

Greater Tompkins County Municipal Health Insurance Consortium
Owning Your Own Health Committee
March 18, 2015
2 p.m.
Old Jail Conference Room

Agenda

1. Call to Order (2:00) Cook
2. Approve Minutes of February 18, 2015 Meeting (2:00)
3. Executive Director's Report (2:05) Barber
4. Discussion of Wellness Vision: (2:10)
 - a. Near Term Goals to move toward that Vision
 - b. Review Wellness Assessment Question for Municipal Partners
5. Discuss Content of Presentation to the Joint Committee on Plan Structure and Design (2:45)
6. Next Agenda Items (2:55)
7. Adjournment (3:00)

Next meeting: April 15, 2015

Owning Your Own Health Committee

February 18, 2015

Old Jail Conference Room

2:00 p.m.

DRAFT

Present: Mack Cook, Ken Foresti, Don Barber, Ted Schiele, Leslie Moskowitz, Bev Chin, Emily Mallar, Beth Miller; Brooke Jobin (arrived at 2:15 p.m.)

Call to Order

Mr. Cook called the meeting to order at 2:02 p.m.

Approve Minutes of January 21, 2015

It was MOVED by Mr. Schiele, seconded by Ms. Chin, and unanimously adopted by voice vote by members present, to approve the minutes of January 21, 2015 as corrected MINUTES APPROVED.

Executive Director's Report

Mr. Barber reported the Orientation Manual has been completed and distributed copies to members. He has met with the Town of Dryden and the Village of Homer and presented the Manual, which also available on the Consortium's website. While at the Town of Dryden he was informed they have adopted a wellness policy that is similar to the example that was provided. They have a Wellness Committee that has been established and their Recreation Director, Jennifer Jones, has been appointed to this Committee. He announced the Consortium will host an educational retreat on June 12th at 9 a.m. on building benefit plans. He will be having a benefit clerk meeting in May to provide an update on the Consortium.

Mr. Barber reported the Joint Committee on Plan Structure and Design has given tentative approval for a Bronze look-alike Plan for the Consortium. It will be presented to the Audit and Finance Committee and back to the Joint Committee before being considered by the Board of Directors.

Discussion of Wellness Programs

Mr. Cook raised the issue of how to implement a wellness program. He suggested looking at incentives and what can be used as motivational tools and asked in a Consortium setting if it is a monetary-type of incentive, where would that monetary incentive come from? He asked if would come from the employers or at the Consortium level and how an incentive program would it fit into a highly-intensified labor environment that most members operate under. Mr. Cook raised the question of whether incentives are necessary in a wellness environment.

Mr. Barber referenced the Wellness Strategies section of a document he distributed.

- Information he has gathered over recent years has shown that wellness is preventative care that patients chose for themselves. Research shows that wellness results in happier lives, ability to enjoy and participate in more activities, shorter recovery from disease or injury, ability to do more at work and pleasure for longer;

- Wellness, when thought of as preventative care, will decrease health care costs which in premiums affects employer and possibly employee-in copay, deductible, etc. and directly affects employee;
- Surveys show the majority of population don't feel wellness programs are appropriate or relevant to them;
- Therefore, the key to a wellness program (WP) success is changing the culture. Employers play an important role in changing a culture. A social structure is needed to reinforce the wellness culture. He said changing the culture is a huge thing and getting people to do things in groups seems to be key in reinforcing the wellness culture;
- The Health Insurance Consortium is different from most wellness initiatives because there are 16 employers of varying size and resources;

Ms. Jobin arrived at this time.

