

San Antonio Business Group on Health Kickoff



Bryan J. Alsip, MD, MPH, FACPM
Executive Vice President/Chief Medical Officer
University Health System

Why are we here?

- Obesity is an epidemic and a pervasive problem to community public health
- San Antonio is no exception and represents the likely future demographics of the country
- The health consequences are extensive and costly to individuals and the community
- The work environment is one of the factors that can influence health
- Strategies to improve health include worksites
- Investing to improve the health of employees helps business, families, and communities

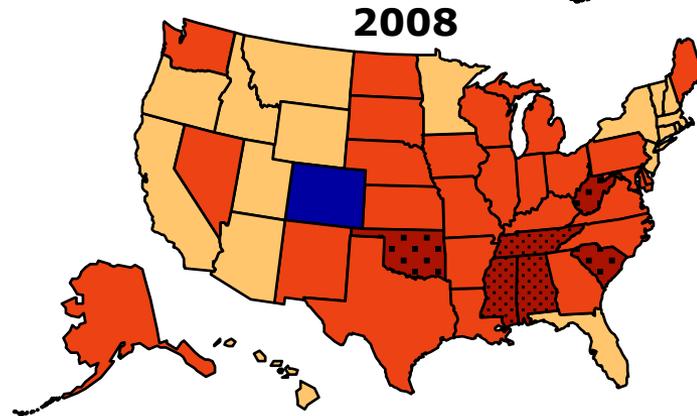
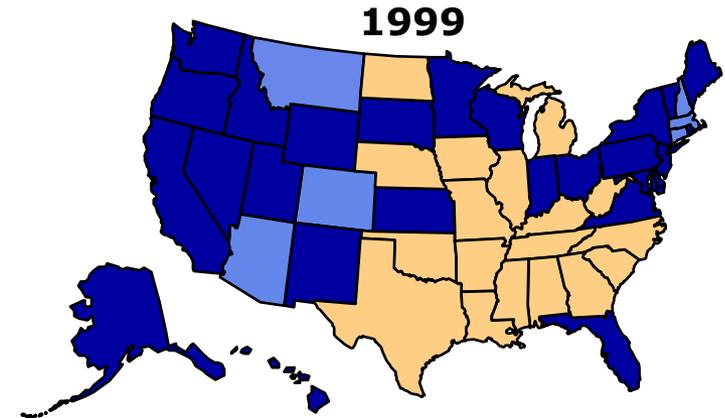
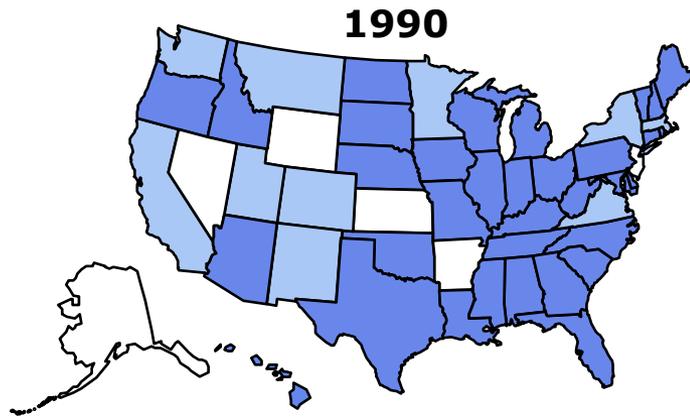
Obesity Epidemic

- > 66% U.S. adults are overweight or obese
- > 33% of U.S. children are overweight or obese
- The prevalence of obesity in the U.S. more than doubled among adults and more than tripled among children and adolescents from 1980 to 2008
- Obesity rates among all groups in society—irrespective of age, sex, race, ethnicity, socioeconomic status, education level, or geographic region—have increased markedly
- An obese teenager has over a 70% greater risk of becoming an obese adult

Obesity Trends* Among U.S. Adults

BRFSS, 1990, 1999, 2008

(*BMI ≥ 30 , or about 30 lbs. overweight for 5'4" person)



- Nationally compared to Caucasians:
- African Americans had 51% higher prevalence
- Hispanics had 21% higher prevalence

