

**State of Maine**  
**Worksite Health Improvement**  
**Strategic Operating Plan**  
**November 15, 2000**

**I. Executive Summary**

**Background**

The State Employee Health Commission (SEHC) recently selected Anthem Blue Cross Blue Shield (Anthem BCBS) to provide health insurance coverage to State of Maine employees and retirees effective April 1, 2000. A key to that decision was the emphasis of resources focusing on improving the health status of the State of Maine employees and retirees. The SEHC emphasized their commitment to value-based purchasing of health insurance, focusing not only cost, but improved health status and member satisfaction. This commitment ultimately resulted in the provision of a full time Anthem BCBS staff person dedicated to health improvement.

The State, working with Anthem BCBS, will implement health improvement activities based upon their ability to have the following impact on the State of Maine employees and retirees: improve their health status; improve quality of life; reduce healthcare costs; reduce worksite absenteeism; and increase worksite productivity. This document references only the worksite component of Anthem BCBS's health improvement efforts. Anthem BCBS will, at the same time, work directly with all members of the State Employee Health Insurance Program, with providers, with the community and with benefits to improve the health of State of Maine members, retirees and their families.

**Strategy**

Planning of health improvement activities will be a joint partnership between the State of Maine Office of Employee Health and Benefits (OEH&B) and Anthem BCBS Health Improvement Department. The successful implementation of such activities will rely upon involvement of Anthem BCBS, OEH&B, and program coordinators from participating organizations. Planning efforts will be coordinated through Bill McPeck, Director of Employee Health and Safety (as primary day to day contact for the State) and Kelly Cotton, Project Manager for Health Improvement at Anthem BCBS. Interventions will be selected with consideration given to the recommendations made resulting from a thorough assessment of the population and the State's needs, interests and resources available. Where possible efforts will be targeted so as to maximize the opportunity to improve the health of the population.

**Recommendation Development**

Health improvement recommendations contained within this report are based upon an assessment of the population's health status and needs, and an analysis of the State infrastructure for health improvement activities. The assessment was based upon available data, which includes claims and utilization data from the health insurance program, as well as data from the Bureau of Health, and existing goals and benchmarks. Analysis of State infrastructure came from meetings between Anthem BCBS Health Improvement staff and key persons and groups at the State.

**II. Data/Information Sources and Their Implications to Health Improvement**

The completion of a comprehensive assessment of the population is pending analysis of additional data sources.

Demographic data available indicate the following about the State Employee Health Plan Population:

- 40,325 members of the Maine State Employees Health Insurance Program covered with Anthem BCBS.
- 29,705 individuals are classified as active members. Active members include employees and their dependents. Employees are located at urban, suburban and rural worksite locations.
- 33,630 members are in the Point of Service Managed Care Plan (HMO Choice), 6,529 are members of the Group Companion Plan, and 165 are members of Compcare (out of area plan).
- Within the Point of Service plan, the average age of plan actives is 33.4 years (which includes dependents) while the average age of pre-Medicare plan retirees is 55.2 years
- The six largest departments at the State (in terms of numbers of employee members of the health insurance plan) are the Departments of: Human Services, Transportation, Mental Health Mental Retardation and Substance Abuse Services, Corrections, Public Safety, Administrative & Financial Services.

**A.** The following table outlines meetings that contributed to the analysis of the State’s health status needs/interests and existing State infrastructure for health improvement activities:

