



ALL ABOARD! DESTINATION: HEALTH REFORM

THE NATIONAL ACADEMY FOR STATE HEALTH POLICY 22ND ANNUAL STATE HEALTH POLICY CONFERENCE

OCTOBER 5-7, 2009 / LONG BEACH, CALIFORNIA

NATIONAL ACADEMY
for STATE HEALTH POLICY

Using Wellness Programs to Contain Costs and Improve Health Outcomes

Presented by:
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Chief Executive Officer
Alabama State Employees' Insurance Board

State of Alabama Employees' Health Insurance Plan

- 37,500 Active Employees
- 18,000 Retired Employees
- 40,000 Dependents

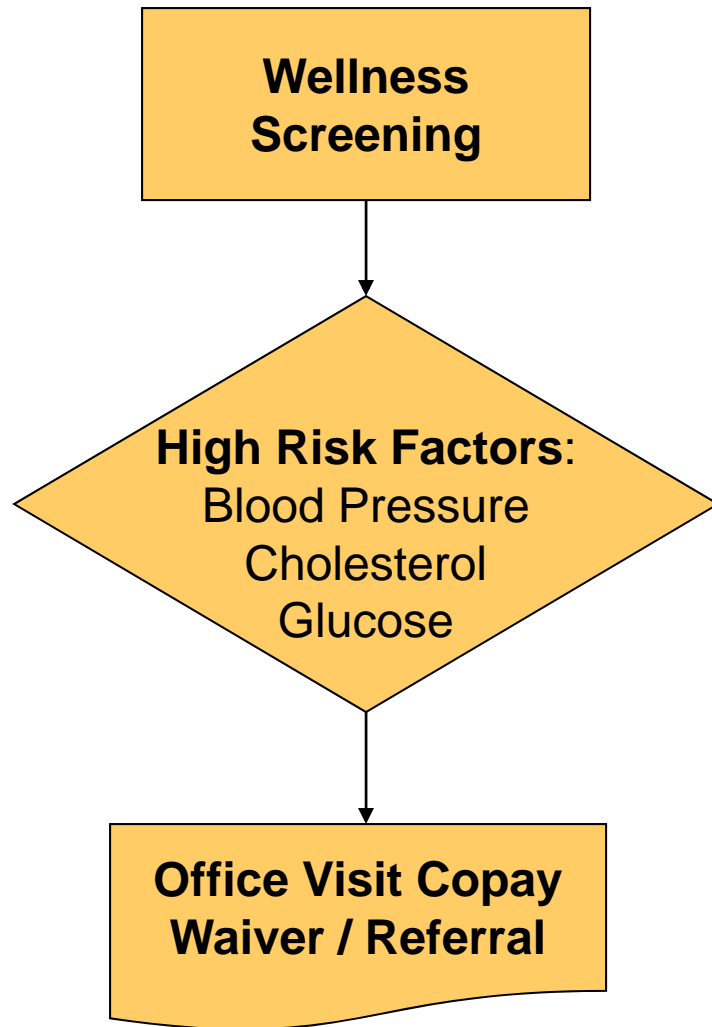
State of Alabama Employees' Health Insurance Plan

- \$240,000,000 Medical Benefits
- \$95,000,000 Prescription Drugs
- \$15,000,000 Dental Benefits