No Data
 <10%
 10%–14%
 15%–19%
 20%–24%
 25%–29%
 $\geq 30\%$

Health Consequences of Obesity

The Health Consequences of Obesity

- Coronary heart disease
- Type 2 diabetes
- Cancer (endometrial, breast, and colon)
- Hypertension (high blood pressure)
- Dyslipidemia (high total cholesterol or high levels of triglycerides)
- Stroke
- Liver and gallbladder disease
- Sleep apnea and respiratory problems
- Osteoarthritis (degeneration of cartilage and underlying bone within a joint)
- Gynecological problems (abnormal menses, infertility)

Obesity is Costly

- In 2000, obesity-related health care costs totaled an estimated **\$117 billion**
- Between 1987 and 2001, diseases associated with obesity account for **27% of the increases in medical costs**
- Medical expenditures for **obese workers**, range between **29%–117% greater than expenditures for workers with normal weight**
- During the last 20 years **annual hospital costs related to obesity among children increased from \$35 million to \$127 million**

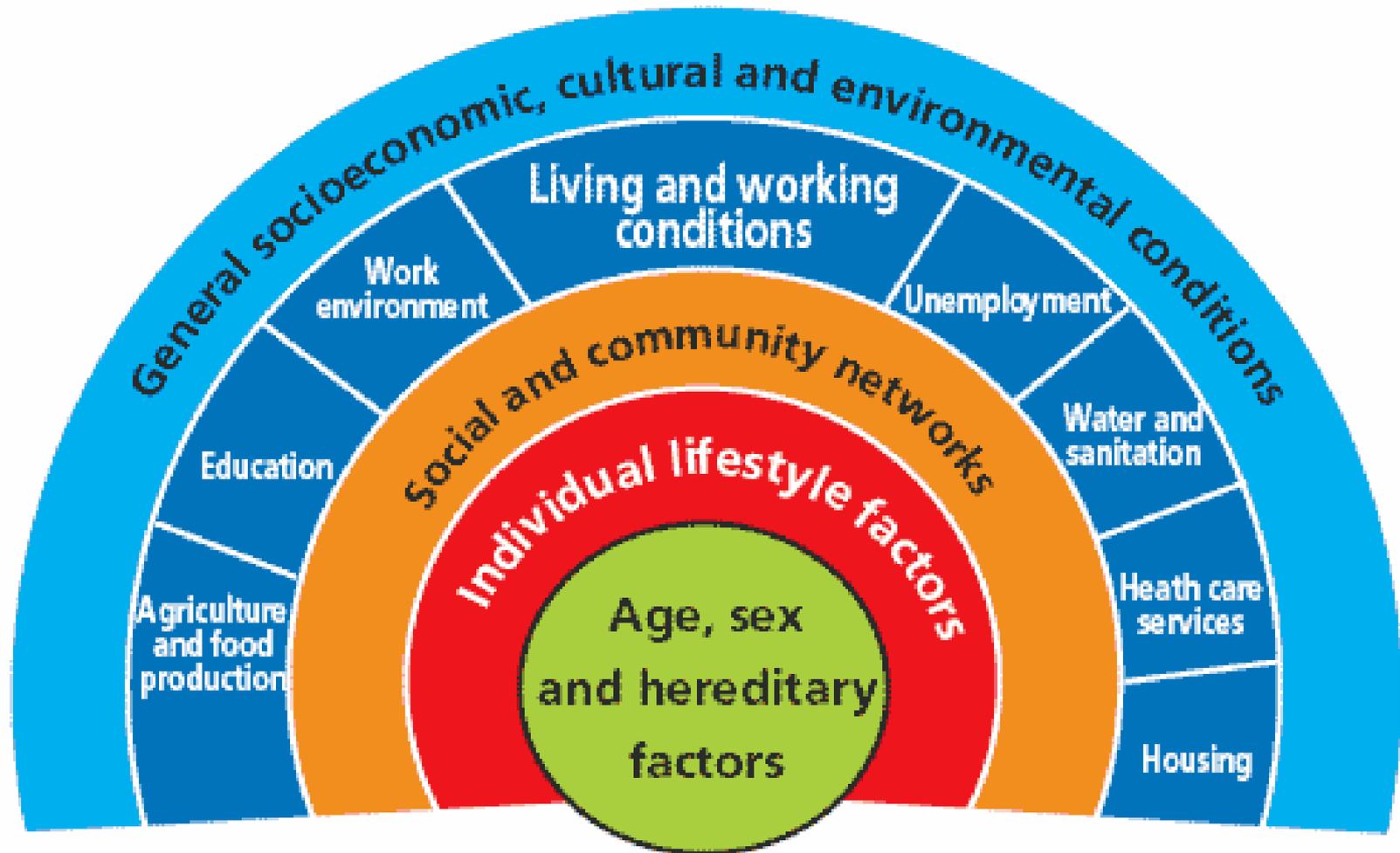
Community Costs

- Increased health care costs
- Increased workplace absenteeism secondary to obesity complications
- Decreased education and training opportunities
- Increased pregnancy complications
- Premature death and disability

Increased Health Care Costs

- The National Business Group on Health estimates more than 25% of annual medical premiums are related to obesity
- If current trends continue, 43% of American adults will be obese by 2018
- Will likely drive annual related health care costs to \$344 billion for businesses

Factors that Influence Health



The Surgeon General's Vision for a Healthy and Fit Nation – 2010

- **Individual Healthy Choices and Healthy Home Environments** - Change starts with the individual choices Americans make each day for themselves, their families and those around them
- **Creating Healthy Child Care Settings** - It is estimated that over 12 million children ages 0–6 years receive some form of child care on a regular basis from someone other than their parents
- **Creating Healthy Schools** - Each school day provides multiple opportunities for students to learn about health and practice healthy behaviors such as regular physical activity and good nutrition
