



Report to the Legislature

Washington Wellness Status Report



Engrossed Second Substitute Senate Bill 5930
Chapter 259, Laws of 2007
Section 40

December 2008

Prepared by:
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LEGISLATION

This report is submitted in compliance with Section 40 of Engrossed Second Substitute Senate Bill (E2SSB) 5930, legislation adopted to implement recommendations of the Blue Ribbon Commission on Health Care Costs and Access. E2SSB 5930 was enacted as chapter 259, Laws of 2007. Section 40 of the legislation, codified as RCW 41.05.540, directs the Health Care Authority (HCA) to establish and maintain a state employee health program. HCA is to submit reports on outcome goals for the state employee health program to the Legislature in December 2008 and December 2010.

Washington Wellness (WW), the state employee health program, was initiated through an Executive Order by Governor Gregoire in 2006. E2SSB 5930 established the program in statute and directed HCA to coordinate operations with the Department of Health (DOH), Public Employees Benefits Board (PEBB) contracted health plans, and the University of Washington (UW) Health Promotion Research Center.

The focus of the program is to reduce health risks and improve the health status of state employees, dependents, and retirees enrolled in the PEBB program. The goals are to improve health and productivity, positively impact the medical cost trend, and operate with a positive Return on Investment (ROI).

The program will work through state agencies and institutions of higher education to implement best practices from both the public and private sectors to accomplish reduction of identified health risks.¹⁻⁴ The legislation directs the program to establish standards for health promotion and disease prevention activities, and develop a mechanism to update standards based on research.

This state employee health program is responsible for providing technical assistance, effective communication tools, and ongoing training for wellness staff of state agencies and institutions of higher education. Additionally, the program is directed to encourage completion of online Health Risk Assessments to:

- Guide contracting with vendors to implement behavior change tools for high-risk populations.
- Guide the benefit structure to include covered services and medication management to reduce risks.

OPERATIONAL STRUCTURE

The strategy of Washington Wellness is to leverage technology, partnerships, and best practices to create operational efficiency. Limited funding is used to develop culture change at the agency level and individual employee engagement in behavior change. The program has a staff of 4.5 FTEs and additional cross-departmental support from HCA, with access to the Public Employees Benefits Board and the health plans.

The Department of Health shares accountability for WW and is a valuable source for health promotion program development and consultation. The DOH Secretary, Mary Selecky, provides “hands-on” leadership to guide program strategy.

WW has contracted with the University of Washington Health Promotion Research Center to perform ongoing program evaluation. The UW team has been involved in developing the evaluation tools and providing analysis. The level of service received from the UW team has been outstanding. They have become a valued partner in the process, not just a contracted vendor.

The Health and Productivity Committee is a selected group of twelve Senior Leaders from various state agencies, private sector employers, and labor representatives that meets quarterly to review and provide advice regarding WW strategy and program development. This group has demonstrated consistent engagement in the process, increasing the ability of WW to provide value to agency Senior Leaders.

Washington Wellness operates within the structure and strategy of PEBB. The health plans, both self-insured and fully insured, will own many of the assessment and behavior change tools. Public Employees Health Plans (PEHP) and Group Health (GH) are essential partners and have demonstrated their willingness to contribute to the overall PEBB strategy. WW works closely with GH and PEHP to promote Health Risk Assessment (HRA) completion and to promote health improvement programs.

The most important partners are the employers – state agencies and institutions of higher education. Evidence-based literature strongly demonstrates that employees listen to and respond best to the entity they regard as their employer.⁵ The response is even stronger if the message is delivered by both senior and mid-level management at the employer level.⁶ WW continues to develop working relationships with agencies and higher education institutions to enhance this level of communication and engagement.

PROGRAM GOALS

Goals for WW were originally developed from health and productivity management literature. The legislation mirrored the original WW goal set.

The goals for WW are to:

- Measurably improve the health of the population.
 - Improve the population risk profile measured by Health Risk Assessment aggregate results.
- Measurably improve health-related productivity.
 - Use a validated productivity measurement tool.
- Positively impact the medical cost trend.
 - Use validated methodology to link population health risks to cost
- Operate with a positive Return on Investment.

To achieve these goals by working directly through the agencies, WW must develop the expertise to assist agencies in developing a “Healthy Work Culture.” The Healthy Worksite Initiative (HWI), developed from E2SSB 5930, Section 41, will produce a structured process for agencies to develop a culture supporting effective employee population health management.

WW is developing an agency designation program. In this program, agencies will use established threshold levels of policy and environmental changes to measure their success in achieving a healthy work culture. Agencies meeting or exceeding the criteria will be “designated” as having achieved a “Healthy Work Culture.”

PARTNERING WITH STATE AGENCIES AND INSTITUTIONS OF HIGHER EDUCATION

The evidence-based literature strongly demonstrates that senior and mid-level management actions are an essential component of employee engagement in employer-based health management programs.⁶

WW helps agencies develop the infrastructure necessary to operate effective internal wellness programs. Policy and environmental changes are the foundation of a functional and sustainable program. A goal of the work is the integration of employee health into the management strategy and structure of the agency.

Each of the 95 state agencies with over 50 employees has a wellness coordinator who works directly with WW. The level of agency engagement and participation falls within a wide range. Research by the UW shows that HRA completion rates are higher for agencies that have higher levels of engagement and participation in WW.

WW provides technical assistance to agencies using multiple tools:

- Website with a “Resource Center” specifically for agency wellness coordinators www.washingtonwellness.gov (see screen shots provided as attachments).
- Process for agencies to share successes through the website.
- Monthly phone conferences to share best practices from other agencies, the private sector, and content experts.
- Quarterly face-to-face half-day trainings.
- Communication and messaging templates.
- Sample policies.
- Evidence-based literature of best practices.

CURRENT HEALTH IMPROVEMENT STRATEGIES

A primary population health improvement strategy is to use **Health Risk Assessment** data to drive program planning and evaluation. The HRAs are owned by the health plans, Group Health and PEHP. The health plans report monthly completion data by agency to WW, and PEHP provides annual results data to the UW, which prepares reports for WW and for agencies that achieve a completion rate equal to or greater than 30%.

