

# City of Duluth Health Assessment Summary Presentation

February 12, 2013



# Outline

- Program design
- Data presentation
- HealthPotential<sup>SM</sup> scores
- Diabetes and heart disease risk
- Biometric measures
- Modifiable health risk factors
- Quality of life factors
- Readiness to change
- Opportunities & recommendations



# Program Design

- Target population
  - All active employees
  - Retirees who are HealthPartners members
- Components
  - Biometric screening October 3, 2012
  - Health assessment October 3, 2012 through September 30, 2013
  - Health and well-being programs October 3, 2012 through September 30, 2013
- Incentive
  - \$25 Hallmark gift card
  - Criteria: complete health assessment by December 31, 2012



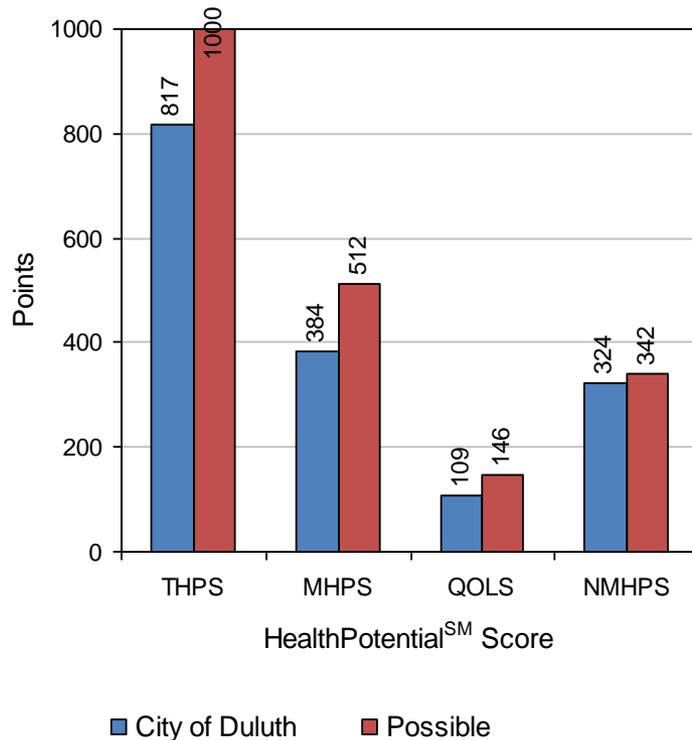
# Data Presentation

- Health assessment participation
  - Individuals invited: 1,910
  - Participants (completed): 271
  - Participation rate: 14.2%
  
- Health assessment data
  - All City of Duluth participants in 2012—October 3 through December 31, 2012 (n = 271)
  - All book of business participants in 2011 (n = 116,313)
    - Provided for comparison purposes only
    - The norm of a broader population should not be interpreted as a standard for health (“normal” is not necessarily healthy)



# HealthPotential<sup>SM</sup> Scores

HealthPotential<sup>SM</sup> scores among all City of Duluth participants in 2012



- Total HealthPotential<sup>SM</sup> Score (THPS)
  - Is the sum of MHPS, NMHPS and QOLS
  - All book of business participants, 2011: 846
- Modifiable HealthPotential<sup>SM</sup> Score (MHPS)
  - Measures health factors that can be changed, such as weight, physical activity, and tobacco use
  - All book of business participants, 2011: 406
- Quality of Life Score (QOLS)
  - Measures health factors that can be partially changed, such as back pain and depression
  - All book of business participants, 2011: 115
- Non-modifiable HealthPotential<sup>SM</sup> Score (NMHPS)
  - Measures health factors that cannot be changed, such as having a personal history of diabetes
  - All book of business participants, 2011: 325



