo County Water Utility Authority

Middle Rio Grande Conservancy District

Southern Sandoval County Arroyo Flood Control Authority

City of Belen

Town of Bernalillo

Town of Cochiti Lake

Town of Edgewood

Town of Mountainair

Village of Bosque Farms

Village of Corrales

Village of Cuba

Village of Los Ranchos de Albuquerque

Village of San Ysidro

Village of Tijeras

In 2011, New Mexico Business Weekly presented the program with a large company honoree award as part of the New Mexico Healthiest Employer program.

#### METHODS USED TO DEVELOP THE STRATEGIC PLAN

Upon assessing program activities from 2007 - 2011, many of the science based initiatives remain vital components of the program. In addition to previous program experience, the HERO Employee Health Management Best Practice Scorecard and the Centers for Disease Control and Prevention (CDC) State Plan Index were used to guide development of the strategic plan. The Scorecard is viewed as a road map for the *BetterHealth* program because foundational elements of comprehensive, science-based employee wellness programs are used. The Scorecard's core elements are strategic planning, leadership engagement, program management and engagement, and evaluation and measurement. The State Plan Index provided guidance toward effectively addressing physical activity, nutrition, and obesity.

Both documents highlight newer worksite wellness principles of elevating employee health as a serious priority by senior leaders and making long-term public health improvements at worksites. For example, pricing healthy food lower than less nutritious food in cafeterias, adopting a tobacco free campus policy, and labeling stairwells to encourage their use, are effective strategies to change health behaviors and demonstrate to all employees and visitors that the organization truly values health.

## THE BURDEN OF CHRONIC DISEASES RELATED TO TOBACCO USE, PHYSICAL INACTIVITY, AND POOR NUTRITION

In 2011 the CDC published a series of reports titled, *Addressing the Nation's Leading Killers: At A Glance 2011*, to highlight key issues related to chronic disease and their risk factors. Information contained in the reports provides rationale for selecting the priorities identified in the strategic plan.

- Tobacco use is the single most preventable cause of disease, disability, and death in the United States.
- Arthritis is the nation's most common cause of disability.
- If current trends continue, 1 of 3 U.S. adults will have diabetes by 2050 compared to nearly 1 out of 10 adults today.
- Treatment of heart disease and stroke account for about \$1 of every \$6 spent on health care in this country.
- On average, medical expenses for a person with diagnosed diabetes are more than twice as much as the expenses of a person without diabetes.
- People who were obese had medical costs that were \$1,429 higher than the cost for people of normal body weight.
- Obesity has been linked with reduced worker productivity and chronic absence from work.
- Obesity increases the risk of the following health conditions:
  - Coronary heart disease, stroke, and high blood pressure
  - Type 2 diabetes
  - Cancers, such as endometrial, breast, and colon cancer
  - High total cholesterol or high levels of triglycerides
  - Liver and gallbladder disease
  - Sleep apnea and respiratory problems
  - Degeneration of cartilage and underlying bone within a joint (osteoarthritis)
  - Reproductive health complications such as infertility
  - Mental health conditions
- Opportunities exist to reduce cancer risk and prevent some cancers. Cancer risk can be reduced by avoiding tobacco, limiting alcohol use, limiting exposure to ultraviolet rays from the sun and tanning beds, eating a diet rich in fruits and vegetables, maintaining a

healthy weight, being physically active, and seeking regular medical care. Screening for cervical and colorectal cancer at recommended intervals can prevent these diseases by finding lesions that can be treated before they become cancerous. Screening also can help find cervical, colorectal, and breast cancers at an early, treatable stage.

#### PREVALENCE OF CHRONIC DISEASES AND RISK FACTORS AMONG EMPLOYEES

While the prevalence of modifiable chronic diseases and chronic disease risk factors among the entire population of employees and family members served by the *BetterHealth* program is not known, New Mexico Behavioral Risk Factor Surveillance System survey results for the Albuquerque Metropolitan Area, which includes Bernalillo, Sandoval, Valencia, and Torrance Counties, provide prevalence information for adults living in the area.

Among Albuquerque Metropolitan Area adults 18 years and older in 2009 and 2010:

- o 77% do not eat enough fruits and vegetables daily
- At least 35% are overweight
- o At least 22% are obese
- Among adults who had their cholesterol checked, 32% have high blood cholesterol
- 25% have hypertension
- 25% have arthritis
- o 19% smoke
- 7% have diabetes

Individuals with lower incomes and educational attainment tend to have poorer health status when compared to people earning more money and with higher education.

