

# HEALTHY HOMETOWN

**2020 Chronic Disease Partners and Better Choices,  
Better Health SD Annual Meeting**



Session 1: Tuesday, October 20, 2020

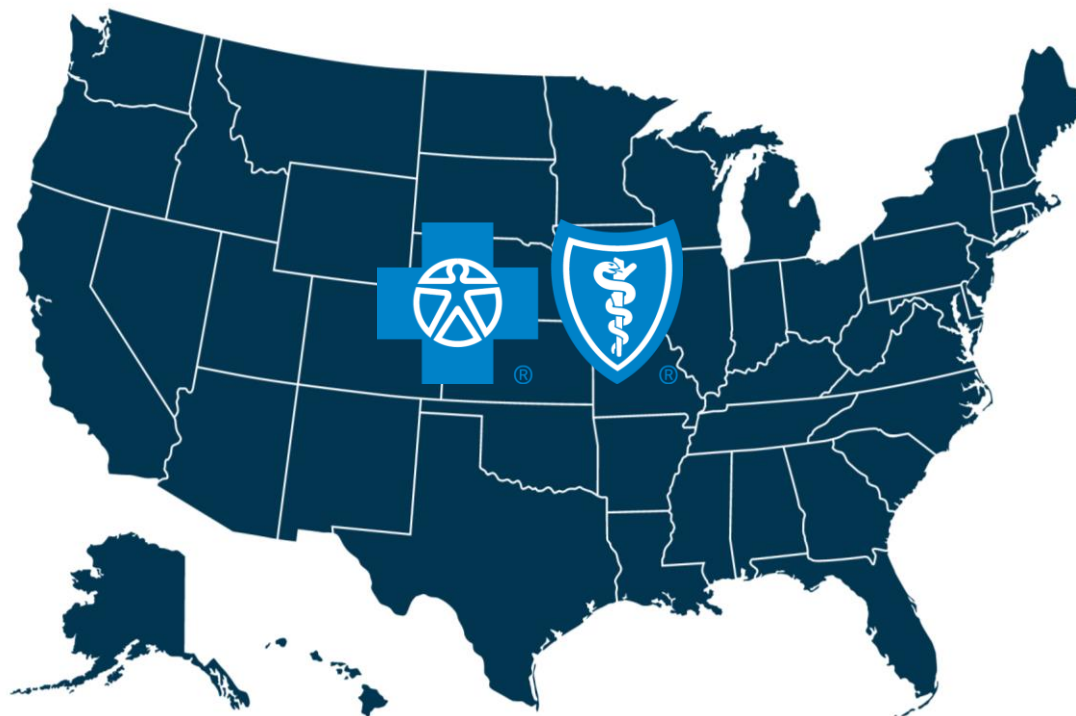
# WELLMARK AT-A-GLANCE

National scope and local commitment; a mutual company owned by our members

**80 years**

Enhancing the health and  
well-being of the people and  
communities we serve

**1,900+**  
employees



**19,000+**  
customers

**2.0M**  
members

**USING THE INDUSTRY'S LARGEST NATIONAL DATA RESOURCE TO INFLUENCE AND  
IMPROVE EVERY ASPECT OF HEALTH CARE**



Value

Worth

fair and suitable equity  
desirability, utility  
useful or des

Wellmark's role in the health care system

# Our Members Require Value From the Network

- Provide clinically appropriate care
- Provide cost effective care
- Engage patients in their health **and** care
- Improve/maintain their health
- Patient experience on par with other industries (Amazon?)
- Coordinate care and minimize friction



And we seek to:

- Create mutual value in our relationships with providers
- Align incentives/reimbursement to ensure we work toward common objectives for our members and patients
- Share our resources with them when possible to eliminate unnecessary, additional cost in the system
- Share our data and insights to guide them through the transformation



# HOW DO WE “FIX” THE HEALTH CARE SYSTEM

The price of **hospital care**  
**doubles** and those outside  
the workplace have  
difficulty **affording**  
**insurance.**



The background of the slide is a close-up photograph of several slices of an orange. The slices are arranged in a slightly overlapping pattern, showing the vibrant orange color of the fruit segments and the lighter, fibrous white pith. The lighting is warm, highlighting the texture of the orange segments.

**What if food** prices had  
risen at the same rate as  
**medical inflation?**



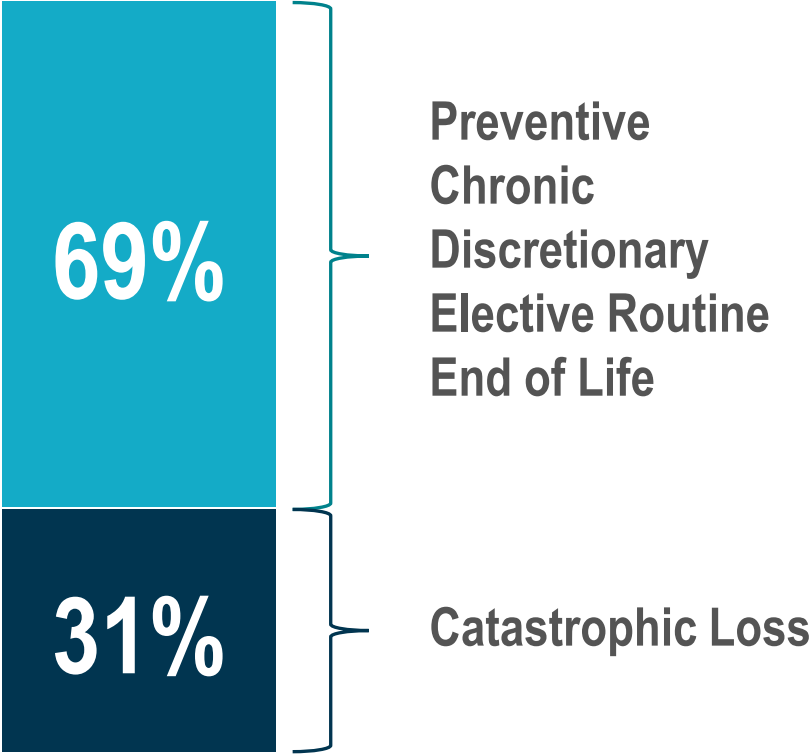
# Health

People are making choices between their  
basic needs and health care.





# HEALTH INSURANCE WAS NOT DESIGNED FOR CURRENT LIFESTYLES



Government administrative expenses, private insurers' profits, research expenses, the cost of equipment and software, and the cost of public-health activities excluded; Source: Office of the Actuary and National Health Expenditure Data Fact Sheet, US Centers of Medicare and Medicaid Services, US Medical Expenditure Panel Surveys (MEPS); McKinsey analysis



# SUSTAINABLE HEALTH CARE

Together with physicians, hospitals, customers, and other stakeholders, we will collectively transform the health care system in Iowa and South Dakota by reducing and sustaining the percentage increase in the annual health care costs (trend) for our Iowa and South Dakota members to equal the rate of inflation (measured by the Consumer Price Index – CPI).

1. Help create an environment that promotes and enables people to live healthier lives
2. Eliminate non-value added bureaucracy and help reduce provider cost pressures
3. Ensure that new and existing medical treatments and equipment are used safely and effectively
4. Reduce the overuse, underuse, and misuse of health care
5. Minimize costs shifting from government programs to Wellmark and its members

Optimize health benefit design and provider payment design



# TWO PATHS ARE REQUIRED

**INSIDE**  
the Health  
Care System



Enabling the improvement of quality, cost,  
and safety within the Health Care System.

**OUTSIDE**  
the Health  
Care System

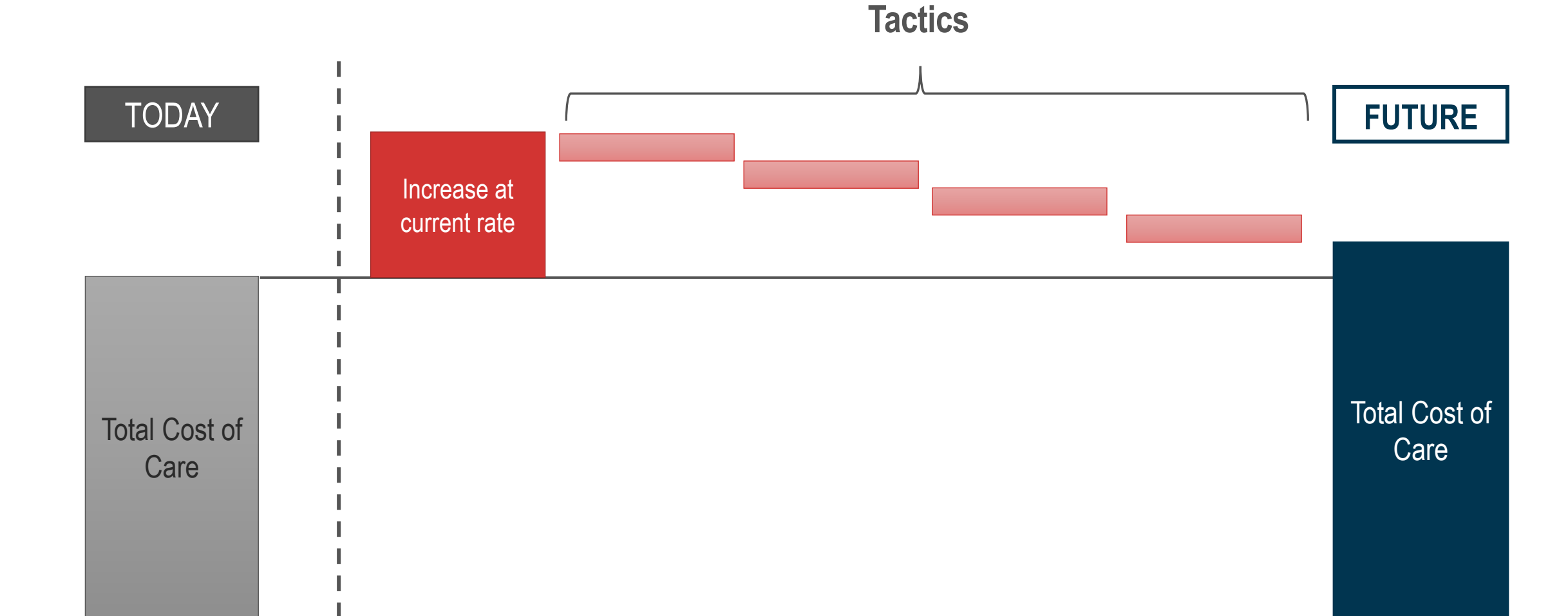


Helping to improve the health of the citizens  
in Iowa and South Dakota.