HRA data has three audiences:

- **Individual:** The person completing the HRA gets a picture of his or her personal risk profile. The individual can choose to change one or more risks and then evaluate his or her personal risk profile annually.
- **Agency:** A sufficiently high HRA completion rate provides the agency with a statistically significant population risk profile. No individual personal health information is available to the agency. The population risk profile is then used to target resources and to measure effectiveness of the interventions implemented.
- **Washington Wellness:** A sufficiently high HRA completion rate provides a statistically significant population risk profile for all state employees. The profile is then used to target resources and to measure effectiveness of the interventions implemented.

WW has established a 30% completion rate as the minimum level for an agency to receive results data. This is the minimum level at which the data begins to become predictive of the population and also protects confidentiality of the individual (due to the number of participants). The number of agencies exceeding a 30% completion rate has increased each year.

The literature tells us that it is difficult to achieve a completion rate higher than 25% across a large population without incentives.⁷ WW is exploring options for incentives within the PEBB strategy.

WW has chosen to focus its work with agencies beyond HRAs in three areas: nutrition, physical activity, and use of preventive care benefits. These are areas that can be impacted by agency actions and have a broad impact on health and health care.

WW has developed several **nutrition** programs for agencies to implement:

- The Healthy Catering initiative is an enhancement of the Energize Your Meetings (EYM) program developed at the Department of Health. EYM provides a rating system to change the food served at meetings. WW partnered with General Administration (GA) to contract with vendors who were willing to provide set-priced menus for meetings based on the EYM ratings.
- Healthy Vending Machines is a partnership with the vending machine industry to provide healthy choices in the state vending machines at agencies that choose to participate. The healthy choices are then promoted at the agency and sales are tracked.

- Weight Watchers at Work is now available for agencies. A statewide contract was developed using the King County contract and assistance from GA.
- Local farmers markets are promoted by agencies to their employees.

WW is helping agencies develop policies and programs to support **physical activity** by employees:

- WW works with the Washington Health Foundation to promote participation in the Governor's Health Bowl.
- A Fitness Club Discount Program website was launched. The Ethics Board provided guidance for this initiative.
- Agencies are encouraged to develop policies that promote physical activity, such as: bike racks, showers, walking groups, walking meetings, and flex time.

Preventive care is currently narrowly defined by WW as cancer screening (MAM, PAP, colon cancer) and flu shots:

- WW partnered with DOH to develop a Flu Vaccination Campaign for use by agencies. It is currently working with PEHP and GH to develop a payment process to make it easier for agencies to host onsite flu shots.
- The Healthy Worksite Initiative is testing onsite health screening that includes: blood sugar, cholesterol, blood pressure, height/weight, BMI, and waist circumference.

EVALUATION

WW contracts with the University of Washington Health Promotion Research Center for program evaluation.

The foundational measurement for an employer-based health and productivity management is the HRA. The UW annually evaluates the HRA results from PEHP and provides WW with the results. Additionally, each agency that achieves a greater than 30% completion rate receives an HRA results report. Group Health is developing the capability to provide a 2008 results report for both WW and for those agencies with a greater than 30% completion rate.

WW has focused on building the infrastructure to operate a health and productivity management program for a large employer. Evaluation of our progress is based primarily on process measures:

- Each of the 95 agencies and institutions of higher education has a wellness coordinator.
- The WW website is functional and receives high utilization.
- The number of agencies achieving a greater than 30% HRA completion rate continues to increase annually.
- The number of agencies implementing Healthy Catering and Healthy Vending Machines continues to increase.

- The Healthy Worksite Initiative is developing a model for agency “healthy work culture.”

HEALTHY WORKSITE INITIATIVE: MODEL FOR DEVELOPMENT

The Healthy Worksite Initiative is the model for future development of WW, including testing the agency role in employee health. Major outcomes from this initiative are:

- A “blueprint” for an agency to use for developing a “healthy work culture.”
- An “agency designation” that can be used statewide to recognize agency success in developing a “healthy work culture.”
- A set of agency-based interventions and policies that contribute to measurable improvement in employee health and productivity.
- Testing of a validated health-related productivity measurement tool, The Work Limitations Questionnaire.

VISION FOR THE FUTURE

Washington Wellness is developing the agency level component of the larger strategy to improve employee health and productivity. Our work is an integral component of the larger PEBB strategy to improve health and health care across the entire PEBB-enrolled population.

Our vision is to integrate our work into a comprehensive health strategy of PEBB that combines benefit design, incentives, and health plan-based behavior change tools with a statewide “healthy work culture” and results in measurable:

- Enhanced health and productivity.
- Positive impact on the medical cost trend.
- Positive return on investment.

REFERENCES

¹University of Michigan Health Management Resource Center, <http://www.hmrc.umich.edu/index.html>

²Institute for Health and Productivity Management, <http://www.ihpm.org/>

³Wellness Council of America, <http://www.welcoa.org/>

⁴Healthier Worksite Initiative, <http://www.cdc.gov/nccdphp/dnpa/hwi/>

⁵Okie, Susan. *The Employer as Health Coach*. NEJM Oct. 11, 2007, pp. 1465-1469.

⁶Benefits Roundtable. *Engaging Line and Local Management in Supporting Wellness: Lessons from Member Practices and Tools*. Teleconference Materials from September 26, 2007.

⁷Benefits Roundtable. *Driving HRA Participation*. Benefits Roundtable interviews with multiple HRA vendors and organizations experienced with HRAs; Benefits Roundtable research. 2003.

ATTACHMENT A

HEALTH RISK ASSESSMENT FINDINGS (2007)

(see following page)

Health Risk Assessment Findings

Uniform Medical Plan Members January 1, 2007 – December 31, 2007



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I. Introduction

This report presents baseline results for the Uniform Medical Plan's (UMP) online Health Risk Assessment (HRA) completed by member employees from 2006 and 2007. The HRA is a key part of "Health Counts" - a voluntary UMP program begun in July 2006. Key features of Health Counts include:

- An online Health Risk Assessment that collects data on the health and lifestyles of UMP enrollees, while providing feedback to participants that encourages healthy behaviors.
- A customized "score card" that lists activities participants can complete to earn points.
- A \$30 premium rebate reward that is mailed to participants once they have accumulated 100 points.