<b>Meeting Held</b>	<b>Suggested Health Priorities</b>
State Employee Health Commission members, June 2000 expressed concerns	<ul style="list-style-type: none"> <li>➤ Smoking</li> <li>➤ Annual physicals</li> <li>➤ Back injuries</li> </ul>
Frank Johnson and Bill McPeck (referencing past data reports generated by Maine Health Information Center)	<ul style="list-style-type: none"> <li>➤ Low back pain</li> <li>➤ Depression</li> <li>➤ Annual physical exams</li> <li>➤ Flu immunizations</li> <li>➤ Diabetes</li> <li>➤ Physical activity/weight/nutrition,</li> <li>➤ Smoking</li> </ul>
Kelly Cotton and Bill McPeck informally assessed health improvement initiatives and interests of various groups (Dept. of Human Services’ Health and Safety Committee, Corrections Health and Safety Committee, Dept. of Transportation’s Director of Health and Wellness, and Bureau of Accounts and Control Wellness Committee).	<ul style="list-style-type: none"> <li>➤ Some groups are already have staff interested and working on employee health and safety.</li> <li>➤ There is no integrated or coordinated system for delivery or resources allocated for health improvement activities among departments.</li> <li>➤ Lack of resources or clear structure to integrate health improvement activities with retirees.</li> </ul>

**B.** The following table outlines data/reports that contributed to the analysis of: the State’s

health status needs:

<b>Available Data</b>	<b>Suggested Health Priorities</b>
<p>State of Maine departmental health profiles providing rates of diseases and utilization of preventive services (1997, 1998, 1999 MHIC data)</p>	<ul style="list-style-type: none"> <li>➤ Diabetes interventions for Transportation, DMHMRSAS, Human Services, Labor, ME Maritime/Vo.Technical/MTA/Misc. BOA</li> <li>➤ Cardiovascular disease interventions for Labor, DMHMRSAS, Transportation</li> <li>➤ Tobacco interventions for Labor, Corrections, Transportation, DMHMRSAS, ME Maritime/Vo.Technical/MTA/Misc. BOA</li> <li>➤ Breast and Cervical Cancer interventions for Labor, Conservation/ ACE/Environmental Protection, Human Services, Corrections, Defense &amp; Veterans Services/Public Safety</li> <li>➤ Asthma interventions for Corrections, Human Services, Labor, DMHMRSAS, AG/Audit/Executive/Professional &amp; Financial, ME Maritime/Vo.Technical/MTA/Misc. BOA</li> <li>➤ Low back interventions for Human Services, Labor</li> <li>➤ Retirees interventions in diabetes, cardiovascular disease, low back, tobacco, early detection of cervical cancer</li> </ul>
<p>Report on Smoking-Related Diseases identifies top 6 departments for rates of members with diseases related to tobacco (MHIC, June 27, 2000)</p>	<p>Smoking cessation interventions for:</p> <ul style="list-style-type: none"> <li>➤ Labor</li> <li>➤ MTA/Maritime/Vo./Tech Colleges,</li> <li>➤ DMHMRSAS</li> <li>➤ Transportation</li> <li>➤ Education/Cultural</li> <li>➤ Corrections</li> </ul>
<p>Report on Depression and State Health Plan (MHIC, 1998 Data Update)</p>	<p>Depression interventions for:</p> <ul style="list-style-type: none"> <li>➤ Labor</li> <li>➤ DMHMRSAS</li> <li>➤ Human Services</li> </ul>
<p>Report on Preliminary Findings of Blue Ribbon Commission on Health Care identify priority health improvement efforts for entire state</p>	<ul style="list-style-type: none"> <li>➤ Smoking</li> <li>➤ Physical activity</li> <li>➤ Nutrition</li> <li>➤ Chronic health problems (i.e. diabetes, CVD)</li> </ul>
<p>Maine Dept. of Public Safety data on domestic violence as reported in Healthy Maine 2000: A Decade in Review, by Dept. of Human Services.</p>	<p>For six of the nine years of data for 1990 through 1998, more than 50% of all murders in Maine were related to domestic violence.</p> <ul style="list-style-type: none"> <li>➤ All departments should be targeted.</li> </ul>
<p>State of Maine Workers' Compensation Claim Reports (MHIC, 2000)</p>	<p>Workplace violence initiatives for all depts.</p> <ul style="list-style-type: none"> <li>➤ Emphasis on Public Safety, Corrections, DMHMRSAS</li> </ul>

