# Arkansas Public School Employees/State Employees

# **Background and Goals**

#### Health Insurance Plan

- Largest state-based insurance plan (~130,000 covered lives)
- Major state influence in plan design, payment structure, network development
- Self-insured plan with traditional benefit structure historically no preventive coverage
- Aging work force with chronic illnesses, escalating health insurance premiums
- Previously lacked risk management strategies and decisions were based on annual actuarial experience rather than long-term strategy

#### Improving health of plan members

- Incorporate long-term strategy for disease prevention/health promotion
- Three phases undertaken:
  - o Awareness Health risk appraisal (tobacco, obesity, physical activity, seat belt use, binge drinking) began in 2004
  - Support New benefit incorporation (2005) including first dollar coverage of evidence-based clinical preventive services and tobacco cessation program that included prescriptions and counseling; (2006) weight management and nutrition education behavior change programs included; (2007) stress reduction, back care; (2008) enhanced employee assistance programming
  - o Engagement premium discounts based on level of health (2006)

#### **Evaluating Health Risks**

## Health Risk Assessment (HRA) for Arkansas State Employee (ASE) and Public School Employee (PSE) Health and Life Insurance Plan

- Full-time employees and their spouses covered by ASE/PSE plan are eligible to complete an HRA during the annual fall open enrollment period
- Self-reported answers to questions were used to evaluate health risks associated with tobacco use, obesity, physical inactivity, safety belt use, and binge drinking
- Response rates have steadily increased over the past four years, with 73% of eligible members completing an assessment in fall of 2007.

### Reported Risks among HRA Respondents

Among all respondents, the percentages with specific risks in 2006 were:

- 12.0%—daily cigarette use (
- 31.5%—obese (based on self-reported height and weight)
- 21.4%—physically inactive (active < 3 days/week)
- 84.8%—always wear seat belts (19.1% sometimes and 0.4% never wear seatbelts)
- **8.6%—binge drink** (5 or more drinks on one occasion)

Both national and Arkansas state employee health plan data show those with higher health risks in the areas of tobacco use, physical inactivity, and obesity incur increased medical and pharmacy claims costs than those individuals who self-report low or no health risks.