

# 2010-2012 City of Milwaukee Finance and Personnel Committee March 14, 2013 Melissa Kaul, MBA Barbara Fagan, MS, FAACVPR



## **Overview**

- Participation
- Group Progress Report- 3 year cohort
- Population Health Information- all participants
- Success Stories
- Current Programs



## Legend



Self-Reported Data



Clinical Biometric Data



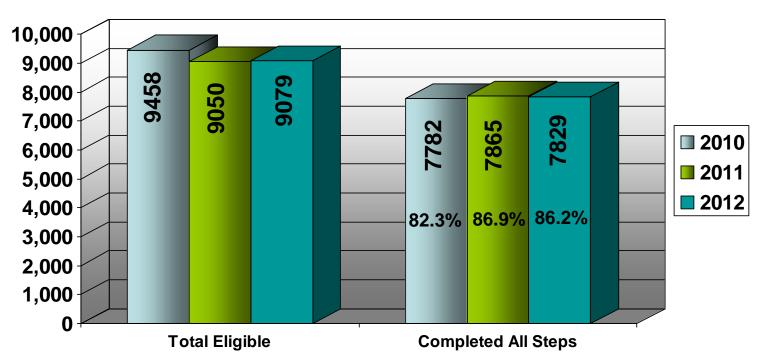
Combination Data

These symbols are on each page in the upper right corner designating how data was gathered



#### **Population Health Information- General Population**

#### **Number of Participants**





## **Group Progress Report- GPR**

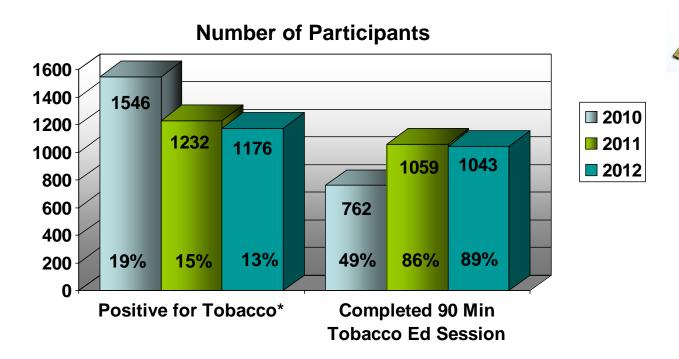
The Group Progress Report compares only the participants that completed the Online Health Assessment in all three years.

This report shows changes in that cohort from one year to the next.

	2010-2012
Number of participants that participated in all three years	5841



## **Tobacco Statistics- All Participants**





## **Tobacco ROI data:**



- 1546 positive in 2010
- 1232 positive in 2011
- 1176 positive in 2012
- Difference of 370 from 2010-2012
- \$3391 extra cost per positive/year

 \$1.25 million in savings

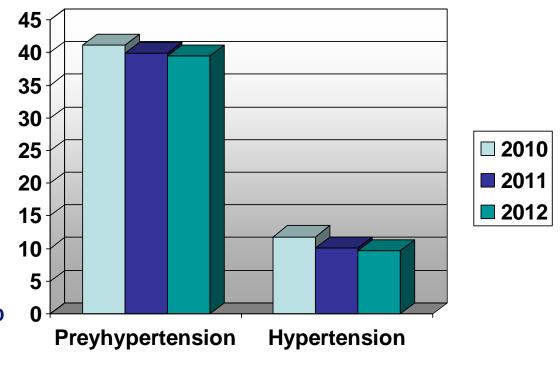


## **Blood Pressure- General Population**



- Having high blood pressure by the age 55 increases risk for heart disease or stroke between 42% and 69%.
- The risk of stroke is directly related to how high the blood pressure is.