Wellness Initiatives

- Non-tobacco User Discount
- Wellness Screening Participation Discount

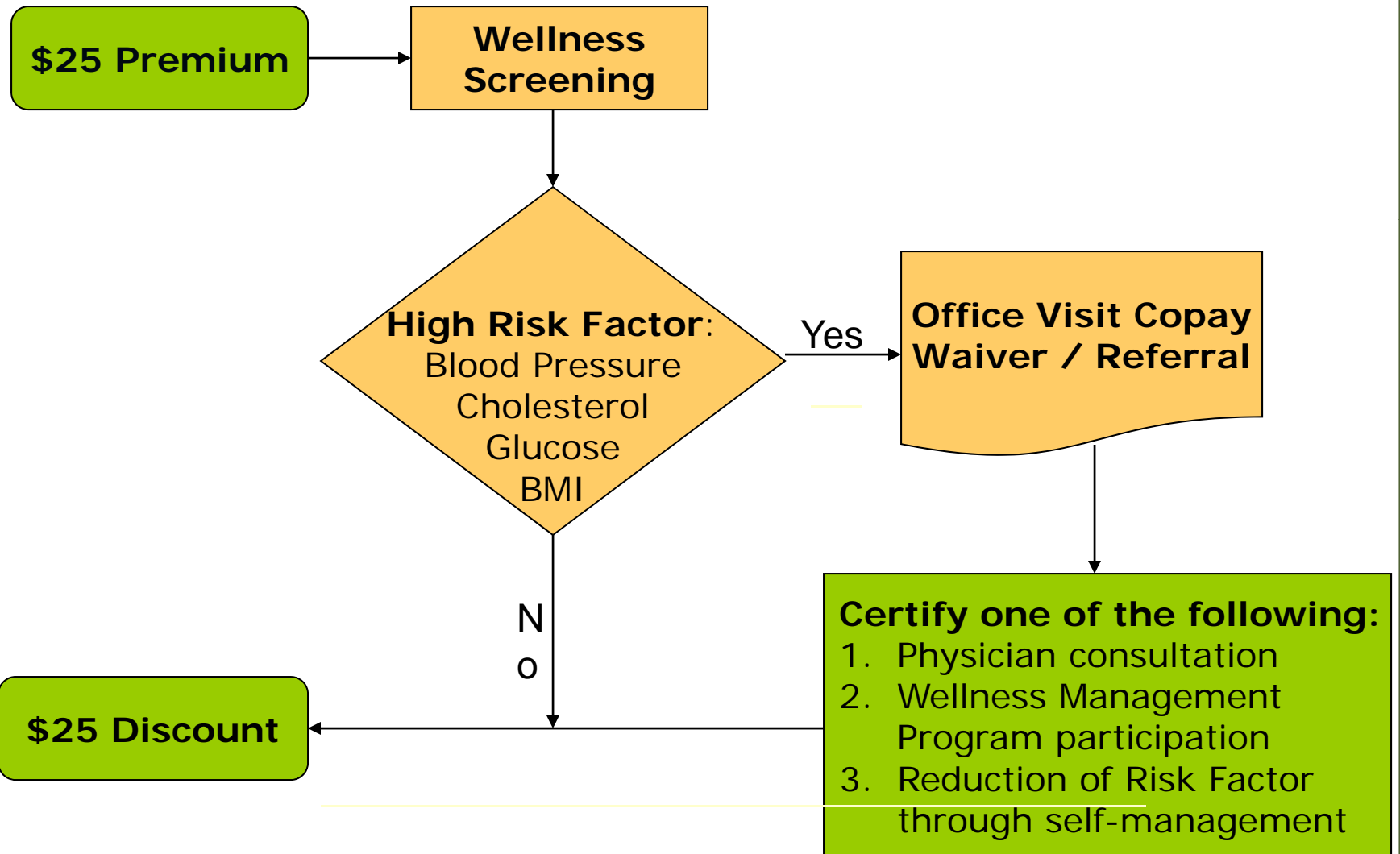
Wellness Screening Flowchart



- Started “HealthWatch” Worksite Wellness Screenings in 1993
- Averaged 8,000 health screenings a year
- Over 10% are at risk for hypertension, high cholesterol and diabetes

