



2009 Annual Report

Prepared by UI Wellness and UI Benefits, Units of Human Resources
The University of Iowa

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Executive Summary

The University of Iowa is committed to supporting a healthy campus culture for its faculty and staff. A significant example of this commitment is the **liveWELL** initiative provided by UI Wellness and UI Benefits, units of Human Resources. **liveWELL** is a comprehensive program designed to improve individual health and well-being through opportunities to participate in a number of resources tailored to meet each person's needs and interests. The foundation of the program is an online Personal Health Assessment (PHA). The PHA is fully integrated with Online Lifestyle Management Programs and the Health Coach Service for those individuals interested in developing a customized health improvement plan. The following data provides an overview of UI population health, utilization of services, 2009 outcomes, and key actions planned for 2010.

Personal Health Assessment (PHA) Aggregate Summary Data

PHA Utilization/Demographics – 3-Year Trend

	Total Participation	Females	Males	Average Age
2007*	7,660 (53% eligible population)	73%	27%	42.3
2008	9,596 (64% eligible population)	73%	27%	42.1
2009	9,986 (61% eligible population)**	69%	31%	42.9

**Total eligible population in 2009 = 16,353. House Staff eligible 7/1/09.

Prevalence of Behavioral Risk Factors – All PHA participants over 3-Year Trend

	Unmanaged Stress	Lack of Regular Exercise	Smoking	Unhealthy Eating
2007	22%	45%	9%	58%
2008	21%	45%	9%	56%
2009	20%	38%	8%	55%

Prevalence of Chronic Conditions – All PHA participants

	Migraines	Chronic Back Problems	Arthritis
2007	17%	16%	15%
2008	16%	15%	16%
2009	15%	13%	15%

Table 3: Prevalence of Multiple Behavioral Risks – All PHA participants

	Zero or One Risk Factor*	Two Risk Factors*	Three Risk Factors	Four+ Risk Factors
2007	42%	25%	20%	13%
2008	44%	25%	19%	12%
2009	48%	25%	17%	10%

* Behavioral risk factors include unmanaged stress, lack of regular exercise, smoking status, unhealthy eating, and excessive drinking.

Health Coach Service Summary Data

Utilization and Reported Health and Productivity Measures

	Complete 12/31	Active 12/31	Improved Health	Improved Productivity	Improved Workplace Satisfaction
2007	403	147	97%	84%	78%
2008	503	155	97%	93%	90%
2009	575	130	98%	97%	91%

Program Outcomes 2009

- For the UI population, 61% of eligible faculty and staff completed the Personal Health Assessment (Goal - 65%). The total number of users is up from 9,596 in 2008 to 9,986 in 2009.
- A migration of individuals from high to moderate/low behavior risk categories was demonstrated for those participating in 2008 and 2009 with an estimated cost savings of approximately \$400,000 for this population alone based upon available PHA data. In 2008 this risk factor migration suggested cost avoidance of around \$363,000; in 2007, an estimated \$200,000 cost-savings was realized. ***Edington, D.W. American Journal of Health Promotion. 15(5):341-349, 2001.***
- 575 Health Coach clients successfully completed the service. Demonstrated improvements in all health behavior categories with 46% of clients meeting goals and 30% partially meeting goals outlined in their health improvement plan. Estimated cost savings by avoiding future medical expenditures of over \$117,000*.
- Improvements in the population behavioral risks of unmanaged stress, physical inactivity, unhealthy eating, and smoking were demonstrated for those individual participating in 2008 and 2009 (N=7,338).
 - Unmanaged stress decreased from 20% to 19% (N=47)
 - Lack of regular exercise decreased from 44% to 37% (N=485)
 - Unhealthy eating decreased from 55% to 53% (N=145)
 - Smoking decreased from 9% to 8% (N=56)
- Smoking cessation benefit expanded to support University smoke-free campus policy. \$7,794 was reimbursed to 31 individuals who used Nicotine Replacement Therapy to stop smoking.
- Integration with the University's disease management provider and enhanced referral process resulting in increased utilization of disease management programs.