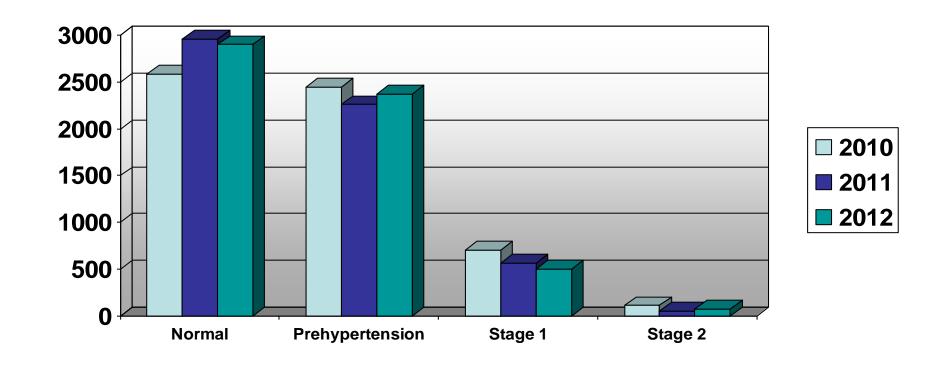
Source: WebMD





## Participated all 3 years (GPR): Blood Pressure







## **BP ROI data:**

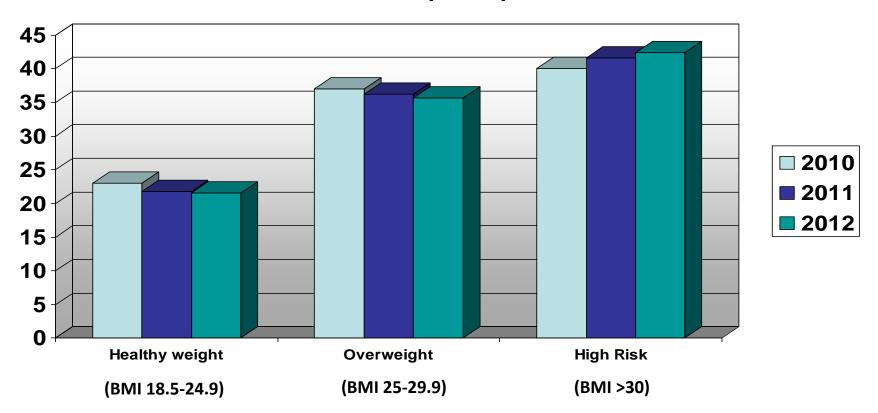
- In 2006, for every 1000 working Americans aged 18-64 years, an estimated 181 work days, or 4.5 weeks of work, were lost due to hypertension.
- The average annual cost of presenteeism per employee with hypertension is estimated to be \$247
- Average ROI of \$5.93 for every \$1 spent on workplace care management programs
- Average reduction in sick leave absenteeism of 28%
- Average reduction in health costs of 26%