Claims data by cabinet, trended for years 1997-1999 (MHIC, 2000)	Analysis in progress
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C. The following table outlines goals and benchmarks used to develop priorities for health improvement activities:

<b>Existing Goals and Benchmarks</b>	<b>Suggested Health Priorities</b>
Performance Guarantees from RFP	<ul style="list-style-type: none"> <li>➤ Breast cancer screenings</li> <li>➤ Cervical cancer screenings</li> <li>➤ Retinal eye exams for diabetics,</li> <li>➤ Follow up after hospitalization for members with mental illness</li> <li>➤ Advising smokers to quit</li> <li>➤ Controlling high blood pressure</li> <li>➤ Adult influenza immunizations</li> </ul>
Campaign for Healthy Maine objectives as outlined by Dr. Dora Mills, Maine’s State Health Officer and Director of Bureau of Health in Maine. Mills reports that three fourths of people in Maine die of 4 chronic, and mostly preventable diseases. Suggests interventions focusing on these diseases and risk factors associated with these diseases.	<p><u>Four Diseases:</u></p> <ul style="list-style-type: none"> <li>➤ Cardiovascular disease</li> <li>➤ Cancer</li> <li>➤ Diabetes</li> <li>➤ Chronic lung disease</li> </ul> <p><u>Root Causes of 4 Diseases:</u></p> <ul style="list-style-type: none"> <li>➤ Smoking</li> <li>➤ Nutrition</li> <li>➤ Physical activity.</li> </ul>

### III. Health Improvement Recommendations

Review of data available to date, goals, and benchmarks indicate a need for interventions focusing on the conditions of cardiovascular disease, diabetes, cancer, depression, workplace violence/domestic violence, and the behavioral health/lifestyle concerns of smoking, physical activity and nutrition. Informal interviews and meetings suggest the need to address the utilization of annual exams and back pain.

Analysis of State infrastructure and resources suggest piloting interventions in departments with substantial numbers of affected employees in order to maximize effectiveness of health improvement activities. At the same time, existing groups dedicated to employee health are also important places to build enthusiasm and commitment with pilot interventions. Although organizations recommended for pilot interventions are targeted based upon data, any organization interested in implementing a health improvement activity included in the recommendations would be welcomed and encouraged. Over time interventions should be made available to all State Employee Health Insurance Program member organizations. Long range planning should focus on: the development of an infrastructure and culture supportive of sustaining health improvement efforts; targeting employees, spouses, dependents and retirees with interventions; and on a strategy to reach multi-department worksites in rural areas.

Finally, recommendations listed are not intended to be implemented sequentially or in any particular order. To maximize effectiveness of interventions selected, worksites are encouraged to perform an assessment of employee readiness to change using a tool(s) and guidance provided by Anthem BCBS.

**Issue: Physical Activity.** Only 1 in 7 Maine adults exercise regularly. This is the 6<sup>th</sup> worst in the nation. Physical activity has been identified as 1 of the 3 root causes of the 4 diseases, which kill ¾ of Mainers. Physical activity is a modifiable risk factor in controlling and/or preventing overexertion and repetitive motion injuries, diabetes, cardiovascular disease, stress, back discomfort, cancer, and depression.

Target Population	Goals	Action Steps	Responsible Party	Time Frame
All departments	<ul style="list-style-type: none"> <li>Increase employee awareness of the importance of physical activity</li> </ul>	<ul style="list-style-type: none"> <li>Complete letter to commissioners by adding department specific assessment results and recommended</li> </ul>	<ul style="list-style-type: none"> <li>BCBS</li> </ul>	11/22/00
<b>Tool:</b> A worksite-based physical activity program.			<ul style="list-style-type: none"> <li>OEH&amp;B</li> <li>OEH&amp;B</li> </ul>	12/1/00 As necessary

