

what's working

adapting to meet
member needs

by | **Kathy Bergstrom, CEBS**

Wellness was almost a dirty word when the Joint Benefit Trust (JBT) Health and Welfare Plan first implemented a health screening program in the late 1960s, recalls Mike Taime, president of Health Services & Benefit Administrators, Inc., the plan's contracted third-party administrator.

Many plan members didn't even have a doctor much less pay attention to their cholesterol or blood glucose levels. Fifty years later the health care needs of plan members have changed, and JBT has adapted its wellness and health screening program to best serve those shifting needs, administrators say.

JBT provides health benefits to workers employed by more than a dozen food processors in the Central and Salinas Valley areas of California. Participating union locals are Teamsters Union Local 601 in Stockton, Teamsters Union Local 948 in Modesto and Teamsters Union Local 890 in Salinas.

Membership totals about 7,000, down significantly from about 40,000 when the health screening program was originally started. Technology has changed much of the industry, reducing the need for the larger number of employees/members. This contraction in the workforce has led to a significant increase in the average age of the workers, making them an important target for continued health promotion programs.

Wellness Beginnings

Plan membership formerly was primarily seasonal workers who worked only when the crops came in and didn't qualify for benefits. Many didn't have a relationship with a doctor. Through the collective bargaining process, funds were earmarked for a medical outreach program to provide assistance to many of the industry's migrant

workers. The food processing industry and the Teamsters Union decided it was in their best interest to keep workers healthy.

"Some of the initial focus of the program was really for people who weren't utilizing the medical delivery system. It was an attempt to sort of bring the system to them," said Carlo Stolze, director of marketing and product development for Health Services Foundation, a nonprofit that provides the screening services to JBT.

At the beginning, trucks would bring trailers to the farm fields where workers were picking product and to the canning plants. Workers got a half-hour break to go through the screening and see a nurse, nurse practitioner and/or a physician if required.

The idea was to identify people who had critical conditions and get them the medical attention they needed, Stolze said.

After several years, workers began to get connected with primary care providers. Many of the seasonal workers settled in the area and became full-time workers. The focus of the program then became health risk measurement, so the program became a biometric screening program. Beginning in 2008, the protocol for the screening became measurement of the health risks that can be impacted by changing to healthier lifestyles. Custom-built "recreational vehicles" equipped with blood-drawing stations and licensed staff visit the worksites to screen the population. This makes the program convenient and improves participation.

The screenings measure factors like height, weight, blood pressure, waist circumference and body mass index. Blood tests screen for signs of diabetes and heart disease by measuring cholesterol, hemoglobin A1c (for diabetes) and serum creatinine for kidney function. Men aged 50 and over are offered the prostate-specific antigen



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(PSA) screen for prostate cancer. Serum cotinine measures nicotine use. The screening program has also been instrumental in getting women screened for breast cancer through mobile mammography screenings in the past and currently by encouraging participation through an existing mammography network that helps control cost.

Focusing on Diabetes

The screenings over the years have shown that a significant portion of the population either had diabetes or were at risk, so JBT has been concentrating on following up with those workers.

In 1998, the fund hired a third-party disease management vendor to operate a diabetes care management program. Members were contacted to make sure they had a relationship with a doctor and were following recommended protocols for diet, medication and lifestyle. Programs were added for cardiovascular disease, asthma, chronic obstructive pulmonary disease (COPD) and others.



A member of Teamsters Local 601 participates in a health screening offered by the Joint Benefit Trust Health and Welfare Plan.

Diabetes is prevalent among the largely Latino population. The workforce also has aged, so many of the chronic health conditions are age-related, officials said. The average age of participants is now in the mid-50s. “We probably have more 80-year-olds working than we have 20-year-olds,” Taime noted.

Connecting With Participants

Participation in the disease management program declined, and the fund wasn’t satisfied with the reporting it received from its former vendor. The fund wanted to enhance the data analysis being done to better tie the programming to results and to increase participation.

In 2015, JBT contracted with a new disease management vendor, Health Care Strategies, to analyze data from the medical claims and the biometric screenings, and Health Services Foundation assumed the disease management (now called nurse care counseling) responsibility along with the task of conducting the annual biometric screenings.

Because of the declining participation with the external vendor’s disease management program, Health Services Foundation nurses had time to take on more duties, Taime explained. The move also increased the personal nature of contact with participants because the same nurses who administer the screenings also coach the participants.

“One of the reasons we decided to add the coaching is because we thought we could do a more thorough and in-depth job with identifying people with diabetes and doing the follow-through,” Stolze said.

Health Care Strategies computer system algorithms identify candidates for the diabetes management program from the pharmacy or medical claims data as well as the biometric screening data.

The list of candidates is sent to Health Services Foundation via Health Care Strategies web-based software, and nurses reach out to employees by phone. The nurse gathers information such as whether workers have a relationship with a doctor and whether they are following their doctor’s treatment plan. If the participant has prediabetes, the nurse steers him or her to the diabetes prevention program operated by the plan insurer, Anthem.

After the initial contact, the nurses check in with participants at least four times per year to make sure they are ad-

hering to their medication and getting annual exams. Nurses also discuss steps they might be taking to improve their lifestyle.

Results

The plan has identified 724 diabetics, and currently 220, or 30%, of those participants are interacting regularly with a nurse. This is almost double the amount in 2017, which was 119 (16%) of 747 diabetics. “We’re headed in the right direction. We started this program in July of 2016. It has not matured yet. We’re gaining trust, and people like the program,” said Susan Manning, R.N., director of health management programs.

The program is voluntary, but those who participate in the screening and talk with their nurse/coach at least four times per year and take the annual biometric screening can have a \$0 copay on their generic medications.

It may take some time for results of the program to become evident in health screening and claims data, Manning said. “The first step is for the nurses to build trust, because this population doesn’t like talking to strangers about their health,” she said.

The fact that they’re talking to the same nurse, who is administering the biometric screening, helps build that trust, she said. “They can put a face with a name. They see that the nurses really care about them.”

The program also has made progress closing care gaps. The most recent report showed that for four standards of care for diabetics, a much higher percentage of those who were active in the nurse care counseling program com-



Custom-built “recreational vehicles” like this travel to worksites in the spring to provide health screenings to Joint Benefit Trust Health and Welfare Plan participants.

pleted the standards of care compared with those who were not participating in the care counseling program.

The care counseling program is also being offered to participants with other chronic diseases, and those participants also are eligible for the drug copay discount. The diabetes program is the largest.

Challenges

JBT is looking for ways to boost participation in screenings. “One of our challenges is trying to figure out additional ways of getting people to schedule an examination when our vans come through,” Stolze said.

The screenings used to be held throughout the year but are now offered March through June. At full capacity, the mobile labs can accommodate 100 to 125 screenings per day, but typically only about 40 to 50 are scheduled per day.

Contacting participants is one of the challenges. The older population

is not as web-savvy, so it’s difficult to reach them via e-mail. However, Manning said the fund has discovered that participants will share their cell phone numbers, so the fund may experiment with text messages.

Screening dates are publicized through the employer human resources departments, in the JBT newsletter and on employer billboards, and the Health Services Foundation office calls individual members to inform them of the dates and schedule their appointments for screening.

The Future

Manning thinks personal contact is the key to program success. “Over time the members have come to understand that their nurses really do care about them. They’re happy to see them when they come to the biometric screening,” she said. They’ll discuss nonhealth, personal issues like a birth or death in the family. “The nurses really care for them as individuals.”