- **Creating Healthy Work Sites** - The majority of the 140 million men and women who are employed in the United States spend a significant amount of time each week at their work site
- **Mobilizing the Medical Community** - Doctors and other health care providers are often the most trusted source of health information and are powerful role models for healthy lifestyle habits
- **Improving Our Communities** - Americans need to live and work in environments that help them practice healthy behaviors

Findings from a Successful Local Employee Wellness Program

- Investing in our employees builds a wellness “culture” for the long term
- Wellness actively creates and supports behavior change
- Our employees are our most important resource
 - Our focus is employee productivity
 - Keeping employees healthy through primary prevention
- Management commitment is the single most important factor for success
- Maximizing the health and quality of life for employees and their families will better serve our clients and customers
- We monitor program efficacy to keep doing what works and stop doing what doesn't work
- Healthy employees use fewer resources
- Our employee's children are future employees
- The cost of delivering medical care is crushing American businesses and competitiveness

Origins of the San Antonio Business Group on Health (SABGH)



Background

- **Steps to a Healthier San Antonio (Steps-SA)**
 - DHHS multi-year grant
 - Focus on the prevention of diabetes, obesity, and asthma and addressing related risk factors
- **Worksite Wellness Taskforce**
 - Steps-SA program partners & local employers
 - Share ideas and resources
 - Healthy Workplace Recognition Program
- **Value-Based Benefit Design Project**
 - Develop a plan for implementation of a value-based health benefit design change

Lessons Learned

- **Get to know** local wellness programs & staff
- Look to **existing coalitions / business groups** on health for advice
- **Determine needs and interests** of employers and service providers
- Establish **clear and realistic goals and objectives** from the start
- **Evaluate goals and objectives** periodically and before taking on new projects
- Maintain **a dedicated level of communication** and provide updates through committees