Health Care  
Trend = **CPI**

# TOTAL COST OF CARE

Deploy tactics to mitigate the increase in total cost of care



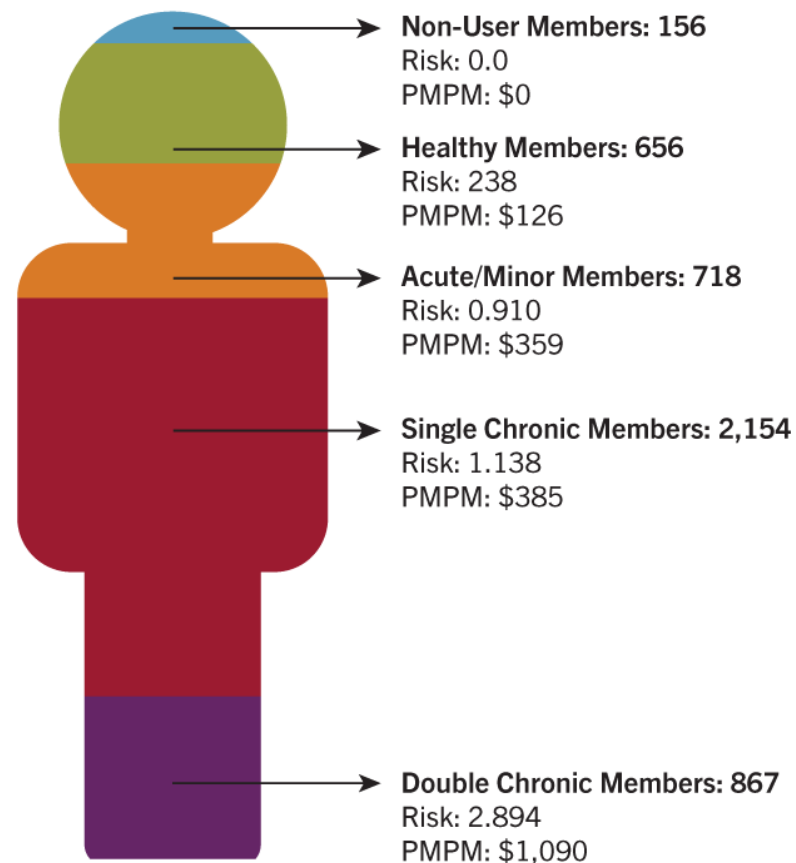
# INSIDE THE HEALTHCARE SYSTEM

# THREE-YEAR HEALTH STATUS MIGRATION

Healthy Members

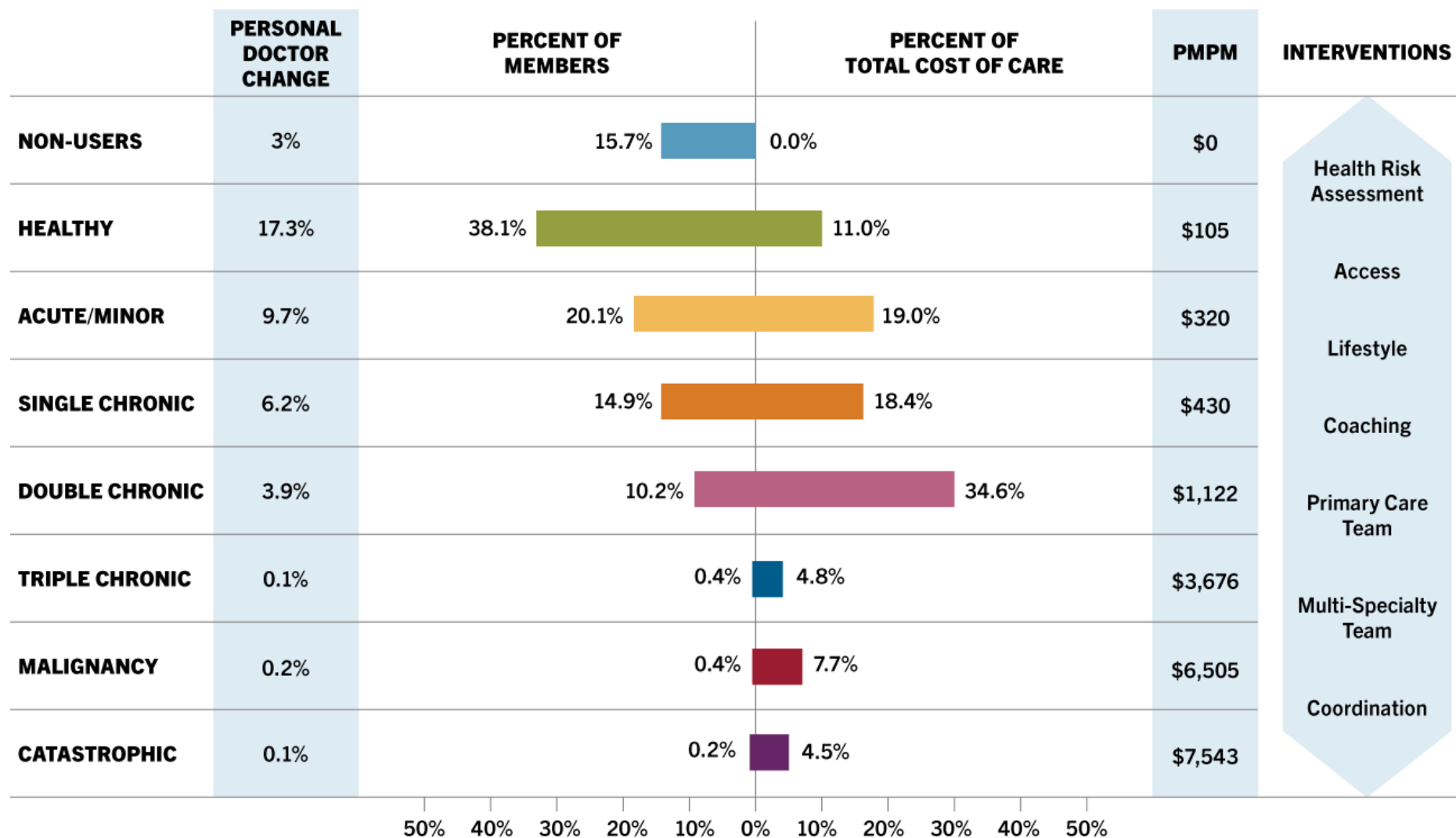


...3 Years Later

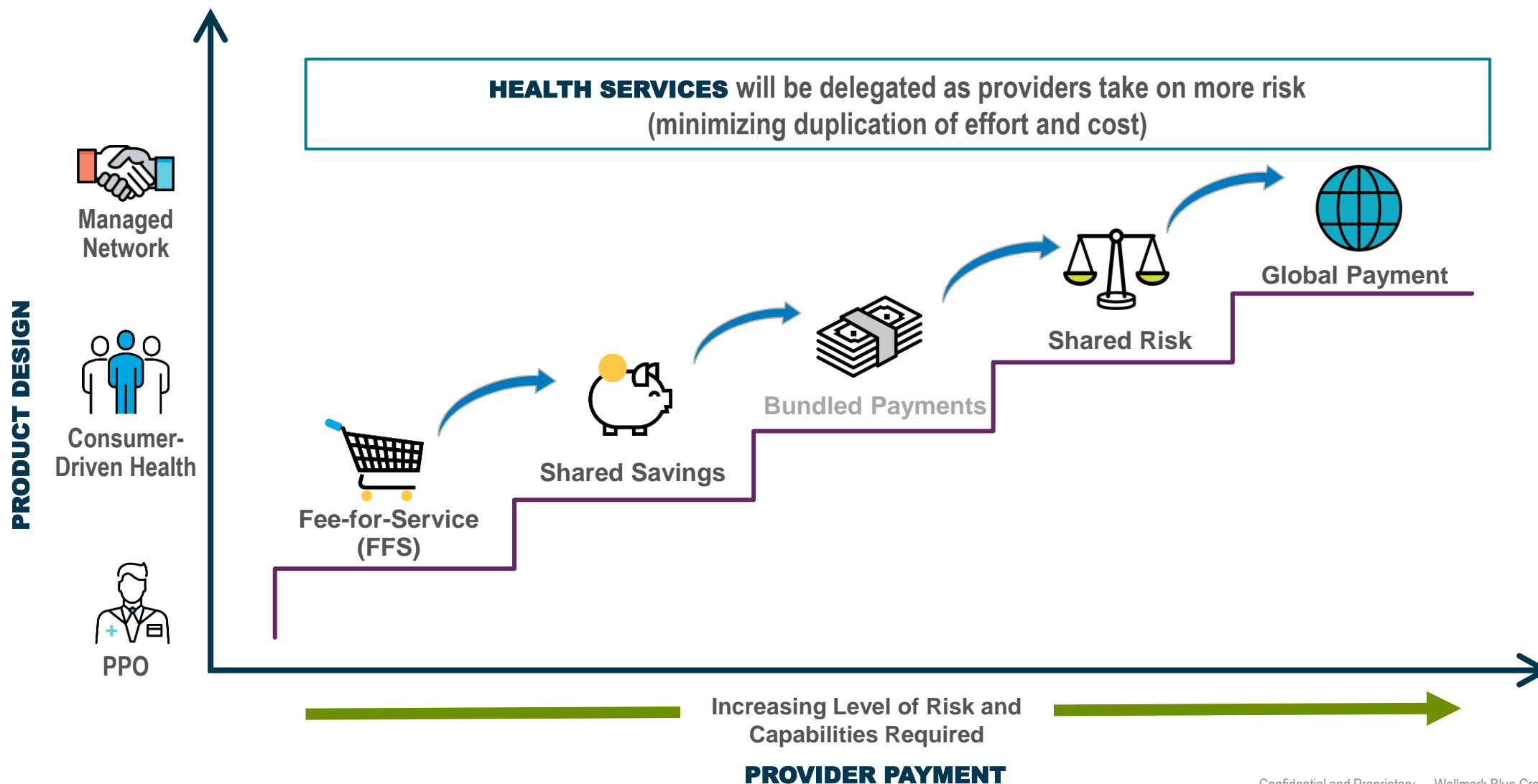


# POPULATION HEALTH OPPORTUNITIES

## WELLMARK BOOK OF BUSINESS



# STRATEGY EVOLUTION





# **OUTSIDE THE HEALTHCARE SYSTEM**

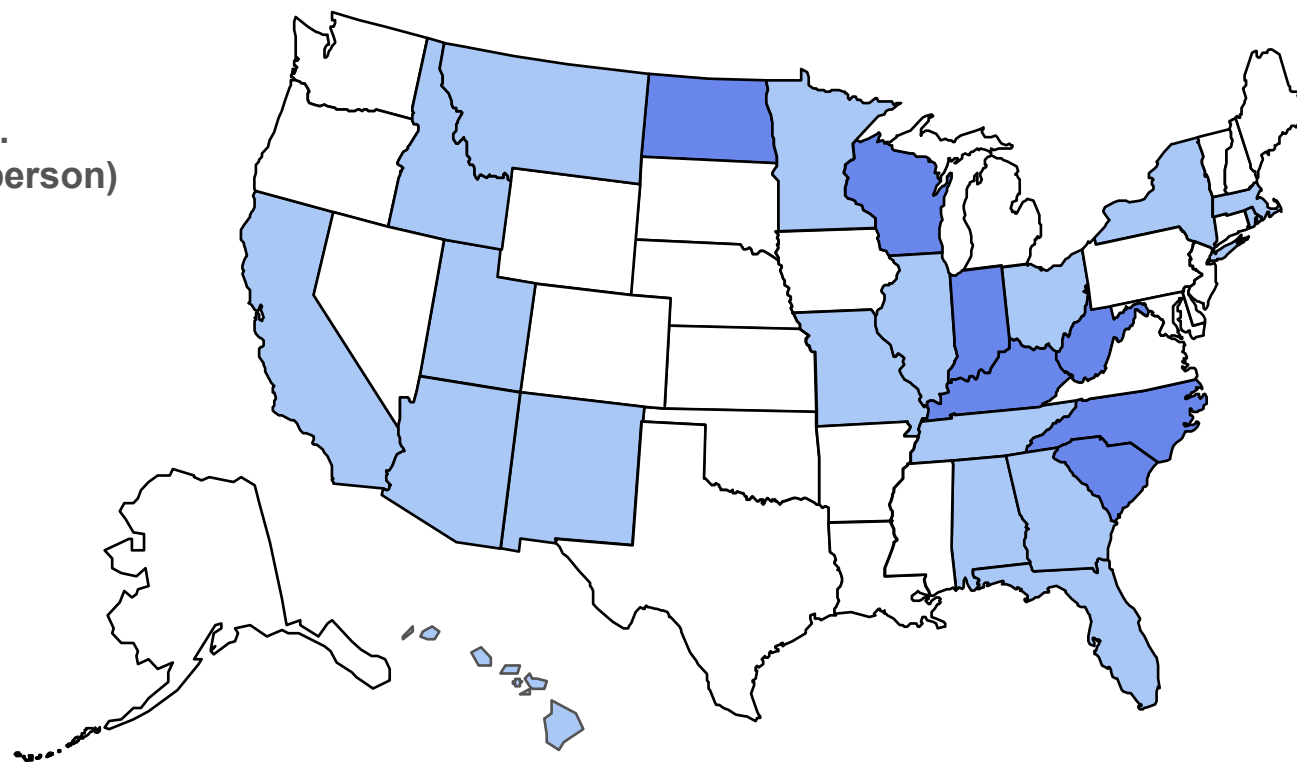
## BRFSS, 1985



# OBESITY TRENDS\* AMONG U.S. ADULTS

BRFSS, 1986

(\*BMI  $\geq 30$ , or ~ 30 lbs.  
overweight for 5' 4" person)

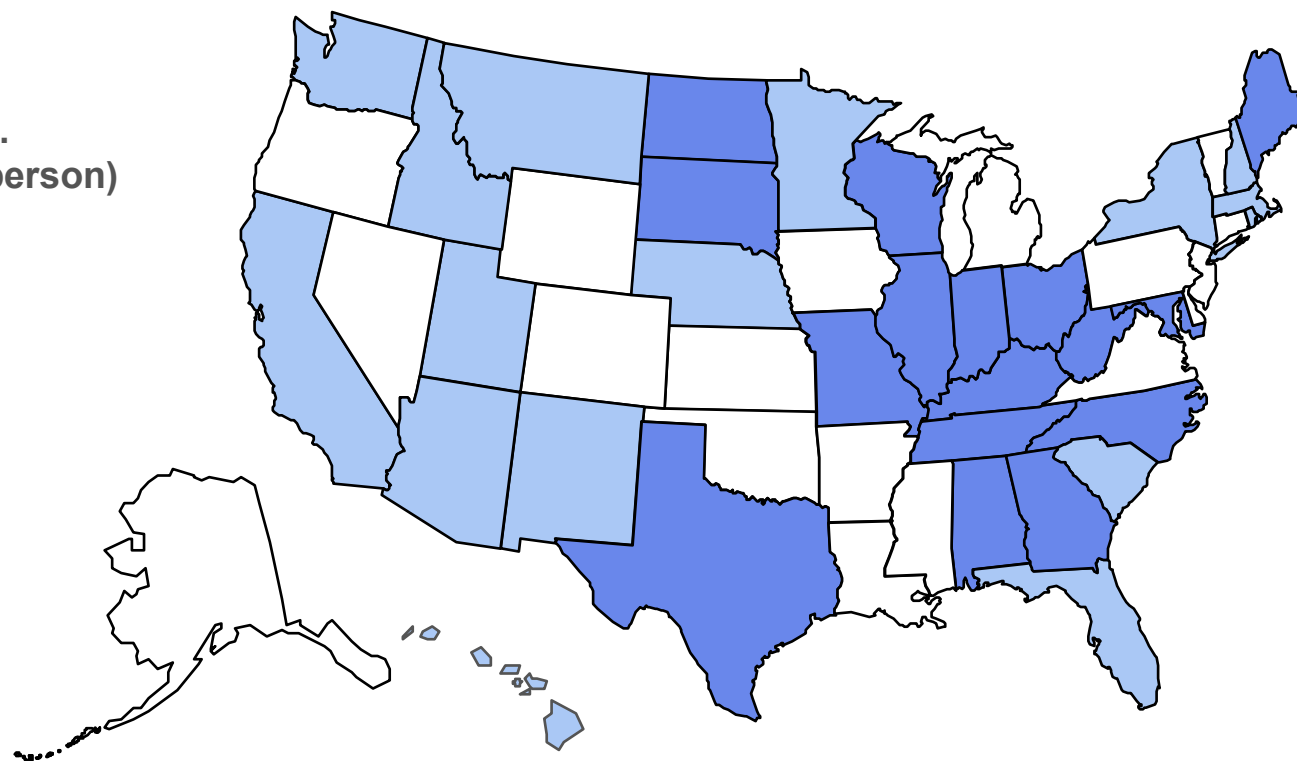


□ No Data    ■ <10%    ■ 10%–14%

# OBESITY TRENDS\* AMONG U.S. ADULTS

BRFSS, 1987

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overweight for 5' 4" person)

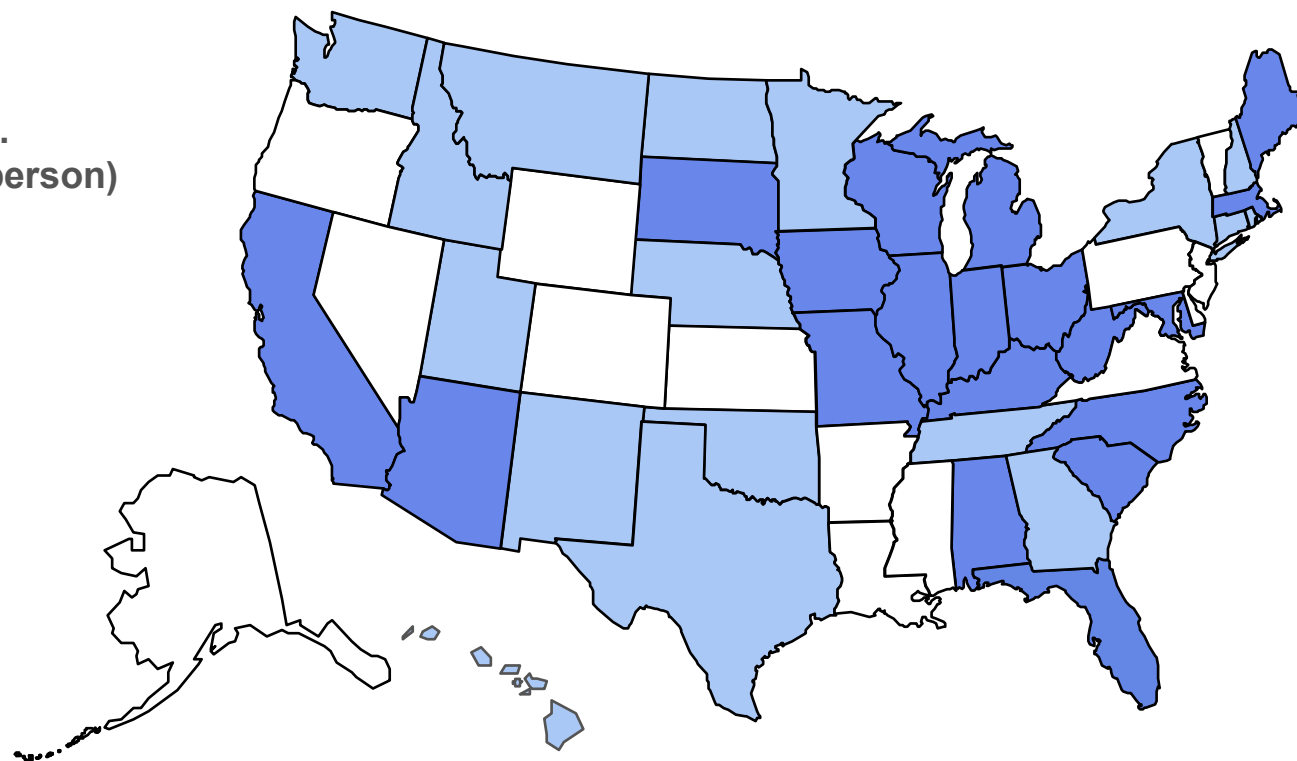


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BRFSS, 1988

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overweight for 5' 4" person)

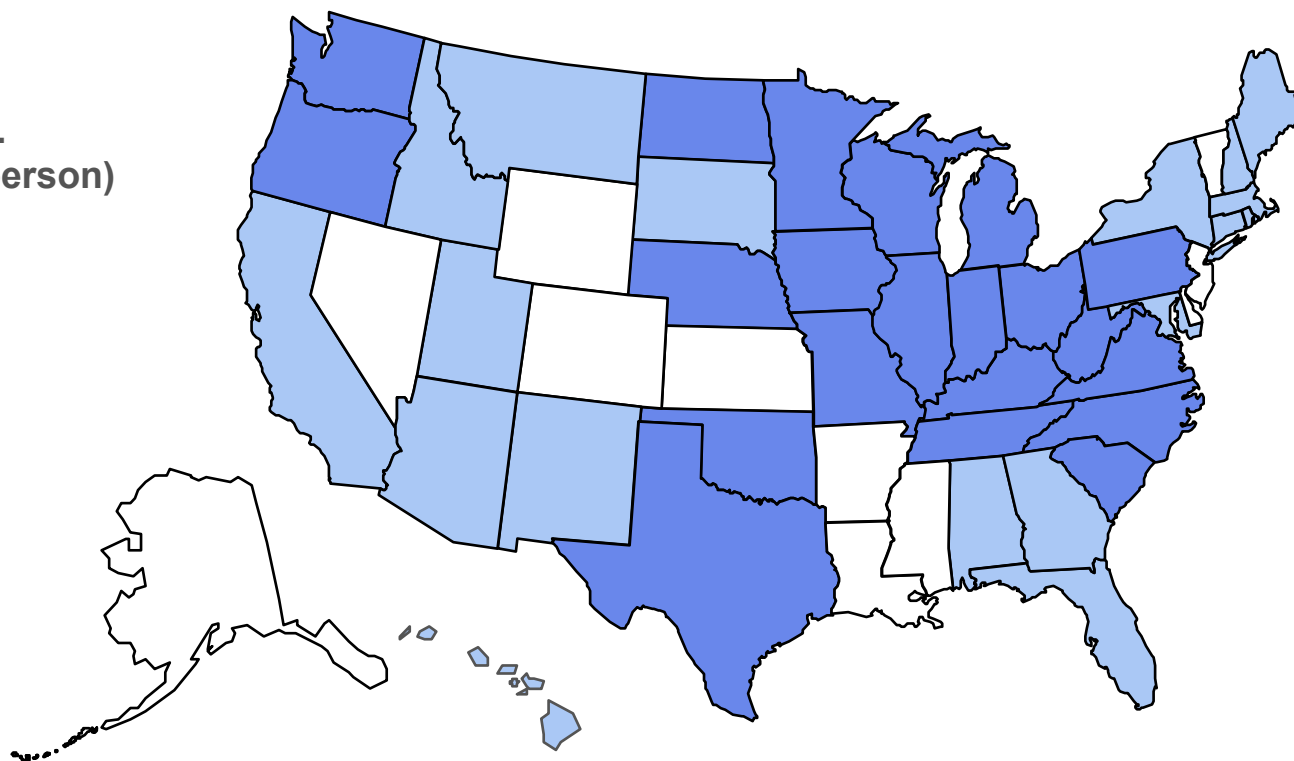


□ No Data    ■ <10%    ■ 10%–14%

# OBESITY TRENDS\* AMONG U.S. ADULTS

BRFSS, 1989

(\*BMI  $\geq 30$ , or ~ 30 lbs.  
overweight for 5' 4" person)