Wellness Screening Flowchart

Starting in 2009



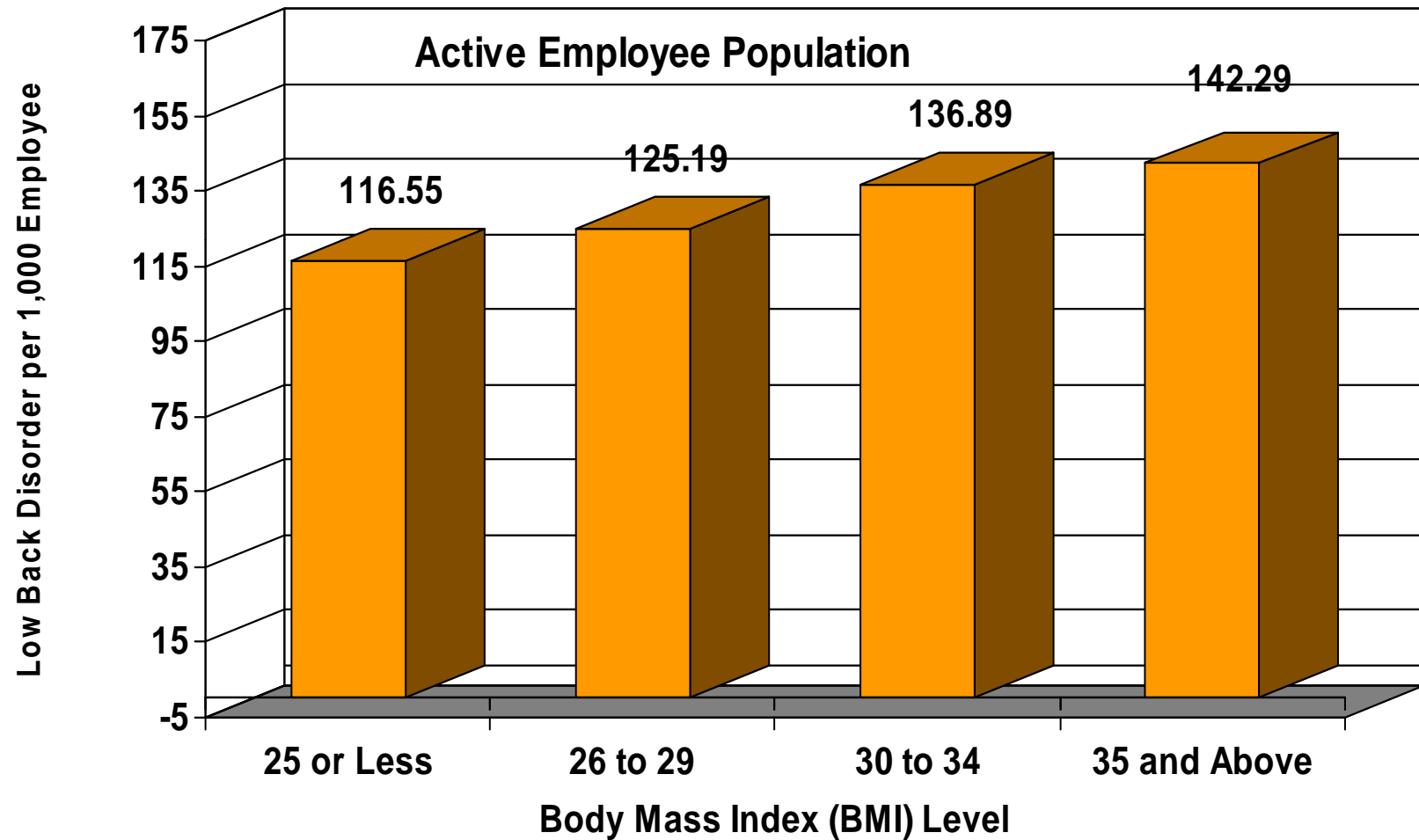
Health Screening Participation

- Over 80% of active employees
- Very few dependents