Developing Sustainability

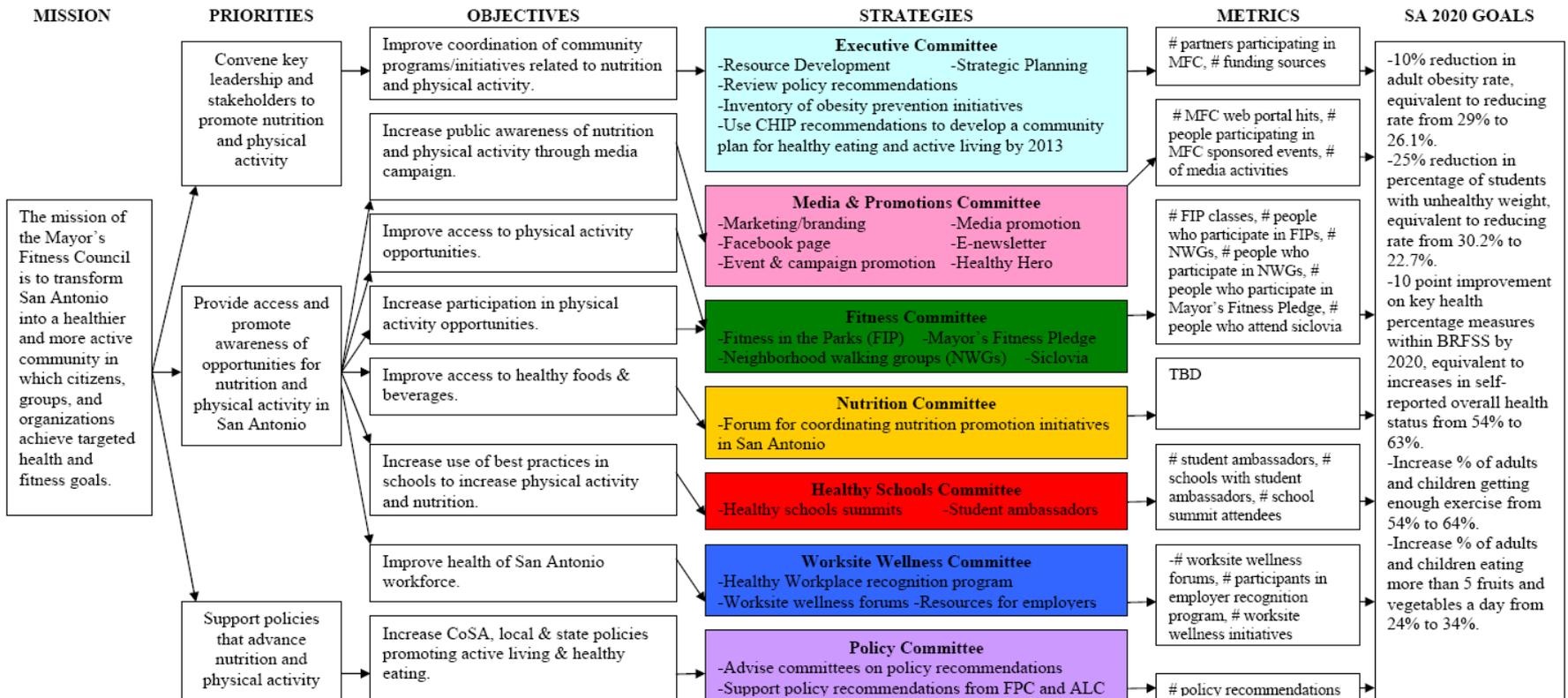
- Mayor's Fitness Council
 - Initial 18-month grant to Mayor's office from the Governor's Advisory Council on Physical Fitness - Mar 2010 to Aug 2011
 - Assist in developing and overseeing ongoing fitness programs and annual campaigns to meet community needs
 - Composed of key members across the community
 - Incorporated other existing grants and programs under San Antonio Metro Health to encourage synergies & efficiencies
 - Communities Putting Prevention to Work (ARRA)
 - Healthy Restaurants Coalition (*Por Vida*)
 - Healthy Kids Healthy Communities Project (RWJF)
 - Community-Based Obesity Prevention (TDSHS)
 - Success and growth led to a need for developing sustainable strategy including multiple sub-committees

Mayor's Fitness Council's Strategic Plan



DRAFT 2012-2013 MAYOR'S FITNESS COUNCIL STRATEGIC PLAN

RESOURCES
 -SA 2020 -Community leaders -USAA & NuStar funding -Community momentum for health & fitness - CPPW -United Way- fiscal agent -Mayor's Office -Metro Health



San Antonio Business Group on Health

- Purpose: Promote a healthier San Antonio by working together with employers (*of all sizes*) to encourage health and wellness in the community
 - Promoting employee and community health and wellness through education
 - Serve as a resource by sharing programs and ideas with the community and businesses that will positively impact employee health
 - Publically recognizing employers for best practices in workplace health promotion
 - Supporting employers with strategic and economic solutions while addressing employer's top health issues and ensuring employee accountability
 - Work with the health care delivery system to address rising health care costs and improve outcomes