□ No Data    ■ <10%    ■ 10%–14%



## BRFSS, 1990

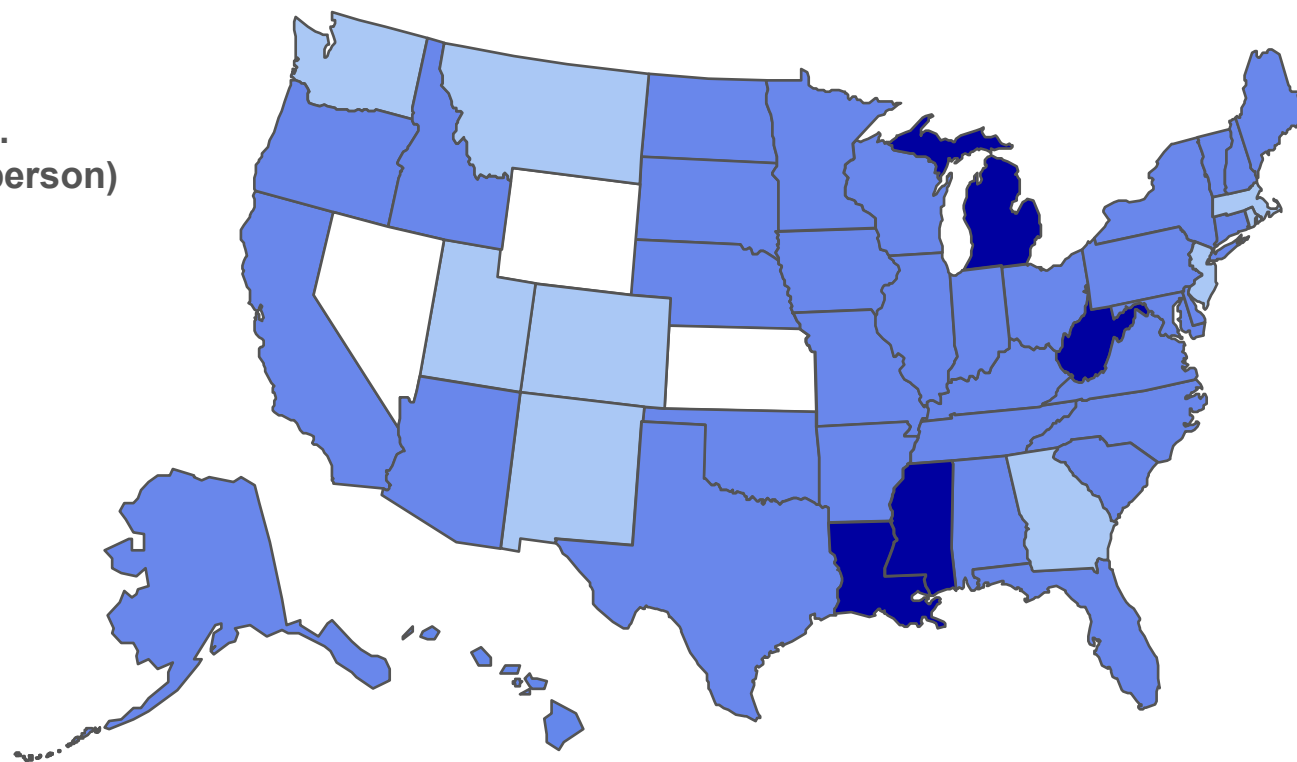
person)



# OBESITY TRENDS\* AMONG U.S. ADULTS

BRFSS, 1991

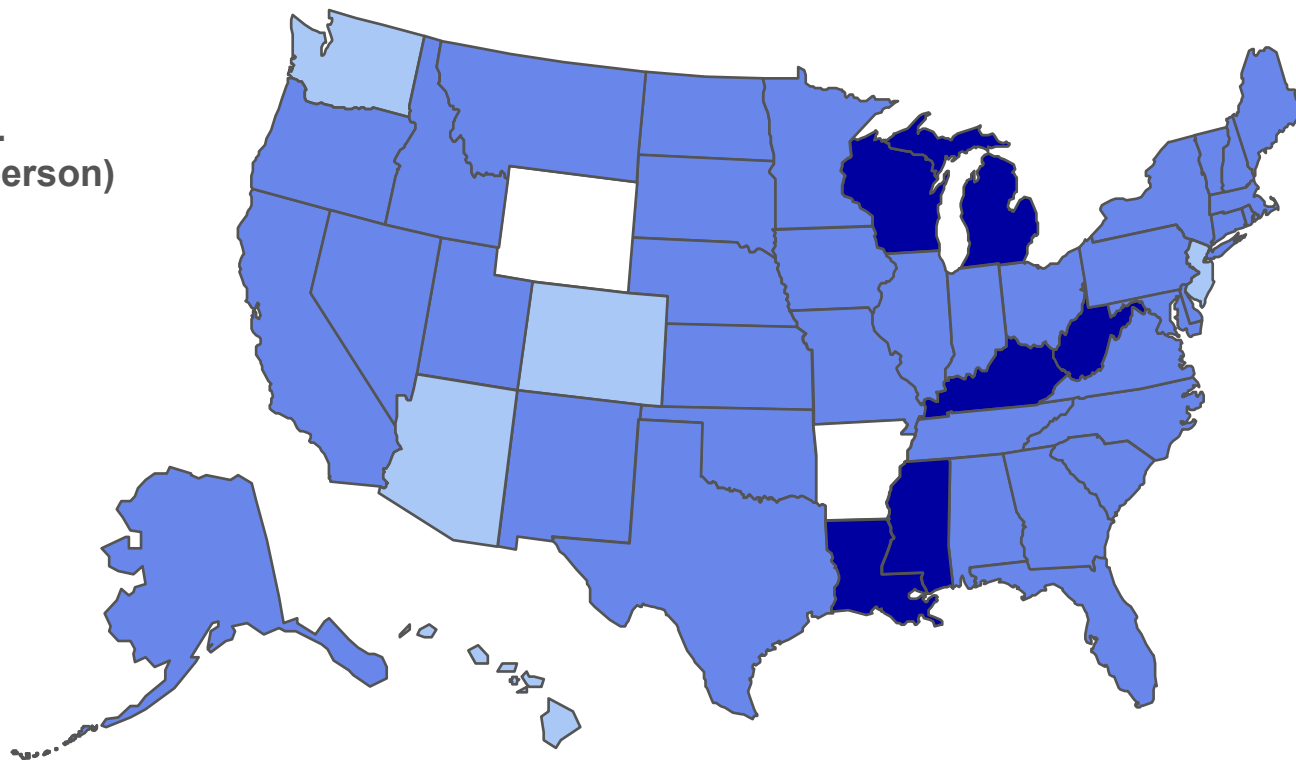
(\*BMI  $\geq 30$ , or ~ 30 lbs.  
overweight for 5' 4" person)



# OBESITY TRENDS\* AMONG U.S. ADULTS

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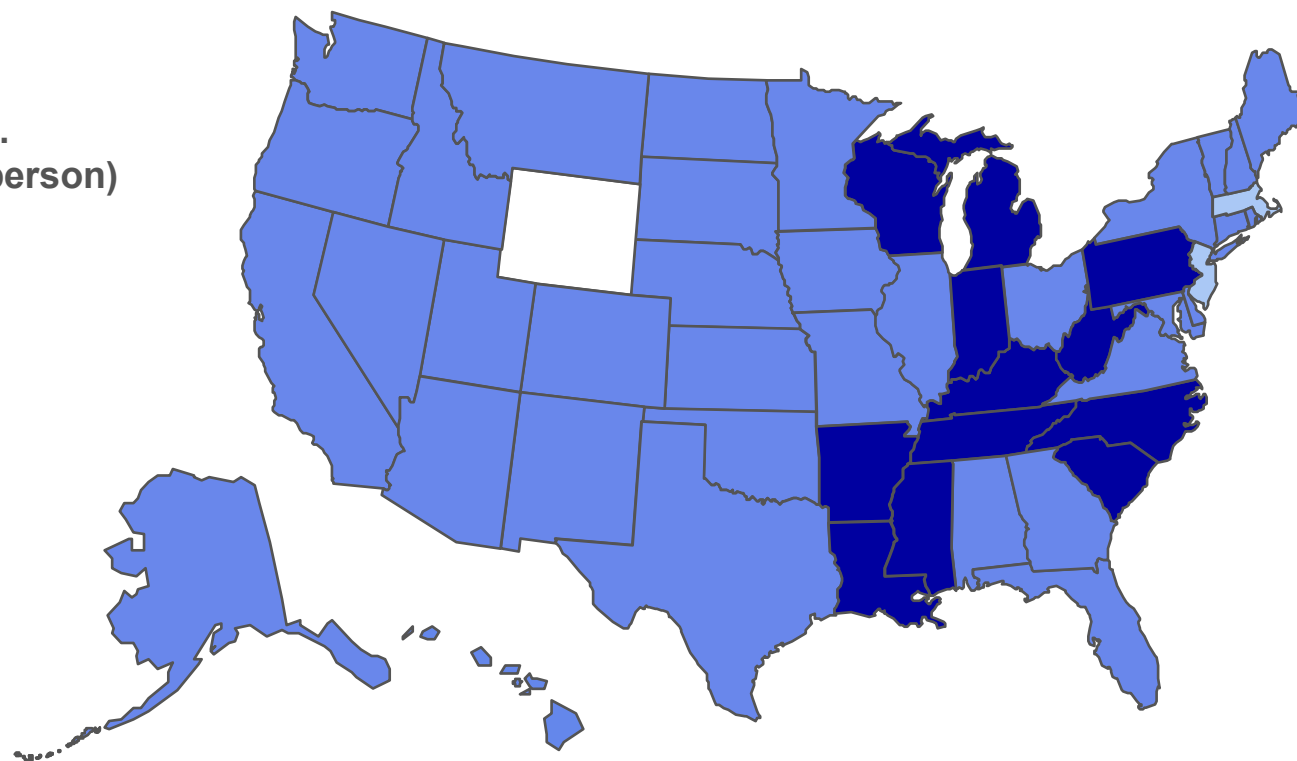
(\*BMI  $\geq 30$ , or ~ 30 lbs.  
overweight for 5' 4" person)



# OBESITY TRENDS\* AMONG U.S. ADULTS

BRFSS, 1993

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overweight for 5' 4" person)

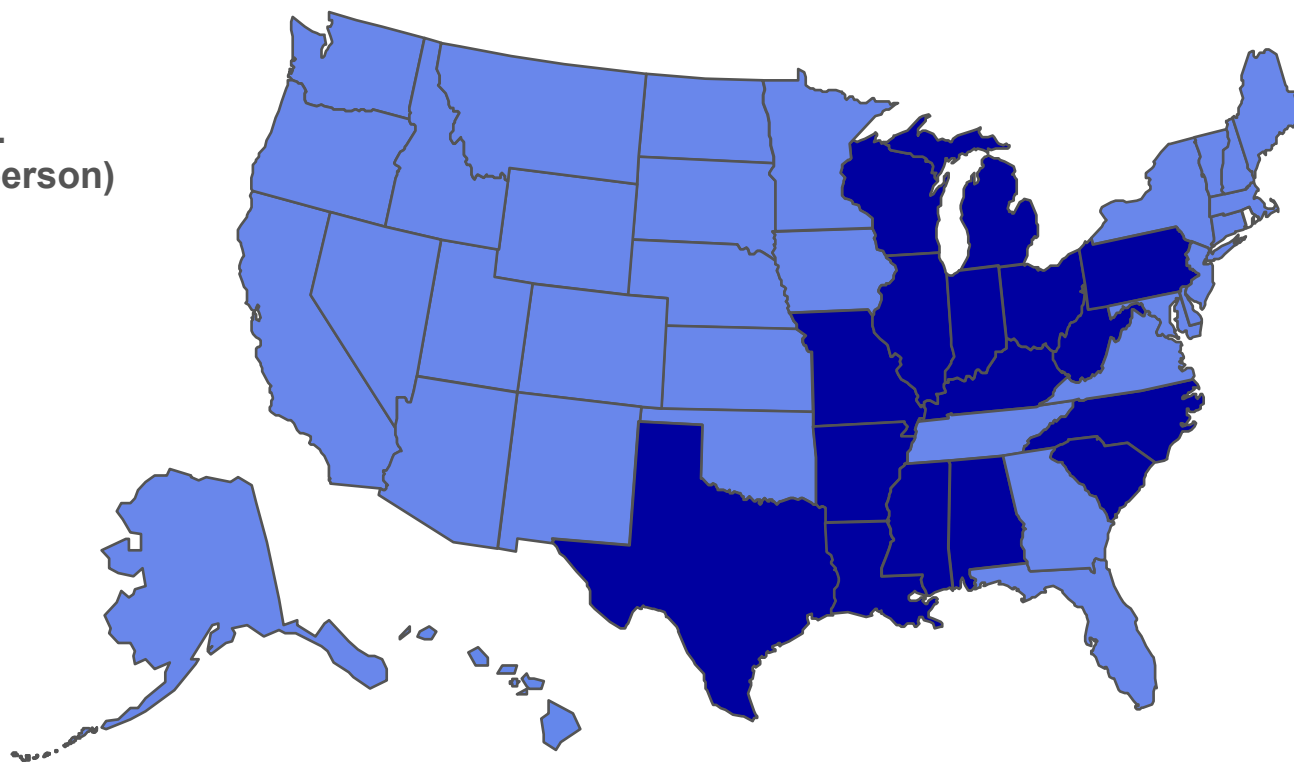


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# OBESITY TRENDS\* AMONG U.S. ADULTS

BRFSS, 1994

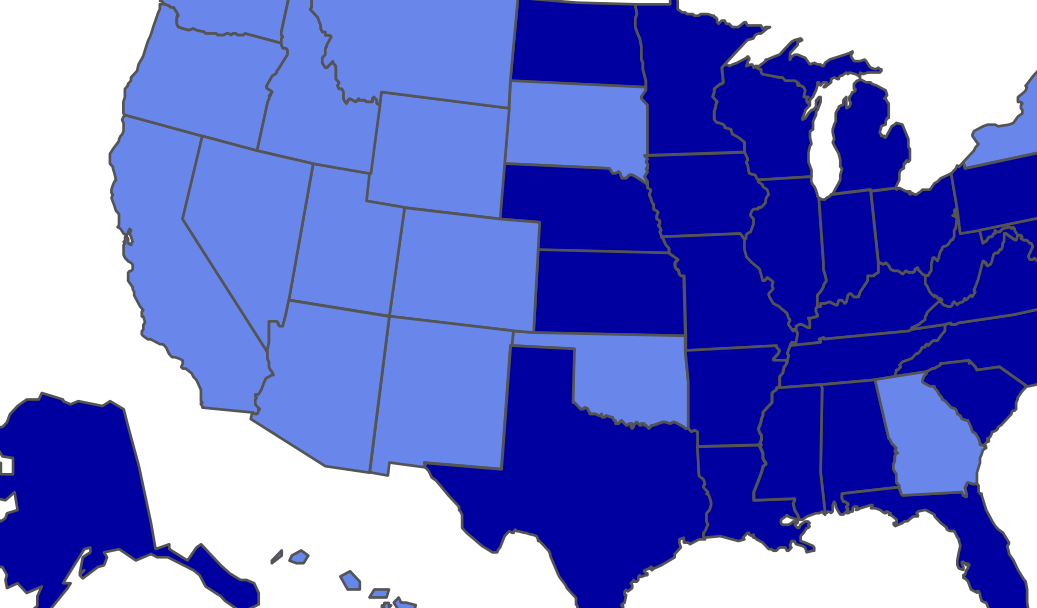
(\*BMI  $\geq 30$ , or ~ 30 lbs.  
overweight for 5' 4" person)



□ No Data    □ <10%    □ 10%–14%    □ 15%–19%

## BRFSS, 1995

erson)



Map of the United States showing the distribution of the 'person' variable. States are colored in two shades of blue. Darker blue states include Alaska, Texas, Florida, and many in the Northeast and Midwest. Lighter blue states include Washington, Oregon, California, Nevada, Arizona, New Mexico, Colorado, Wyoming, Utah, Idaho, Montana, North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, Minnesota, Iowa, Missouri, Arkansas, Louisiana, Mississippi, Alabama, Georgia, South Carolina, North Carolina, Virginia, West Virginia, Maryland, Delaware, Pennsylvania, New Jersey, Connecticut, Rhode Island, Massachusetts, Vermont, New Hampshire, Maine, New York, and Hawaii.