# Diabetes & Heart Disease

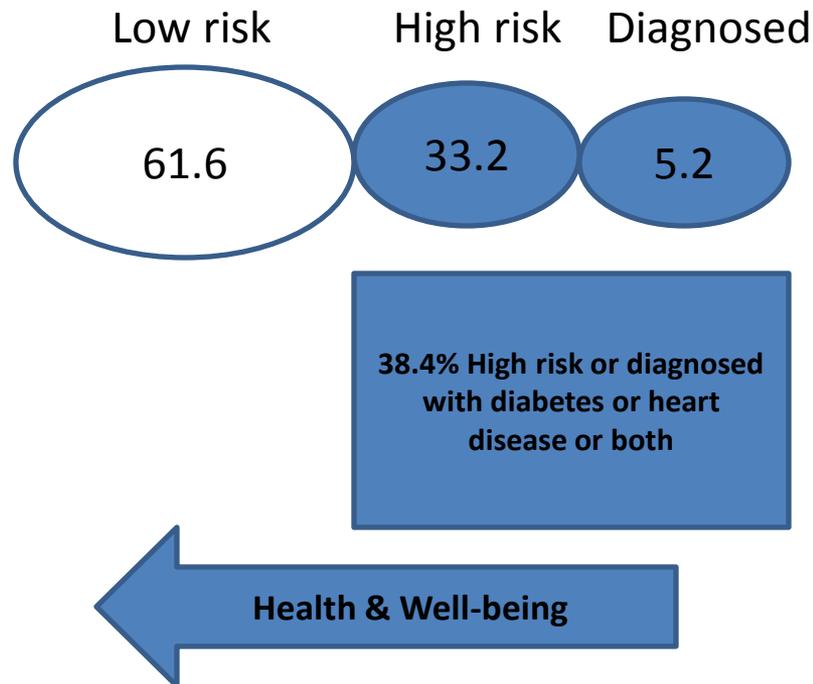
## High Risk, Pre-Diagnosis

- Studies show that participants who are at high risk for diabetes or heart disease:
  - Are 8.5 times more likely to receive a diagnosis of diabetes within the next 2.5 years
  - Are 5.2 times more likely to receive a diagnosis of heart disease within the next 2.5 years
  - Incur ~\$1,244 higher health care costs per participant per year
  - Incur ~30% of the total health care expenditures of the population
  - Incur ~30% of the total work impairment of the population
  - Are ~25 pounds (5 BMI units) heavier than the low-risk group



# Diabetes & Heart Disease High Risk, Pre-Diagnosis

Diabetes & heart disease risk status among all City of Duluth participants in 2012



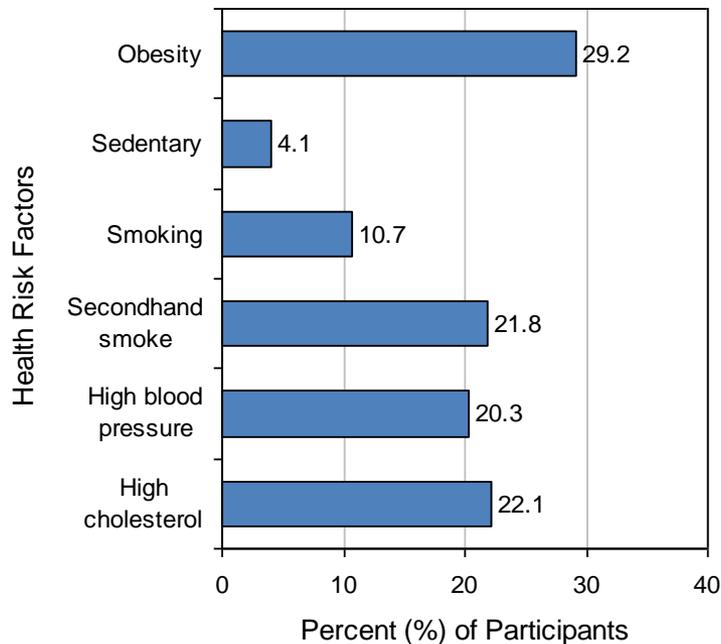
- There is a natural tendency over time to move from low risk to high risk to disease
- Health & well-being programs can:
  - *Prevent progression* of risk and diagnosed disease (prevent participants from moving to the right)
  - *Decrease risk* and health risk factors that affect disease (move participants to the left)
- All book of business participants, 2011
  - Low risk: 63.4%
  - High risk: 29.2%
  - Diagnosed: 7.3%
  - High risk or diagnosed: 36.6%

Participants are identified only once—in their highest risk/disease status—across the diabetes & heart disease risk spectrum. For example, a participant at low risk for diabetes and high risk for heart disease is reported in the high risk status.



# Diabetes & Heart Disease High Risk, Pre-Diagnosis

Diabetes & heart disease risk status among all City of Duluth participants in 2012