- Very few retirees

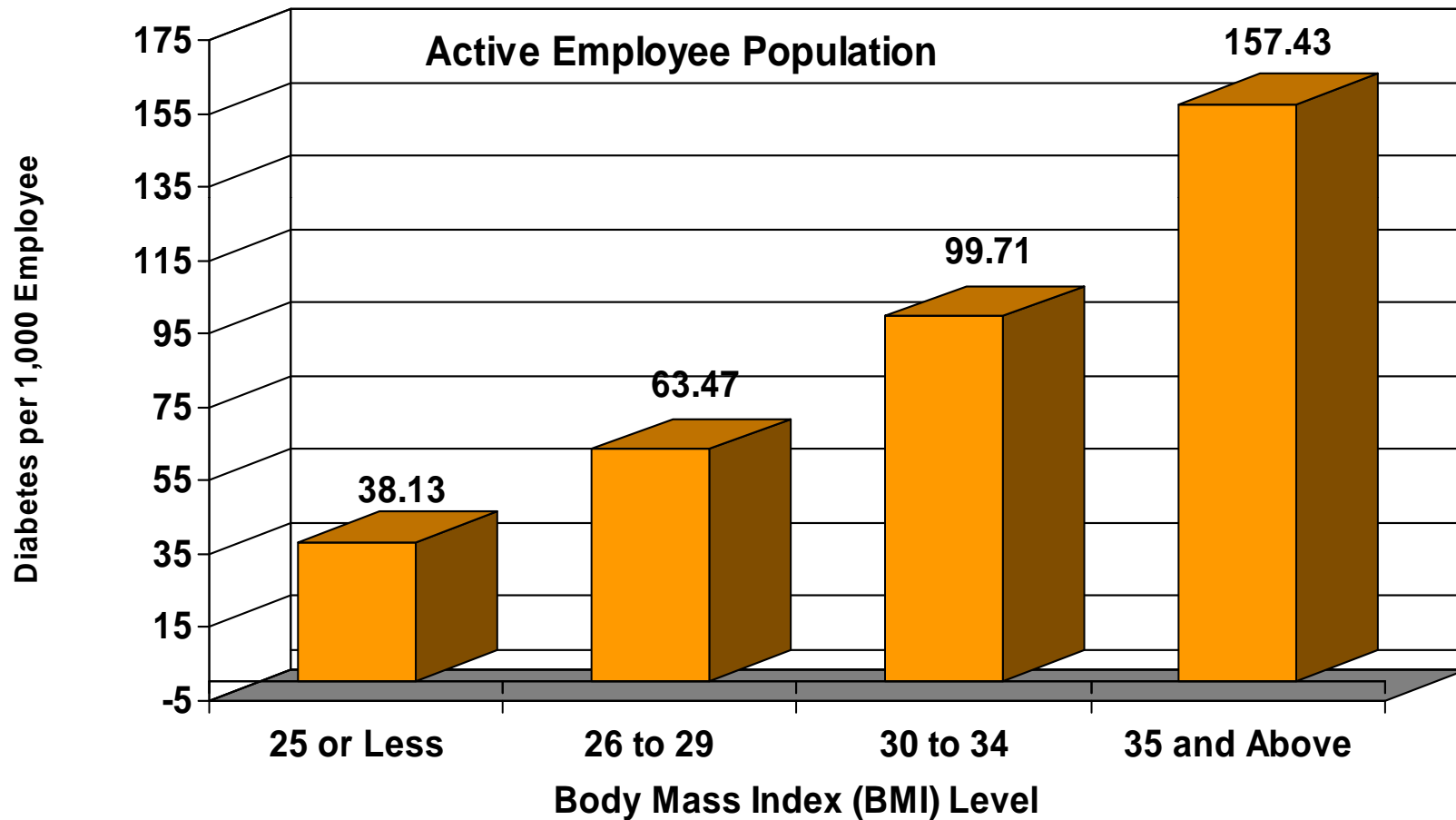
2009 Screening Results

Risk	Employees at Risk	Percentage
High Blood Pressure (=>160/100)	1,374	4.8%