## BRFSS, 1996



## BRFSS, 1997

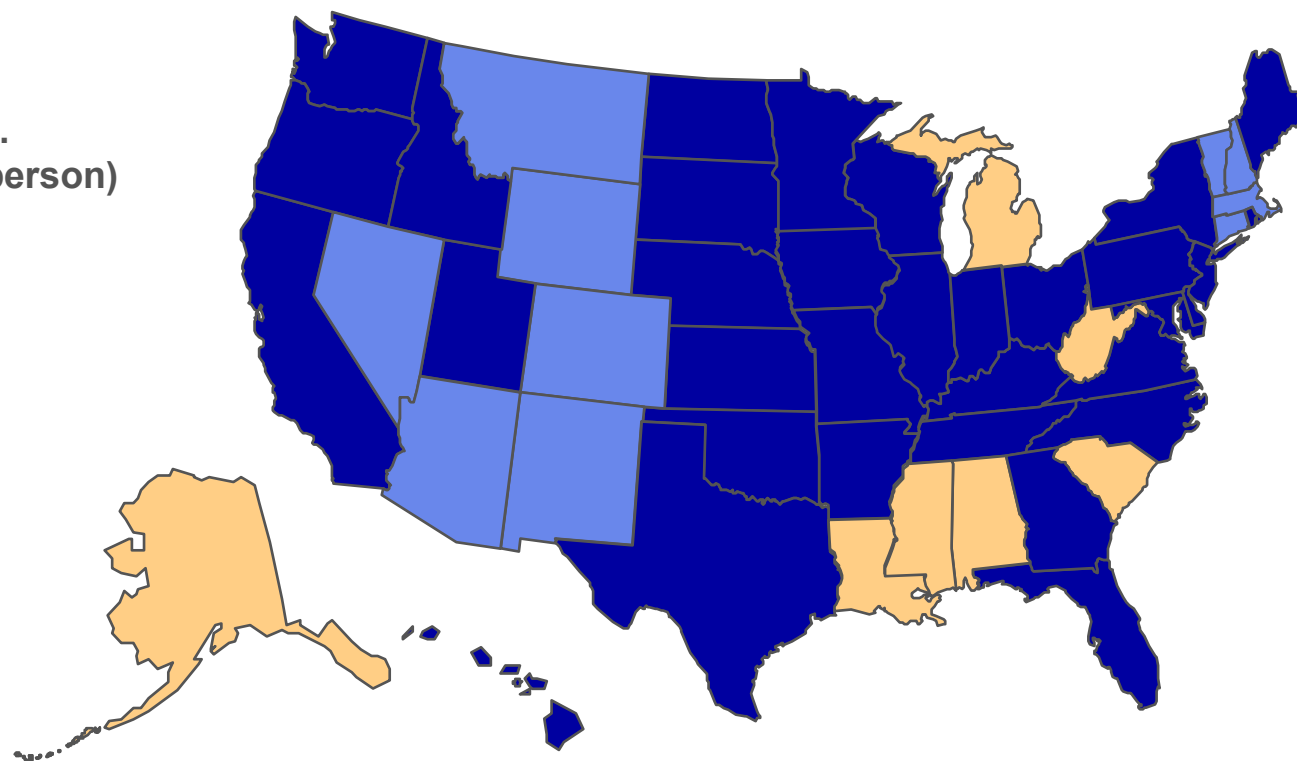
person)



# OBESITY TRENDS\* AMONG U.S. ADULTS

BRFSS, 1998

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overweight for 5' 4" person)

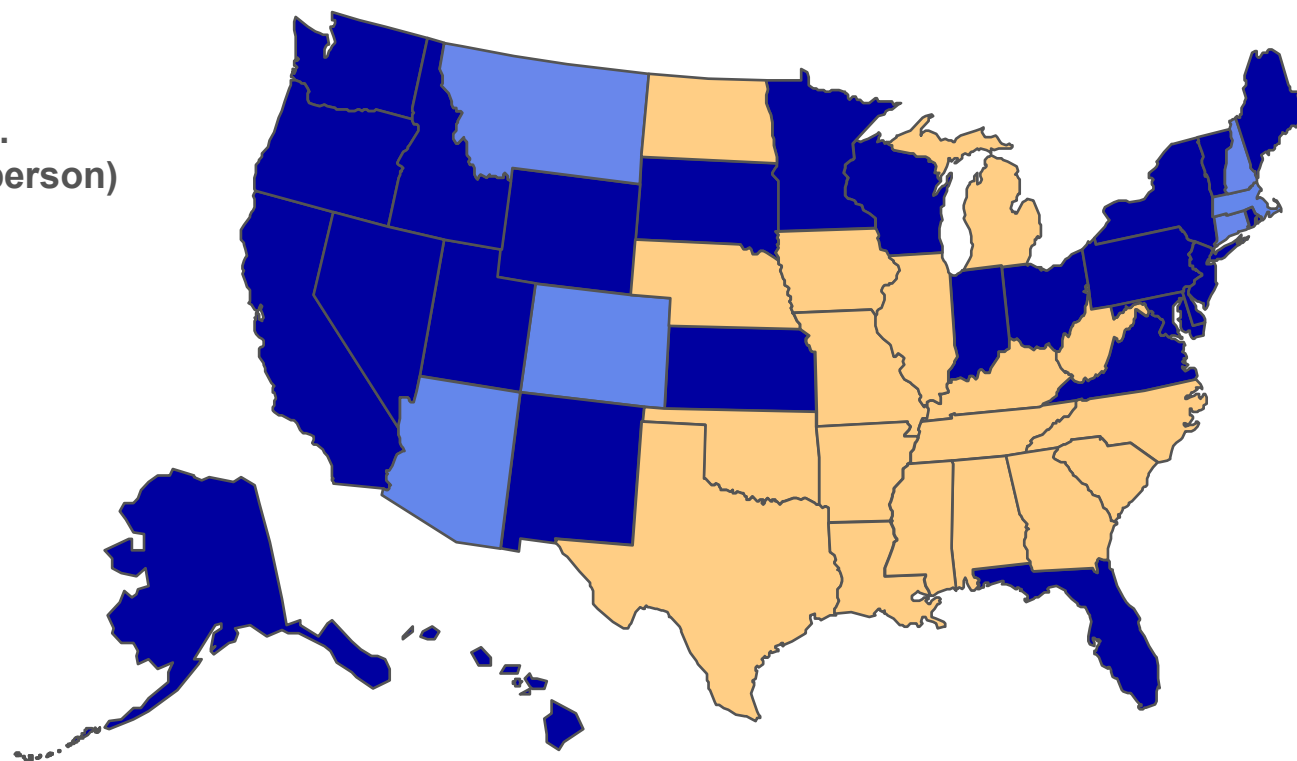


□ No Data    ■ <10%    ■ 10%–14%    ■ 15%–19%    ■ ≥20%

# OBESITY TRENDS\* AMONG U.S. ADULTS

BRFSS, 1999

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overweight for 5' 4" person)



No Data <10% 10%-14% 15%-19%  $\geq 20\%$

## BRFSS, 2000

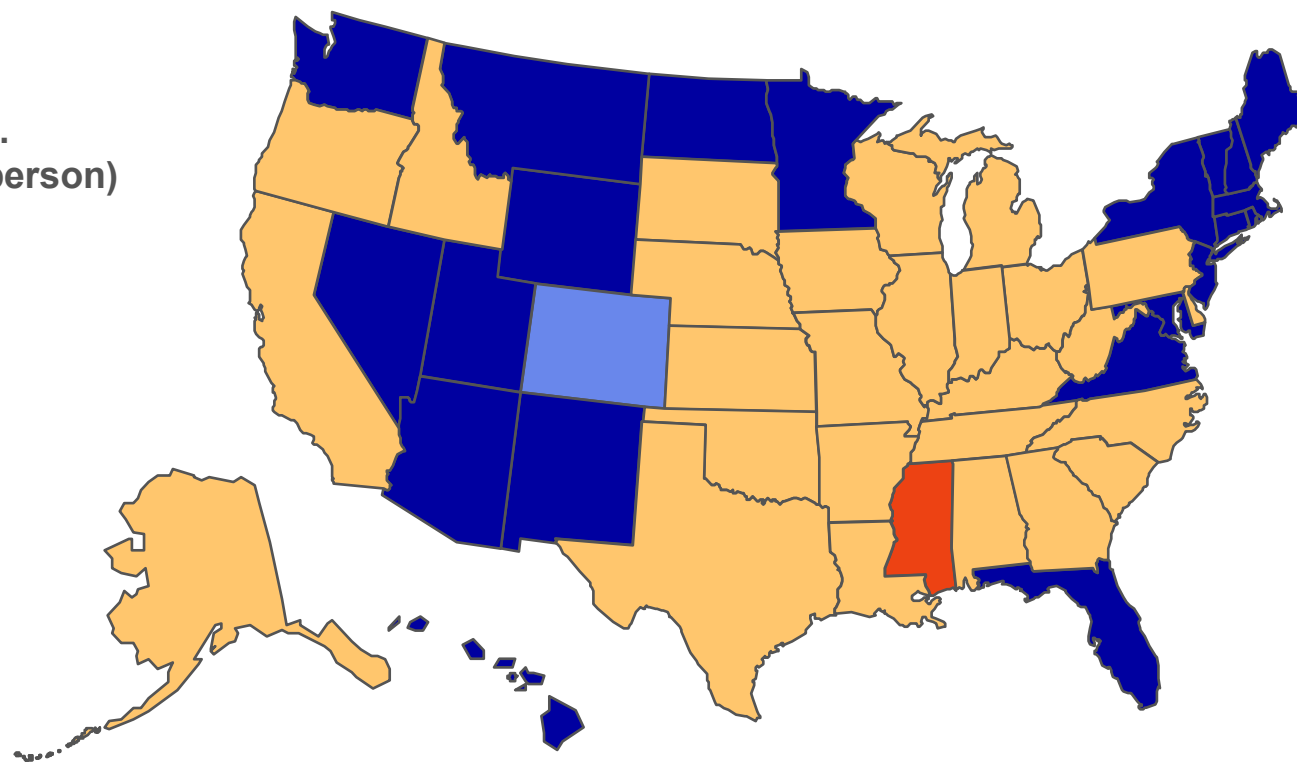
person)



# OBESITY TRENDS\* AMONG U.S. ADULTS

BRFSS, 2001

(\*BMI  $\geq 30$ , or ~ 30 lbs.  
overweight for 5' 4" person)



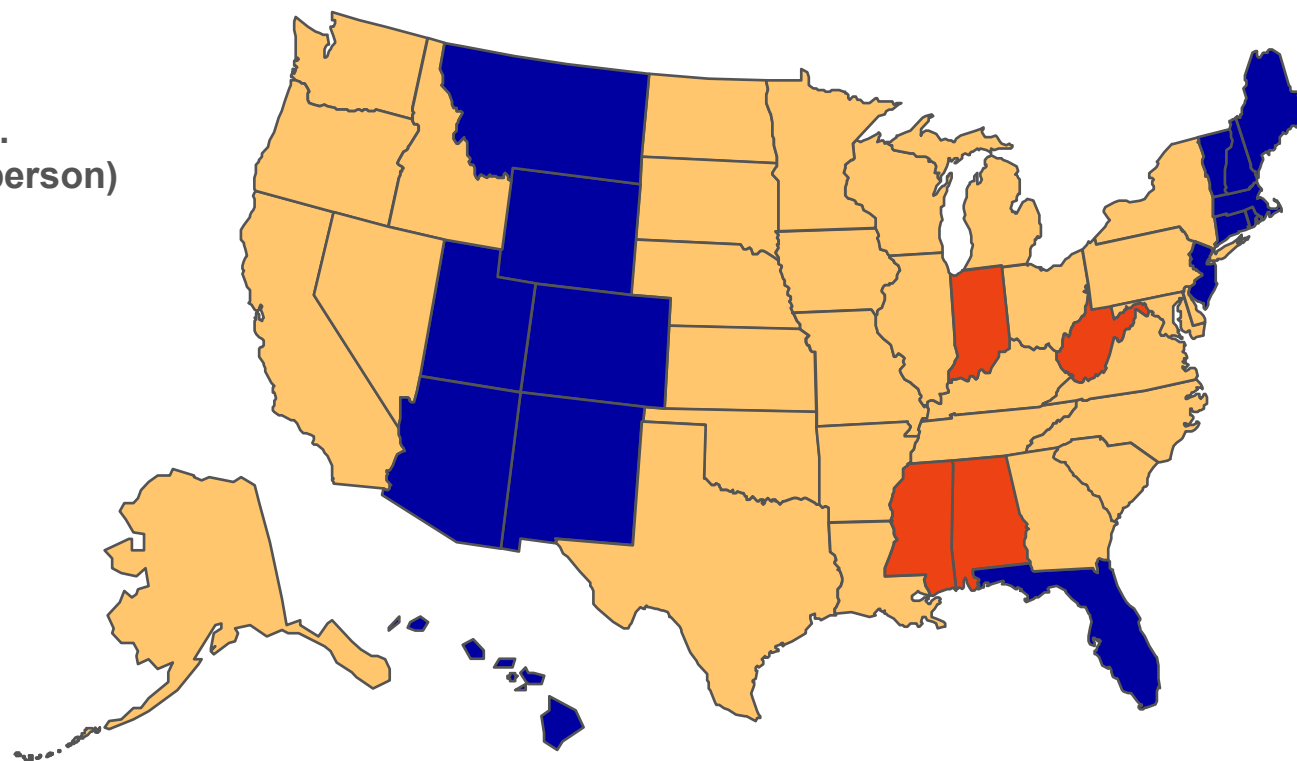
## BRFSS, 2002



# OBESITY TRENDS\* AMONG U.S. ADULTS

BRFSS, 2003

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overweight for 5' 4" person)