<p>Two physical activity programs which, have been successful in Maine, are March Into May and Move and Improve. Both of these programs have agreed to work with Anthem BCBS to help involve State of Maine worksites. Numerous other physical activity programs for the worksite are available to purchase for a reasonable fee from commercial vendors.</p>	<ul style="list-style-type: none"> <li>Actively engage employees in a worksite sponsored physical activity program.</li> </ul>	<ul style="list-style-type: none"> <li>interventions</li> <li>Send letter to commissioners</li> <li>Follow up with commissioners as necessary</li> <li>Provide State with Summary of Worksite Physical Activity Programs</li> <li>Pilot sites review Summary of Worksite Physical Activity Programs against their resources and determine which program would best meet their needs.</li> <li>Train department worksite coordinators in implementation of physical activity program</li> <li>Provide assistance to pilot sites implementing intervention(s) outlined in manual</li> </ul>	<ul style="list-style-type: none"> <li>Anthem BCBS</li> <li>Dept. Mgt./Worksite Champions</li> <li>Anthem BCBS</li> <li>Anthem BCBS, OEHB, Community Partners</li> </ul>	<p>12/1/00</p> <p>12/15/00</p> <p>1/30/01</p> <p>Ongoing</p>
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**Issue: Cardiovascular Disease.** Cardiovascular disease is the leading killer of both men and women in Maine. One in every four American adults has high blood pressure and more than 50% have elevated blood cholesterol.

Target Population	Goals	Action Steps	Responsible Party	Time Frame
<p>Departments Labor, Mental Health Mental Retardation and Substance Abuse Services, and Transportation (based upon previous MHIC reports)</p> <p><b>Tool:</b> Worksite</p>	<ul style="list-style-type: none"> <li>Intervention Level 1 Goal: Provide information to employees about risk factors for cardiovascular disease.</li> </ul>	<ul style="list-style-type: none"> <li>Complete letter to commissioners by adding department specific assessment results and recommended interventions</li> <li>Send letter to commissioners</li> </ul>	<ul style="list-style-type: none"> <li>Anthem BCBS</li> <li>OEH&amp;B</li> <li>OEH&amp;B</li> <li>Anthem BCBS</li> </ul>	<p>11/22/00</p> <p>12/1/00</p> <p>As necessary Per requests</p> <p>12/15/00</p>
	<ul style="list-style-type: none"> <li>Intervention Level 2 Goal:</li> </ul>	<ul style="list-style-type: none"> <li>Follow up with commissioners as</li> </ul>	<ul style="list-style-type: none"> <li>Dept.</li> </ul>	

<p>Cardiovascular Disease Health Improvement Manual</p> <p>Manual is under development, which will detail three different levels of interventions that a worksite may choose to implement. Interventions will vary in terms of the commitment and time required by worksite coordinators and employees.</p> <p>Because tobacco use, physical activity and diabetes are all risk factors for cardiovascular disease that can be controlled, interventions for these areas previously described would also be applicable for improving cardiovascular health of employees.</p>	<p>Provide worksite blood pressure and cholesterol screening so employees will obtain information about their risk of cardiovascular disease.</p> <ul style="list-style-type: none"> <li>Intervention Level 3 Goal: Provide worksite education about how employees can minimize their risk of cardiovascular disease</li> </ul>	<p>Commissioners as needed</p> <ul style="list-style-type: none"> <li>Provide State with Worksite Cardiovascular Disease Health Improvement Manual</li> <li>Pilot sites review cardiovascular disease intervention manual against their resources and determine level of intervention to best meet their needs.</li> <li>Provide assistance to pilot sites implementing intervention(s) outlined in manual</li> </ul>	<ul style="list-style-type: none"> <li>Dept. Mgt./Worksite Champions</li> <li>Anthem BCBS, OEH&amp;B</li> </ul>
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**Issue: Smoking.** Smoking has been identified as 1 of the 3 root causes of the 4 diseases, which kill ¾ of Mainers. Smoking is a modifiable risk factor in controlling and/or preventing diabetes, cardiovascular disease, and chronic lung diseases. On the average, tobacco kills 7 Maine people every day. One of these is a nonsmoker who dies of second hand smoke-related illness. Tobacco use costs Maine about \$5million every week in direct medical expenses alone. Over a three year period, \$14 million was spent on claims for the care of State active employees and retirees with diagnoses that have the strongest association with smoking behavior. In 1999 the 434 members with these diagnoses averaged close to \$9,000 paid compared to about \$2,200 for other members.