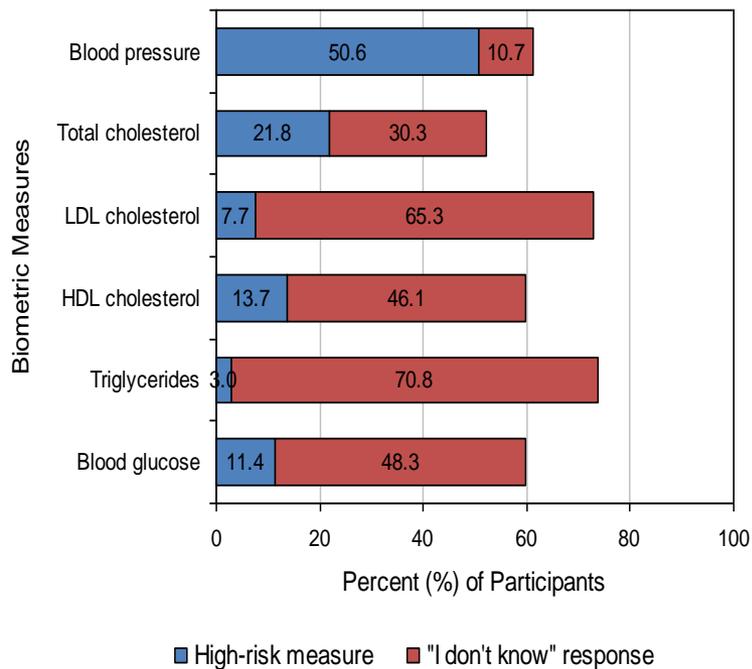


- Each of these health risk factors *can be modified*
- Addressing these key factors can lower risk for developing diabetes and heart disease
- All book of business participants, 2011
  - Obesity: 29.1%
  - Sedentary: 2.8%
  - Smoking: 8.7%
  - Secondhand smoke: 17.3%
  - High blood pressure: 19.1%
  - High cholesterol: 23.5%



# Biometric Measures

## Biometric measures among all City of Duluth participants in 2012



- Biometric measures represent one point in time and are not diagnostic
- High-risk measures are defined as:
  - Blood pressure  $\geq 120/80$  mmHg
  - Total cholesterol  $\geq 200$  mg/dL
  - LDL cholesterol  $\geq 130$  mg/dL
  - HDL cholesterol  $< 40$  mg/dL
  - Triglycerides  $\geq 200$  mg/dL
  - Blood glucose  $\geq 100$  mg/dL fasting or  $\geq 126$  not fasting
- All book of business participants, 2011
  - Blood pressure: 42.1%, 22.2%
  - Total cholesterol: 17.4%, 42.2%
  - LDL cholesterol: 7.3%, 60.7%
  - HDL cholesterol: 9.9%, 59.6%
  - Triglycerides: 2.9%, 64.0%
  - Blood glucose: 9.5%, 58.0%



# Modifiable Health Risk Factors

Modifiable health risk factors among all City of Duluth participants in 2012

Health Risk Factors	City of Duluth	All Book of Business Participants, 2011
Low fruits & vegetables	69.7%	63.1%
Poor nutrition quality	66.4%	49.8%
Low physical activity (Healthy People 2010)	34.7%	32.3%
Overweight	41.7%	35.9%
Obese	29.2%	29.1%
Secondhand smoke	21.8%	17.3%
Tobacco use	12.9%	9.9%
Stress	12.5%	8.0%
High-risk alcohol use	4.1%	2.3%



# Quality of Life Factors

Quality of life factors among all City of Duluth participants in 2012

Quality of Life Factors	City of Duluth	All Book of Business Participants, 2011
Emotional health concerns*	58.7%	47.1%
Back pain	51.7%	41.6%
Poor self-perceived general health	5.9%	4.9%

*\*Emotional health concerns is a combined measure that includes the impact of emotional health concerns—such as feeling depressed or anxious—on daily life, current depression, and past depression.*

*Emotional health concerns is different than stress. Stress is a modifiable health risk; it is a combined measure that includes current life stress and effectiveness in dealing with that stress.*



# Readiness to Change

Readiness to change (RTC) among City of Duluth participants in 2012\*

Health Risk Factors	RTC among Participants with Risk Factor**	RTC among All Participants (n = 271)
Poor nutrition quality	68.6% (n = 251)	63.5%
Low physical activity	68.1% (n = 88)	22.1%
Overweight or obese	71.2% (n = 191)	50.2%
Tobacco use	45.8% (n = 35)	5.9%
Stress	73.5% (n = 34)	9.2%
Back pain	56.4% (n = 140)	29.1%
Alcohol use	21.0% (n = 57)	4.4%

\*Participants who are ready to change are a) Seriously thinking about making changes, or b) Have made changes within the past six months.

\*\*Number of participants who indicated each health risk factor are shown in parenthesis.



# Opportunities & Recommendations

- What is going well
  - Strong readiness to change in the areas of nutrition, physical activity, weight and back pain
  - Established wellness council
- What should we focus on going forward
  - Promote EAP services to address emotional well-being concerns
  - Consider targeted annual campaigns (example: healthy eating) for a more focused approach
  - Increased engagement – consider incentive strategy and communications plan