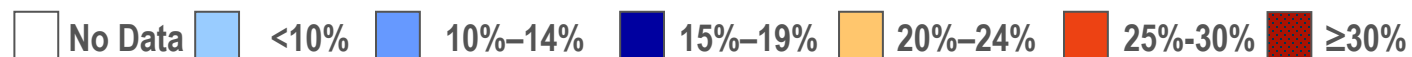
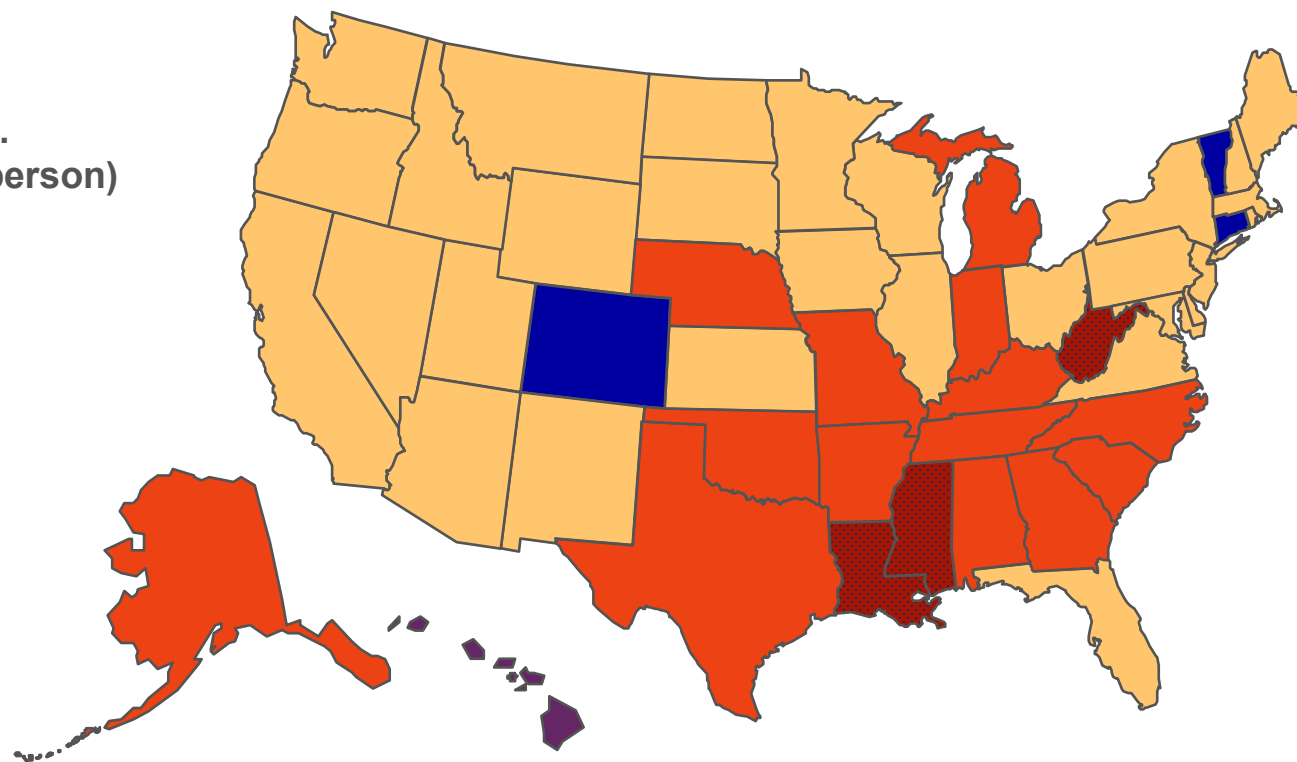
## BRFSS, 2004



# OBESITY TRENDS\* AMONG U.S. ADULTS

BRFSS, 2005

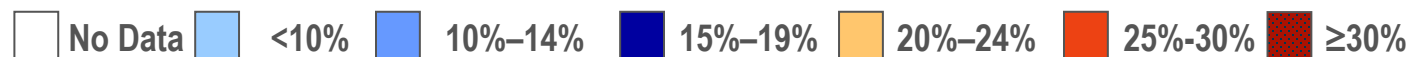
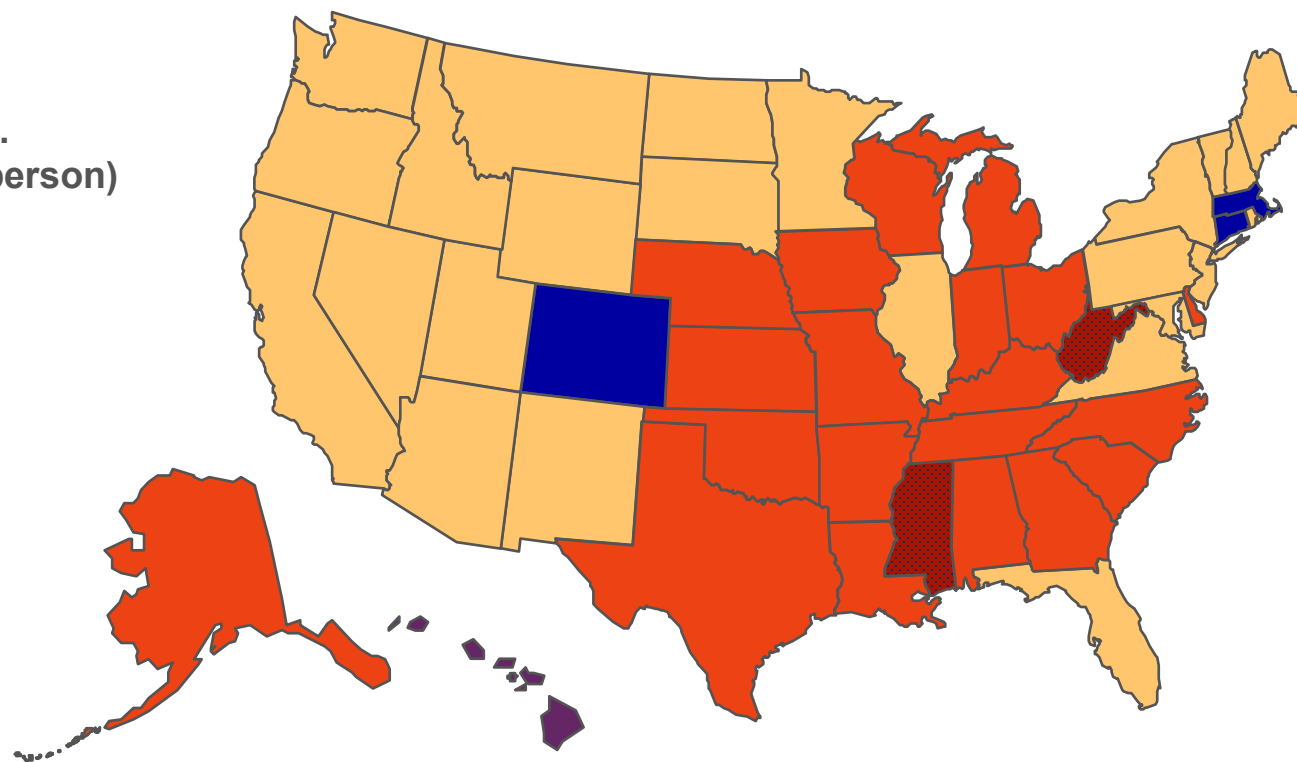
(\*BMI  $\geq 30$ , or ~ 30 lbs.  
overweight for 5' 4" person)



# OBESITY TRENDS\* AMONG U.S. ADULTS

BRFSS, 2006

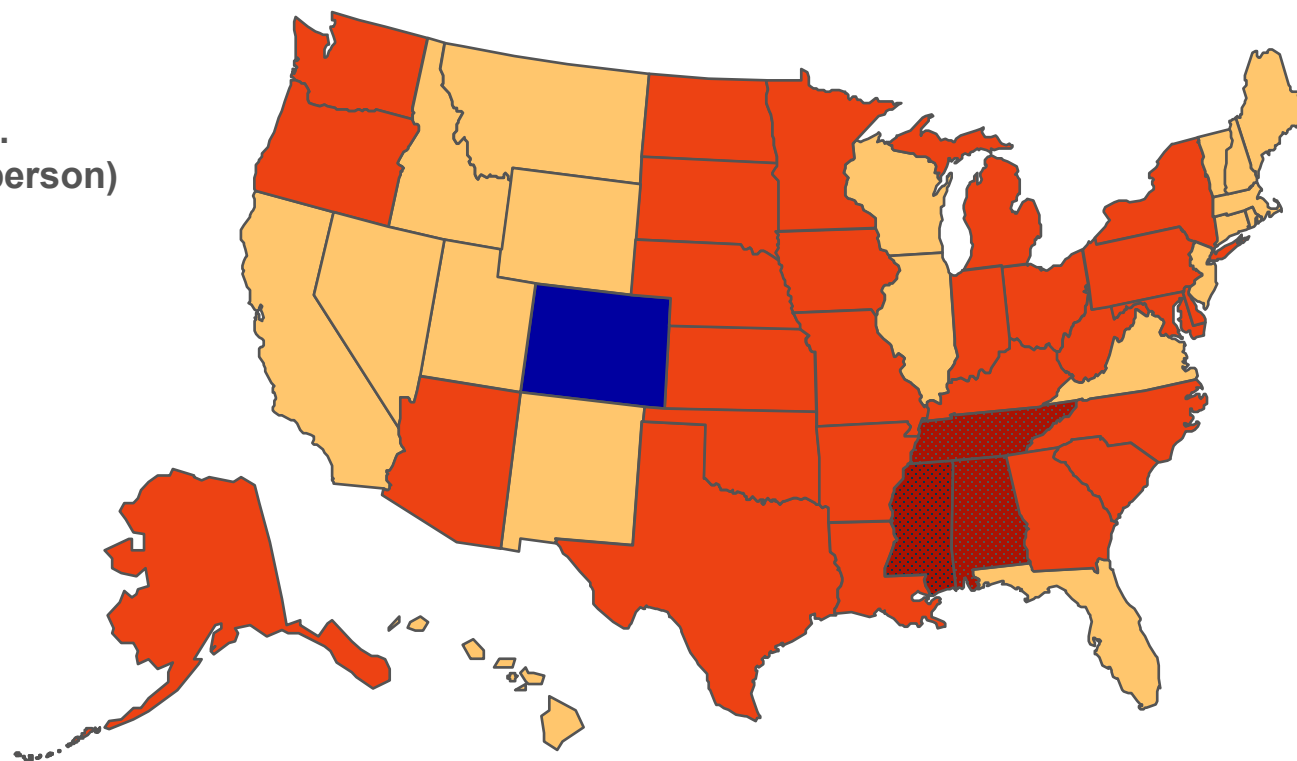
(\*BMI  $\geq 30$ , or ~ 30 lbs.  
overweight for 5' 4" person)



# OBESITY TRENDS\* AMONG U.S. ADULTS

BRFSS, 2007

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overweight for 5' 4" person)

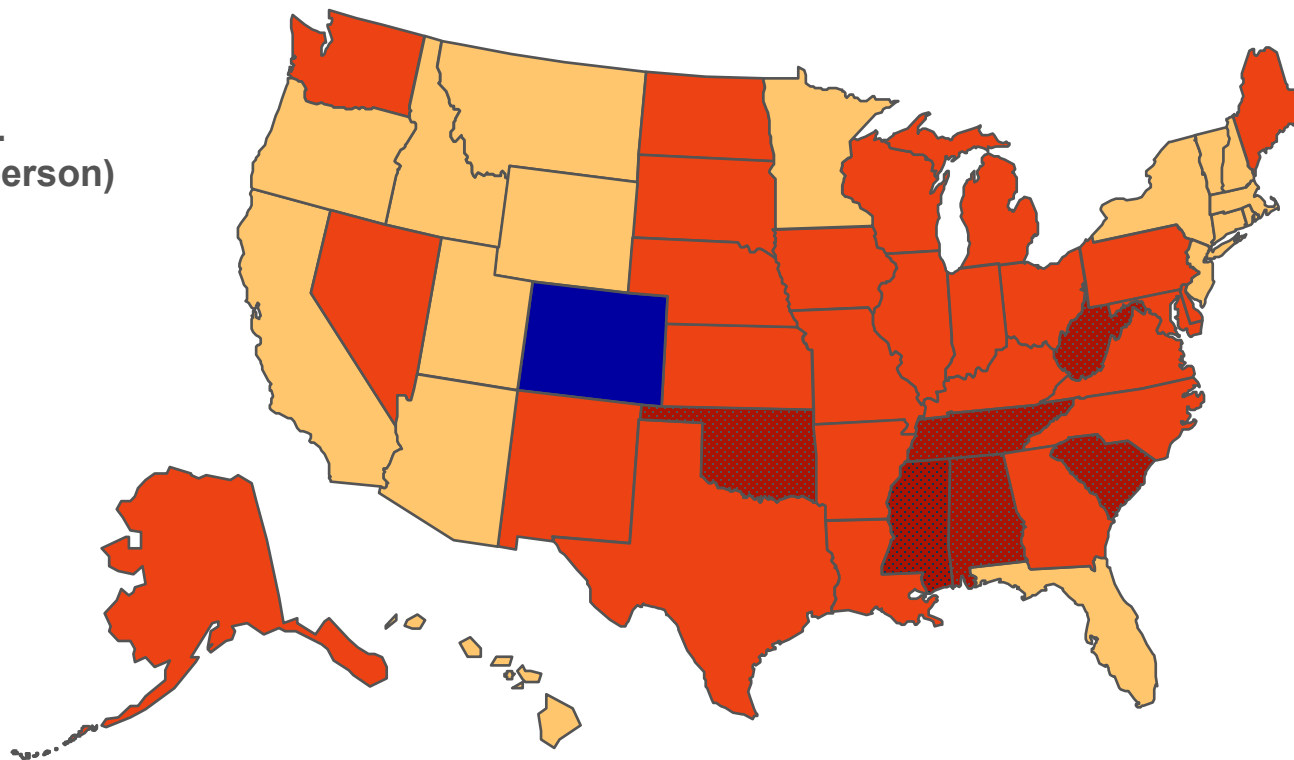


No Data <10% 10%-14% 15%-19% 20%-24% 25%-30%  $\geq 30\%$

# OBESITY TRENDS\* AMONG U.S. ADULTS

BRFSS, 2008

(\*BMI  $\geq 30$ , or ~ 30 lbs.  
overweight for 5' 4" person)