High Cholesterol (=>250 & Above)	1,834	6.4%
Glucose (=>200)	688	2.4%
Body Mass Index (35 & Above)	6,097	21.3%

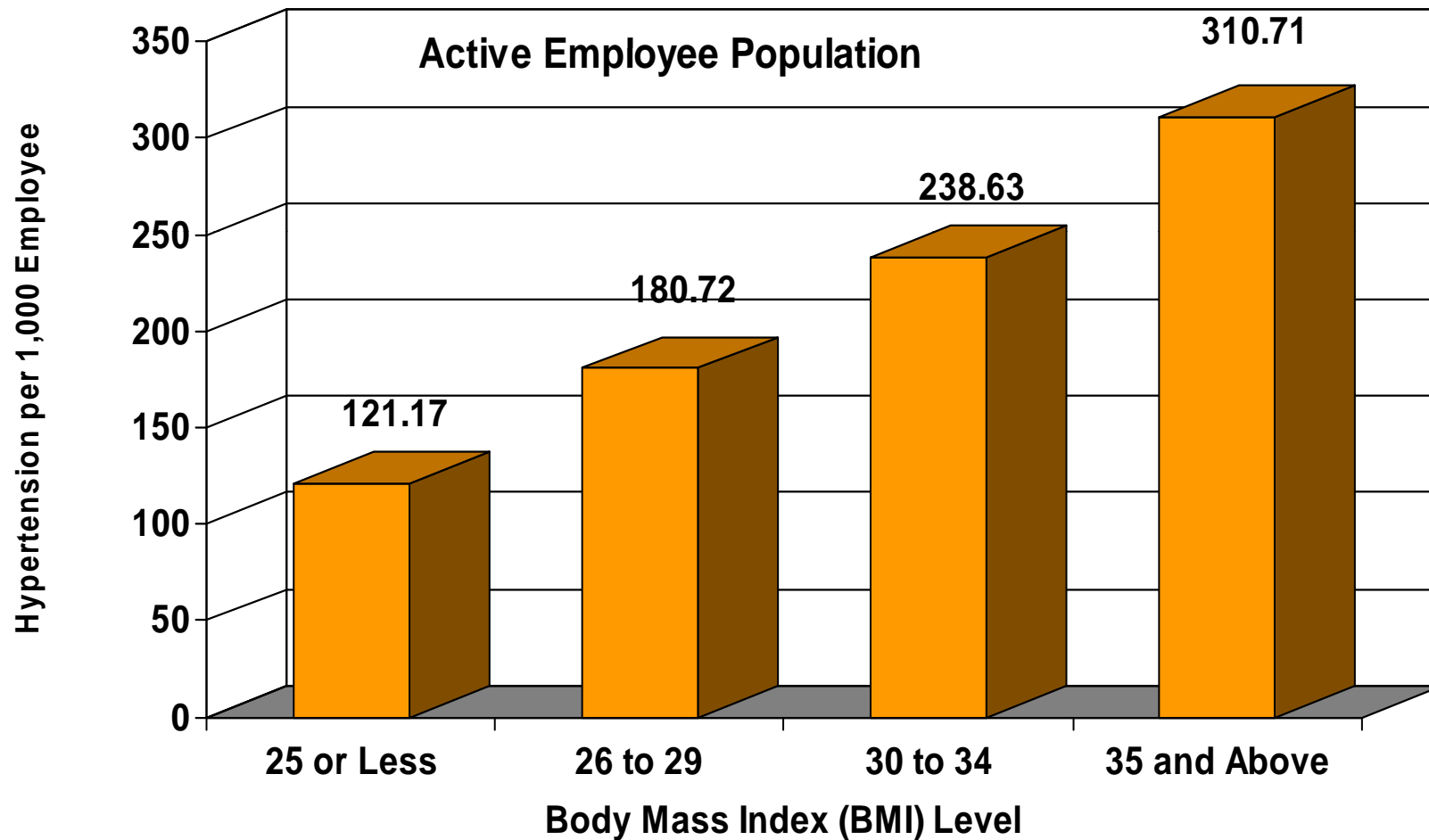
Low Back Disorder per 1,000 by BMI Level