Target Indicators and Key Actions for 2010

Target Indicators

- Personal Health Assessment (PHA) - 65% completion rate for eligible population.
- Health Coach Service – 700 clients successfully complete the service with 60% of clients meeting established goals.
- On-line Lifestyle Management Programs – 10% of the eligible population will complete each module
- Continued change in behavioral risks - 1% to 2% decrease in behavioral risk categories.
- Recreational Services Campus Recreation and Wellness Center – 25% utilization by UI faculty/staff

Key Actions

- Data integration with third party data warehouse vendor and program specific outcome analysis.
- Automated email reminder system for PHA completion and participation in On-line Lifestyle Management Programs.
- Expand services to include Group Health Coach service and Group Weight Management Program
- Eliminate 25% payment for referral programs by participant; University paying full referral program fee
- Membership subsidy for faculty and staff for campus recreational facilities to support improvement of physical activity practices.

**See full report for methodology.*

Introduction

The University of Iowa is committed to supporting a healthy campus culture for its faculty and staff. A significant example of this commitment is the **liveWELL** initiative provided by UI Wellness and UI Benefits, units of Human Resources. **liveWELL** is a comprehensive program designed to improve individual health and well-being through opportunities to participate in a number of resources tailored to meet each person's needs and interests. The foundation of the program is an online Personal Health Assessment (PHA). The PHA is fully integrated with Online Lifestyle Management Programs and the Health Coach Service for those individuals interested in developing a customized health improvement plan. The goals of the **liveWELL** program are:

- A culture that supports people as our most important asset
- Individual faculty and staff health improvement
- Return on investment through population health management that effectively manages health care utilization and cost, supports individual health enhancement efforts, and improves organizational performance.

Positive population health outcomes were demonstrated in 2009 and include improvements in specific behavioral risk categories, as well as a migration in the population from higher to lower health risk categories. Participation in the Personal Health Assessment (PHA) decreased slightly (-3%) and successful participation in the Health Coach Service increased by 14%. High satisfaction and quality rating of services by faculty and staff continued in 2009. These results demonstrate a positive impact at both the individual and organizational level and provide the framework for planned expansion in 2010.

Operations

Services

The foundation of the program remains the Personal Health Assessment (PHA) integrated with Online Lifestyle Management Programs and the Health Coach Service for those individuals interested in developing a tailored health improvement plan. In 2009, additional educational offerings were provided to faculty and staff in the areas of physical activity, nutrition, and energy management. Additionally, a group Health Coach Service was developed with three pilot groups participating in the new service. Outcomes and participant satisfaction were extremely positive. The Group Health Coach service will be standard offering in 2010.

Participation Incentives

To encourage participation and engagement, a variety of incentives continue to be used: cash, wellness points, and time. Cash is used to encourage Personal Health Assessment (PHA) participation. In 2009, individuals received \$50 for PHA participation if they were a first time user and \$65 if 2008 was a subsequent year. Additionally, two monthly \$500 drawing was in place for all who took their PHA. Time to take the PHA during working hours once per year is permitted and supervisors are encouraged to promote participation in the PHA and Health Coach Service. Beginning in 2010, faculty and staff that complete the PHA one time annually will also be eligible for membership subsidy to the recreational and wellness center locations on the UI campus.

Communication and Marketing

Communication efforts in 2009 were focused on increased participation in the Personal Health Assessment and Health Coach Service, as well as building on the concept of a healthy campus culture. Communication continues to be multi-modal and targeted to the individual either by work group or by segmenting the population based upon job classification. As a result, overall awareness and participation continue to expand. Highlights include:

- A new and expanded **liveWELL** quarterly newsletter in alternative formats (electronic and print).
- Progressive monthly emails targeting those who have not accessed their PHA in 2009.
- Success stories featured in quarterly **liveWELL** newsletter and University publications, such as *FYI*.

- Organizational unit-specific summary shared with Senior HR Leaders.
- Annual Report shared with Vice Presidents and President.
- Targeted communication based upon specific behaviors. For example, those indicated that they smoke were sent information about smoking cessation resources.

Financials

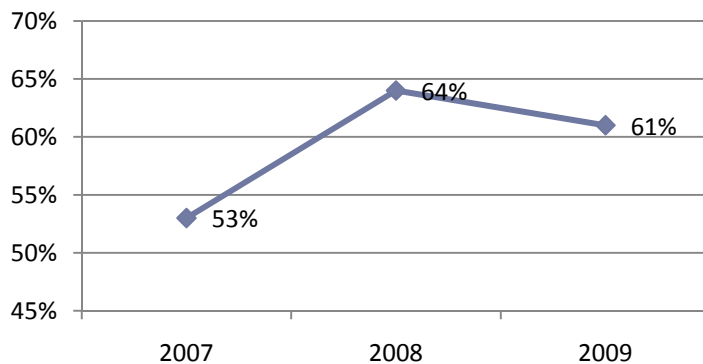
Funding for the **liveWELL** program is provided through the Benefits Office. The overall budget is divided into salary and general operational expenses for a total annual budget of \$1,313,712 for FYE June 30, 2009.