The ultimate goal of Health Counts is to decrease the prevalence of chronic disease such as diabetes, heart disease and cancers among UMP's enrollee population. Shorter-term objectives are to bring about lasting behavior change among participants.

The following sections: (1) describe the characteristics of HRA respondents to date and compare them to the overall Washington state population; (2) show the numbers of respondents earning Health Counts points, by scorecard item; (3) show the distribution of high-risk health behaviors among HRA respondents; (4) compare risk behaviors of HRA respondents to those from a survey of all Washington state residents; and (5) present tables showing all of the HRA measures, by age and gender.

The main purpose for this report is to educate agency wellness coordinators and senior leaders on the format and future data that will be available on an annual basis. The number of employees who completed the HRA during this time frame was so small that one cannot be sure that the rest of the employee population would have similar results. However, agencies and institutions are encouraged to consider how they will use this data in their strategic planning processes for employee health and wellness. Agencies and institutions who have a 30% or greater completion rate will receive results for their group of employees which will be useful in program planning.

II. HRA Respondent Characteristics

Table 1. Personal/Demographic Characteristics

<i>Variable</i>	<i>HRA</i>	<i>Census (>18 years)</i>
Sample size	16,458	4,380,378
Gender		
Male	33%	49%
Female	67%	51%
Age Group		
18-24 years	2%	13%
25-44 years	29%	41%
45-64 years	53%	31%
65+ years	16%	15%
Marital Status		
Married or unmarried couple	76% ¹	53% ²
Race		
White	87%	82%
Latino/Hispanic	2%	6%
Black or African American	1%	3%
Asian/Pacific Islander/Hawaiian Native	6%	6%
American Indian/Alaskan Native	0%	1%
Multi-ethnic	3%	2%
Other	1%	0%
Education		
College or graduate degree	71%	36%
Annual Household Income		
< \$35,000	10%	37%
\$35,000-75,000	47%	39%
\$75,000 +	43%	24%

Notes:

1 - HRA category includes both those married (70%) and unmarried couples (6%)

2 - Census married = 15+ years, married, spouse present

III. High Risk Conditions and Behaviors

Table 2 shows results for variables identified as "high-risk conditions and behaviors", i.e., those with potential for more serious health consequences and resulting increases in health care costs.

Table 2. High-risk Conditions and Behaviors, by Gender and Age

<i>Measure</i>	<i>High risk definition</i>	<i>All</i>	<i>Gender</i>	
			<i>M</i>	<i>F</i>
Sample size		16,458	5,477	10,915
Blood Pressure	Higher than 139/89	20%	20%	20%
Body Weight	BMI greater than 27.5	30%	32%	29%
Existing Medical Problem	Heart diagnosis, diabetes, cancer, or stroke	10%	13%	9%
Too sick to perform activities of daily living	More than 5 days per month	7%	6%	8%
Health status	Fair or Poor	3%	3%	4%
Smoking	Any Smoker	3%	3%	4%
Number of risks				
None		54%	53%	54%
1 high risk		32%	33%	31%
2 high risks		10%	11%	10%
3 or more high risks		3%	3%	4%

IV. Comparing HRA Respondents to the Washington State Population

Table 3 compares selected baseline HRA measures to the overall Washington State population, as measured by the Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance Survey (BRFSS). Most of the BRFSS data came from 2006, the most recent survey wave for which data are publicly available; those only available in 2005 were diet, physical activity and chronic health conditions.

Table 3. HRA/BRFSS Comparisons

<i>Variable</i>	<i>HRA</i>	<i>BRFSS</i>	<i>p-value</i>
Sample size - 2005 BRFSS data	16,458	23,276	
Sample size - 2006 BRFSS data	16,458	23,738	
Five-a-Day - Fruit and Vegetable consumption			
Eating 5+ fruits and vegetables seven days per week ¹	26%	25%	.53
Overweight/Obesity			<.01
BMI* < 25 - Normal Weight	49%	39%	
BMI* 25-29.9 Overweight	32%	37%	
BMI 30+ Obese	19%	24%	
Physical activity			
Moderate activity 5 days/week 30 minutes per occasion or vigorous 3 days/week 20 minutes/occasion ^{1,2}	63%	55%	<.01
Tobacco Use			
Ever smoked cigarettes (<i>at least 5 packs</i>)	32%	43%	<.01
Currently smoking cigarettes	3%	17%	<.01
Preventive Screenings/Procedures			
Flu shot, past year	50%	32%	<.01
Pneumonia vaccine, ever (<i>65+ years old</i>)	71%	69%	.46
Sigmoidoscopy and/or colonoscopy, ever (<i>50+ years old</i>)	80%	64%	<.01
FOBT, past 2 years (<i>50+ years old</i>)	47%	32%	<.01
PAP test, past 3 years (<i>50+ years old</i>)	93%	69%	<.01
Mammogram, past 2 years (<i>40+ years old</i>)	90%	76%	<.01
Health Status			
Fair or poor health status	3%	14%	<.01
Chronic Conditions - Ever Diagnosed			
Arthritis ¹	21%	29%	<.01
Asthma ¹	7%	9%	<.01
Cardiovascular Disease ¹	5%	4%	<.01
Diabetes ¹	5%	6%	<.01
Blood Pressure ¹	19%	24%	<.01
High Cholesterol ¹	14%	23%	<.01

Notes:

1 - 2005 HRA/BRFSS comparison

2 - Physical activity data from the HRA only available in 2007

V. Summary Results for All HRA Questions

This section presents results from HRA questions that were not mentioned in earlier tables (and in some cases repeats them with a slightly different definition). Table 4 shows results from a question asking about location of physical activity.

Table 4. Physical Activity Location

<i>Variable</i>	<i>All</i>	<i>Gender</i>	
		<i>M</i>	<i>F</i>
Sample size	16,458	5,477	10,915
Where do most of physical activity:¹			
Home	64%	62%	66%
Neighborhood/parks	51%	48%	53%
Gym	35%	34%	36%
Workplace	22%	22%	21%
Other	17%	20%	16%

Notes:

1 - Physical activity data from the HRA only available in 2007

Table 5 shows more complete information about preventive screenings.