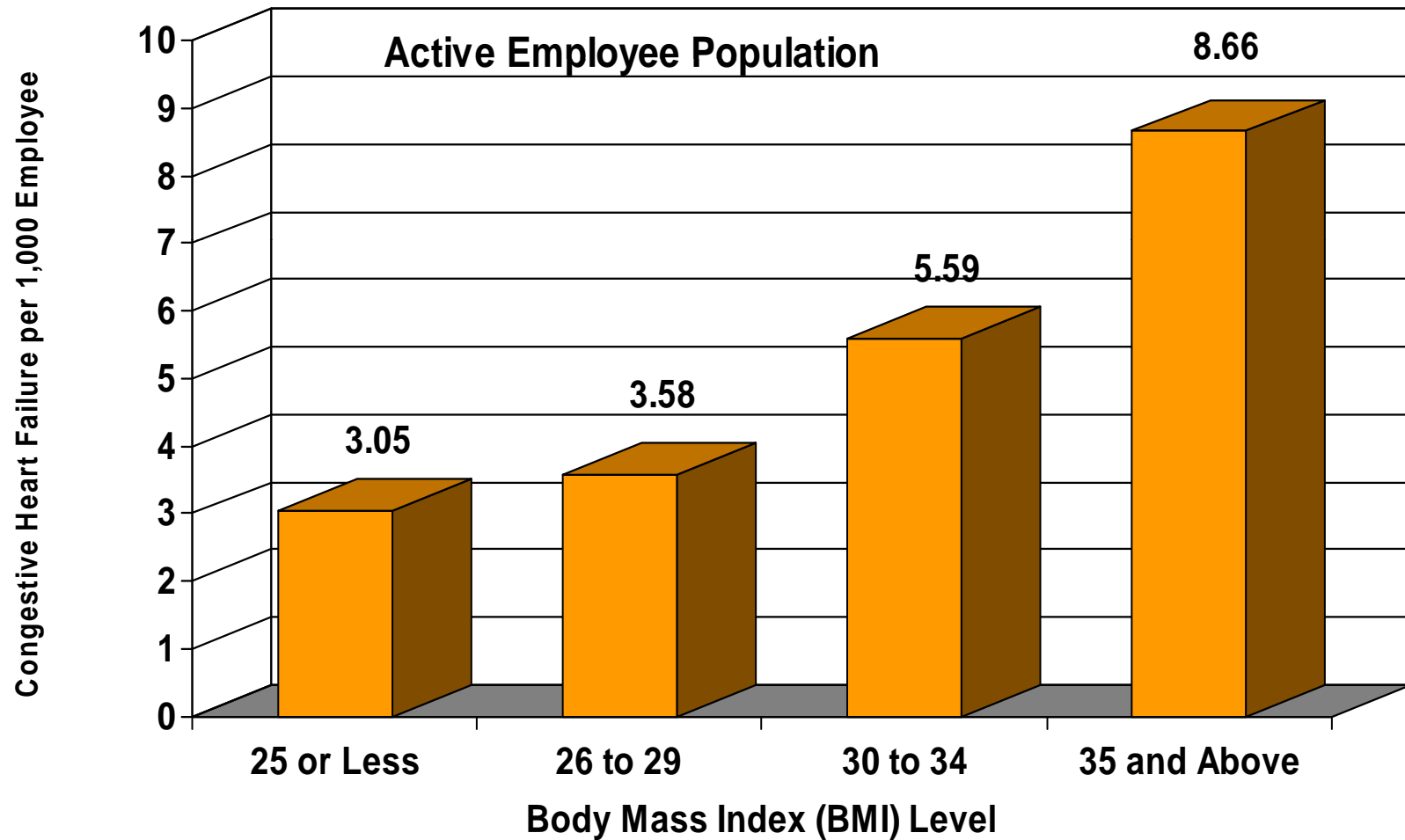
Diabetes per 1,000 by BMI Level



Hypertension per 1,000 by BMI Level

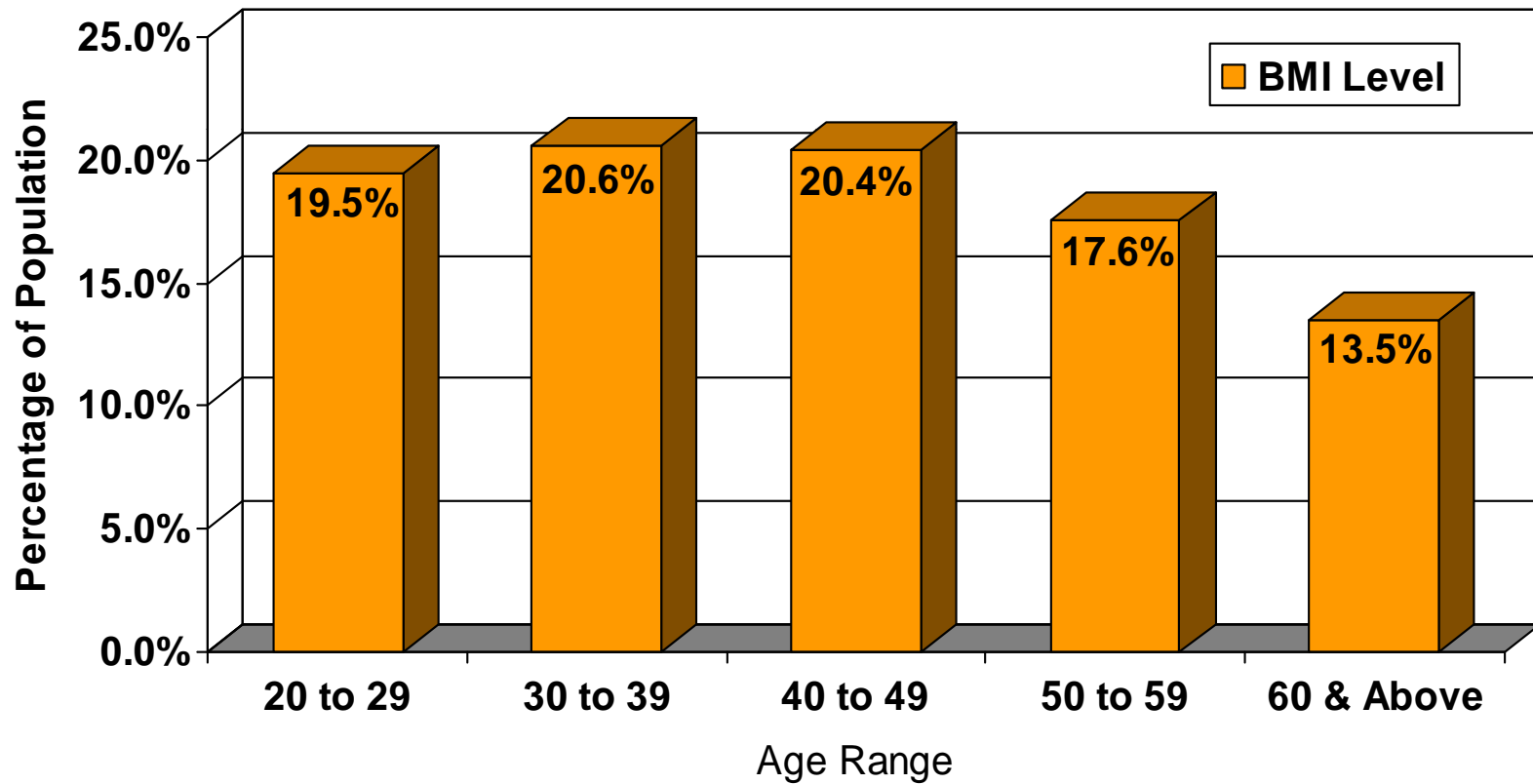