Program Outcomes

Positive population health outcomes were demonstrated in 2009 and include improvements in specific behavioral risk categories, as well as continued migration of the population from higher to lower health risk categories. In addition, participation in the Health Coach Service increased, coupled with high satisfaction and quality ratings from participants. Previous analysis of the Health Coach Service demonstrated improvements in health status and an associated decrease in predicted monthly medical expenditure related to the participant group. The cost savings estimate for the Health Coach Service in 2009 is over \$110,000. The following information provides a more detailed review of the 2009 outcomes.

2008 Utilization

Figure 1: Personal Health Assessment (PHA) Utilization



Participation in the Personal Health Assessment decreased from 64% to 61% of the eligible population between 2008 and 2009. However, the total number of users is up from 9,596 in 2008 to 9,986 in 2009. In 2009, the participation breakdown by Job Classification is:

- 64% - Professional & Scientific
- 59% - Merit Staff
- 68% - Merit Supervisory Exempt
- 39% - Faculty
- 45% - House Staff (became eligible as of 7/1/09).

Health Coach Service: Five-hundred and seventy-five (575) faculty/staff completed the service in 2009, with 130 clients actively engaged at the start of 2010. Previous analysis of the Health Coach Service demonstrated improvements in health status and an associated decrease in predicted monthly medical expenditure related to the participant group. The cost savings estimate for the Health Coach Service in 2009 is over \$110,000. The majority of participants were P&S and Merit staff members.

Referral Programs: UI Wellness partners with existing UI/UIHC programs that have demonstrated positive health-related outcomes for certain chronic conditions or behaviors. For programs where a fee is associated, **liveWELL** pays for 75%, with the Health Coach client responsible for 25% of the fee.

Table 3: Referral Program Utilization

Program	Provider	2007	2008	2009
Employee Assistance Program	Faculty and Staff Services	16	36	36
Personal Training – One-on-One	Recreational Services	16	24	40
Mindfulness Based Stress Reduction	UI Behavioral Health	64	73	82
REACH – Diabetes Prevention	Rehabilitation Therapies - UIHC	12	8	2
CHAMPS – High-Risk Cardiovascular	Heart and Vascular Care - UIHC	2	12	22
Reimbursement for smoking cessation	UI Benefits	6	26	31
Disease Management	Wellmark	N/A	7	14
Chronic Disease Self Management	UI Family Care Center	N/A	N/A	1

Online Lifestyle Management Programs: Eligibility for each Online Lifestyle Management Program is determined by responses to assessment questions in the Personal Health Assessment. Among those eligible for each program, the percentage of individuals who completed at least one session are listed below:

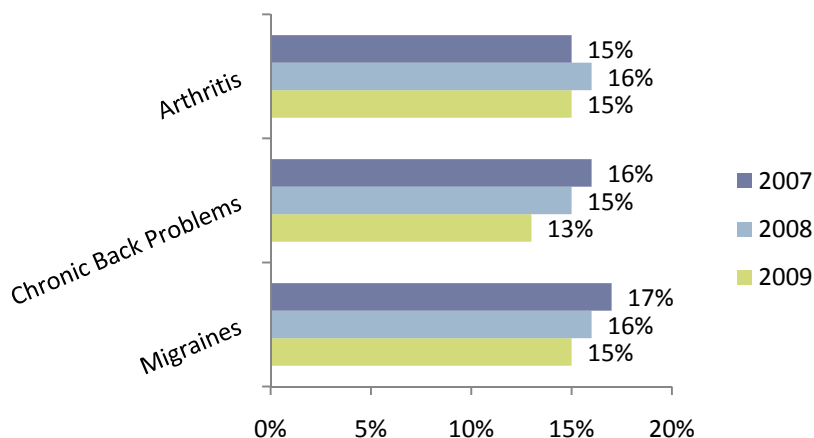
Table 4: Utilization of Online Lifestyle Management Programs

	Completed at Least One Session		Eligible
	N	%	N
Smoking Cessation	105	6.1%	1733
Stress Management	888	9.1%	9747
Weight Management	502	8.3%	6061
Healthy Eating for Weight Management	416	6.9%	6061
Exercising Regularly	525	13.0%	4053
Managing Cholesterol	22	3.6%	616
Managing High Blood Pressure	28	4.2%	660
Depression Prevention	145	4.9%	2985

UI Population Health

Prevalence of Chronic Conditions – Chronic conditions are long-term illnesses or impairments that can have a significant impact on a person’s life. Many chronic conditions can be managed by health behavior change programs to minimize the severity of symptoms and their impact.