Target Departments:	Goals	Action Steps	Responsible Party	Time Frame
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<p>Labor, Transportation, Corrections, DMHMRSAS, and ME Maritime/Vo. Tech.</p>	<ul style="list-style-type: none"> <li>• Intervention Level 1 Goals:                             <ul style="list-style-type: none"> <li>➤ Increase employee awareness and educate employees about the adverse health consequences of smoking</li> <li>➤ Educate employees about the smoking cessation benefit available to them through their health insurance plan.</li> </ul> </li> <li>• Intervention Level 2 Goal: Provide employees who smoke information about what they can do if they want to quit.</li> <li>• Intervention Level 3 Goal: Provide smoking cessation classes at the worksite for those employees ready to quit.</li> </ul>	<ul style="list-style-type: none"> <li>• Complete letter to commissioners by adding department specific assessment results and recommended interventions</li> <li>• Send letter to commissioners</li> <li>• Follow up with commissioners as needed</li> <li>• Provide State with Worksite Smoking Cessation Health Improvement resources (posters, brochures, approved smoking cessation providers, smoke-free worksite policies)</li> <li>• Pilot sites review the Summary of Smoking Cessation Interventions against their resources and determine which intervention would best meet their needs.</li> <li>• Provide assistance to pilot sites implementing intervention(s) outlined in manual</li> </ul>	<ul style="list-style-type: none"> <li>• Anthem BCBS, OEH&amp;B</li> <li>• OEH&amp;B</li> <li>• OEH&amp;B</li> <li>• Anthem BCBS</li> <li>• Dept. Mgt./Worksite Champions</li> <li>• Anthem BCBS, OEH&amp;B, PTM (DHS)</li> </ul>	<p>11/22/00</p> <p>12/1/00 As necessary Per requests</p> <p>12/15/00</p>
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**Issue: Diabetes.** In Maine it is estimated that 70,000 people have diabetes, more than 1/3 of these (23,000) are not aware they have the disease. In only 6 months of claims data 1862 State Employee Health Plan Members have been identified as diabetics. Diabetes is one of the four leading causes of death in Maine.

Target Population	Goal	Action Steps	Responsible Party	Time Frame
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<p>Transportation, DMHMRSAS, Human Services, Labor, ME Maritime/Vo. Tech. (based upon previous MHIC reports)</p> <p><b>Tool:</b> Diabetes Worksite Health Improvement Manual</p> <p>Manual details three different levels of interventions that a worksite may choose to implement. Interventions vary in terms of the commitment and time required by worksite coordinators and employees.</p>	<ul style="list-style-type: none"> <li>• Intervention Level 1 Goal: Increase employee awareness and understanding about diabetes</li> <li>• Intervention Level 2 Goal: Provide worksite risk screening so as to increase number of employees who are identified early with diabetes</li> <li>• Intervention Level 3 Goal: Provided support and education at the worksite for employees with diabetes</li> </ul>	<ul style="list-style-type: none"> <li>• Complete letter to commissioners by adding department specific assessment results and recommended interventions</li> <li>• Send letter to commissioners</li> <li>• Follow up with commissioners as needed</li> <li>• Provide State with Worksite Diabetes Health Improvement Manual</li> <li>• Pilot sites review diabetes intervention manual against their resources and determine level of intervention to best meet their needs</li> <li>• Provide assistance to pilot sites implementing intervention(s) outlined in manual</li> </ul>	<ul style="list-style-type: none"> <li>• Anthem BCBS</li> <li>• OEH&amp;B</li> <li>• OEH&amp;B</li> <li>• Anthem BCBS</li> <li>• Dept. Mgt./Worksite Champions</li> <li>• Anthem BCBS, OEH&amp;B</li> </ul>	<p>11/22/00</p> <p>12/1/00 As necessary Per requests</p> <p>12/15/00</p>
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**Issue: Breast and Cervical Cancer Screenings.** Breast cancer is the second leading cause of cancer deaths among women. According to American Cancer Society, 97% of breast cancers found at the earliest stage are curable. One way that health plans are evaluated in terms of quality are HEDIS measures. In 1999 HEDIS breast cancer screening rates for active members was 84%, for retirees was 80%, and for the Anthem BCBS Maine Managed Care Products combined was 83%.

