

# School Employee Wellness Action Forum



**October 5, 2010**

Salem, Oregon

## ***Where are we now?***

*Welcome to Oregon's first School Employee Wellness Action Forum! This Gallery Walk is designed to help us gain a common understanding of the health of Oregon School Employees.*

*Please share your thoughts with a partner as you blend information from the posters and Gallery Guide with your own knowledge and experience. The Gallery Walk offers a starting point to help us determine where we want to be and how we will get there.*

*But first, take some time to walk through the Gallery and explore **where we are now!***

## How Healthy are Oregon Educators Benefit Board (OEGB) Members?

### Percent of OEGB members with a chronic condition

Chronic Condition	2009	Total Allowed Medical Cost (millions)
High Cholesterol	25%	N/A
High Blood Pressure	20%	\$3.5
Arthritis	19%	\$25.7
Asthma	9%	\$1.8
Depression last 12 months	8%	\$7
Diabetes	5%	\$5.2
Coronary Heart Disease <small>(among 45+ years)</small>	3%	\$10.7

Source: 2009 BRFS Survey of Oregon School Employees

Nationally, three-fourths of our health care costs are spent on chronic conditions. Which of these do you think are caused or worsened by tobacco use? Physical inactivity? Poor nutrition?

**Fill out the chart with your partner.**

	Tobacco Use	Physical Inactivity	Poor Nutrition
High Cholesterol			
Arthritis			
High Blood Pressure			
Asthma			
Heart Attack /Coronary Disease			
Diabetes			
Stroke			

Source: CDC's Chronic Disease Overview: Costs of Chronic Disease. Atlanta: CDC, 2005.

## Health Care Costs for OEGB Members (2008-2009 Plan Year)

- \$445 million in paid medical claims.
- 92% of OEGB members submitted claims for medical service (more than 10% above norm).
- 8% of OEGB members accounted for 62% of the total medical expenses.
- 41% of the medical claims paid for OEGB members were preventable or modifiable.

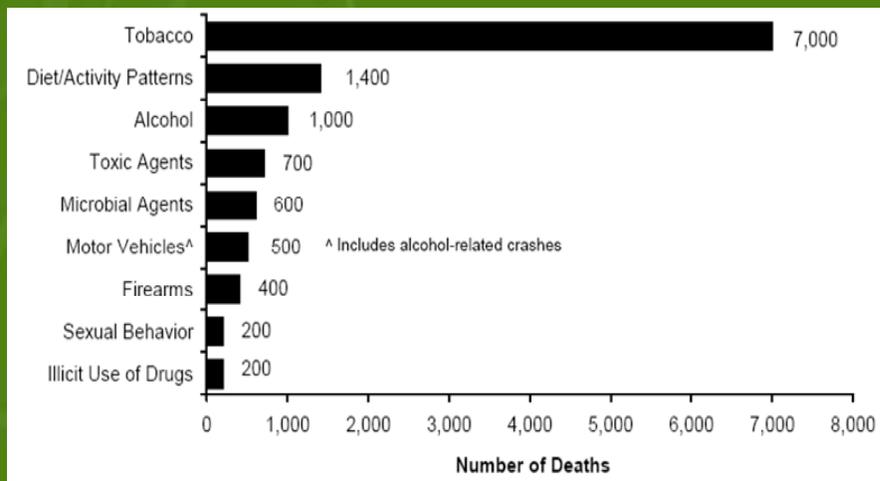
Source:  
OEGB Annual Utilization Report (2008-2009 Plan Year)  
OEGB Avoidable Claims Analysis (2008-2009 Plan Year)

***“Overweight & obesity appears to be driving abnormally high rates of significant health problems, utilization and cost”***

OEGB Annual Utilization Report (2008-2009 Plan Year)

**Identify 3 ways the rise in health care costs affects the ability of schools to provide education services to students?**

## Causes of Preventable Deaths in Oregon, 2008



***Two thirds of all deaths in the US can be attributed to cardiovascular disease, cancer, and diabetes. The risk factors for these causes of death are tobacco use, poor eating habits, inadequate physical activity, and overweight. The good news these risk factors are preventable and modifiable!***

**At this point in the Gallery Walk, what stands out to you?**

## How does your county smoking rate compare to the state average?



### Do the Math: What does smoking cost you?

1. # of employees \_\_\_\_\_
2. Smoking rate \_\_\_\_\_
3. Multiply the number of employees by the smoking rate to find the estimated number of smokers in your workforce \_\_\_\_\_
4. Multiply the number above by \$5,600.\* \_\_\_\_\_  
This is your estimated annual cost of smoking. It includes greater health care costs, more absenteeism, work time spent on smoking rituals, higher life insurance premiums, greater risk of occupational injury, costlier disability and more disciplinary action.