Figure 2: Prevalence of Chronic Conditions – All PHA participants



2008 - 2009 Comparison

The information in this section reports on the individuals who completed the PHA in 2007, 2008 and in 2009.

Figure 3: 2007-2009 “Snapshots” for The University of Iowa

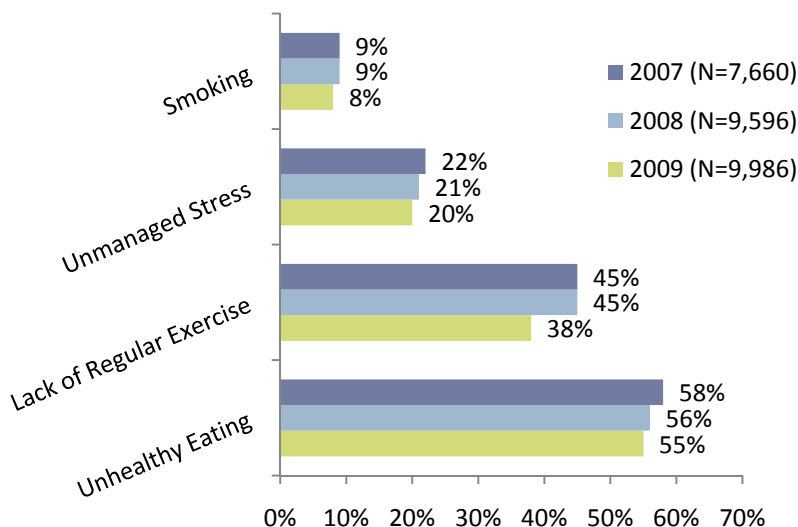


Figure 3. Improvements demonstrated in the areas of smoking, stress, exercise, and nutrition over a three year period for the University ‘snapshot.’

Risk Migration: 2008 vs. 2009 Comparison

The behaviors of smoking, lack of regular exercise, unmanaged stress, unhealthy eating, low fruit and vegetable intake, and excessive drinking contribute to the leading causes of sickness and death. Individuals with multiple behavioral risk factors typically have higher healthcare utilization, and are among the most costly members of a workforce. When comparing the 7,338 individuals who took the Personal Health Assessment in 2008 and 2009, a significant improvement in health risk profiles was seen. The organizational goal is to maintain low-risk individuals at low-risk, while moving those individuals at high-risk to lower risk categories.

Figure 4: Health Risk Profiles at The University of Iowa

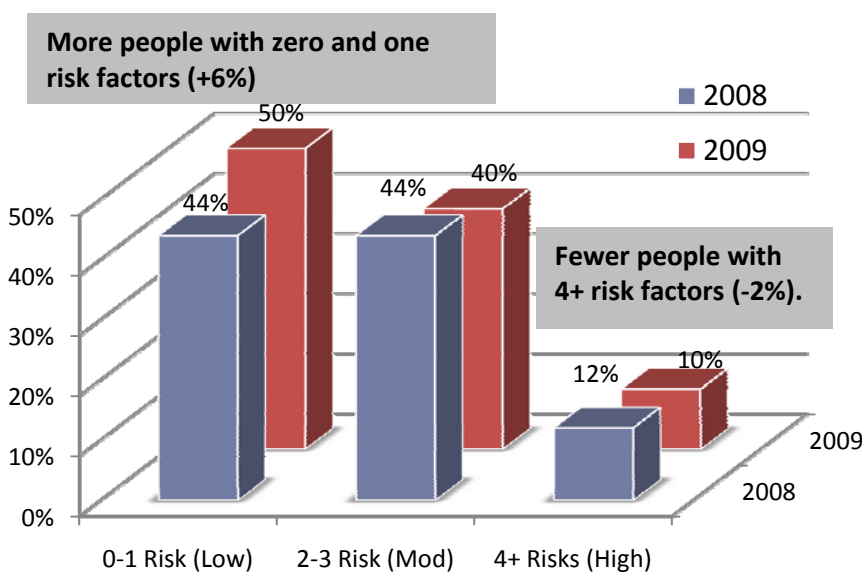


Figure 4. Research has shown that individuals with 3-4 risk factors cost \$1,261 more per year in health care expenditures. For the 7,338 who participated in the PHA in 2008 and 2009, 327 moved out of this highest risk category. Therefore, there is an estimated cost savings of around \$412,347 for this population alone based upon available PHA data. In 2008 this risk factor migration suggested a cost avoidance of around \$363,000; in 2007, a larger than \$200,000 cost-savings was realized. *Edington, D.W. American Journal of Health Promotion. 15(5):341-349, 2001.*