Target Population	Goals	Action Steps	Responsible Party	Time Frame
<p>All departments, with emphasis on the depts. not meeting the Anthem BCBS rate for both cervical and breast screenings (Agriculture,</p>	<ul style="list-style-type: none"> <li>• Intervention Level 1 Goal: Increase employee awareness and understanding about the importance of</li> </ul>	<ul style="list-style-type: none"> <li>• Complete letter to commissioners by adding assessment results and recommended interventions</li> <li>• Send letter to commissioners</li> </ul>	<ul style="list-style-type: none"> <li>• Anthem BCBS</li> <li>• OEH&amp;B</li> <li>• OEH&amp;B</li> <li>• Anthem BCBS</li> </ul>	<p>11/22/00</p> <p>12/1/00 As necessary Per requests</p> <p>12/15/00</p>

<p>Corrections, Human Services, Labor, Legislature, DMHMRSAS, Transportation, ME Maritime/Vo. Tech, Conservation, Marine Resources)</p> <p><b>Tool:</b> Worksite Breast and Cervical Cancer Health Improvement Manual</p> <p>Manual has been developed which details three different levels of interventions that a worksite may choose to implement. Interventions vary in terms of the commitment and time required by worksite coordinators and employees.</p>	<p>breast and cervical health.</p> <ul style="list-style-type: none"> <li>• Intervention Level 2 Goal: Offer worksite educational opportunities on breast and cervical health</li> <li>• Intervention Level 3 Goal: Develop Tell A Friend network at worksite which engages employees in a one on one campaign to encourage all female employees over 40 to have annual mammogram and clinical breast exam, and to practice monthly self breast exam.</li> </ul>	<ul style="list-style-type: none"> <li>• Follow up with commissioners as needed</li> <li>• Provide State with Worksite Breast and Cervical Health Improvement Manual</li> <li>• Pilot sites review Worksite Breast and Cervical Health Improvement Manual against their resources and determine level of intervention to best meet their needs</li> <li>• Provide assistance to pilot sites implementing intervention(s) outlined in manual</li> </ul>	<p>BCBS</p> <ul style="list-style-type: none"> <li>• Dept. Mgt./Worksite Champions</li> <li>• Anthem BCBS, OEHB</li> </ul>
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**Issue: Depression.** In 1998 1672 (6.9%) members of the State Employee Health Plan had a depression claim. Of these 1672 members, 1271 (76%) were employees. 1 in 12 employees had a depression claim during 1998. The incidence of major depression for State employees was 3.7% in 1998 (the highest of any of the 25 employers in the Maine Health Management Coalition). Depressed members had \$1.3million dollars in mental health claims payments and \$4.2 million dollars in non-mental health claims payments. Regardless of medical comorbidity, depressed members averaged higher non-mental health utilization and payments than members without a mental health diagnosis.