## Weight- All Participants



#### **Percent of participants**

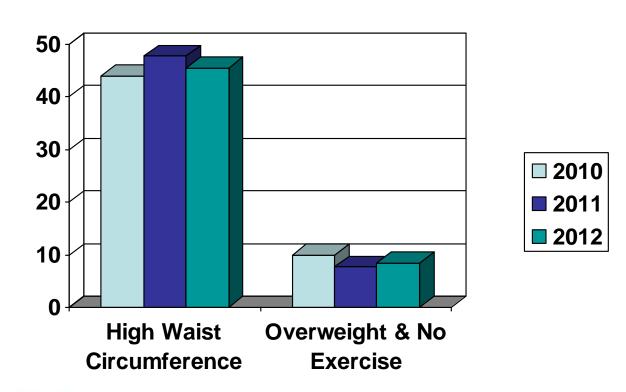




## **Weight- All Participants**



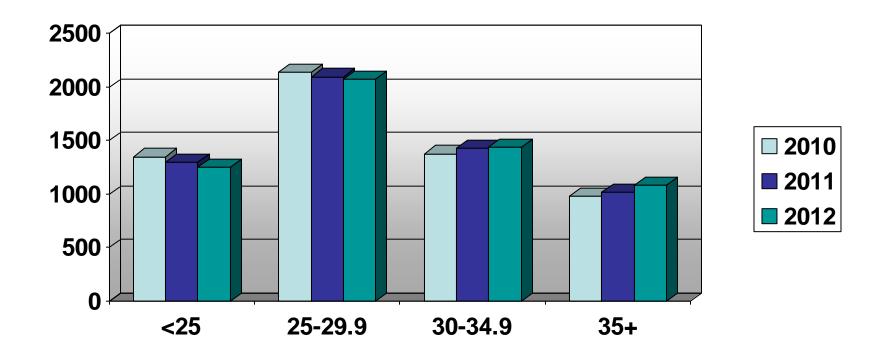
#### **Percent of Participants**





## Participated all 3 years (GPR): BMI



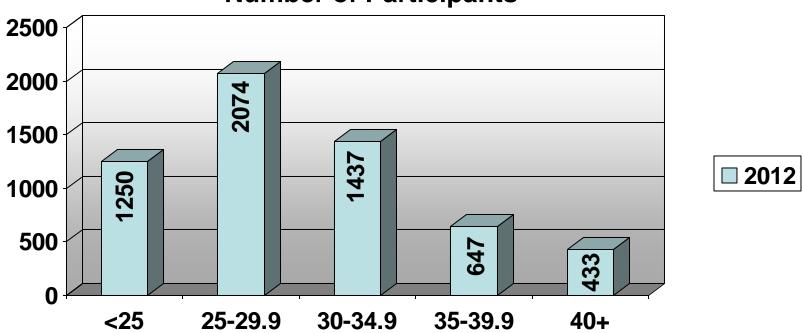




5841 people participated in all 3 years



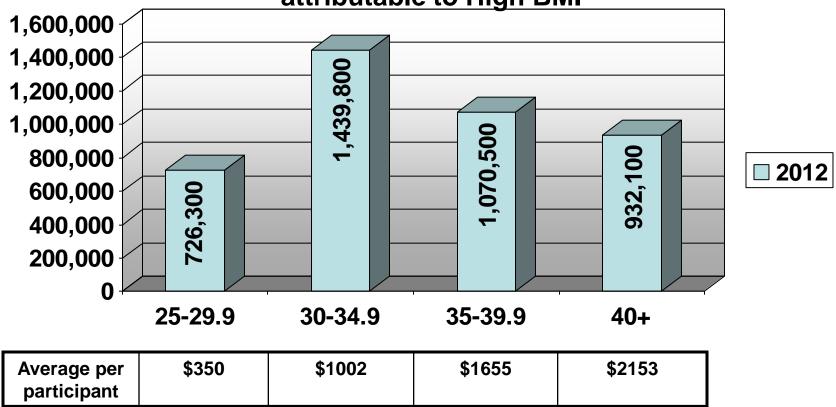








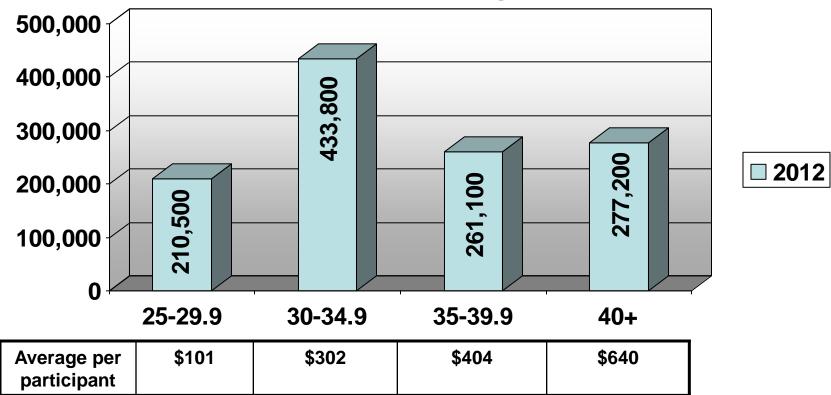
Total medical and work loss costs attributable to High BMI