\* Make It Your Business: Insure a Tobacco-Free Workforce, 2008.

## ***How does your workplace address tobacco use?***

### Oregon smokers want to break their costly addiction

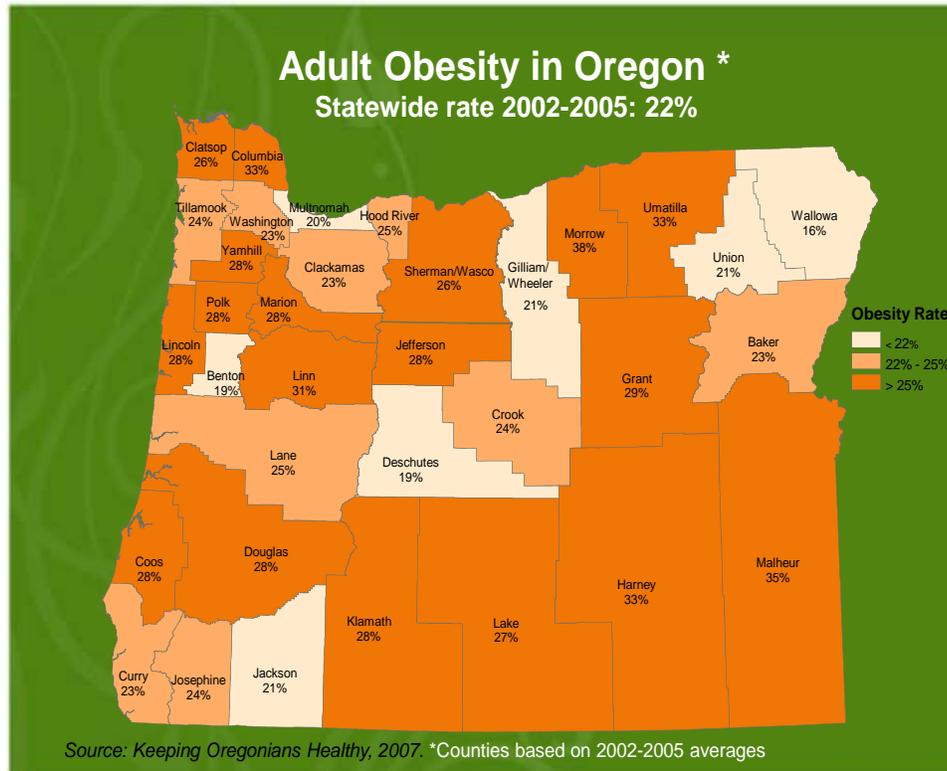
#### **Current Smoker**

- **OEBB Members = 5%**
  - **Employed Oregon Adult (insured)= 14%**
- 
- Tobacco use in Oregon costs \$1.1 billion per year in health care and another \$1.1 billion in lost productivity
  - 80 percent of smokers want to quit
  - 51 percent have seriously tried in the past year

*Source:  
Oregon Tobacco Facts & Laws, April 2009  
2009 BRFSS Survey of Oregon School Employees*

**Why is tobacco use so much lower among OEBB members than employed Oregon adults?**

## How does your county obesity rate compare to the state average?



Nearly one in four Oregon adults is obese. Another 36 percent are overweight, for a total of 60 percent of Oregonian adults who are either overweight or obese.

The numbers of obese Oregonians are growing at an alarming rate: 43,500 people each year.

### How do we calculate overweight and obesity?

Weight status is determined by the body mass index (bmi). This measure shows the relationship between a person's weight and height. An adult is considered overweight if the body mass is between 25 and 29 and obese if the body mass is greater than or equal to 30.

$$\text{BMI} = \text{Weight (in kg)} / \text{Height (in meters squared)}$$

## Overweight Oregonians want to lose weight

### Overweight/obese

- OEBB Members = 62%
- Employed Oregon Adult (insured)= 63%
- In 2003, obesity among Oregon adults cost an estimated \$781 million in medical costs
- Higher BMI = increased sick days, medical claims and health care costs
- 56 percent of overweight adults and 78 percent of obese adults reported trying to lose weight

*Source:*

*F as in Fat: How Obesity Policies are Failing in America, Trust for America's Health, 2009*  
*Oregon Overweight, Obesity, Physical Activity, and Nutrition Facts, 2007*  
*2009 BRFSS Survey of Oregon School Employees*