Congestive Heart Failure per 1,000 by BMI Level

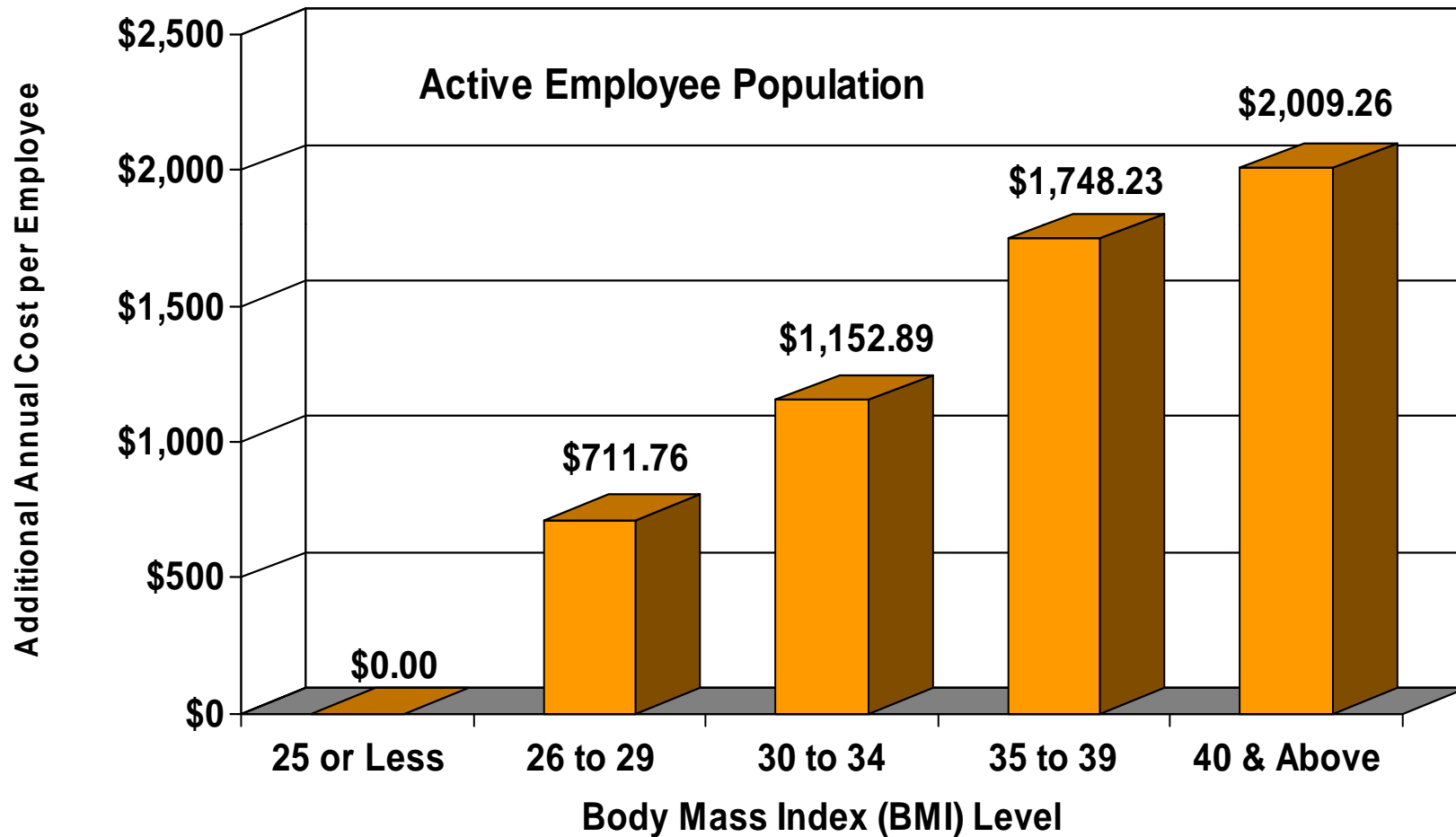


BMI 35 & Above by Age Range

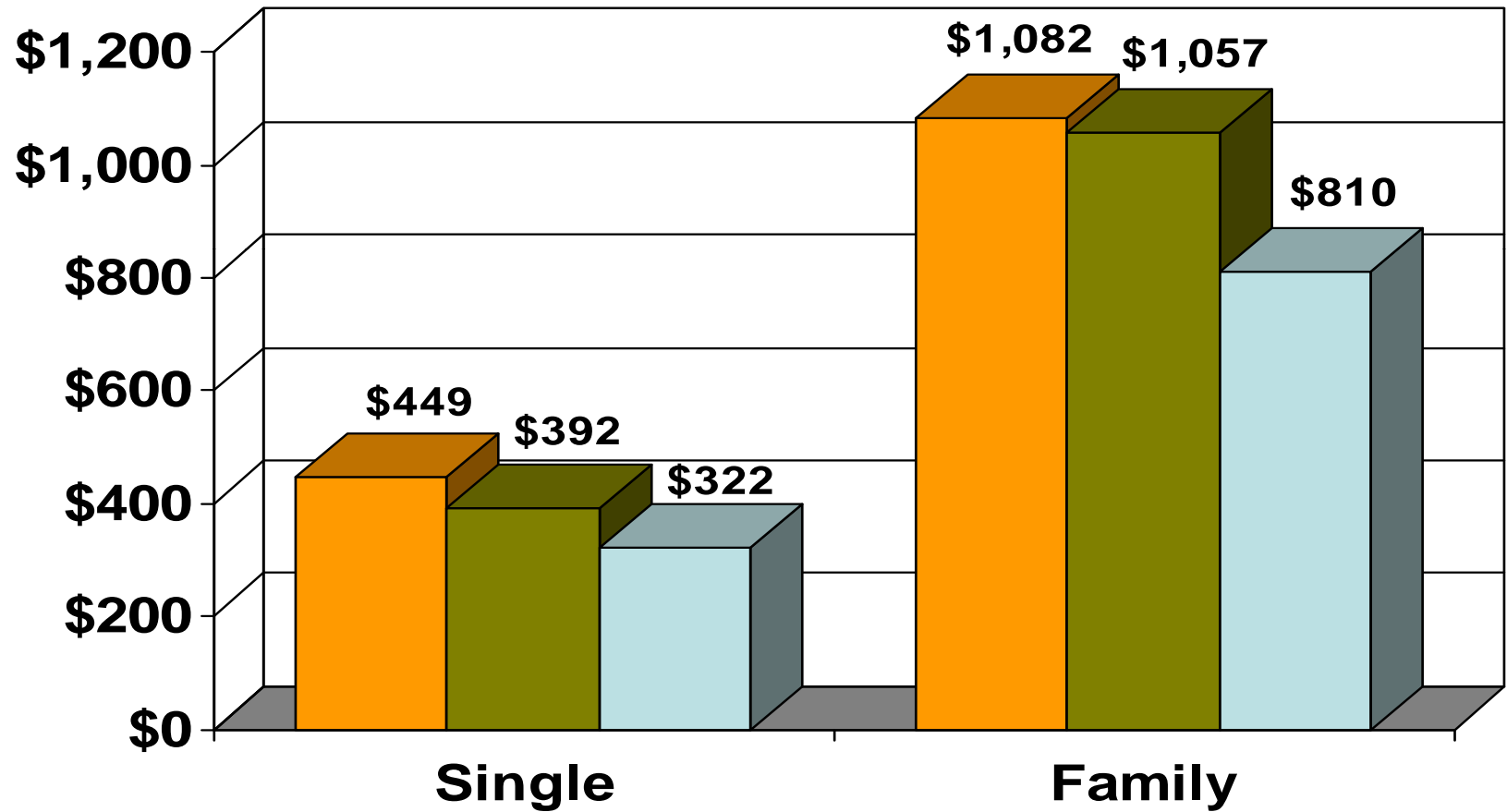
Active Employee Population



Medical Cost Difference by BMI Level



Medical & Drug Cost per Member



■ Government Plans ■ Private Employers ■ Alabama



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