Table 5. Preventive Screenings/Immunizations

<i>Variable</i>	<i>All</i>	<i>Gender</i>	
		<i>M</i>	<i>F</i>
Sample size	16,458	5,477	10,915
Preventive care visit, past year	80%	74%	84%
Flexible Sigmoidoscopy, past 2 years (<i>50+ years old</i>)	3%	4%	3%
FOBT, past 2 years (<i>50+ years old</i>)	26%	29%	24%
Colonoscopy, past 10 years (<i>50+ years old</i>)	68%	70%	67%
Flu shot, past year	50%	52%	49%
Pneumonia shot, past 10 years (<i>65+ years old</i>)	69%	68%	70%
PAP screening, past 3 years (<i>Women 18-65 years old</i>)	93%	-	93%
Mammogram, past 2 years (<i>Women 40+ years old</i>)	90%	-	90%

Table 6 shows rates of chronic illnesses reported on the HRA.

Table 6. Prevalence of Medical Conditions & Incidence of treatment

<i>Variable</i>	<i>All</i>	<i>Gender</i>	
		<i>M</i>	<i>F</i>
Sample size	16,458	5,477	10,915
Allergies	34%	28%	37%
Arthritis	22%	17%	24%
Asthma	7%	5%	7%
Cancer	1%	2%	1%
Chronic Bronchitis/Emphysema	1%	1%	1%
Depression	11%	7%	13%
Diabetes	5%	6%	4%
Heart problems	5%	8%	4%
High Blood Pressure	19%	23%	17%
High Cholesterol	23%	27%	21%

Table 7 shows results from a question asking about location of flu shots.

Table 7. Flu Shot Location

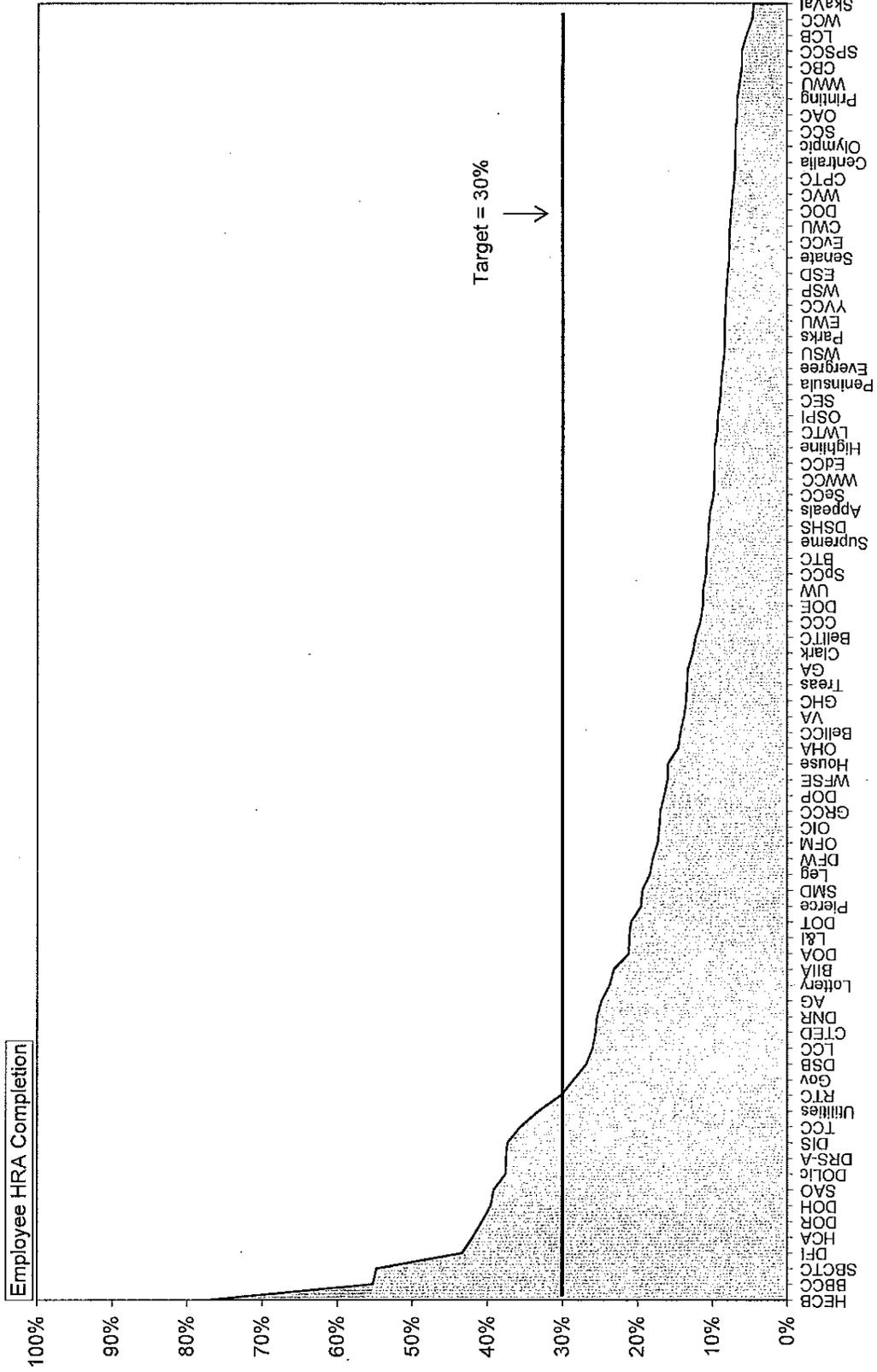
<i>Variable</i>	<i>All</i>	<i>Gender</i>	
		<i>M</i>	<i>F</i>
Percent who got their flu shot at:			
Doctors office or HMO	37%	39%	36%
Hospital or ER	3%	2%	3%
Local health dept clinic	5%	5%	5%
Other Community health clinic	4%	5%	4%
Recreation, senior or community center	2%	2%	2%
Store (supermarket, drug store)	22%	22%	22%
Workplace	25%	21%	27%
Other	2%	2%	2%

ATTACHMENT B

HRA COMPLETION RATES (2007)

(see following page)

