

**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:

11/23/15

APPROVED:

Joe A. Smith  
Mayor Joe A. Smith

SPONSOR:

Beth White  
Alderman Beth White *BW*

ATTEST:

Diane Whitbey  
Diane Whitbey, City Clerk

APPROVED AS TO FORM:

C. Jason Carter  
C. Jason Carter, City Attorney

PREPARED BY THE OFFICE OF THE CITY ATTORNEY/b

|  |                                   |        |       |      |
|--|-----------------------------------|--------|-------|------|
| FILED  | <u>11.43</u>                      | (A.M.) | _____ | P.M. |
| By   | <u>City Attorney Jason Carter</u> |        |       |      |
| DATE   | <u>11/17/15</u>                   |        |       |      |
| <b>Diane Whitbey, City Clerk and Collector<br/>North Little Rock, Arkansas</b> |                                   |        |       |      |
| RECEIVED BY  | <u>B Taylor</u>                   |        |       |      |

# 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 |
|----------------------------------|-------------------------------------|--------------------|
| <b>Annual Preventative Exam</b>  | Complete in 2016                    | <b>\$20</b>        |
| <b>1. Tobacco &amp; Nicotine</b> | Tobacco & Nicotine Free             | <b>\$10</b>        |
| <b>2. LDL Cholesterol</b>        | 130 or lower                        | <b>\$10</b>        |
| <b>3. HDL Cholesterol</b>        | 40 or higher                        | <b>\$10</b>        |
| <b>4. Triglycerides</b>          | 200 or lower                        | <b>\$10</b>        |
| <b>5. Blood Pressure</b>         | 130/85 or lower                     | <b>\$10</b>        |
| <b>6. Blood Glucose or A1C</b>   | 110 or 7% or lower                  | <b>\$10</b>        |
| <b>7. Body Mass Index</b>        | 26 or lower                         | <b>\$10</b>        |
|                                  | <b>Reward if achieve 7 out of 7</b> | <b>\$10</b>        |
|                                  | <b>MAXIMUM INCENTIVE</b>            | <b>\$100</b>       |

| Cost Estimate at 450 Participants |      |         |                    |
|-----------------------------------|------|---------|--------------------|
| Estimated Participants            |      |         | 450                |
| <b>Incentives</b>                 |      |         |                    |
| 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           |
| <b>Total est. incentive cost</b>  |      |         | <b>\$29,250.00</b> |



## Reasonable Alternative Categories

| Cholesterol  |                     |                |                     |               |                     |
|--------------|---------------------|----------------|---------------------|---------------|---------------------|
| LDL          |                     | HDL            |                     | Triglycerides |                     |
| <b>GREAT</b> | <b>140 or below</b> | <b>GREAT</b>   | <b>40 and above</b> | <b>GREAT</b>  | <b>200 or below</b> |
| Elevated I   | 141-150             | Acceptable I   | 35-39               | Elevated I    | 201-300             |
| Elevated II  | 151-160             | Acceptable II  | 30-34               | Elevated II   | 301-400             |
| Elevated III | Over 160            | Not acceptable | Below 30            | Elevated III  | Over 400            |

| Blood Pressure |                          |                              |
|----------------|--------------------------|------------------------------|
| Category       | Systolic<br>(top number) | Diastolic<br>(bottom number) |
| <b>GREAT</b>   | <b>130 or below</b>      | <b>85 or below</b>           |
| Elevated I     | 131-139                  | 86-89                        |
| Elevated II    | 140-159                  | 90-99                        |
| Elevated III   | Over 160                 | Over 100                     |

| Blood Glucose/A1C |                                |                                 |
|-------------------|--------------------------------|---------------------------------|
| Category          | Glucose – <i>non-diabetics</i> | A1C (%) – <i>diabetics only</i> |
| <b>GREAT</b>      | <b>110 or below</b>            | <b>7.0 or below</b>             |
| Elevated I        | 111-125                        | 7.1-7.7                         |
| Elevated II       | 126-150                        | 7.8-8.5                         |
| Elevated III      | Over 150                       | Over 8.5                        |

| BMI          |                    |
|--------------|--------------------|
| <b>GREAT</b> | <b>26 or below</b> |
| 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**



## **EMPLOYEE WELLNESS PROGRAM RELEASE, PRIVACY AUTHORIZATION AND CONFIDENTIALITY NOTICE**

1. I hereby authorize and give permission to City of North Little Rock (NLR) Fit 2 Live Coordinator, Bernadette Rhodes, to use the following protected health information:

Information obtained as a result of my voluntary wellness screening under the North Little Rock Employee Wellness Program, specifically: Body Mass Index, blood pressure, cholesterol and triglyceride levels, blood glucose/A1c levels, and tobacco/nicotine use. I provide permission for the tests to be performed and results shared by my Primary Care Provider (PCP).

2. I understand that my screening results will be processed by the Fit 2 Live Coordinator for the sole purpose of establishing appropriate records to track and administer the Wellness Program. This information will be treated confidentially.
3. I understand that rewards for participating in a wellness program are available to all employees. If I am unable to meet the goal range for the gift card incentive through the first screening, I understand that I may qualify for a reasonable alternative and earn the same reward by retesting at a later date and showing improved numbers. Contact: Bernadette Rhodes, Employee Wellness Coordinator, at brhodes@nlr.ar.gov or (501) 975-8777.
4. I understand that I have the right to revoke this authorization in writing at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization.
5. I acknowledge that I have read this INFORMED CONSENT NOTICE, or it has been read to me. By agreeing, I acknowledge that I have had an opportunity to review and consider this Release and any related matters and to have all of my questions answered to my satisfaction. My signature acknowledges that I understand and I voluntarily consent to the sharing of my health information and consent to the testing and record keeping as described above. I understand that I may refuse to sign this authorization and forgo testing.

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Print Name

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Signature

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Date