Membership

- Membership shall be open to employers as either Members or Allied Members from Bexar County and the surrounding area
- Each employer that is admitted as a Member or Allied Member shall designate a specific individual(s) to act as their representative(s) in the SABGH
- Members are employers in the public or private sector that employ individuals in the designated area, regardless of the location of such employers' principal places of business
- Non-voting categories of advisory membership include but are not limited to representatives of the public health sector and academia
- Annual meetings and special meetings at the discretion of the Board of Directors

Board of Directors

- Members fill the vacancies in the Board of Directors at the annual meeting that have occurred or that will occur due to the expiration during the year of the terms of office
- The Board of Directors set the number of Board Members to include but not limited to the following
 - Officers of the SABGH
 - Standing Committee Chairs
 - Other Committee Chairs
 - At large Board Members
- The Board of Directors meet on a bimonthly basis although special meetings may be called

Inaugural Board of Directors

2011-2012

Name	Title	Company
Toni Cantu	Wellness and Benefits Specialist	Security Service Federal Credit Union
Una Cuffy	Manager-Employee Services and Wellness	San Antonio Water System
Charlene Curry	Director of Benefits	HEB
Shelly Faris	Human Resources Manager	Valero Energy Corporation
Mark Hardison	Benefits Coordinator	Northside ISD
Marcia Krolick	Manager-Compensation and Benefits	San Antonio Water System
Suzanne Levan	Senior Benefits Manager	Whataburger Restaurants
Kristee Phelps	Worksite Wellness Coordinator	University of Texas at San Antonio
Kim Rash	Director Benefits and Payroll	NuStar Energy, LP
Julie Tatum	Director Employee Benefits	CPS Energy
Steve Tovar	Senior Director	North East ISD
Peter Wald	Vice President, Enterprise Medical Director	USAA
Kathy Durbin (Advisory Member)	HEB Retired, Consultant	

Metro Health Staff

Stacy Maines	Sr. Management Analyst	San Antonio Metropolitan Health
Kathy Shields	Program Manager -Chronic Disease Prevention Section	San Antonio Metropolitan Health

Committees & Advisory Councils

- Standing committees chaired by members of the Board of Directors and appointed by the President, may include
 - Finance
 - Membership
 - Nominating
 - Communications
 - Other committees as may be designated by the directors
- The Board of Directors may create such Advisory Councils to render advice to SABGH regarding the programs being conducted or to be conducted by SABGH
 - Enable groups with important roles in the health care system to present their views and provide their technical expertise to SABGH
 - Members may include representatives of groups that play important roles in the health care system

SABGH Officers

- Officers of SABGH shall include
 - President
 - One or more Vice Presidents
 - Secretary
 - Treasurer
 - Other officers as may be elected by the Board of Directors
- Officers need not be members of the Board of Directors and shall each have the authority to perform the duties prescribed from time to time by the Board of Directors

Inaugural Officers & Committee Chairs

2011-2012

Officer	Name	Title	Company
President	Peter Wald	Vice President, Enterprise Medical Director	USAA
Vice President	Julie Tatum	Director Employee Benefits	CPS Energy
Secretary	Kim Rash	Director Benefits and Payroll	NuStar Energy, LP

Committee Chair/Co-chair	Name	Title	Company
Membership Chair	Kristee Phelps	Worksite Wellness Coordinator	University of Texas at San Antonio
Education Chair	Mark Hardison	Benefits Coordinator	Northside ISD
Communications Co-chairs	Toni Cantu	Wellness and Benefits Specialist	Security Service Federal Credit Union
	Una Cuffy	Manager-Employee Services and Wellness	San Antonio Water System
Employer Recognition Co-chairs	Steve Tovar	Senior Director	North East ISD
	Suzanne Levan	Senior Benefits Manager	Whataburger Restaurants

Be a Part of the Solution!

- There is tremendous momentum for positive change to improve the health of our community by reducing obesity and increasing fitness
- Employers of all sizes play an extremely valuable role in the health of their people
- The health of our businesses affects the community and our economic future
- You can be influential in improving the health of people within your organization
- Join a group of like-minded colleagues to share ideas and influence others