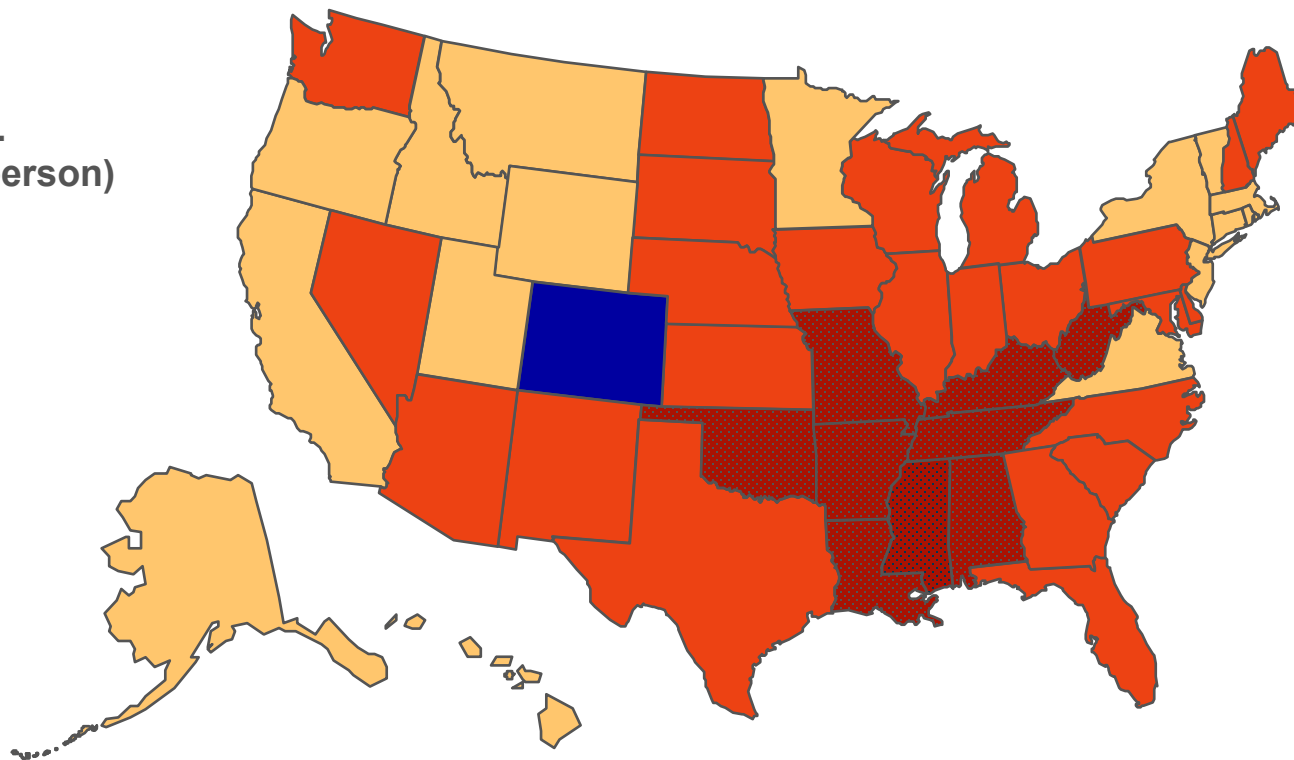


No Data <10% 10%-14% 15%-19% 20%-24% 25%-30%  $\geq 30\%$

# OBESITY TRENDS\* AMONG U.S. ADULTS

BRFSS, 2009

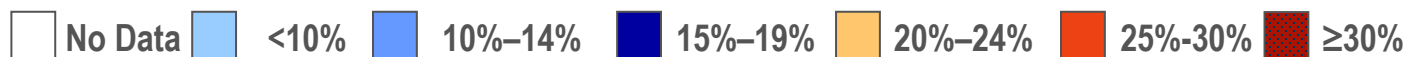
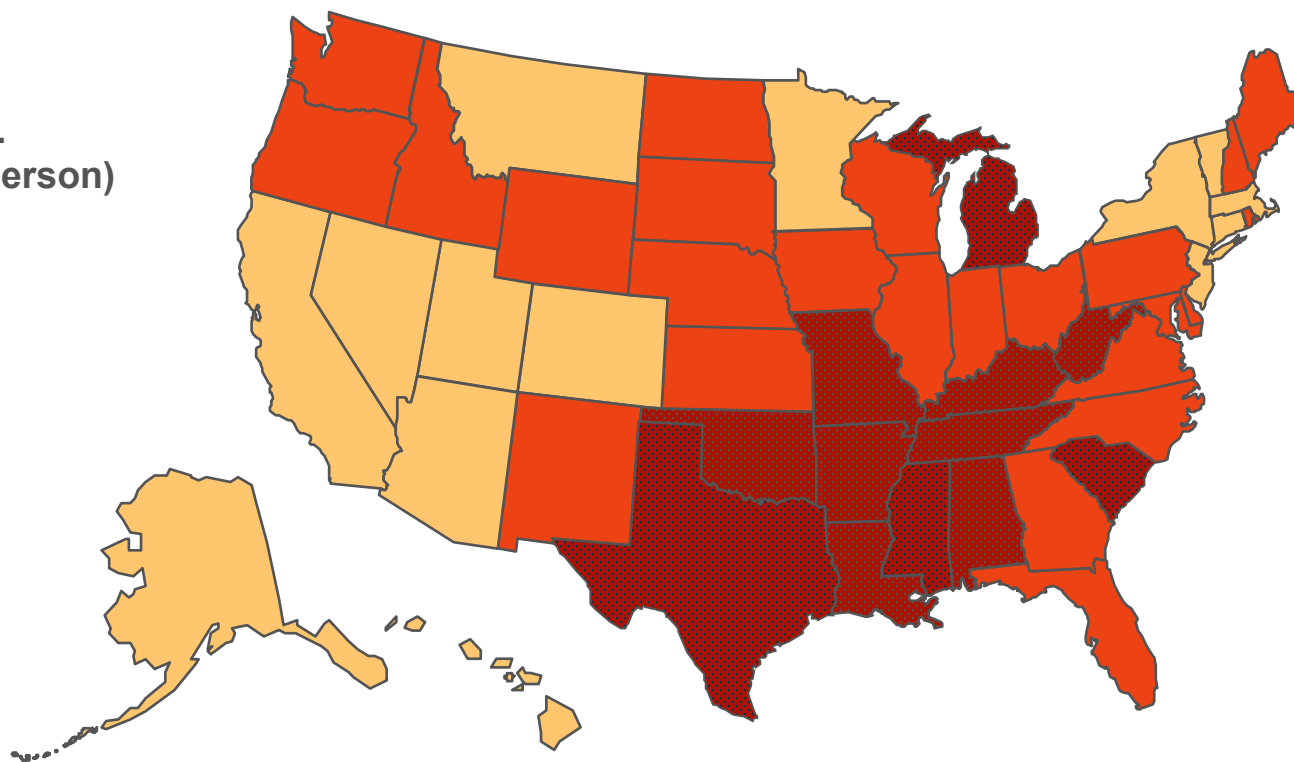
(\*BMI  $\geq 30$ , or ~ 30 lbs.  
overweight for 5' 4" person)



# OBESITY TRENDS\* AMONG U.S. ADULTS

BRFSS, 2010

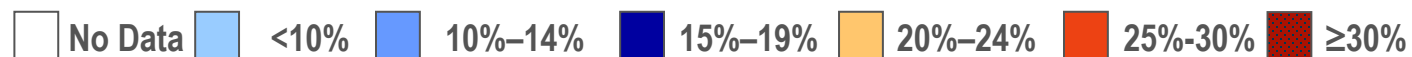
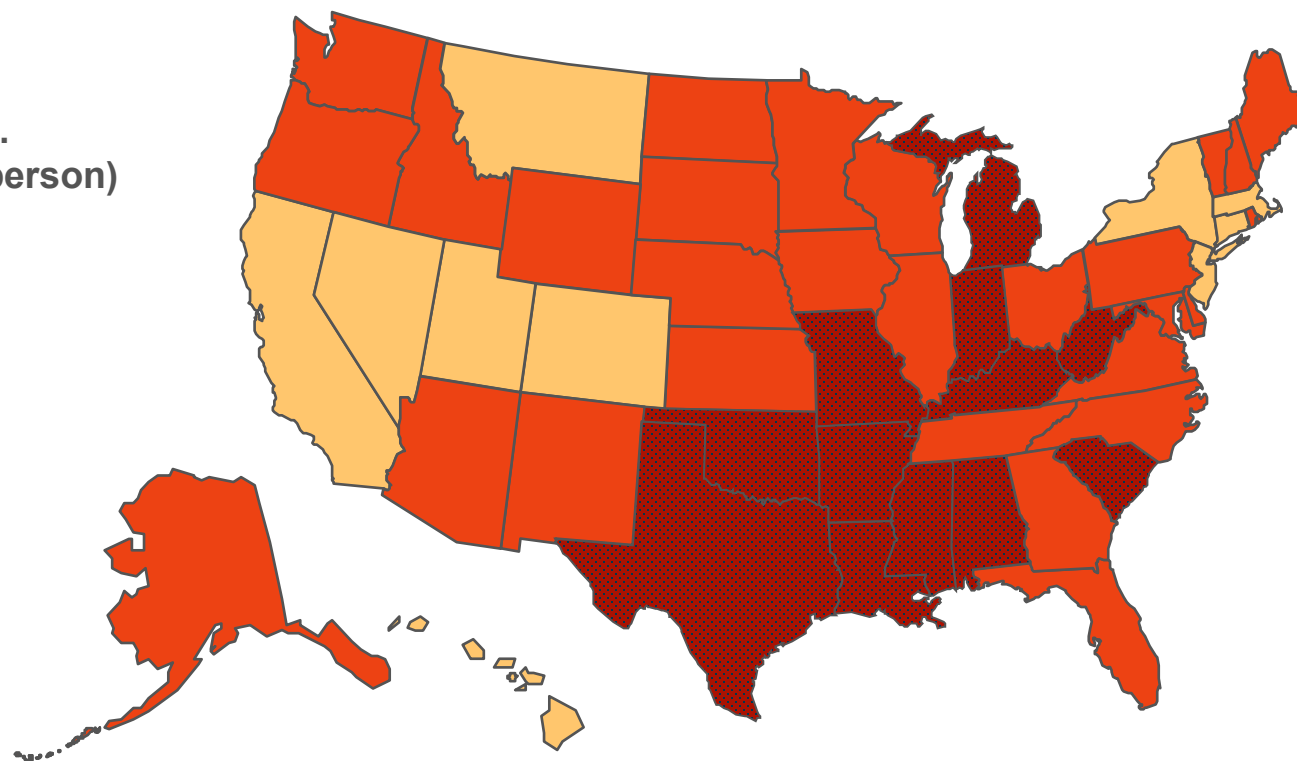
(\*BMI  $\geq 30$ , or ~ 30 lbs.  
overweight for 5' 4" person)



# OBESITY TRENDS\* AMONG U.S. ADULTS

BRFSS, 2011

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overweight for 5' 4" person)

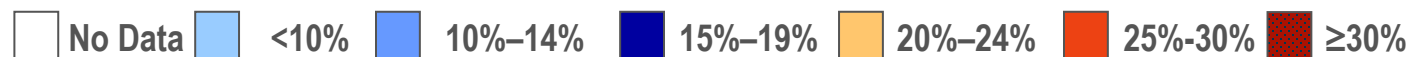
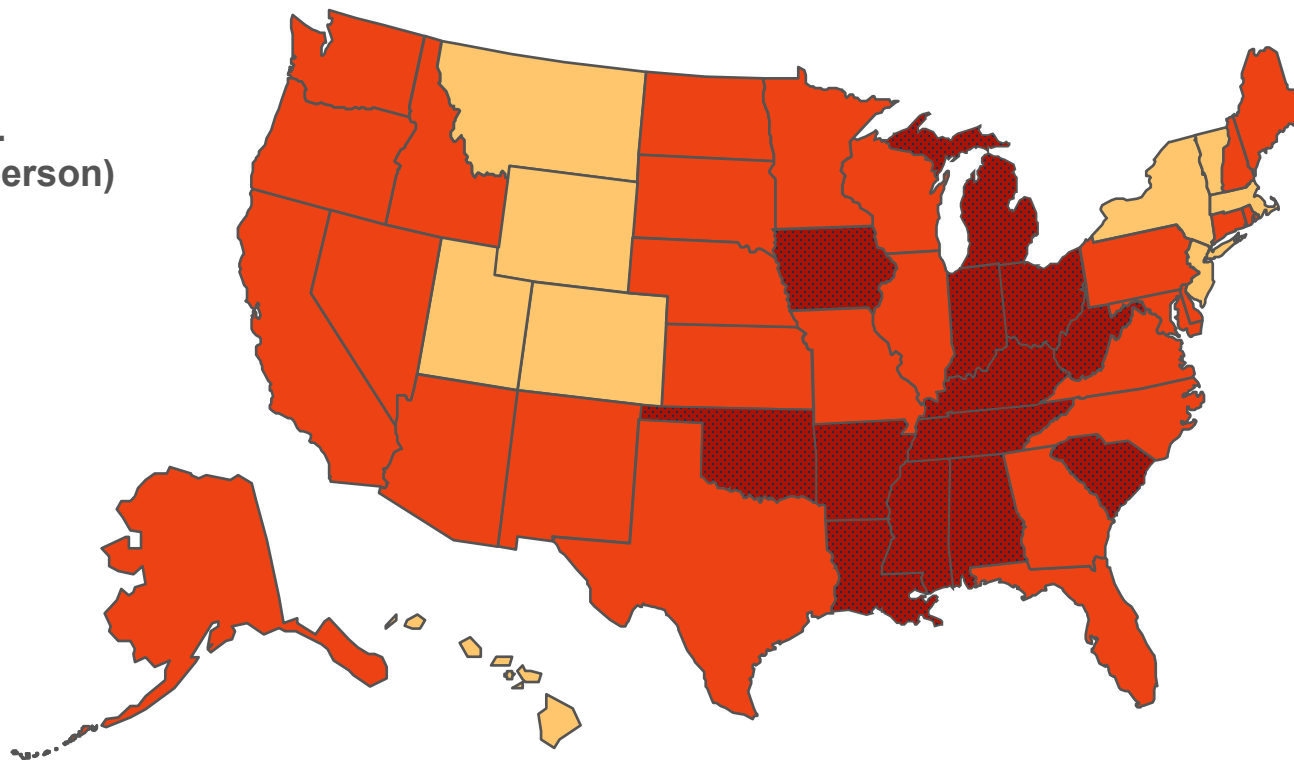




# OBESITY TRENDS\* AMONG U.S. ADULTS

BRFSS, 2012

(\*BMI  $\geq 30$ , or ~ 30 lbs.  
overweight for 5' 4" person)



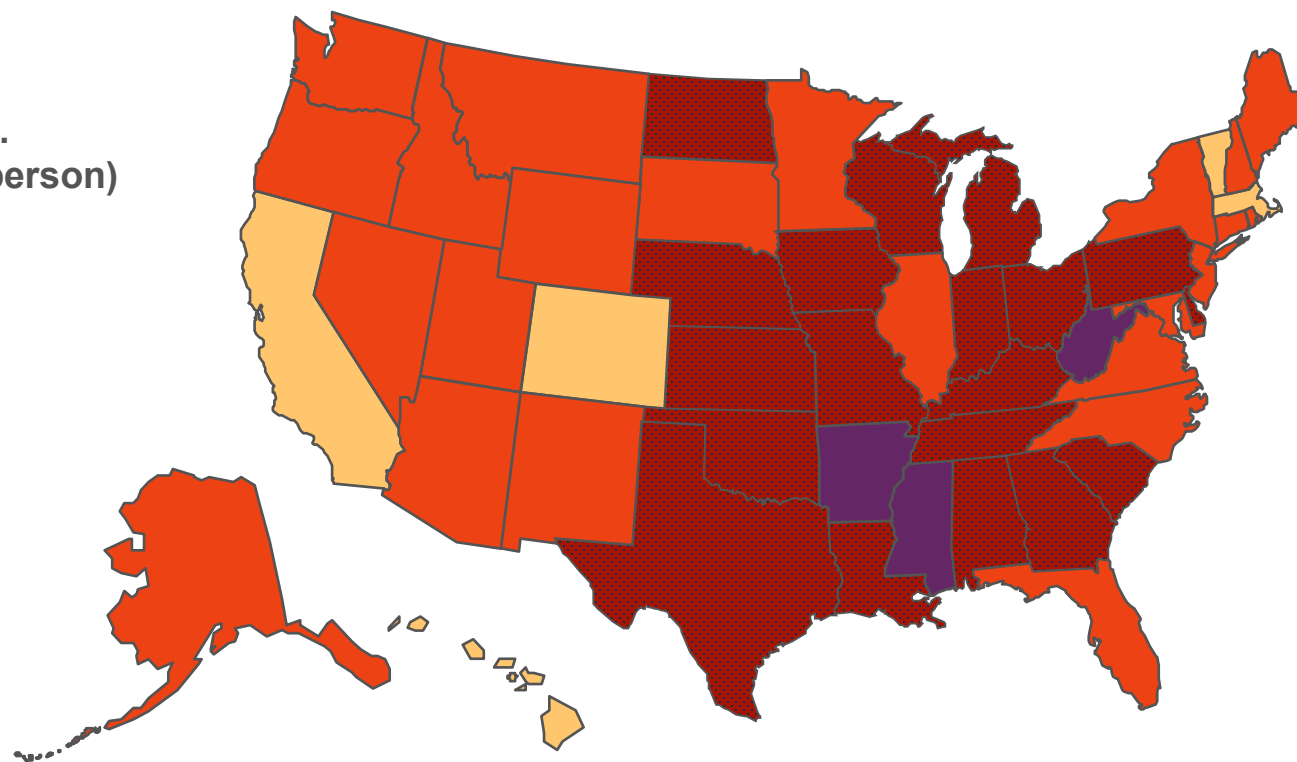
## BRFSS, 2013



# OBESITY TRENDS\* AMONG U.S. ADULTS

BRFSS, 2014

(\*BMI  $\geq 30$ , or ~ 30 lbs.  
overweight for 5' 4" person)



## BRFSS, 2015



## BRFSS, 2016

Choropleth map of the United States showing the percentage of the population aged 65 and over. The map uses a color scale from light yellow (low percentage) to dark red (high percentage). States with the highest percentages (dark red) include Alaska, Hawaii, and several states in the Northeast and Midwest. States with the lowest percentages (light yellow) include Colorado, Utah, and Nevada.



