

A Partnership for Health

Introducing West De Pere School District's
Employee Health and Wellness Program

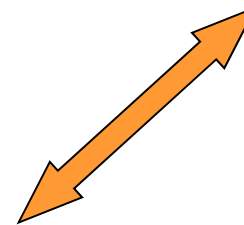
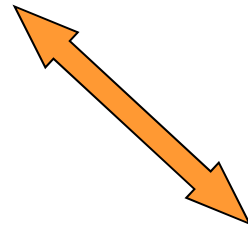
August 29, 2012



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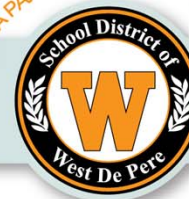
Integrated Health & Wellness Services

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Integrated Health & Wellness Strategy

Program Year	Strategies
Year 1	<ul style="list-style-type: none"> ■ Wellness Incentive: District to offer \$100 to employees who have WEA Trust as their primary health insurance who complete the wellness criteria <ul style="list-style-type: none"> • Criteria for incentive includes: <ol style="list-style-type: none"> 1. Completion of Biometric Screening 2. Completion of Personal Health Assessment 3. Review Results with onsite health coach 4. Wellness Certificate for Preventive Health Services verification <ul style="list-style-type: none"> – <i>Deadline date: Friday, December 28, 2012</i> • District to provide additional wellness incentive for all buildings who achieve greater than 90% participation (\$5000/building) ■ WEA Trust Population Health Program: premium protection provided based on meeting participation levels in biometric screening & Personal Health Assessments, Metabolic Program, and Care Management Programs. ■ Rollout of full services onsite Health and Wellness Clinic



Personal Health Assessment Screening

- A **PHA** is a computerized survey tool, which looks at an individual's health status and lifestyle.
- A **PHA** seeks to identify risks associated with premature death and serious illness and assesses the health risks of an individual.
- The **PHA** includes a questionnaire, lab screening and custom report that is yours to keep.
- 20 minutes is all it takes
 - Refer to instruction sheet



Personal Health Assessment Screening

The **CONFIDENTIAL** screening includes:

- Full Lipid Panel (Total Cholesterol, HDL, LDL and triglyceride levels)
- Glucose level
- Blood Pressure
- Height and Weight
- Body Fat % and Body Mass Index
- Nicotine



Personal Health Assessment Questionnaire

You will complete a **CONFIDENTIAL** questionnaire which covers areas such as:

- Tobacco use
- Exercise
- Eating habits
- Alcohol use
- Stress



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Your Individual Report

Your Individual PHA Report is available to view, print or save the moment you submit your questionnaire.

- Provides custom feedback and recommendations based on your results.
- The report not only assesses your current health but also provides annual trending.
- Report Delivery appointment with a Health Coach.
 - Refer to instruction sheet.



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Aggregate Results

- The School District does receive an aggregate group report that helps identify your company's high risk areas.
- Individual employee results are NOT shared.
- This aggregate data assists the School District in using a targeted approach to its wellness programs.





Wellness Certificate

School District of West De Pere Health Plan participants need to complete the information and follow the steps in Section 1 below. In addition, your primary care provider's office or Katie Collins NP will need to complete the information and steps in Section 2 below. If you have not completed the wellness/preventive services in Section 2, schedule your services and have this form completed at the time of your appointment.

SECTION 1—TO BE COMPLETED BY HEALTH PLAN PARTICIPANT *(after reviewing HRA results)*

Step 1: Please complete all information below:

Employee Name: _____
Employee who carries plan coverage (Please Print)

Participant Name: _____
Employee or spouse (Please Print)

Employee/Participant Date of Birth: _____

I am a (check one box): Employee Health Plan Participant Spouse Health Plan Participant

Step 2: Participant Authorization

I hereby authorize my primary care provider's office to complete this document on my behalf:

x _____ Date _____
Signature

Step 3: Forward or bring this form to your primary care provider or Katie Collins NP for completion, and follow up with them to confirm completion.

