

2008 Innovations Awards Program  
APPLICATION

ID # (assigned by CSG): 08-E-06DE

Please provide the following information, adding space as necessary:

State: Delaware

Assign Program Category (applicant): Health Services

1. Program Name: **DelaWELL**
2. Administering Agency: **State of Delaware Office of Management and Budget**
3. Contact Person (Name and Title): **Kim Wells, Deputy Principle Assistant, Office of Director**
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7. E-mail Address: **kim.wells@state.de.us**
8. Web site Address: **<http://ben.omb.delaware.gov/delawell/default.shtml>**
9. Please provide a two-sentence description of the program. **DelaWELL is a one-of-a-kind innovative approach to addressing the alarming rise in healthcare costs that is plaguing our nation. The program is offered free-of-charge and assesses health risks, provides confidential personalized feedback and coaching intervention strategies that target lifestyle topics such as back care, blood pressure management, exercise, nutrition and stress management in an effort to reduce healthcare costs by reducing the cost of future claims.**
10. How long has this program been operational (month and year)? Note: the program must be between 9 months and 5 years old on March 1, 2008 to be considered.: **February 2007**
11. Why was the program created? What problem[s] or issue[s] was it designed to address? **Paying for healthcare before you really need it may not seem like a sound business decision, but in Delaware it just made good sense. As background, the State of Delaware covers approximately 110,000 lives, including state employees, their family members and those who have retired from the state system. Our current estimated healthcare expenditures for fiscal year 2008 are \$433 million. As our state, along with the nation, faces the continued trend of rising health care costs, it was imperative that we came up with a more proactive plan to ensure a healthier workforce. By taking this approach to wellness, we hoped to drive down the cost of healthcare by reducing the cost of future claims. The State of Delaware's program was launched with the mindset of not only controlling the escalating rise in health care costs, but also with the philosophy that a healthy workforce is a more productive workforce.**
12. Describe the specific activities and operations of the program in chronological order: **We started our program small and then built on our successes along the way. We found that this approach was a fiscally responsible way for us to achieve our goals. We were able to prove that the program worked first on a small scale which allowed us to receive the funding necessary to implement the comprehensive program. In 2003 we launched our first 100-person pilot program, Health Rewards which was designed based on successful private-sector models. These individuals underwent a health assessment which included a complete health history, resting and exercise blood pressure, cholesterol level check, body composition and strength testing. Immediate results were given from the screenings that reported high risk conditions that may be present but not yet detected. All participants also received an exercise**

recommendation to improve physical outcomes in all risk areas. They received feedback and were reassessed after one year. After the initial pilot, the program was expanded to include 1,500 participants. Testing centers were made available in each county for assessments and “fit stop sessions.” The fit stops included two voluntary sessions with exercise physiologists and each session targeted a specific cardio metabolic risk factor. Participants were randomized into three intervention groups. Group A had pre and post assessments with fit stops. Group B also had the pre and post assessments with fit stops and a newsletter. Finally, Group C underwent the pre and post assessment with fit stops, plus a \$100 financial incentive for achievement or maintenance of five out of six goals. Participants had a significant reduction in percentage of body fat, systolic and diastolic blood pressure, total cholesterol, increase in HDL (the good cholesterol) and improvements in fitness levels. The state also saw a total trended healthcare savings of approximately \$450,000 based on reductions in hypertension and emergency room visits from the Health Rewards program.

In April 2007 we launched DelaWELL which was open to 40,000 eligible state employees and dependents enrolled in one of our group health plans. DelaWELL began with a confidential health risk assessment, followed by personalized lifestyle and disease management tools including wellness coaches and an online resource with topics ranging from living with chronic conditions, a drug reference guide and health resources for different demographics including men, women, children, older adults and pregnant women.

In the spring and fall of 2007, the Office of Management and Budget helped organize a 5K Governor’s Cup walk/run with Governor Ruth Ann Minner, which attracted more than 1,000 participants collectively.

On February 14, 2008, the State of Delaware launched DelaWELL Year Two which includes new initiatives such as onsite biometric screenings and up to 100 percent reimbursement for Weight Watchers® offerings.

The Weight Watchers® program includes an easy payment plan and reimbursement through an employee’s health carrier; onsite Weight Watchers® meetings at state agencies for groups of 20 or more; and, expanded eligibility to include dependents or spouses over the ages of 18 who are covered through the state’s group health plan.

In response to feedback from our employee Health Risk Assessments, the State of Delaware launched onsite comprehensive biometric screenings for all state employees. These screenings include blood pressure, cholesterol, and glucose testing and are open to state employees, spouses and dependents over the age of 18 who are covered under the state’s group health plan.

In addition, state employees will receive a \$100 pre-tax incentive when they attend a biometric screening and complete their Health Risk Assessment by May 30, 2008.