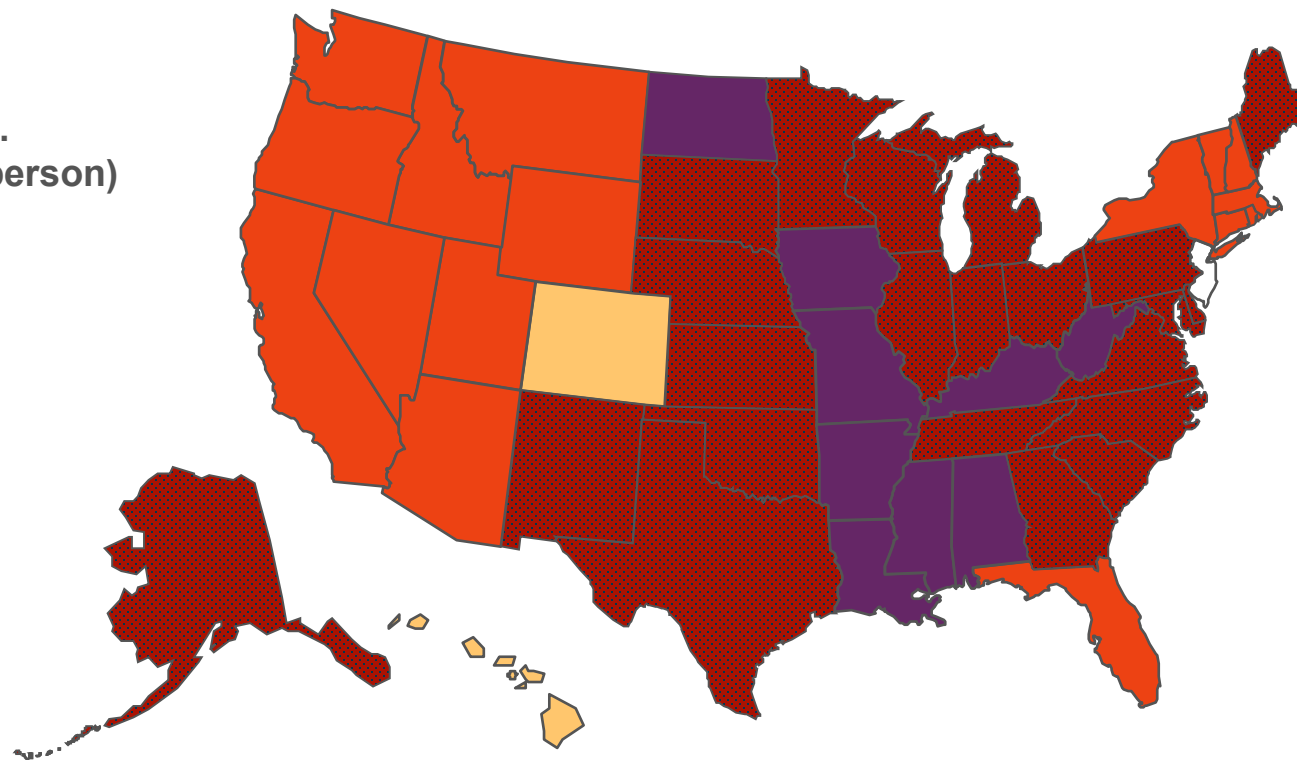
## BRFSS, 2017



# OBESITY TRENDS\* AMONG U.S. ADULTS

BRFSS, 2018

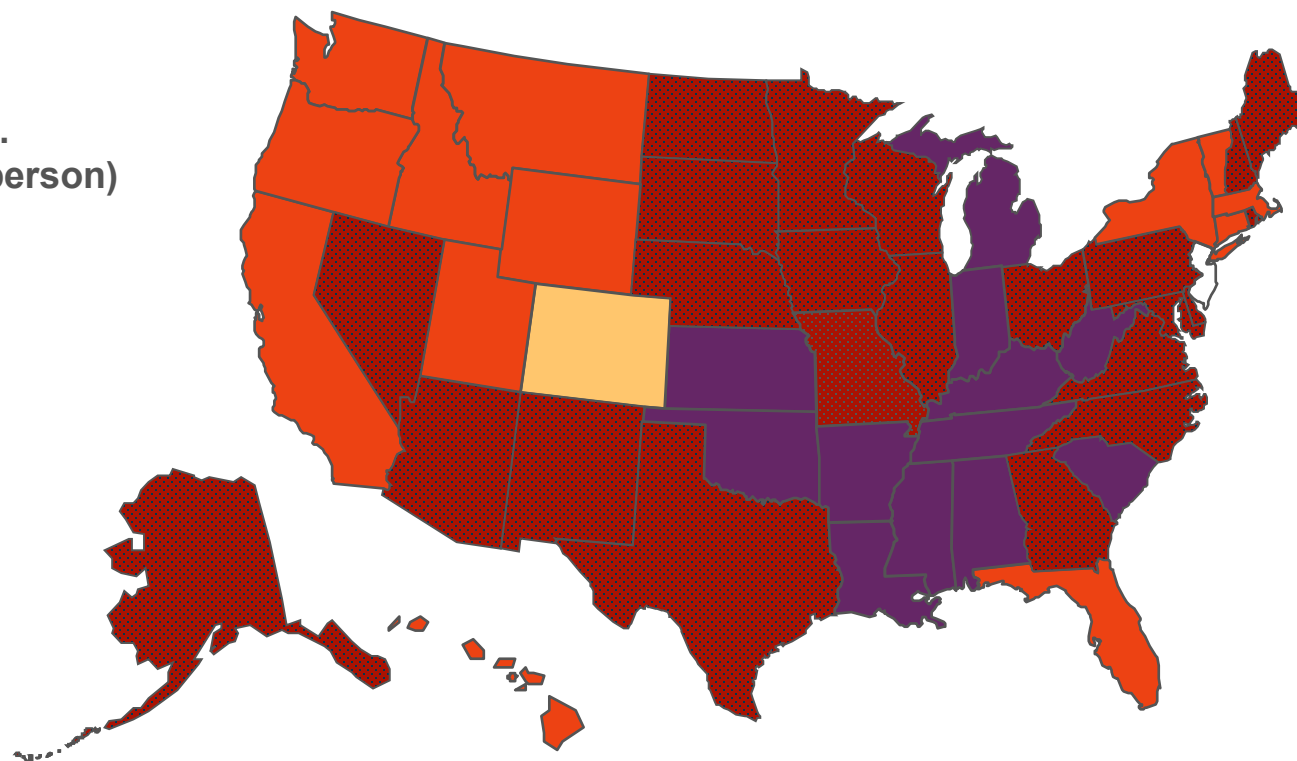
(\*BMI  $\geq 30$ , or ~ 30 lbs.  
overweight for 5' 4" person)



# OBESITY TRENDS\* AMONG U.S. ADULTS

BRFSS, 2019

(\*BMI  $\geq 30$ , or ~ 30 lbs.  
overweight for 5' 4" person)







**It's NOT the frog,**

**it's the WATER**

# OBESITY-RELATED DISEASES







# WHAT HAS CHANGED?





Dinner plate size  
has increased **36%** since 1960

Brian Wansink, Mindless Eating

## THE POWER OF ENVIRONMENT





**600**

**more calories consumed per day  
than in 1970**

U.S.D.A., Economic Research Service

# THE POWER OF ENVIRONMENT





# THE POWER OF ENVIRONMENT



**More than 75%**  
of students **do not** consume  
green vegetables daily

Robert Wood Johnson Foundation





We've designed our cities and suburbs over the past 50 years with a **dependence on cars**

Susan Powers, Urban Ventures

# THE POWER OF ENVIRONMENT







**33%**  
decrease in number of children who  
walk to school since 1969

American Journal of Preventative Medicine

# LIFESTYLE TRENDS





# LIFESTYLE TRENDS



**Only 27%** of high school students meet the Surgeon General's physical activity recommendation

Centers for Disease Control and Prevention





Children and teens spend  
**6—8 hours a day**  
on screen time

Robert Wood Johnson Foundation

## LIFESTYLE TRENDS





# THE POWER OF ENVIRONMENT



**60%**

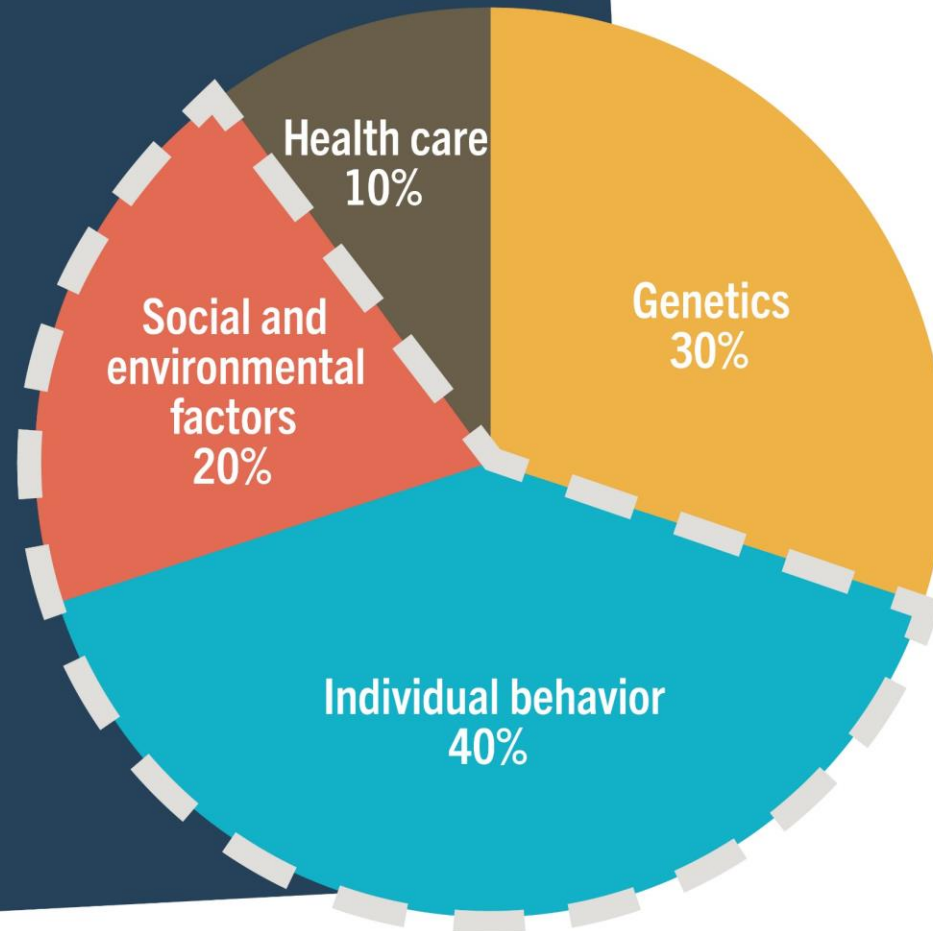
**reduction in jobs requiring moderate physical activity since 1960**



# WHAT IMPACTS HEALTH

The **social determinants** of health are the **conditions** in which people are born, grow, work, live, and age, and the **wider set of forces and systems** shaping the conditions of daily life.

Source: The World Health Organization



Source: Henry J. Kaiser Family Foundation, November 2015 Issue Brief

# **OUTSIDE THE HEALTHCARE SYSTEM**



**BLUE ZONES**

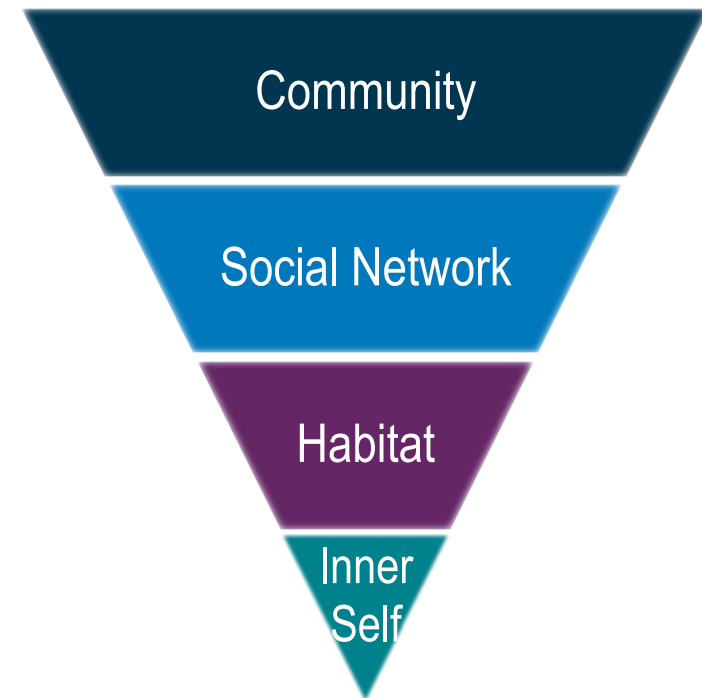


# THE SOLUTION

The Blue Zones Project® was launched in September 2011

The Blue Zones® approach is unique because it approaches health improvement at the **community level** with an emphasis on places where people live, work and play.

- Specific actions are recommended in each of the following areas:
  - Schools
  - Worksites
  - Restaurants
  - Grocery Stores
  - Community Policy
- There is also a plan for citizens to help them think about how they set up their personal environment.





# ACCOMPLISHMENTS 2011-2016

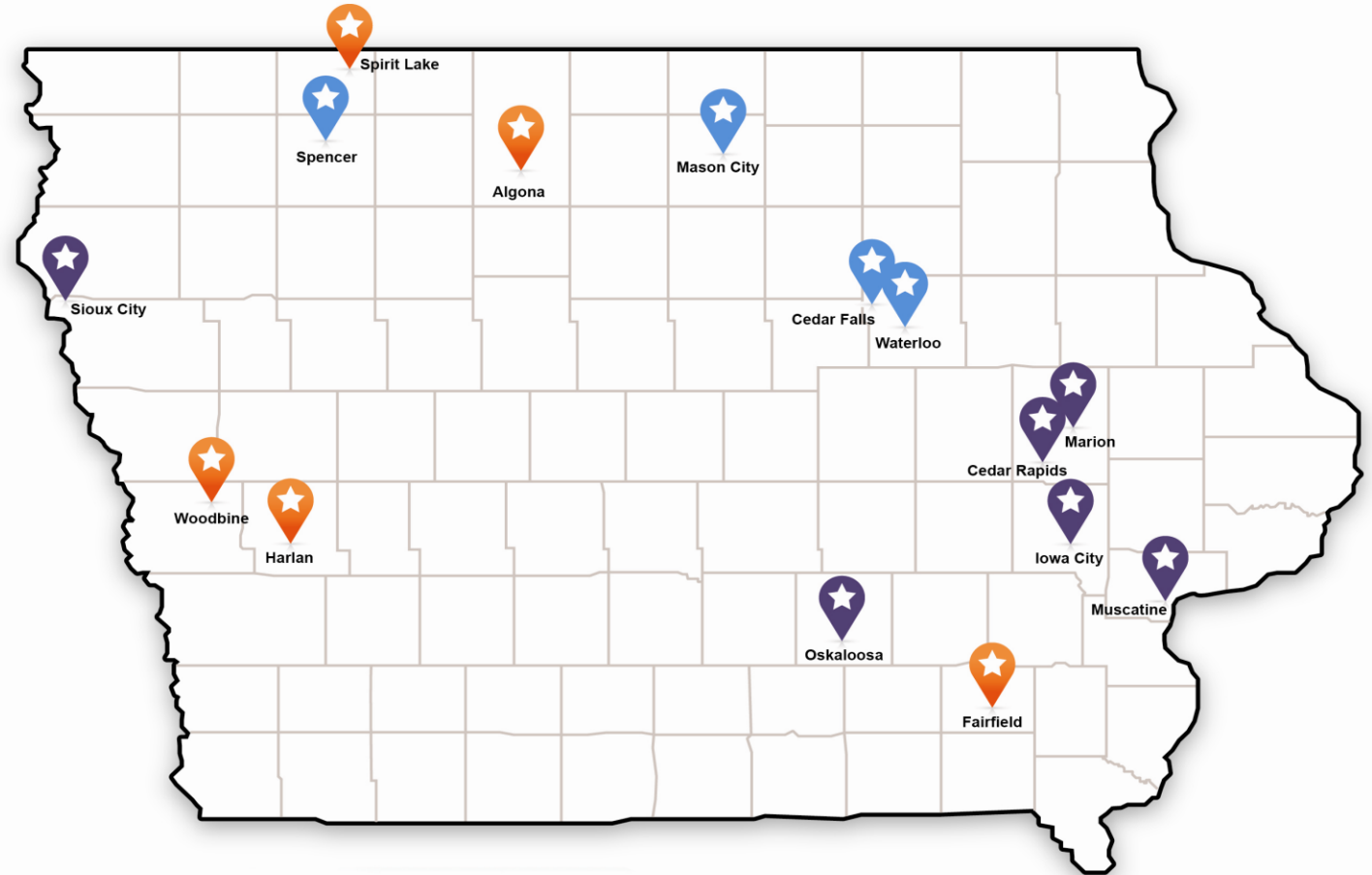
- All 15 communities passed complete streets policies; this is more than half the communities with policies in Iowa
- Every community has a work plan in place that includes sustainable initiatives for longer, healthier living






Sponsored by



# 15 COMMUNITIES ACROSS IOWA BECAME BLUE ZONE CERTIFIED



-  Demonstration sites announced **May 2012**
-  Demonstration sites announced **October 2012**
-  Demonstration sites announced **January 2013**

# KEY ACCOMPLISHMENT: STARTING THE CONVERSATION

- Built environment
- Sustainable change
- Awareness



A close-up photograph of a chalkboard. On the left side, there is a vertical list of three hand-drawn square boxes. The top box contains a checkmark, while the two boxes below it are empty. To the right of these boxes, there are several horizontal lines drawn with chalk, suggesting a list or a timeline. The chalk is white, and the board is dark.