- A Wellness Program is in the financial interest of the Health Insurance Consortium. The Consortium will be the entity that feels the results, which it can share with members;
- Therefore, to create a consistent, Consortium-wide Wellness Program, the Health Insurance Consortium will necessarily perform the foundation and minimum activity but encourage members to do more;
- When framing Owning Your Own Health Committee discussions on wellness strategy, we need to think in terms of activities that an insurance company can do;
- Research shows that successful programs start by education, move to encouraging participation through rewards and once the program is running for a few years incentives are used to bring in the rest of the flock;
- Program must be fun and be staffed to maintain positive energy;
- Staffing is needed to create and promote social activity, education programs, friendly competition with group rewards, other activities could include: organize weekly hiking, biking, walking events, Tia Chi, and organize grocery shopping excursions;
- Staff selection will need to be fun loving, high energy individual with group-leading skills.

Ms. Chin shared information on Ithaca College's Wellness Program. She said they have a very comprehensive program that began in 2012 after a few years of planning and is a strong program that encompasses all of the best practices. It is branded "Mind Body and Me" and has a very distinct logo. The population serves the College's benefit-eligible population, has very strong upper level support, they do a great job of communication, have a health management process, group activities, it is a very supportive environment, and they talk to supervisors about different events that are taking place. They partner with the Employee Assistance Program, ENI, have a lot of resources on the campus, and they have an employee portal where the employee can access all of their health assessment information.

Ms. Chin said they began the program very slowly and invited employees in a flight of 50 to opt into the program at no cost. To join the program the participant has to attend an orientation and take a certain number of annual assessments that include a biometric screening (blood pressure, fasting blood sugar, cholesterol through finger stick methods), have to do an online health risk assessment (HRA), commit to a one-time health coaching call to review the results of the HRA and work out a personal program, and also do a fitness assessment. They have a lot of activities: education workshops, fitness classes, personal training, monthly chair massages, a mobile application, and incentives are the carrot and not stick type, they are fun and not tied to the health insurance premium at this point. There are three different levels and

an employee must do something to achieve the level. The incentives at this point are just to encourage participation.

She said they brought people into the program slowly and people were invited to take part. She said the website is very good and she will provide members with a link. <http://www.ithaca.edu/hr/benefits/wrklife/mindbodyme/>

Ms. Moskowitz said the incentives are that participants receive everything to participate for free. Mr. Schiele said in return for getting the services for free participants must comply with the requirements for things such as biometric testing which provides a great amount of data.

Mr. Barber said they spent a lot of time preparing for the program and put resources behind it (EAP Program, two employees, and interns).

Mr. Barber shared the "10 Secrets for Successful Wellness Teams", by the Wellness Councils of America:

- Team members are formally appointed;
- Team member have wellness written into their job description;
- Wellness Team is promoted throughout the organization;
- Wellness Team has strong leadership;
- Wellness Team includes people from different areas and levels;
- Wellness Team has a formal agenda;
- Wellness Team meets regularly;
- Wellness Team keeps minutes;
- Wellness Team communicates frequently; and
- Wellness Team participates in continuing education

Mr. Cook asked they have a demographic profile of their most active participants. He said the municipal workforce generally has an elderly workforce and questioned if wellness is age-driven. Ms. Chin said average age is in the College's program is around 46 which is older than what she would have expected. They have a roll-out plan and do a flight per each quarter of a year (since 2012); they currently have 500 participants and have 1,500 eligible employees. Ms. Chin asked if there is an intent to bring in spouses of retirees. Mr. Schiele said at this point it is open to benefits-eligible people only and family members are not included.

Mr. Barber addressed Mr. Cook's question about incentives and creating an environment for a bio-metric screening program and said from what he has seen those are steps that could be down the road. Mr. Cook asked if members felt the Consortium has sufficient knowledge to begin to develop a pilot program and for the municipalities that are considering creating a wellness committee are there materials or guidance that can be provided to them? Mr. Schiele said part of his job at the Health Department is to respond to County worksites that are interested in developing a wellness program. He said there needs to be a "super champion" at the worksite or there has to be some outside force that is consistently working to move things forward at some kind of a pace. It is not something that happens quickly, primarily because there is not enough staffing, but as long as there is an outside force that can keep things moving it can happen. Ms. Chin said there already are some municipalities that have some level of wellness programs in place. She said there are some Consortium-level programming that can be done as well as some site-level activities that can take place as well. Mr. Schiele said at the

Consortium-level through this Committee there can be some level of support even if that support is only to remind groups to get together.