Work Limitations – The Work Limitations Questionnaire © (WLQ) is embedded within the Personal Health Assessment. The WLQ measures the extent to which physical and mental health problems limit workers’ ability to meet the following four types of job demands:

- **Time Demands:** Meeting a job’s time and scheduling demands and following the work schedule.
- **Physical Demands:** Performing job tasks that involve bodily strength, movement, endurance, coordination and flexibility
- **Mental-Interpersonal Demands:** Performing cognitive job tasks, tasks that involve the processing of sensory information, and/or tasks that require the ability to interact with work colleagues.
- **Output Demands:** Meeting demands for quantity, quality, and timeliness of completed work.

In 2008, a detailed analysis of the UI population who completed the PHA in 2006 and 2007 was completed by Tufts University researcher and principal developer of the WLQ Questionnaire, Debra Lerner, PhD. The analysis highlighted two focus areas, depression and lack of exercise, as significant risk factors associated with productivity loss. The UI population has demonstrated positive improvements in the area of physical activity with 7% decrease in the number of individuals who report that they are physically inactive. This change in turn positively impacts productivity at work.

Health Coach Service - Predicted Monthly Medical Expenditure

Health status and predicted monthly medical expenditures were analyzed in 2007 for Health Coach clients as compared to non-participants to determine the effectiveness of the service. Quality Metrics, Inc. was used as the third party vendor to conduct the analysis. Results demonstrated an improvement in health status and associated predicted medical expenditure by the participant group, as compared to non-participants. The analysis concluded that there is an expected savings of \$17 per month or approximately \$204 per year per Health Coach client. Based on this analysis, over \$117,000 is predicted to be saved for 2009 participants over a 12-month time period. Taking into account those who completed the service in 2006, 2007, and 2008 the savings is over \$300,000.

Satisfaction Data

At completion of the Health Coach Service, clients are provided with a satisfaction survey. Quality and satisfaction with the service continue to be rated very high, with 100% of respondents (N = 156) rating the services as good to excellent in each area. Additionally, 98% of clients report that the service improved their health, 97% improved their work productivity, and 91% report improvement in their satisfaction with working at The University of Iowa.

Participant Quotes

- It was great because it was never “I should not” or “could not” do something. It was always “what can we add or change.” It was very positive which helped me a lot. Much better than other programs I have tried.
- Erin’s positive attitude and professional demeanor allowed me to see the realistic changes I can make and gave me the perfect amount of support and guidance to achieve my goals. Thanks!
- Very positive attitude of Health Coach. Very accommodating and informational. Seemed genuinely concerned for my better health. Welcomed each opportunity to meet with JoAnna.
- Megan was highly motivational and sincerely pleased and excited with my progress and success! Great coach! And just a great person all around!
- Face-to-face appointments motivated me. Carla was great!
- I learned several skills to help me succeed in my weight loss. She helped me focus on my work program areas. I liked that she held me accountable. JoAnn was super friendly!!

Six-Month and One-Year Follow-Up Survey

A six month follow-up survey is distributed to Health Coach clients via campus mail. Ninety-three percent of respondents (N=86) report that they are maintaining the behavior changes made during their interaction with a Health Coach. Additionally, a similar survey is sent out one year following completion of the Health Coach Service and 96% of these respondents (N=63) indicate maintenance of their improved health behavior. While rates differ slightly, both the six-month and one-year survey indicate a high percentage of respondents maintaining their healthy behaviors.

Plans for 2010

Plans for 2010 are focused on increasing participation in the Personal Health Assessment, Online Lifestyle Management Programs, and Health Coach Service through targeted communication to campus using multiples channels. Additionally, no financial barriers exist to referral program participation with the removal of the 25/75 cost share model. Beginning in 2010, the University will pay the entire program fee for those individuals completing the service. Lastly, with completion of the first phase of data integration, program outcome analysis is a major priority for 2010. This type of analysis remains vital to the program for further targeting of programs and services, establishment of key metrics, and aid in the identification of enhancements in health benefit design that support prevention and health improvement.

Target Indicators and Key Actions for 2010

Target Indicators

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