Target Population	Goals	Action Steps	Responsible Party	Time Frame
<p>All Departments with emphasis on Labor, DMHMRSAS, Human Services</p>	<ul style="list-style-type: none"> <li>• Increase employee awareness and understanding about depression.</li> <li>• Earlier intervention</li> <li>• Increased referrals to EAP and Greenspring mental health</li> </ul>	<ul style="list-style-type: none"> <li>• Incorporate awareness training into existing employee and management training programs</li> <li>• Promote interactive employee telephone access screening program</li> </ul>	<ul style="list-style-type: none"> <li>• OEHB</li> <li>• OEHB</li> </ul>	<p>Ongoing</p> <p>Ongoing</p>
<p><b>Tool:</b> Interactive employee telephone access program.</p>				

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**Issue: Further assess utilization of preventive physical exams.** One way that health plans are evaluated in terms of quality are HEDIS measures. In 1999 the HEDIS rate for adult access to preventive health services for adult actives 20-44 years old was 81% while the New England HMO/POS combined rate for 20-44 year olds was 92%. The rate for adults 45-64 years old was 86% while the New England HMO/POS combined rate was 94%.

Target Population	Goals	Action Steps	Responsible Party	Time Frame
To be determined  <b>Tool:</b> To be determined	<ul style="list-style-type: none"> <li>Determine if underutilization of preventive physical exams is an issue.</li> </ul>	<ul style="list-style-type: none"> <li>Following receipt of pending data, assess utilization to determine priority level for interventions on preventive exams</li> <li>Should rates indicate underutilization, perform barrier analysis by:                             <ul style="list-style-type: none"> <li>➤ Consider use of employee focus groups to perform barrier analysis of utilization of annual exams.</li> <li>➤ Consider employing incentives, such as competition among departments with lowest utilization of preventative services, as part of an intervention strategy.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Anthem BCBS</li> </ul>	12/00

**Issue: Workplace/Domestic Violence.** Nearly one third of American women (31%) report being physically or sexually abused by a husband or boyfriend at some point in their lives, according to a 1998 survey. In Maine, from 1996-1999, more than half of all murders were domestic violence related, according to the Maine department of Public Safety. And approximately 12,000 individuals called domestic violence projects for assistance during each of those four years. In Fiscal Year 2000, 89 state employees filed a Worker's Compensation claim reporting on the job injuries sustained during an altercation with a patient, prisoner or person being arrested.

Target Population	Goals	Action Steps	Responsible Party	Time Frame
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<p>All departments with emphasis on Public Safety, Corrections, DMHMRSAS</p> <p><b>Tool:</b> To be determined</p>	<ul style="list-style-type: none"> <li>• Increase awareness of workplace/domestic violence</li> <li>• Provide safe and secure work environment for victims of domestic violence and their coworkers</li> <li>• Develop worksite policy to respond to violence in the workplace.</li> <li>• Develop a model worksite program on workplace violence.</li> </ul>	<ul style="list-style-type: none"> <li>• Senior management as directed by Governor and his Cabinet.</li> <li>• Senior management as directed by Governor and his Cabinet</li> </ul>	<p>Ongoing</p>
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<p><b>Issue: Further Assessment of Low Back Pain.</b> Past data reports suggest there may be high incidence of low back disorders among active employees. Awaiting further data.</p>				
Target Population	Goals	Action Steps	Responsible Party	Time Frame
<p>To be determined</p> <p><b>Tool:</b> To be determined</p>	<ul style="list-style-type: none"> <li>• Further assess low back pain prevalence and proportion of healthcare costs attributed to low back pain</li> <li>• Determine whether low back pain is a high cost driver and whether it should be a priority for health improvement initiatives.</li> </ul>	<p>Anticipate development of program addressing low back pain.</p>	<ul style="list-style-type: none"> <li>• Anthem BCBS with MHIC</li> <li>• Anthem BCBS with OEH&amp;B</li> </ul>	<p>1/01</p>

<p><b>Issue: Build a work environment supportive of health improvement.</b></p>				
Target Population	Goals	Action Steps	Responsible Party	Time Frame
<p>All</p> <p><b>Tool:</b> To be determined with</p>	<ul style="list-style-type: none"> <li>• Develop a culture at the worksite that makes it easy for employees</li> </ul>	<ul style="list-style-type: none"> <li>• Consider public demonstration of upper management commitment to Campaign for Healthy Maine and health</li> </ul>	<ul style="list-style-type: none"> <li>• Governor King and his Cabinet</li> </ul>	<p>Pending cabinet meeting</p>