13. Why is the program a new and creative approach or method? Our program targets employees who may have certain risk factors BEFORE they develop chronic conditions that could have been preventable. We have learned from this program that while it may seem unusual to pay for healthcare before a person gets sick, it is a sound investment on the future health and wellness of our most important asset — our workforce. The State of Delaware is the first to launch such a multi-faceted program which is available to more than 65,000 individuals who can improve and maintain their health through targeted intervention strategies.

14. What were the program’s start-up costs? (Provide details about specific purchases for this program, staffing needs and other financial expenditures, as well as existing materials, technology and staff already in place.). The State Employee Benefits Committee (SEBC) authorized the program budget through the Employee Health Fund. The SEBC approved \$1.4 million over a two-year period, plus an additional \$500,000 for incentives. Two full-time employees were hired and dedicated exclusively to state wellness initiatives. In addition three full-time employees were redeployed bringing the current wellness team count to five employees.

15. What are the program's annual operational costs? **We have contractual agreements with two vendors to provide online health assessments and other tools and cardio metabolic screenings. We also provide incentives, promotional items and market the program with paycheck stuffers, mass e-mails, direct mail, posters, press releases and health fairs. All of the annual costs are paid out of the Employee Health Fund (see question 14).**

16. How is the program funded? **The State Employee Benefits Committee authorized the program budget through the Employee Health Fund. The SEBC approved \$1.4 million over a two-year period, plus an additional \$500,000 for incentives.**

17. Did this program require the passage of legislation, executive order or regulations? If YES, please indicate the citation number. **No.**

18. What equipment, technology and software are used to operate and administer this program? **The State of Delaware has a contractual agreement with an outside vendor to facilitate the online portion of the program, including the Health Risk Assessments and the onsite biometric screenings. We also have a contract with another vendor to provide cardio metabolic screenings. The State of Delaware manages the DelaWELL website through the Office of Management and Budget.**

19. To the best of your knowledge, did this program originate in your state? If YES, please indicate the innovator's name, present address, telephone number and e-mail address. **Yes, this comprehensive wellness program is unique to Delaware, and many other states have since asked for our guidance on how we have been so successful in implementing Health Rewards and now DelaWELL. While some states are getting involved with employee wellness programs, Delaware leads the way when it comes to the comprehensive wellness services and programs it offers. The innovator for the program is Governor Ruth Ann Minner, the State Employee Benefits Committee and Jennifer "J.J." Davis, Director of the State of Delaware Office of Management and Budget, [Jennifer.davis@state.de.us](mailto:Jennifer.davis@state.de.us), (302) 739-4204.**

20. Are you aware of similar programs in other states? If YES, which ones and how does this program differ? **The DelaWELL program has been lauded as a model for other states who are interested in wellness initiatives. Our approach to paying for healthcare before you really need it, has proven effective in driving down the cost of healthcare by reducing the amount of future claims. Some states are beginning to offer wellness programs, but to our knowledge none are as comprehensive in nature.**

21. Has the program been fully implemented? If NO, what actions remain to be taken? **Yes. Year two of the DelaWELL initiative is currently being fully implemented. We continue to collect data in order to measure changes in health behaviors as a result of certain program components; help the state target funding toward more cost effective programming; identify new opportunities for disease management and health management programming and to define topics for future health seminars.**

22. Briefly evaluate (pro and con) the program's effectiveness in addressing the defined problem[s] or issue[s]. Provide tangible examples.

**PROS — Our proactive approach has led to trended savings of approximately \$450,000 from the Health Rewards program. In addition, participants in Health Rewards had a significant reduction in percentage of body fat, systolic and diastolic blood pressure, total cholesterol, and increase in HDL and improvements in fitness levels. Trended health care savings from DelaWELL are currently unavailable. However, more than 8,000 state employees filled out their Health Risk Assessment, and more than 1,000 participated in two DelaWELL walk/runs. In addition, we have received overwhelmingly positive feedback and response for year two programs of DelaWELL including Weight Watchers® and the biometric screenings.**

**CONS — Limited participation in the first year made it more difficult for us to reach our target population effectively. As a result, we expanded the program making it available to**

**include spouses and dependents over the age of 18 who are covered under the state group health plan.**

**23. How has the program grown and/or changed since its inception? See above, but we initially started with a pilot program with 100 individuals, evaluated successes and needs, and today we have the comprehensive DelaWELL initiative that is available to more than 65,000 individuals and their dependents.**

**24. What limitations or obstacles might other states expect to encounter if they attempt to adopt this program? We received outstanding support from our Governor and the State Employee Benefits Committee, which is critical for the success of this type of wellness initiative. We believe Delaware's success is due in large part to our ability to phase in program components. Other states, especially during this challenging economic time, may find it difficult to get support for preventative programming. A similar approach may be appropriate for other states to overcome this obstacle.**