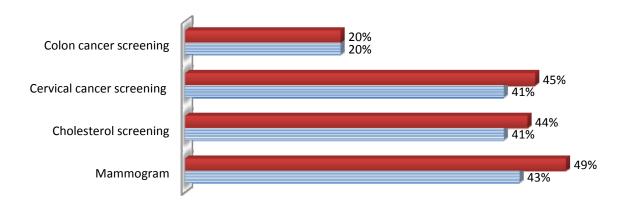
#### CONDITIONS DRIVING COSTS FOR THE CITY OF ALBUQUERQUE

The conditions driving most of the City's healthcare costs in 2011 had nearly identical modifiable risk factors: obesity, sedentary lifestyle, and smoking. Weight loss, nutrition education, physical activity programs, smoking cessation, and screening exams for hypertension, cholesterol, diabetes, and colon cancer are recommended by Presbyterian Health Plan to address future healthcare costs.

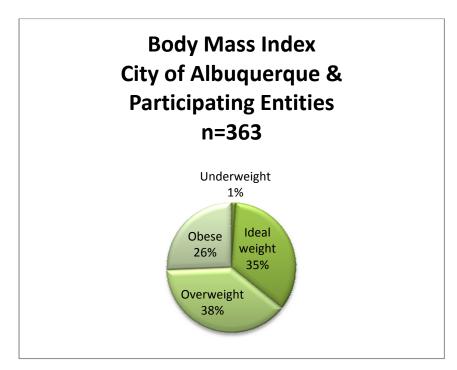
Among City of Albuquerque employees and dependents enrolled in the City's health plan between October 2010 and September 2011, screening rates for three out of four preventive services were below national benchmarks. See graph on next page.

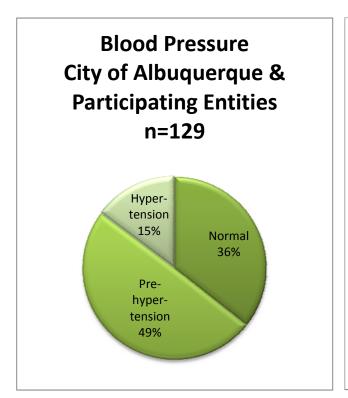
# Screening Rates for City of Albuquerque Compared to National Benchmark

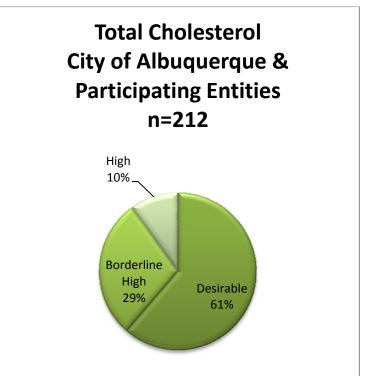
■ Benchmark ≡ CABQ Health Plan Members Oct 2010 - Sept 2011



The results of worksite screening events conducted in 2011 and 2012 for City and participating entity employees demonstrate the need to continue screening and provide feedback, referral, counseling, and supportive programs to prevent conditions from worsening. See charts below and on page 7 for Body Mass Index (BMI), blood pressure, and cholesterol screening results.







Finally, WebMD, subcontractor to the City's healthcare provider for coaching services and online personal health assessments, recommends weight loss, stress and depression interventions based on prevalence of these conditions among the 155 employees and dependents that completed a personal health assessment in 2011, their readiness to change, and the financial benefits of improving the conditions.

BetterHealth

#### STRATEGIC PLAN

**Mission** - Reduce chronic conditions associated with tobacco use, physical activity, and nutrition.

**Vision** - Employees and family members avoid tobacco, eat nutritiously, engage in adequate levels of physical activity, achieve and maintain a healthy weight, blood pressure, blood cholesterol, and blood glucose, and experience improved mental health.

#### Goals

- 1. Prevent, detect, and reduce modifiable risk factors for diabetes, heart disease, stroke, cancer, lower respiratory diseases, and arthritis
- 2. Create a healthy worksite culture
- 3. Build wide support and collaboration
- 4. Evaluate and continuously improve initiatives

**Objectives** – Twenty-seven objectives were developed to achieve the goals. Where baseline data exists, it is included in the table on the following pages. Measurable targets for each year were set for the objectives. In some cases, enough information is not yet available to set the targets, so they are labeled TBD (to be determined).