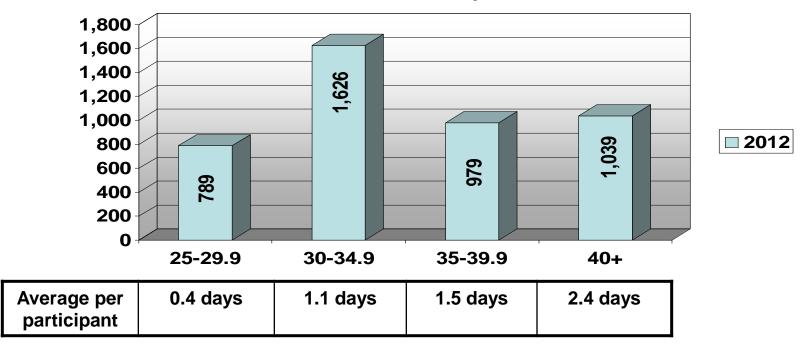
#### Annual work loss costs attributable to High BMI







#### **Annual work days lost**

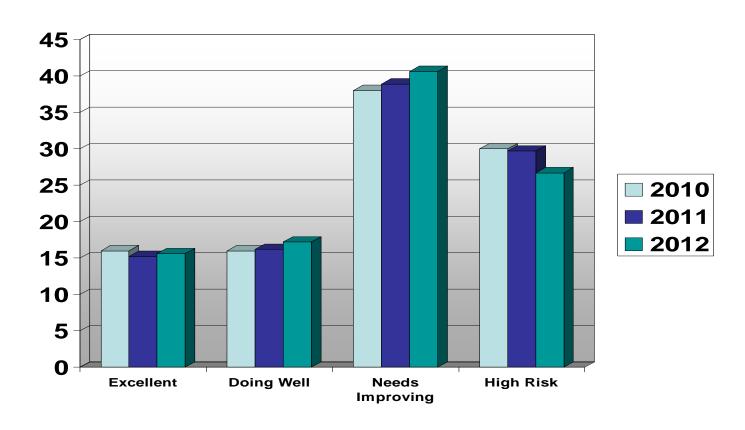




## **Diabetes- General Population**



#### **Percent of participants**

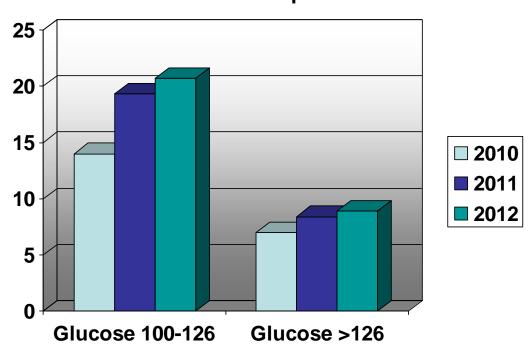




## **Diabetes- General Population**



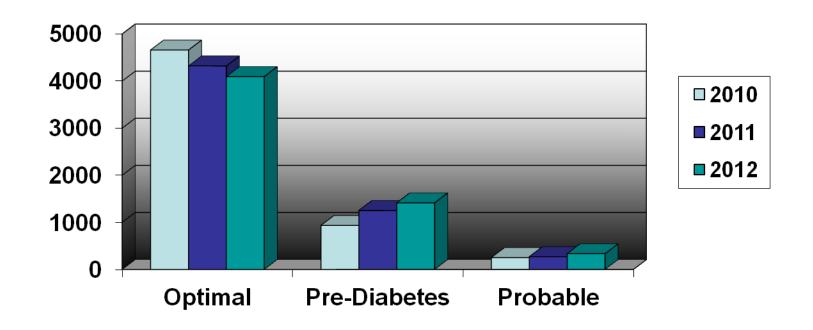
#### **Percent of Participants**





## Participated all 3 years (GPR): Glucose







5841 people participated in all 3 years

## **Diabetes ROI data:**

- Literature review in 2008 identified reported findings that associated diabetes education (and disease management) with decreased cost, cost saving, cost effectiveness or positive ROI
- Total mean costs/patient were \$918 lower than projection from initial year of enrollment
- Cost analysis of disease management program combined with diabetes education found a return on investment (ROI) of \$4.34:1