Rank Order Employee HRA Completion Rate by Organization
 Jan-Dec 2007



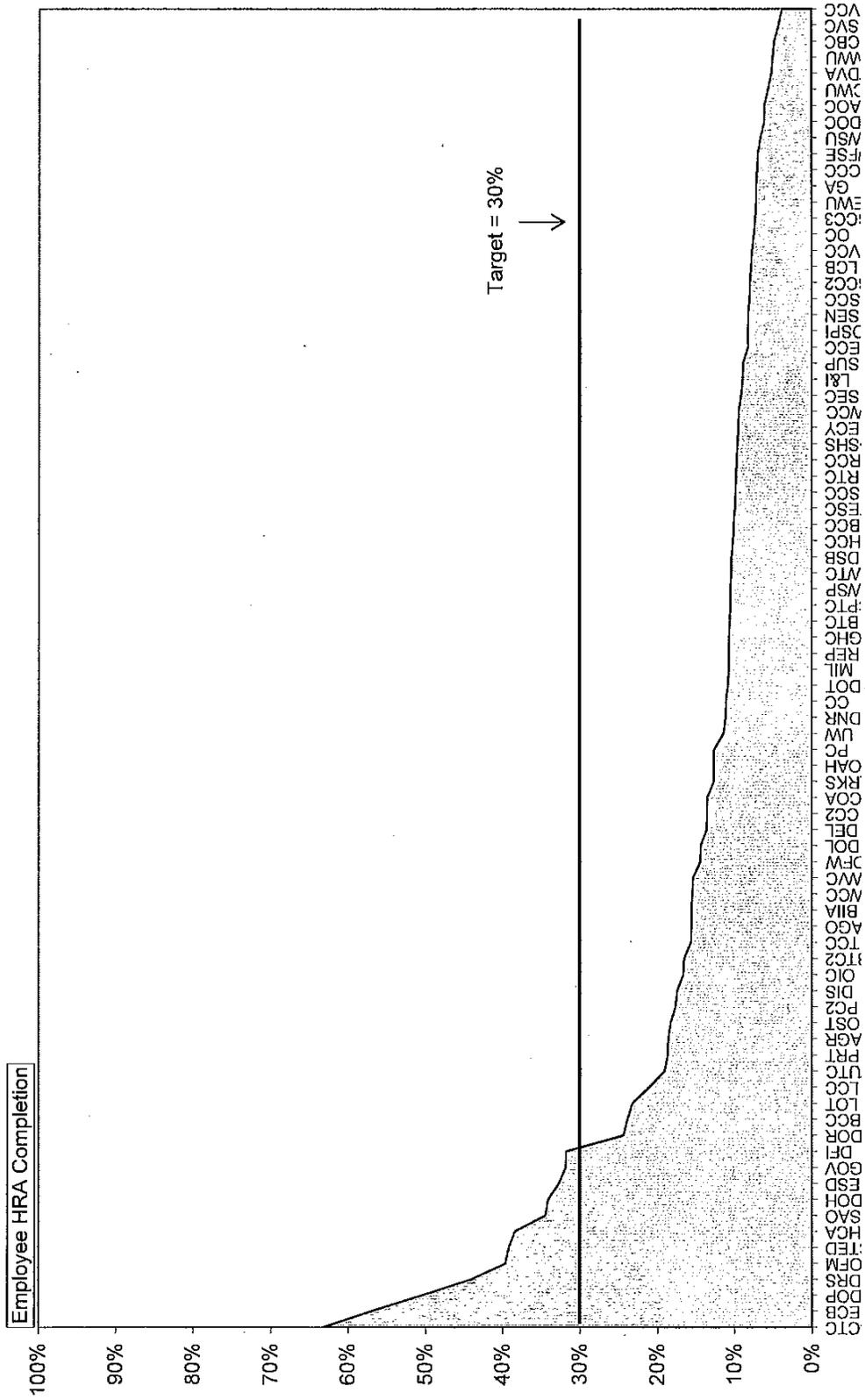
HRA Grouping

ATTACHMENT C

HRA COMPLETION RATES (2008 YEAR-TO-DATE)

(see following page)

Rank Order Employee HRA Completion Rate by Organization
 September 2008



Monthly & Year-to-Date Employee HRA Completion							
Name	Sep-08			YTD			Rank of 83
	Com	Enr	%	Com	Enr*	%	
Aggregate**	1287	165698	0.008	16313	164250	9.9%	
AGO	22	1220	1.8%	188	1203	15.6%	26
AGR	9	591	1.5%	109	586	18.6%	19
AOC	1	335	0.3%	20	328	6.1%	77
BBCC	2	197	1.0%	48	201	23.9%	14
BCC	7	830	0.8%	84	830	10.1%	51
BIIA	4	147	2.7%	23	147	15.6%	27
BTC	1	326	0.3%	35	330	10.6%	45
BTC2	6	172	3.5%	29	175	16.6%	24
CBC	3	382	0.8%	19	392	4.8%	81
CC	1	252	0.4%	28	251	11.1%	40
CC2	2	247	0.8%	34	249	13.6%	33
CCC	0	127	0.0%	9	127	7.1%	73
COA	1	135	0.7%	18	132	13.6%	34
CPTC	5	287	1.7%	30	284	10.5%	46
CTED	5	359	1.4%	135	343	39.3%	6
CWU	1	1353	0.1%	75	1331	5.6%	78
DEL	7	188	3.7%	25	183	13.6%	32
DFI	3	181	1.7%	58	182	31.8%	12
DIS	4	428	0.9%	72	412	17.4%	22
DNR	24	1400	1.7%	153	1369	11.2%	39
DOC	97	8201	1.2%	485	7936	6.1%	76
DOH	49	1418	3.5%	482	1411	34.1%	9
DOL	54	1233	4.4%	176	1221	14.4%	31
DOP	0	197	0.0%	100	198	50.4%	3
DOR	45	999	4.5%	242	992	24.4%	13
DRS	0	230	0.0%	102	230	44.2%	4
DSB	1	70	1.4%	7	67	10.4%	49
DSHS	191	17791	1.1%	1696	17718	9.6%	56
ECC	3	641	0.5%	53	641	8.3%	62
ECY	8	1558	0.5%	146	1540	9.5%	57
ESD	29	1749	1.7%	567	1729	32.8%	10
EVCC	2	413	0.5%	32	414	7.7%	68
EWU	5	1290	0.4%	93	1294	7.2%	71
GA	6	610	1.0%	44	614	7.2%	72
GHC	1	185	0.5%	20	186	10.7%	44
GOV	2	55	3.6%	16	50	31.9%	11
GRCC	5	530	0.9%	52	535	9.7%	55
HCA	18	279	6.5%	106	275	38.5%	7
HCC	2	504	0.4%	51	501	10.2%	50
HECB	0	94	0.0%	52	91	57.0%	2
L&I	12	2508	0.5%	225	2510	9.0%	60
LCB	6	1059	0.6%	81	1029	7.9%	67
LCC	0	89	0.0%	20	94	21.1%	16
LOT	5	125	4.0%	28	120	23.2%	15
LWTC	0	236	0.0%	25	241	10.4%	48
MIL	1	260	0.4%	27	251	10.8%	42
OAH	1	109	0.9%	14	110	12.7%	36
OC	2	378	0.5%	28	376	7.4%	69
OFM	4	354	1.1%	139	350	39.7%	5
OIC	1	207	0.5%	34	203	16.7%	23
OSPI	3	389	0.8%	32	387	8.3%	63
OST	0	60	0.0%	11	60	18.3%	20
PARKS	3	611	0.5%	77	605	12.7%	35
PC	1	219	0.5%	28	221	12.7%	37