#### Implementation of the Strategic Plan

Each fiscal year, a one year action plan and timeline will be developed with input from partners to support objectives contained in the 5-year plan. The annual time frame will be July 1 - June 30. Emphasis will be placed on using evidence-based interventions and reaching adult employees and dependents with lower incomes and educational attainment due to poorer health status compared to people earning more money and with higher education. Changes in process, behavior, environment, policies, and health status will be reported every fiscal year. Revisions to objectives contained in the strategic plan may be made as needed.

Goal 1: Prevent, detect, and reduce modifiable risk factors for diabetes, heart disease, stroke, cancer, lower respiratory diseases, and arthritis

Objective		Baseline						ear Tai	rgets	
	FY08	FY09	FY10	FY11	FY12	FY13	FY14	FY15	FY16	FY17
1. Increase annually the number of adult employees and dependents who complete the personal health assessment (PHA) and receive feedback. 10,500 employees and 4,800 spouses or partners are eligible if enrolled in health plan.	21	409	815	510	288	500	1000	1500	3000	6000
2. Increase annually the number of identified adult employees and dependents <u>actively engaged</u> in any targeted health coaching/behavior modification program associated with the PHA for tobacco use cessation, weight management, emotional health, physical activity, nutrition. Actively engaged is defined as completing at least one coach call beyond the initial enrollment or welcome call. Approximately 35% of employees and dependents who complete the PHA qualify for health coaching.	-	-	-	-	27 in 2011	100	200	300	600	1200
3. Increase annually the number of adult employees and dependents who participate in biometric screening with feedback, referral and/or counseling for blood pressure, body mass index (BMI), waist circumference, full lipid panel (as needed), and glucose or A1C (as needed), in accordance with clinical guidelines:										
a. Blood pressure screening w/ feedback at screening event	218	712	851	137	403	500	700	900	1100	1300
b. Blood pressure screening w/ feedback as part of behavior change program in Objective 7			541 Nuvita 2010	538 Nuvita 2011	Nuvita Wave	500 Nuvita 2013				
c. BMI screening w/ feedback	98	552	713	136	363	500	700	900	1100	1300
d. Waist circumference screening w/ feedback	-	-	-	-	166	200	300	400	500	600
e. Body fat screening w/ feedback at screening event	-	-	747	127	105	150	250	350	450	550

Goal 1: Prevent, detect, and reduce modifiable risk factors for diabetes, heart disease, stroke, cancer, lower respiratory diseases, and arthritis

Objective	Baseline						5 Y	ear Tai	rgets	Y16 FY17  00 700  00 700  00 225  000 2100  000 2400  BD TBD		
	FY08	FY09	FY10	FY11	FY12	FY13	FY14	FY15	FY16	FY17		
f. Body fat screening w/ feedback as part of behavior change program in Objective 7			541 Nuvita 2010	538 Nuvita 2011	363 Nuvita Wave 1&2, 2012	500 Nuvita 2013						
g. Full lipid panel screening w/ feedback	302	109	353	129	212	300	400	500	600	700		
h. Fasting blood glucose or hemoglobin A1C w/ feedback	301	64	312	113	202 glucose 141 HgA1c	300	400	500	600	700		
i. Hemoglobin A1C w/ feedback as part of behavior change program in Objective 7			541 Nuvita 2010	538 Nuvita 2011	363 Nuvita Wave 1&2, 2012	500 Nuvita 2013						
4. Annually increase the number of adult employees and dependents who receive onsite mammograms.	-	142	103	109	72	100	150	175	200	225		
5. Annually increase the number of employees and dependents who receive onsite flu shots.	1960	1952	1773	1637	1613	1700	1800	1900	2000	2100		
6. Document the number of employees and dependents who attend annual health fairs.					900	1000	1200	1600	2000	2400		
7. Offer annually a population based behavior change program to improve fitness, nutrition, and weight. (Number enrolled and program name)	287 Body 4 Life	343 10,000 Steps	541 Nuvita 2010	538 Nuvita 2011	363 Nuvita Wave 1&2, 2012	540 Nuvita 2013	TBD	TBD	TBD	TBD		
8. Annually increase the proportion of employees who complete the population based behavior change program to improve fitness, nutrition, and weight.	-	-	62% 334/ 541 Nuvita 2010	46% 248/ 538 Nuvita 2011	59% 213/363 Nuvita Wave 1&2, 2012	65% Nuvita 2013	TBD	TBD	TBD	TBD		

Goal 1: Prevent, detect, and reduce modifiable risk factors for diabetes, heart disease, stroke, cancer, lower respiratory diseases, and arthritis