<p>priorities and decisions made by Governor King and his Cabinet</p>	<p>to make healthy choices.</p> <ul style="list-style-type: none"> <li>• Demonstrate management commitment to employee health improvement.</li> <li>• Generate employee interest and worksite champions.</li> </ul>	<p>improvement activities (i.e. publicity showing Commissioners being commissioned by Dora Mills, or Commissioners signing on to State of Maine Health Improvement Strategic Operating Plan)</p> <ul style="list-style-type: none"> <li>• Consider universal “prescriptions” (policy changes) for State of Maine worksites                         <ul style="list-style-type: none"> <li>➢ Smoke free SOM Worksites and State owned vehicles</li> <li>➢ Healthy food policy (only healthy food served at meetings, vending machines offering healthy alternatives and subsidizing healthy foods with higher costing less-healthy foods)</li> <li>➢ Work time policy allowing flexibility for exercise and health care appointments</li> </ul> </li> <li>• Consider Governor King declaring SOM Worksites/Employees as model for commitment to healthy Maine</li> </ul>	<ul style="list-style-type: none"> <li>• Governor King and his Cabinet</li> </ul>
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**IV. Evaluation**

Measuring the effectiveness of health improvement programs is critical to their long-term success. These measurements will provide information about the improvements in health outcomes and the return on investment as well. Once these measurements are understood program modifications can be made to assure that the best method is being used to reach and improve the health of the State of Maine Employees, their families and retirees. Anthem BCBS will work with the State to establish measurements of effectiveness. Program Evaluation strategies may include:

Program Outputs:

- Employee satisfaction (as reported by coordinators using diabetes, breast and cervical health intervention manuals)
- Numbers of employees participated, screened, etc.
- Number of employees reporting increased knowledge and awareness

Population Outcomes:

- Performance guarantees/Plan-wide HEDIS measures: (breast and cervical cancer screenings, retinal eye exams for diabetics, follow up after hospitalization for members)

with mental illness, advising smokers to quit, controlling high blood pressure, adult influenza immunizations).

- Numbers of smokers
- Trend analysis of prevalence and utilization data

#### V. **Factors to Assure Long Term Success**

Ultimately the long-term success of a health improvement program for the State of Maine will rely upon a number of factors. Following are recommendations to address these factors:

- Develop a formalized system of assessment of the population's health status and needs. Such a system may include: goals for long term health improvement specific to diseases and preventive services, a consistent plan for population health status measures, clear and consistent measures to be used over time and review of data which focuses on identifying trends over time. Employee needs and interest surveys and Health Risk Assessments are tools to consider for ongoing assessment.
- Develop an infrastructure within the State of Maine to efficiently plan and implement health improvement activities. Such an infrastructure would include clear roles and responsibilities of employees and management for health improvement, and designated resources (in-kind and otherwise) for health improvement activities.
- Encourage employee participation and planning involvement in health improvement activities. Incentives (competitions, prizes, etc.) may help encourage participation. A kick-off annual conference for all departments may be an effective way to build enthusiasm and provide employees with the tools necessary to implement worksite health improvement programs.
- Create a culture within the state that supports health improvement. A culture supportive of health improvement would include management commitment (i.e. leading by example by becoming involved in health improvement activities), policies and procedures supportive of a healthy workplace and healthy lifestyle choices of employees, and ensuring that health improvement planning is integrated into the overall structure and mission of the department
- Develop a comprehensive plan to address retiree population's health status. Given the percentage of the State Employee Health Plan who are retirees and the proportion of cost attributed to these retirees.
- Develop a strategy to reach multi-department worksites in rural areas.
- Consider strategies to reach employee spouses and dependents.
- Ongoing evaluation and continuous quality improvement.