Com=Completions
Enr=Enrolled

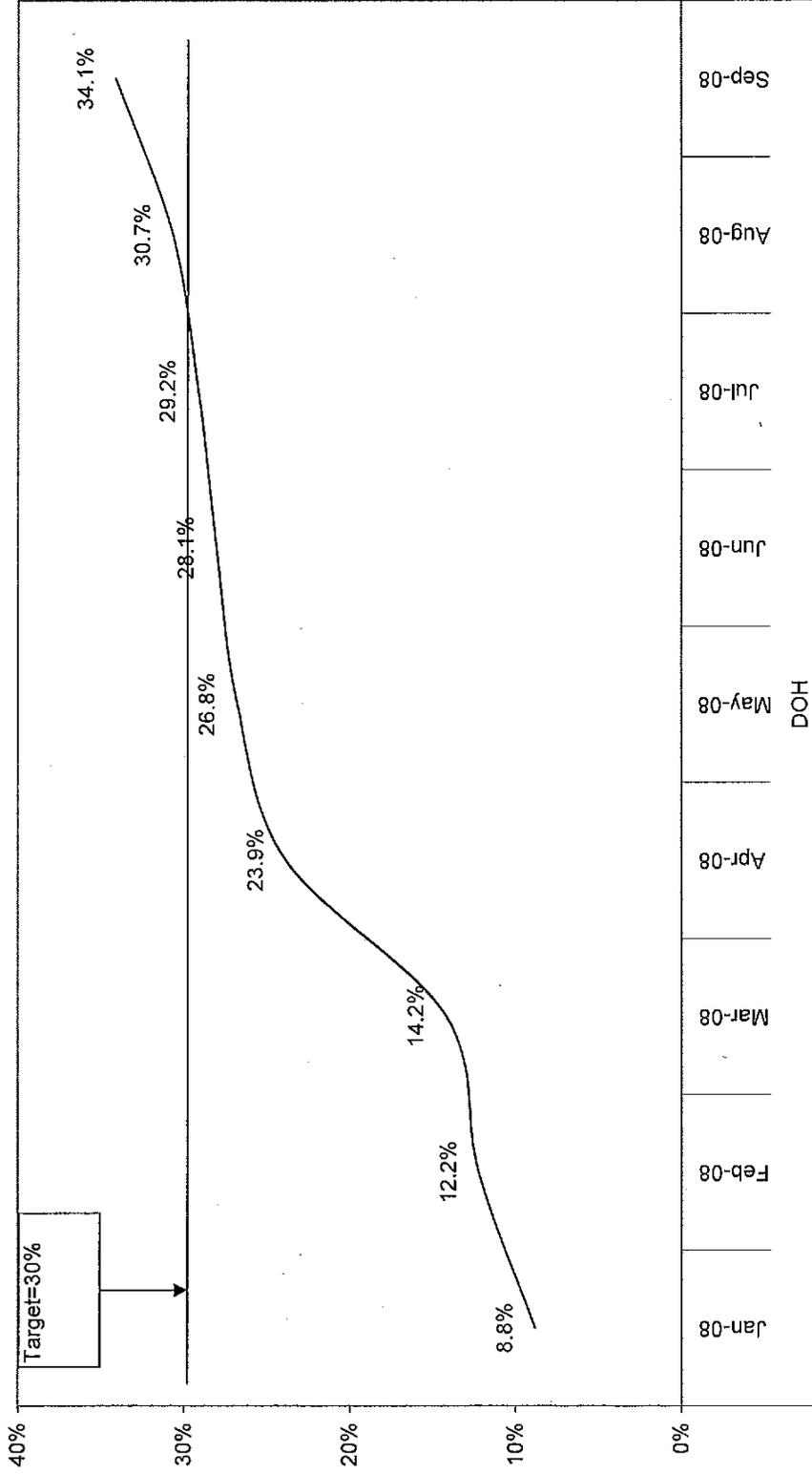
Monthly & Year-to-Date Employee HRA Completion							
Name	Sep-08			YTD			Rank of 83
	Com	Enr	%	Com	Enr*	%	
PC2	1	565	0.2%	101	571	17.7%	21
PRT	1	128	0.8%	23	123	18.7%	18
REP	1	336	0.3%	36	335	10.7%	43
RTC	2	288	0.7%	28	286	9.8%	54
SAO	3	365	0.8%	123	356	34.5%	8
SBCTC	1	84	1.2%	55	87	63.2%	1
SCC	5	426	1.2%	42	424	9.9%	53
SCC2	8	1417	0.6%	114	1425	8.0%	66
SCC3	7	1250	0.6%	93	1275	7.3%	70
SEC	1	323	0.3%	27	294	9.2%	59
SEN	2	231	0.9%	19	231	8.2%	64
SPSCC	0	321	0.0%	26	322	8.1%	65
SUP	0	59	0.0%	5	56	8.9%	61
SVC	0	439	0.0%	19	440	4.3%	82
TCC	1	442	0.2%	68	433	15.7%	25
TESC	5	682	0.7%	67	673	10.0%	52
UW	242	26049	0.9%	2965	25941	11.4%	38
WCC	0	272	0.0%	42	271	15.5%	28
WDFW	24	1503	1.6%	215	1487	14.5%	30
WDVA	2	596	0.3%	30	576	5.2%	79
WFSE	1	87	1.1%	6	86	6.9%	74
WSDOT	32	7013	0.5%	761	7015	10.8%	41
WSP	38	2136	1.8%	222	2106	10.5%	47
WSU	20	5761	0.3%	379	5726	6.6%	75
WUTC	0	125	0.0%	23	120	19.1%	17
WVC	0	227	0.0%	36	233	15.4%	29
WWCC	1	355	0.3%	33	349	9.4%	58
WWU	3	1780	0.2%	91	1807	5.0%	80
YVCC	1	399	0.3%	15	393	3.8%	83

Com=Completions
Enr=Enrolled

*YTD enrollment is calculated by summing enrollment across months and dividing by the number of months.