Ms. Moskowitz suggested when there are a couple of goals (having happier employees and lowering costs for example) to begin by working backwards. She thinks the Consortium could work well as a consultant and provide guidance. Assistance could be provided to individual municipalities for things such as a survey to help find the top things employees want or to provide toolkits. Another suggestion was to offer things on the website for people to access. Mr. Barber said the smaller municipalities do not have the staffing to do any of the work; however, the employees of the smaller municipalities could be informed by what is happening in the larger municipalities.

Mr. Cook suggested reaching out to ENI and asked if they might be the missing link because there are not the in-house staffing drivers for this. Mr. Schiele said there individuals who are employed at Consortium municipalities who have experience with wellness programs and suggested looking at what the demand might be before taking a big step. He said having Mr. Barber meet with municipalities and having a wellness policy resolution considered is a good pace. Those municipalities that approve the resolution can be moved to the first step which is to talk about a wellness committee. At that time you can start to find out what the real interest is and if it is found that employees want programming a next step can be taken to look at what is available.

Ms. Mallar said it might be helpful to look at some of the data; Ms. Miller said Excellus will be doing a utilization review for the Consortium and will be targeting some suggestions from the data.

Ms. Moskowitz suggested that Mr. Barber ask questions when he is meeting with municipalities that would provide initial information. The CDC Risk Assessment Tool has useful survey questions that can be used. Mr. Foresti explained ways in which the Tool is being used and said it is a thorough and comprehensive tool that covers all the bases when it comes to worksite wellness. There could be different municipalities within the Consortium that are ready to look at it and if they are not it can be used as a tool when a group is ready. Mr. Schiele said he believes the way to get the best benefit someone has to administer the survey and recommended it not be handed out with a request to complete it.

Members agreed the Tool Kit would be useful. Mr. Foresti suggested referring to it as a foundational worksite wellness tool. Mr. Cook said the information could be packaged and put out to members to let them know it is available and that there are resources available for when they are ready to move in the direction. Ms. Miller suggested taking this to the Joint Committee on Plan Structure and Design because of the larger audience that includes labor and management to explain what this Committee is trying to achieve.

Mr. Barber will take the organizational questions and create list of ones that are key and will gather information when he meets with municipalities.

Ms. Moskowitz noted different levels of technology and suggested that in his meetings with municipalities Mr. Barber ask about communication and what may be the best way to get the word out.

Creating a Flexible Environment for Bio-metric Screening Program

Mr. Barber said after the last meeting he communicated with Ignite Health to find out what the cost would be to have bio-metric screening available at benefit fairs and is working through that information. He said if a municipality that has a wellness program is interested in a bio-metric screening program the Consortium has already done the research and can provide them with information.

Strategies for Increasing Committee Participation

Mr. Barber offered the following:

- The Owning Your Own Health Committee needs a clear vision of how it plans to proceed (Mr. Barber will draft goals that can be discussed at the next meeting);
- Market that plan to the Board of Directors, participants, and the Joint Committee on Plan Structure and Design;
- Executive Director market the OYOH Committee during Orientation Manual visits;
- Identify wellness program coordinator;
- Create Wellness Team which would be supported by most of current active OYOH Committee members to be made up of municipal people with Ms. Miller and Mr. Foresti being resources.

Ms. Moskowitz suggested one way people could participate could be through Skype or teleconferencing.

Next Agenda Items

The following items were suggested for inclusion on the next agenda:

Discussion of increasing committee participation (and goals prepared by Mr. Barber);
Develop a clear vision of the Committee moving forward;

Adjournment

The meeting adjourned at 3:20 p.m.

Respectfully submitted by Michelle Pottorff, Administrative Clerk