R-15-157

RESOLUTION NO. _____

A RESOLUTION SUPPORTING THE NORTH LITTLE ROCK 2016 EMPLOYEE WELLNESS, SCREENING AND INCENTIVE PROGRAM; AND FOR OTHER PURPOSES.

WHEREAS, with the adoption of Resolution No. 7865 on June 13, 2011, the City of North Little Rock ("the City") made a commitment to the "Fit 2 Live" initiative for healthy living; and

WHEREAS, since that time the City has continued its support of the health and wellbeing of City employees through the adoption of Resolutions No. 8235 and No. 8795 for the implementation of an Employee Wellness Plan providing a foundation for the development of activities and adaptation of work environments and offering an employee wellness screening and incentive program; and

WHEREAS, a proposed 2016 Employee Wellness and Screening Incentive Program has been prepared for results-based wellness incentives up to $100 total, including $20 for simply completing an annual exam, with results to be provided by an employee's primary care provider rather than collecting data through city-sponsored on-site screenings, thus reducing costs for preventative screenings (see program materials attached hereto, collectively, as Exhibit "A"); and

WHEREAS, in its desire to promote healthy living for employees, it is in the best interests of the City and its residents to reward employees in making healthy choices and improving their overall well-being, thereby reducing healthcare costs and maintaining a fully staffed, and physically able, workforce.

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF NORTH LITTLE ROCK, ARKANSAS:

SECTION 1: That the City of North Little Rock supports the 2016 Wellness, Screening and Incentive Program to encourage, promote and track improvement in the healthy well-being of City employees.

SECTION 2: That costs for the 2016 Employee Wellness Program contemplated by this Resolution are subject to and contingent upon the appropriation of sufficient funding by City Council in the annual budget.

SECTION 3: That this Resolution shall be in full force and effect from and after its passage and approval.

PASSED: APPROVED:

_____ _____

Mayor Joe A. Smith

SPONSOR:

Beth White

Alderman Beth White

ATTEST:

Diane Whitbey, City Clerk

APPROVED AS TO FORM:

C. Jason Carter, City Attorney

PREPARED BY THE OFFICE OF THE CITY ATTORNEY/b

FILED 11:43 A.M. _____ P.M.

By City Atty Jason Carter

DATE 11/12/15

Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas

RECEIVED BY B Taylor

2016 Results-Based Wellness Incentive Proposal

- Employees visit their Primary Care Provider (PCP) for annual preventative exam.
- Preventative exam covered at no cost to employee through UHC River Valley.
- Employee allowed to use sick time to complete exam.
- Employee hands PCP results form for completion and submission to Fit 2 Live.
- Tobacco & Nicotine incentive will be based on the honor system, reports from peers and random testing.
- Fit 2 Live follows HIPAA guidelines to ensure protection of health information. Information is accessible only to Fit 2 Live Coordinator and stored in password-protected database.
- Incentives are paid out in the form of a Walmart gift card.
- Reasonable alternative: Employees who do not qualify for the incentive through their first screening may opt to screen again at a later date. Their incentive will be based on improvement to a better category, even if they still do not meet the "GREAT" category. Reasonable alternative categories listed on page 2.

Results-Based Incentive Measures	"GREAT" Category	Employee Incentive
Annual Preventative Exam	Complete in 2016	**$20**
1. Tobacco & Nicotine	Tobacco & Nicotine Free	**$10**
2. LDL Cholesterol	130 or lower	**$10**
3. HDL Cholesterol	40 or higher	**$10**
4. Triglycerides	200 or lower	**$10**
5. Blood Pressure	130/85 or lower	**$10**
6. Blood Glucose or A1C	110 or 7% or lower	**$10**
7. Body Mass Index	26 or lower	**$10**
	Reward if achieve 7 out of 7	**$10**
	MAXIMUM INCENTIVE	**$100**

Cost Estimate at 450 Participants			
Estimated Participants			**450**
Incentives			
Complete screening	100%	$20.00	$9,000.00
Meet 1 measure	2%	$10.00	$90.00
Meet 2 measures	10%	$20.00	$900.00
Meet 3 measures	15%	$30.00	$2,025.00
Meet 4 measures	22%	$40.00	$3,960.00
Meet 5 measures	22%	$50.00	$4,950.00
Meet 6 measures	18%	$60.00	$4,860.00
Meet 7 measures	11%	$70.00	$3,465.00
Bonus for all 7	11%	$10.00	$495.00
Total est. incentive cost			**$29,250.00**

Reasonable Alternative Categories

Cholesterol

LDL	
GREAT	140 or below
Elevated I	141-150
Elevated II	151-160
Elevated III	Over 160

HDL	
GREAT	40 and above
Acceptable I	35-39
Acceptable II	30-34
Not acceptable	Below 30

Triglycerides	
GREAT	200 or below
Elevated I	201-300
Elevated II	301-400
Elevated III	Over 400

Blood Pressure

Category	Systolic (top number)	Diastolic (bottom number)
GREAT	130 or below	85 or below
Elevated I	131-139	86-89
Elevated II	140-159	90-99
Elevated III	Over 160	Over 100

Blood Glucose/A1C

Category	Glucose – *non-diabetics*	A1C (%) – *diabetics only*
GREAT	110 or below	7.0 or below
Elevated I	111-125	7.1-7.7
Elevated II	126-150	7.8-8.5
Elevated III	Over 150	Over 8.5

BMI

GREAT	26 or below
Elevated I	26.1-28
Elevated II	28.1-30
Elevated III	Over 30

Tobacco/Nicotine

1. Proof of Dental Exam
2. One-on-One with Bernadette Rhodes

2016

Dear Provider:

I, _____, have chosen to participate in a wellness program offered by my employer, the City of North Little Rock. Please record the following tests:

EMPLOYEE to Fill Out:

1. City Department _____ **2. DOB** _____ / _____ / _____

3. Contact Phone Number (_____) _____ **4. Email** _____

4. Mailing Address _____

PROVIDER's Office to Fill Out:

Height: _____

Weight: _____

or **BMI:** _____

Blood Pressure: _____

****Lipid Panel**

Total Cholesterol: _____

HDL: _____

LDL: _____

Triglycerides: _____

Tobacco Use (please check)

NONE _____

Smoke _____

Dip/Chew _____

E-Cig/Vape _____

Glucose: _____

A1C (diabetics only): _____

***Blood work should be performed from a fasting sample if possible.*

_____ _____

Provider Printed Name **Date**

I hereby give permission for my results to be released to Bernadette Gunn Rhodes, Fit 2 Live Coordinator, City of North Little Rock. Please mail this form to: Bernadette Gunn Rhodes, 120 Main St., North Little Rock AR 72114.

The City of North Little Rock complies with all HIPAA guidelines with regard to confidentiality.

_____ _____ _____

Signature of Participant **Printed Name** **Date**