**Aggregate includes all agencies

HRA Employee Completion Rate



HRA Grouping Data

DOH

ATTACHMENT D

WASHINGTON WELLNESS WEBSITE SCREEN SHOTS

(see following page)

Washington Wellness Coordinators Resource Center

Support

This Support section supports the development and maintenance of wellness committees and other infrastructure necessary to implement wellness programs within your organization.

Getting Started

- [Becoming a Washington Wellness Worksite](#)
- [Planning & Evaluation](#)
- [Communications](#)

Personnel

- [Senior Leaders](#)
- [Wellness Committees](#)

Infrastructure

- [Wellness Intranet Sites](#)
- [Wellness Policies](#)

Training

- [Training](#)

Other

- [Resources](#)

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Washington Wellness Coordinators Resource Center

Campaigns & Initiatives

Washington Wellness is working to improve the health of Washington State employees, retirees, and dependants through campaigns, initiatives, and projects focused around the five key behavior changes as put forth by legislature: completion of the health risk assessment, increased physical activity, improved food selection, increased completion of preventive care measures, and reduced tobacco use.

Washington Wellness works with state agency Wellness Coordinators on the following campaigns (large, time-specific events with a message that may span multiple behavior change areas), initiatives (large, ongoing bodies of work directly tied to specific behavior change goals and organizational system change), and projects (smaller, agency-level work that addresses a single specific initiative goal or organizational system change area).

View [Archived Campaigns & Initiatives](#).

Campaigns

- [Flu Vaccination Campaign \(2008\)](#)
- [Governor's Health Bowl \(2008\)](#)

Initiatives

- [Health Risk Assessments](#)
- [Nutrition](#)
 - [Farmers Markets](#)
 - [Healthy Catering \(Energize Your Meetings\)](#)
 - [Healthy Vending Machines \(Fit Pick\)](#)
 - [Weight Watchers At Work](#)
- [Physical Activity](#)
- [Preventive Care](#)
- [Tobacco Cessation](#)

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Washington Wellness Coordinators Resource Center

[Initiatives](#) > Health Risk Assessments (HRA)

Health Risk Assessments (HRA)

A health risk assessment (HRA) is a questionnaire that employees take every calendar year to find out more about their own health. In 2007, all employees who have health benefits through the Public Employees Benefits Board are encouraged to take their HRA online through their PEBB health plan.

Completion of health risk assessments is the number one priority initiative for Washington Wellness and wellness coordinators. The goal is to achieve a 30% completion rate by employees who have PEBB health plans. Wellness coordinators work hard to promote HRA completion in their own organizations. They receive a monthly report that shows the percent completion to date. Those organizations who achieve a 30% HRA completion rate or higher will get their employee group report on health issues in late January 2008.

Policies

This section contains specific policies that impact the completion of an HRA by employees. "Policies" discussed in this Web site are laws, regulations, and rules, both formal and informal, that have been adopted on a collective basis to guide individual and collective behavior at the State of Washington workplace. They may be voluntary or legally binding. Policies related to HRAs have to do with taking the HRA on work time and work computers.

Implementation

This section is for planning and implementation resources used to promote HRA completion to employees and managers.

Evaluation

Evaluation of this initiative is in two parts. First, the percent completion rate is measured monthly with the goal of 15% completion rate by June 30, 2008 and 30% or more by December 31, 2008. Secondly, the engagement of wellness coordinators in promoting HRAs in their organizations is measured by the number of Washington Wellness training activities they participate in and the number of promotional activities carried out in their organizations. The goal is 75% of the organizations who receive HRA completion rate data have participated in two or more training activities. HRA completion rates are reported monthly and percent of organizations participating in training activities is reported quarterly.

Resources

[Frequently Asked Questions About Health Risk Assessments \(HRAs\)](#)

Overview DOI

[Tips for Taking an HRA](#)

Overview PDF

Wellness Coordinators Ask About HRAs	Overview	DOC
Dept. of Retirement Systems HRA Success	Overview	PPT
De Minimis Use of State Resources (Advisory Opinion 96-03)	Policies	Link
Determination of Work Relatedness (WAC 296-27-01103)	Policies	Link
Governor's Invitation to Take HRA	Policies	PDF
Use of State Resources (WAC 292-110-010)	Policies	Link
2008 HRA Promotions Plan Template	Implementation	DOC
Group Health Health Profile - Integration with the Electronic Medical Record	Implementation	PDF
Group Health Health Profile - Topic Areas	Implementation	PDF
HRA Banner	Implementation	PDF
Promoting HRA Completion: Activities From Wellness Coordinators 2007	Implementation	PDF
Promoting HRAs Template	Implementation	DOC
Template for Collecting Personal Stories About HRAs	Implementation	DOC
UMP Health Counts! - \$30 Gift Cards	Implementation	PDF
UMP Health Counts! - How To	Implementation	PDF
Using Personal Stories to Promote HRAs	Implementation	PPT
Wellness Coordinator Submitted HRA Communications Materials	Implementation	DOC
HRA Baseline Report (05/2008)	Evaluation	PDF