## OEBB members are trying to maintain or lose weight

	2009 OEBB
OEBB members who are overweight	34%
OEBB members who are obese	28%
OEBB members trying to lose weight	50%
OEBB members trying to maintain current weight	40%

Source: 2009 BRFSS Survey of Oregon School Employees

**How does your workplace help employees reach or maintain a healthy weight?**



## Physical Activity

*Percent of employed Oregon adults who meet the Center for Disease Control and Prevention's physical activity recommendations?*

- OEBB Members = 76%
- Employed Oregon Adult (insured) = 76%

Source:  
Oregon Overweight, Obesity, Physical Activity, and Nutrition Facts, 2007  
2009 BRFSS Survey of Oregon School Employees

CDC's physical activity recommendations can be met by:

- Moderate activity (e.g., brisk walking, bicycling) for at least 30 minutes, 5 or more days/week
- Vigorous activity (e.g., running heavy yard work) for at least 20 minutes; 3 or more days/week

Consider how Oregon adults spend their work days:

- 59 % mostly stand and sit
- 23% mostly walk
- 18% mostly do heavy labor

How physically active are Oregonians with chronic disease:

(source: Oregon Behavioral Risk Factor Surveillance System 2004-2007)

- 43% of those with diabetes meet the CDC's minimum physical activity recommendations
- 46% with a history of heart attacks meet the recommendation

**How does your workplace environment support physical activity for staff?**

## Healthy Eating



*Percent of employed Oregon adults who consume at least 5 servings of fruits and vegetables each day?*

- OEBB Members = 26%
- Employed Oregon Adult (insured)= 27%
- Percent of Oregon worksites that provide easy access to healthy food choices = **59%**

Oregon Overweight, Obesity, Physical Activity, and Nutrition Facts, 2007  
Healthy Worksites Initiative Fact Sheet, Oregon Employer Survey, 2008  
2009 BRFSS Survey of Oregon School Employees

**How does your workplace environment support healthy eating for staff?**

## Supportive Worksite Policies, Practices & Benefits



- Healthy Foods for Healthy Students - HB 2650 School Nutrition Guidelines for Vending Machines
- Tobacco free Schools – OARS 581-021-0110 establishes Oregon Schools as tobacco free areas.
- OEBC Health & Wellness Benefits: weight management program (Weight Watchers, health coaching), tobacco cessation program, no cost preventive services (immunizations, screenings, etc.), lower medication/office visit copays for certain chronic conditions.

Research tells us that worksite wellness programs can benefit school employees. For example:

- Improved health and health behaviors\*
- Reduce absenteeism\*
- Lower health care costs
- Fewer work related injuries & worker compensation claims
- Improved morale and retention of employees
- Improved productivity

### Return on Investment

- For every \$1 spent on wellness programs, an average of \$5 (range of \$2-19) is saved.\*

Source: Chapman LS. The Art of Health Promotion: Meta-evaluation of worksite health promotion economic return studies: 2005 update. Am J Health Promotion, 19 (6), July/Aug 2005

## Oregon's Young People: Our Future Workforce



- 9% of 8<sup>th</sup> grade students smoke cigarettes
- 16% of 11<sup>th</sup> grade students smoke cigarettes
- 23% of 11<sup>th</sup> grade students are overweight/obese - representing a 13% increase since 2001
- 26% of 8<sup>th</sup> grade students are overweight/obese - representing a 17% increase since 2001
- The rise in obesity linked to alarming increase in the number of children with Type 2 diabetes

Source: Prevalence of obesity/overweight data source is 2007 Oregon Healthy Teens Survey  
Daniels SR, Arnett DK, Eckel RH, et al. Overweight in children and adolescents: pathophysiology,  
consequences, prevention, and treatment. Circulation. April 19 2005; 111 (15): 1999-2012  
Oregon Tobacco Facts and Laws April 2009

*“With 159,000 Oregonian children already considered obese, this generation’s health will likely be worse than that of their parents and grandparents. According to a recent study, high rates of childhood obesity could translate to a 2-5 year decrease in life expectancy in the US, attributed to an increase in obesity related conditions including diabetes, high blood pressure, high cholesterol, heart disease and stroke.”*

*Stroll back through the gallery and think about where we are in addressing key risk factors for chronic disease to improve the health of school employees.*

**What insights are beginning to emerge about School Employee Wellness?**

Source: Ludwig, DS (2007) Perspective: Childhood Obesity – the shape of things to come. New England Journal of Medicine, 357 (23):2325-2327