	Objective	Baseline 5 Year Targets									
		FY08	FY09	FY10	FY11	FY12	FY13	FY14	FY15	FY16	FY17
blo por	cument improvements in cardiovascular fitness, body fat, od pressure, and A1C, among employees who complete the bulation based behavior change program to improve fitness, rition, and weight:										
a.	Document the proportion of employees who completed 12 week fitness program and <b>improved cardiovascular fitness</b> from very low, low, and fair categories	-	-	-	50% 36/72 Nuvita 2011	35% 27/77 Nuvita Wave 1&2, 2012					
b.	Document the proportion of employees who completed a 12 week fitness program and <b>lost more than 10 pounds</b> during the program	-	-	-	16% 40/248 Nuvita 2011	8% 18/213 Nuvita Wave 1&2, 2012					
	Document the proportion of employees who completed a 12 week fitness program and <b>improved body fat</b> from very high and high categories	-	-	-	10% 16/155 Nuvita 2011	7% 11/148 Nuvita Wave 1&2, 2012					
d.	Document the proportion of employees who completed a 12 week fitness program and <b>improved blood pressure</b> from the mild, moderate, high normal, and severe categories	-	-	-	28% 20/72 Nuvita 2011	20% 11/54 Nuvita Wave 1&2, 2012					
e.	Document the proportion of employees who completed a 12 week fitness program and <b>improved A1C</b> levels from the 86%, 400%, and 1600% higher risk categories	-	-	-	27% 28/102 Nuvita 2011	23% 26/111 Nuvita Wave 1&2, 2012					

Goal 1: Prevent, detect, and reduce modifiable risk factors for diabetes, heart disease, stroke, cancer, lower respiratory diseases, and arthritis

Objective		Baseline					5 Y	ear Tai	gets	
	FY08	FY09	FY10	FY11	FY12	FY13	FY14	FY15	FY16	FY17
10. Annually increase the number of employees and dependents who enroll in the tobacco quit line program.	-	-	-	-	7 in 4th Q 2011	25	50	75	100	125
11. Identify the number of employees and dependents who complete web-based courses on nutrition, exercise, emotional health, stress management, weight management, and smoking cessation in FY12, and annually increase the number of participants by 10%.	-	-	-	-	TBD	↑10% from FY12	from	↑10% from FY14	from	↑10% from FY16
12. Offer, evaluate, and improve five new onsite and web-based behavior change programs in the areas of weight management, physical activity, nutrition (including a vegetable and fruit initiative), smoking cessation, and consumer health care.	-	-	-	-	-	1 new prog	1 new prog	1 new prog	1 new prog	1 new prog
13. Annually increase the number of identified employees and dependents actively engaged in diabetes, coronary heart disease, asthma, depression, and other disease and case management programs. Actively engaged is defined as completed at least one nurse call beyond the initial enrollment or welcome call:										
a. Actively engaged in diabetes management program	-	-	-	-	6 in 2011	10	15	20	25	30
b. Actively engaged in coronary heart disease management program	-	-	-	-	0 in 2011	TBD	TBD	TBD	TBD	TBD
c. Actively engaged in disease management programs for other conditions	-	-	-	-	0 in 2011	TBD	TBD	TBD	TBD	TBD
14. Annually increase the number of employees and dependents who <u>complete</u> diabetes, coronary heart disease, asthma, and depression disease management programs	-	-	-	-	3 in 2011 (diabetes)	6	12	18	24	30

Goal 1: Prevent, detect, and reduce modifiable risk factors for diabetes, heart disease, stroke, cancer, lower respiratory diseases, and arthritis

Objective		Baseline					5 Y	ear Tar	gets	
	FY08	FY09	FY10	FY11	FY12	FY13	FY14	FY15	FY16	FY17
15. Document the annual number of visits to the Mobile Health Center.	-	-	-	-	936					
16. Identify the number of preventive service visits by employees and dependents to the Mobile Health Center for biometric screenings in FY12, and annually increase the number of preventive visits by 5%.	-	-	-	-		↑5% from FY12	from	↑5% from FY14	↑5% from FY15	↑5% from FY16
17. Identify the number of preventive service visits by employees and dependents to the Mobile Health Center for chronic disease management in FY12, and annually increase the number of preventive visits by 5%.	-	-	-	-		↑5% from FY12	from	↑5% from FY14	↑5% from FY15	↑5% from FY16
18. Coordinate at least six annual health awareness programs for GOV TV on key focus areas.	8	1	5	2	1	6	6	6	6	6