## Risk Intervention Priorities (GPR)









	Tobacco Use	Blood Pressure	Weight	Diabetes
2010	19%	52.9%	76.7%	21%
2011	15%	50.0%	77.8%	27.7%
2012	13%	49.2%	78.1%	29.6%
<i>Risk</i> △ 2010-12	6.0%	3.7%	1.4%	8.6%





## Population Health Risk Score



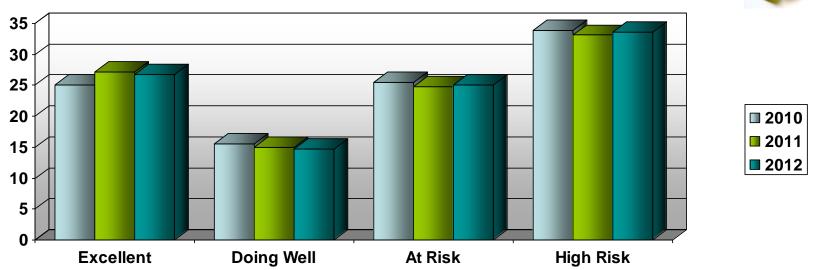
- Biometrics Driven score
  - BMI
  - Waist
  - Blood Pressure
  - Total Cholesterol
  - LDL
  - HDL
  - Non-HDL
  - Triglycerides
  - Blood Glucose
  - Tobacco Use

### This is what we actually measure



#### Population Health Risk Score- General Population



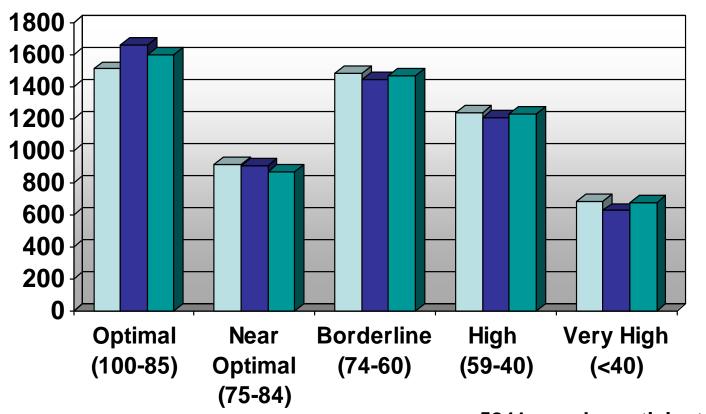


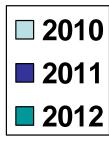
Scores	PHRS Score				
		Doing			
	Average	Excellent	Well	At Risk	High
Year	Score	85+	75-84	60-74	Risk <60
2010	67.02	25.0%	15.5%	25.5%	33.9%
2011	67.91	27.1%	15.0%	24.8%	33.1%
2012	67.36	26.7%	14.7%	25.1%	33.6%



## Participated all 3 years (GPR): PHRS Risk Category







5841 people participated in all 3 years



## Top Health Interests vs. Top Needs- PHI



Top Health Interests of participants	2012			
Weight Management	29.9%		Top Needs	2012
Nutrition/Healthy Eating	34.8%	K	Weight Management	78.1%
Reducing Cancer Risk	19.8%		Fitness	66.8%
Blood Pressure Reduction	17.3%		Nutrition/Healthy Eating	62.3%
			Blood Pressure	49.2%
			Diabetes	29.6%



## **Success Stories!!!**

I had some really positive changes over the past few years, and it allowed me to go off insulin and reduce medications for a period of time. The key factors for positive results for me were:

- Being proactive and thoughtful about what I was doing and eating;
- Partnering with my primary care physician to stay on top of things;
- Scheduling active exercise regularly;
- Journaling my activity and eating;
- Joining Take Off Pounds Sensibly (TOPS) to give me an accountability group, encouragement and weekly programs.