# LESSONS LEARNED

## Big Picture

- Public resources available
- Room for all stakeholders
- Goodwill accrual

## Community Specific

- Flexibility is important
- Local ownership is critical
- Framework, guidance & expertise
- Branding creates inclusion
- Recognition



# healthy hometown<sup>SM</sup>



POWERED BY Wellmark. 

# HEALTHY HOMETOWN<sup>SM</sup> POWERED BY WELLMARK

- More than 100 evidenced-based interventions
- Flexible frameworks afford community choice
- Community ownership
- Branding creates inclusion





# WHAT IT IS

- ➡ Making active transportation (walking and biking) safe and inviting.
- ➡ Ensuring healthy food options are readily available in vending machines and concession stands.
- ➡ Working with local food establishments to offer healthy options.
- ➡ Connecting individuals with volunteer opportunities and providing inviting places for people to gather to enhance social interactions.

# WHAT IT ISN'T

- ➡ Encouraging people to go to the gym.
- ➡ Telling people what they should eat — it is not a diet.
- ➡ Taking away the choice of less desirable options.
- ➡ A wellness challenge program.





# MORE THAN 100 EVIDENCE-BASED INTERVENTIONS

## WHAT

## WHERE

eat well		move more	feel better
COMMUNITY	Community garden	Complete streets	Nicotine-free public spaces
HEALTH CARE	End formula giveaways	Prescribe physical activity	Patient referral
ORGANIZATION/INSTITUTION	Non-food fundraisers	Walking meetings	Volunteer
RETAIL FOOD	Healthy menu offerings	Bike racks	Outdoor dining
SCHOOL	Lunchroom design	Walking school bus	Generational learning
WORKSITE	Healthy food availability	Encourage stairwell use	Wellness committee

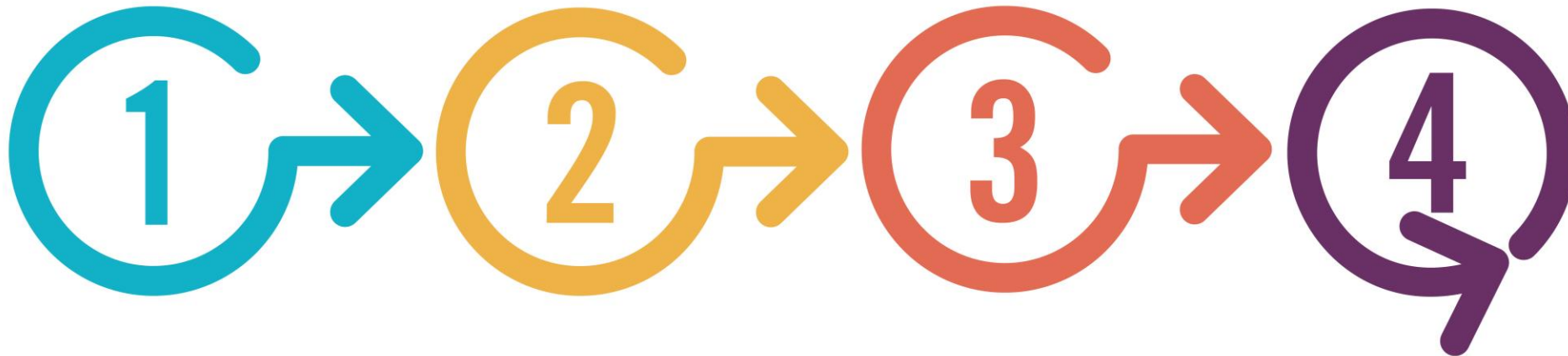
Illustrative Only

Form a  
steering  
committee

Develop  
vision and  
master plan

Action  
plan and  
implementation

Assure  
ongoing  
success



Updated: 2/5/2019

### WALKING AUDIT

Move More				
Tactic: Walking Audit Workshop		Outcome(s): Increase physical activity and active transportation. Increase pedestrian, cyclist safety		
Champion(s):		Workgroup/Committee:		
Objective(s): Host a successful Walking Audit that generates recommendations and support for actions to increase physical activity and improve safety for all users				
Actions	Person(s) Responsible	Target Date	Status/Notes	Completed Date
1. Conduct Walking Audit planning conference call with community champion and Healthy Hometown.				
2. Establish Walking Audit date and weather backup date.				
3. Determine location for walking audit to launch from (i.e. City Hall or other key locale).				
4. Establish stakeholder list of participants				
5. Conduct preliminary walking audit visit, establish tentative back up date, confirm technology and facility needs at launch location.			Ethan Standard and CHM on site to scope out audit route and collaborate with key city staff	
6. Invite key stakeholders and general public (i.e. flyers, etc.)				
7. Send follow up reminder invite to key stakeholders and request RSVP				
8. Host Walking Audit				
9. Deliver Walking Audit report findings to Champions and key city staff				
10. Present Walking Audit report to Steering Committee, attendees, etc.				
11. Select Priorities and create action plans				

Meeting Notes: Key stakeholders include: Elected officials (mayor, city council members), City staff (city administrator, public works, planner, engineer, police, fire, parks and rec., etc.). DOT, Chamber, School, Bike club, business owners along route, media, Area residents.

Updated: 9-6-18

## HEALTHY HOMETOWN MASTER PLAN

**MISSION:** To improve the overall health of community members in the Healthy Hometown area.  
**VISION:** Working together, community members' behaviors, community policies and the built environment, create a healthier hometown.

### TACTICS AND IMPLEMENTATION STATUS

**Eat Well** (Accessing healthier foods, Changing food environments, Promoting healthier options, Nutrition education)

Tactic	Champion(s)	Objectives	Start Date	Target Date	Status (Red, Yellow, Green)	Completed Date	Status Notes
Community Garden	Peter	By June 2018, increase capacity of the Clinton Community Garden from 40% to 80% (47 plots).	5/17	6/17	Yellow		
Cooking demos/taste testing at Farmers' Market	Paul	By April 2018, design cooking demonstration and/or taste testing program for 2018 Farmers' Market	10/17	4/18	Green	6/18	Tastings being done at farmers' market
3. Healthy concessions	Mary	By January 2018, implement 3-5 healthy choices/options/changes at concessions in Clinton High School and Fulton High School.	6/17	1/18	Red		

### TACTICS AND IMPLEMENTATION STATUS

**Move More** (Changing your surroundings, Planning, Education and engagement, )

Tactic	Champion(s)	Objectives	Start Date	Target Date	Status (Red, Yellow, Green)	Completed Date	Status Notes
1. Walking Audit	Geddy	By September 2017, complete a walking audit in the city of Healthy Hometown	4/17	9/27/17	Green	9/27/17	Completed, report delivered to community
2. Walking School Bus	Alex	By April 2018, launch a walking school bus at a minimum of two schools in the area	5/17	4/30/18	Green	9/18	
3. Support launch and promotion of Bike Sharing Program	Neil	Increase usage of the Bike Sharing Program (date and measure TBD)	1/18	11/18	Yellow		Need to get stats

### TACTICS AND IMPLEMENTATION STATUS



# HEALTHY HOMETOWN IN ACTION



PROVIDED  
ACCESS TO  
TOBACCO  
CESSATION  
RESOURCES/SERVICES

trail  
EXPANSIONS

IMPLEMENTED  
ROAD  
DIET

businesses held  
BLOOD PRESSURE  
SCREENINGS

expanded  
community gardens  
and planted edible landscaping

FOOD PANTRY

ESTABLISHED  
4 new food pantries

eat well

move more

scheduled recess  
before lunch at  
2 schools

feel better

ESTABLISHED  
A WEEKLY  
FARMERS'  
MARKET



A HEALTHY HOMETOWN<sup>SM</sup>  
POWERED BY Wellmark 





# eat well



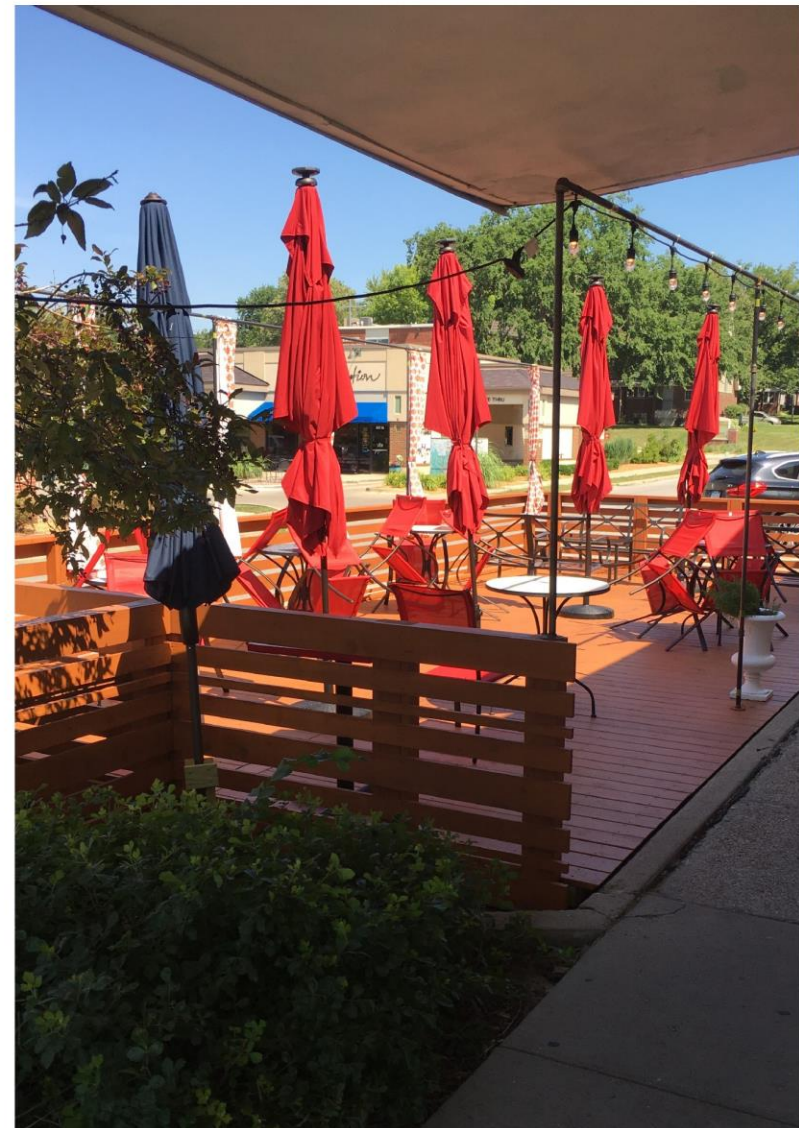


# move more

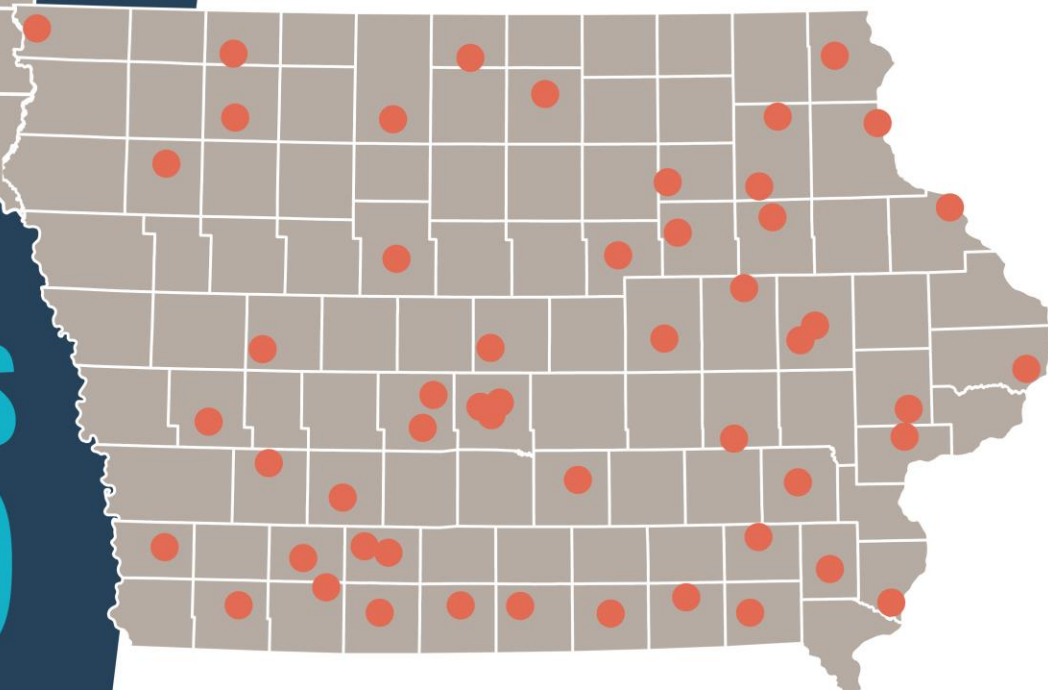
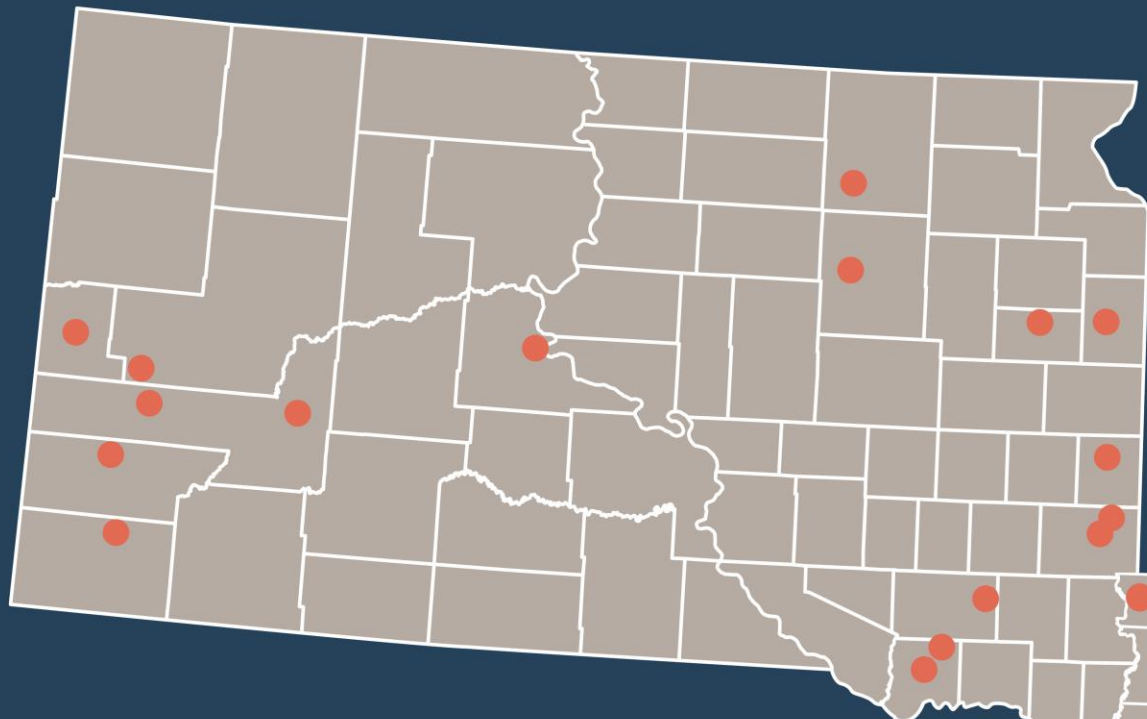




# feel better







**72** communities  
**ENGAGED**

# South Dakota



POWERED BY **Wellmark**  

# QUESTIONS?



Laura Jackson  
Executive Vice President and Chief Health Officer  
Wellmark Blue Cross and Blue Shield of Iowa  
Des Moines, Iowa



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