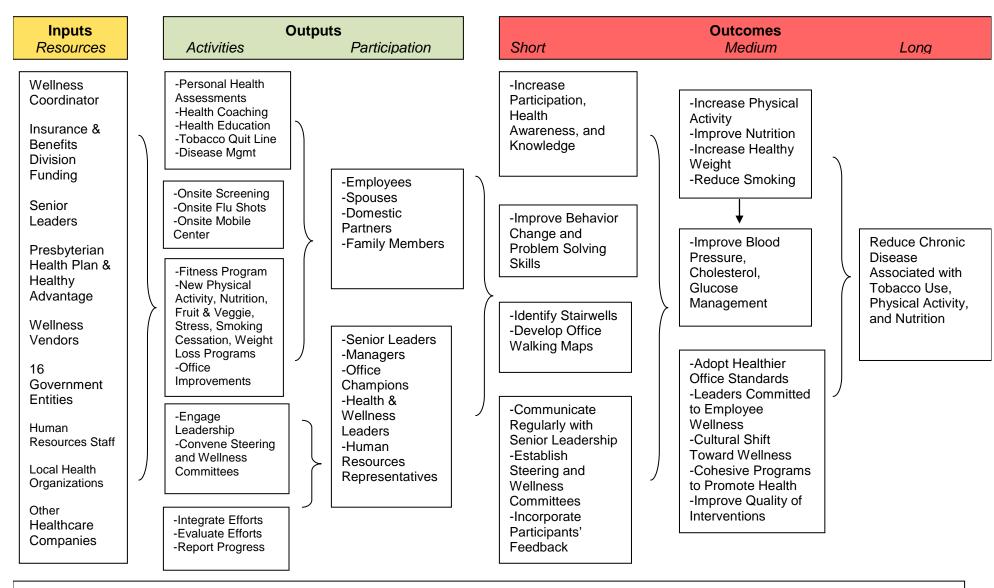
Objective	Baseline						5 Y	5 Year Targets				
	FY08	FY09	FY10	FY11	FY12	FY13	FY14	FY15	FY16	FY17		
19. Implement at least six sustainable worksite projects in the areas of physical activity, nutrition, and/or tobacco use. For example, mark stairwells to encourage their use instead of elevators, develop guidelines for healthy food in offices, identify lactation support rooms, provide pricing differentials for healthy food in cafeterias and vending machines, and establish tobacco free campus policies.	-	-	-	-	-	2 project	1 project	1 project	1 project	1 project		

Goal 3: Build wide support and collaboration

Objective		Baseline					5 Y	ear Tar	gets	mtgs 2 mtgs  mtgs 4 mtgs  2 tgs  mtgs 4 mtgs				
	FY08	FY09	FY10	FY11	FY12	FY13	FY14	FY15	FY16	FY17				
20. Meet biannually with senior leaders and department directors to obtain support and engagement in health and wellness initiatives.	-	-	-	-	2 mtgs	2 mtgs	2 mtgs	2 mtgs	2 mtgs	2 mtgs				
21. Participate in the Benefits Advisory Committee quarterly meetings and obtain guidance and assistance regarding City and Entity-wide wellness projects.						4 mtgs								
22. Convene monthly Employee Wellness Committee meetings to integrate and coordinate employee health and wellness efforts. Include health plan, vendors, employee assistance program (EAP), occupational health, safety, risk reduction, disability and absence management, workers' compensation, health benefits, disease management, case management, nurse advice line, and mobile health center.	-	-	-	-	2 mtgs	12 mtgs	12 mtgs	12 mtgs	12 mtgs					
23. Convene project team meetings that include local office champions and seek their input and contributions toward wellness initiatives.	-	-	-	-	-	4 mtgs								
24. Deliver information and related resources to Human Resources Coordinators during HR Coordinator meetings					4 mtgs	5 mtgs	5 mtgs	5 mtgs	5 mtgs	5 mtgs				
25. Deliver information and related resources to new managers and supervisors during trainings sponsored by Public Service University.					1 trng	2 trngs								
26. Prepare and deliver annual and biannual status reports to inform leadership, employees, and vendors of program progress.	-	-	-	-	-	2 rpts								

Goal 4: Evaluate and continuously improve initiatives										
Objective Baseline 5 Year Targets										
	FY08	FY09	FY10	FY11	FY12	FY13	FY14	FY15	FY16	FY17
27. Develop an evaluation plan to standardize reporting, process evaluation, and outcome evaluation procedures for all health and wellness initiatives supported by the <i>BetterHealth</i> Program.	-	-	-	-	-		1 plan			

### BetterHealth Worksite Wellness Program - City of Albuquerque and 16 Government Entities



Influential Factors - Geographic distance between offices and entities, genetics, multi-cultural populations, community and economic environment

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