I have not done as well this past year because of a number of issues, but because I know the steps to take to see new improvement, I know that 2013 will be a good year. I feel better when my weight is better managed and when I exercise regularly.



## **Success Stories!!!**

I would like to say that this program has changed the way I eat, I have joined Weight Watchers and am down about 100lbs. I have started on preventative cholesterol medication due to a family history of heart disease. I have joined the gym attending at least 3 times a week at 4:30 am before going to work. I have also picked up Zumba twice a week and I can tell you what a great feeling it is to be an example at home and at work to promote a healthy lifestyle. It has trickled down to my entire family, we have all changed the way we eat and increased exercise. Thanks Wellness!!!



## **Lessons learned**

- I know something is wrong
- I need to make a change
- I realize that <u>I am</u> responsible for making a change
- I am determined to make specific changes
- I need to engage with family, health coach, providers to get support
- I have made improvements- and found SUCCESS!



## **Current programs: Wellness at Work**

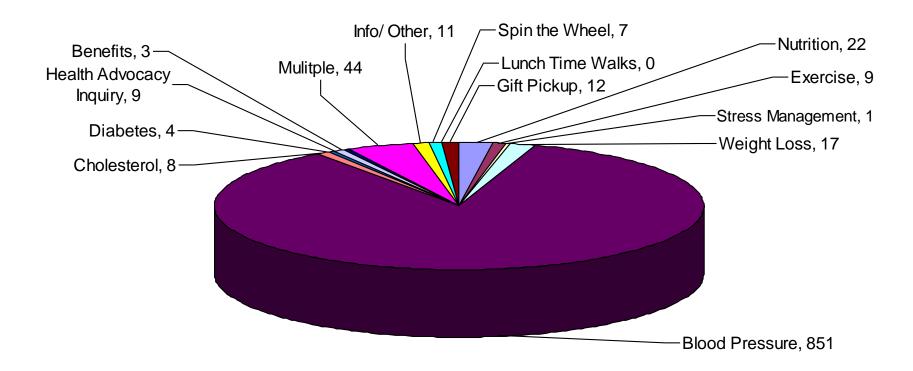
A Froedtert Health Workforce Health staff person is onsite to meet with employees to answer general health and wellness questions. This is a walk in service available at no cost to employees.

Currently available at City Hall and a few Department of Public Works locations. City Hall has been weekly, DPW has been 2 times per month, from February through August, and once per month September through December.

	Total Visits
City Hall	106
DPW	892



## **Current programs: Wellness at Work**



**Total Visits: 998** 



## Current programs: Presentations/Wellness Booth

- Presentations offered at City Hall (ZMB), DPW, Central Library, Health Centers and Neighborhood Services
- Topics coincide with monthly health observances

#### 2013 Plan

- Presentations on a variety of health related topics
- Frequency varies depending on location
  - City Hall and Health Department: As scheduled
  - DPW: coordinated with safety meetings
  - Additional presentations offered at each of the four health centers



### **Current 4-Week Tobacco Cessation**

- Smoking and Chewing Education Program
- 1232 Participants who tested positive were sent a letter "inviting" them to attend.
  - 2012 ~ 6 Participants
  - 2013 ~ 4 Participants (as of 02/05/13)



## **Fire Department**

#### **2013 Plan**

- Nutrition programs options include:
  - Grocery Store Tour
  - Monthly Nutrition Class for Cadets
  - Nutrition Class for Peer Fitness/Peer Support Team
  - Poster Campaign for Recruits
  - Cooking Class/Competition for MFD Cooks



## **Health Departments**

- "Wellness At Work" Program begins March 11;
   9-week program
- Alternating on-site health educator and/or RD for 4 hours, combined with booths and handouts
- Rotating weekly at each of the 4 sites (SSHC, NWHC, Keenan, ZMB)
- "Changin' Your Weighs" Program



## **Questions**