HRA Completion Reports

HRA Completion Report (09/2008)	Evaluation	PDF
HRA Completion Report (08/2008)	Evaluation	PDF
HRA Completion Report (07/2008)	Evaluation	PDF
HRA Completion Report (06/2008)	Evaluation	PDF
HRA Completion Report (05/2008)	Evaluation	PDF
HRA Completion Report (04/2008)	Evaluation	PDF
HRA Completion Report (03/2008)	Evaluation	PDF
HRA Completion Report (02/2008)	Evaluation	PDF
HRA Completion Report (01/2008)	Evaluation	PDF
HRA Completion Report (12/2007)	Evaluation	PDF
HRA Completion Report (11/2007)	Evaluation	PDF
HRA Completion Report (10/2007)	Evaluation	PDF
HRA Completion Report (09/2007)	Evaluation	PDF
HRA Completion Report (08/2007)	Evaluation	PDF
HRA Completion Report (07/2007)	Evaluation	PDF
HRA Completion Report (06/2007)	Evaluation	PDF
HRA Completion Report (05/2007)	Evaluation	PDF
HRA Completion Report (04/2007)	Evaluation	PDF
HRA Completion Report (03/2007)	Evaluation	PDF
HRA Completion Report (02/2007)	Evaluation	PDF
HRA Completion Report (01/2007)	Evaluation	PDF

Washington Wellness Coordinators Resource Center

[Initiatives](#) > [Nutrition](#) > Healthy Catering (Energize Your Meetings)

Healthy Catering (Energize Your Meetings)

Everyone has been to an event where they can hardly keep their eyes open after lunch. If you are planning an event, you can help your participants be energized and productive. Washington Wellness promotes the use of healthy meal guidelines entitled "Energize Your Meetings."

By offering access to healthy foods and physical activity you will:

- help attendees get the most out of the event
- support their overall health
- help reduce their risk for chronic disease and obesity
- model healthy behaviors

Implementation

If you are ready to make the healthy choice the easy choice at your meetings and events, take a look at the DOH Energize Your Meeting Guidelines developed and tested by the Washington State Department of Health. You'll find food and beverage standards to strive toward and physical activity suggestions to help you energize your meetings.

Resources

[Energize Your Meetings](#)

[Energize Your Meetings - Guidelines \(DOH\)](#)

[Energize Your Meetings - Pre-Approved Caterers](#)

Overview PPT

Implementation PDI

Implementation DO

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Washington Wellness Coordinators Resource Center

[Initiatives](#) > [Nutrition](#) > Healthy Vending Machines

Healthy Vending Machines

The purpose of a healthy vending machine program in state agencies and institutions is to increase access to healthy foods for employees. In 2007, four state agencies piloted a healthy vending program called Fit Pick, developed by the National Automatic Merchandising Association (NAMA). These agencies found that it is possible to have a successful, profitable healthier vending program - and keep their colleagues happy! Washington Wellness in collaboration with the Washington State Department of Health, Department of Services for the Blind, Evergreen Vending, and agency pilot participants have put together a package of tools below under "resources" for introducing a healthy vending machine program in an agency or institution.

Policies

In order to sustain access to healthy foods in vending machines, agencies and higher education institutions need a written policy and procedure.

Implementation

The experiences from the pilot agencies in implementing a healthy vending program are summed up to help you be successful faster. The [Healthy Vending Guide for Agencies](#) has implementation tips that are specific to state agencies and institutions.

Keys to a successful healthy vending project include:

- Provide a variety of tasty and popular healthy items.
- Label healthy items and post motivational and promotional signage.
- Keep in contact with your delivery driver.

Steer clear of:

- Starting a healthy vending program without advertising changes.
- Replacing all of the food in the machine with healthy foods right away. We recommend replacing 25-35% of the items with Fit Pick items.

In early 2008, a nonprofit group from Clark County, Washington developed Energize Your Vending: A Planning and Implementation Guide for Worksites and Community Organizations as well as a website based on the lessons they learned in community wide Fit Pick pilot. At www.fitpick.org and in the Fit Pick guide, you will find in depth information on bringing the Fit Pick program to your worksite, promoting the program, background information on nutrition, and sample materials to help you get started.

Evaluation

Decide what a successful healthy vending machine program is for your organization. The pilot agencies used the following to define success: employees liked the healthy choices; the healthy choice spaces in the vending machine were not empty; the vending machine income remained the same or improved.

Resources

Healthy Vending Guide for Agencies	Overview	DOC
Fit Pick Comment Card	Implementation	DOC
Fit Pick Comment Card Envelope Label	Implementation	DOC
Fit Pick Newsletter Article Templates	Implementation	DOC
Fit Pick Photo	Implementation	JPG
Fit Pick Poster	Implementation	DOC
Fit Pick Senior Leader Email (DOP)	Implementation	DOC
Fit Pick Use of Materials Guide	Implementation	DOC
Healthy Vending Pilot Article (HCA)	Implementation	PDF
Healthy Vending Monitoring Form	Evaluation	DOC

Resources (Archives)

Healthy Vending Overview	Overview	DOC
Making Healthy Changes in Worksite Vending Machines	Overview	PDF
Worksite Vending Studies	Overview	DOC
Sample Commitment Letter	Implementation	DOC
Evaluation Checklist	Evaluation	DOC

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Washington Wellness Coordinators Resource Center

[Initiatives](#) > Flu Vaccination Campaign (2008)

Flu Vaccination Campaign (2008)

Studies show that vaccinating adults results in fewer missed work days and fewer physician office visits, for all employees, but particularly for employees and family members with existing chronic health conditions. According to the Centers for Disease Control, the most effective way to prevent the flu is by getting a flu vaccination each year.

For additional resources to the ones listed here, see the [2007 Flu Vaccination Campaign materials](#).

Implementation

One of the most cost-effective measures that employers can take to improve productivity and protect employee health is to provide onsite flu clinics, provide resources about where to access flu vaccinations in the community, and encourage flu vaccinations and healthy practices.

Resources

Fighting Flu In Your Organization	Overview	PPT
2008-09 Influenza Vaccine Updates from the CDC	Policy	Link
Influenza Facts	Policy	DOC
Employee Flu Clinic Toolkit	Implementation	PDF
Flu Poster – Dad and Baby	Implementation	Link
Flu Poster – “My Dad lives with me”	Implementation	Link
Flu Promotion for Parents of children ages 0-18	Implementation	Link
Flu Vaccination Stickers	Implementation	Link
GetAFluShot.com (Vendor)	Implementation	DOC

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