SECTION 2—TO BE COMPLETED BY PRIMARY CARE PROVIDER'S OFFICE

Step 1: Please circle Yes, No or NA to indicate participant achievement*: (Office Use Only)

Physical Exam(s): For men and women within the last 3 years	Yes	No	
Mammograms: For women 50 and older <i>(Minimum requirement)</i> (Frequency as determined by provider)	Yes	No	NA
Pap Smears: For women 21 and older <i>(Minimum requirement)</i> (Frequency as determined by provider)	Yes	No	NA
Colorectal Screening: For men and women 50 & older <i>(Minimum Requirement)</i> (Frequency determined by provider)	Yes	No	NA

Step 2: Please complete Provider Verification below.

Signature of Provider's Designee:

Provider Name (Please Print) Signature Clinic Location Date

Step 3: Provider Office: Please keep a copy of this document.

Drop off Completed Wellness Certificate to the Health & Wellness Onsite Clinic located at the High School or fax to (920) 425-1916 by December 28, 2012

WOW and CHIP Programs

Bellin Health **Works on Wellness ~ WOW!**

Employees working toward healthier lifestyles, weight loss, and proper nutrition.

Are you or your spouse ready to take a new course of action to get healthy and stay fit? Now is the time to change...together! This class is guaranteed to deliver motivation, encouragement, accountability, and most importantly...results! Get ready to lose weight fast, feel better about yourself, and accomplish things that you never dreamed you could!

Must qualify for the programs. Qualifications based on PHAs.

The Complete Health Improvement Project (CHIP)

CHIP is a lifestyle enrichment program designed to reduce disease risk factors through the adoption of better health habits and appropriate lifestyle modifications. The goal is to lower blood cholesterol, triglycerides, and blood sugar levels by reducing excess weight, lowering blood pressure, enhancing daily exercise, improving dietary choices, and eliminating smoking, thus aiding in preventing and reversing disease.



Wellness Coordinators

The role of the Wellness Coordinators:

- Enhance employees' health and well being by creating an environment that supports healthful lifestyle choices.
- Provide opportunities, tools, and resources to help employees become full partners in managing their health.



Wellness Coordinators

- High School – Ashley Anthon & Carrie Jones
- Middle School – Angela Kelly & Vicki Landers
- Hemlock Creek – Andrea Brehm & Jennifer Wisneski
- Westwood – Chuck Brehm & Stacey Derbique
- District Nurse Dawn Schaefer



Onsite Nurse Practitioner

Mondays & Wednesdays • 6–8 am & 3–5 pm • Fridays • 6–8 am

Free, confidential appointments may be scheduled for:

- Respiratory infection, sore throat, bronchitis & ear infection
- Headache/migraine
- Allergies
- Urinary tract & yeast infection
- Injury treatment for sprains and strains (x-ray not included), minor cuts & burns
- Worksite labs including urinalysis, rapid strep, pregnancy & mono

The clinic also provides free, complementary preventive services for:

- Health coaching
- Treatment of chronic diseases: hypertension, diabetes & cholesterol
- Immunizations and allergy treatments (Desensitization injections not included)
- Complete physicals including well-woman exam and pap test and male exam with PSA
- Pediatric well-child checks
- Bloodwork for lab tests
- Electronic prescribing & medication refills



Katie Collins NP



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Onsite Registered Nurse/Certified Health Coach

Onsite at each location one time per month

Providing free care & assistance for health concerns:

- Health coaching for lifestyle related issues (i.e. nutrition, exercise, smoking)
- Chronic care management (i.e. diabetes, cholesterol, blood pressure)
- Immunizations such as flu, tetanus and pneumonia
- Information on age-appropriate screenings and tests
- Basic care for sore throats, ear aches, sinus infections, flu or cold symptoms, and more (Includes worksite testing such as rapid strep and blood sugar)
- First aid for injuries
- Basic ergonomic adjustments



Sara Katers RN, BSN



Licensed Athletic Trainer

Mondays & Wednesdays • 10:15am – 12:15pm

Pain & Injury Consultation for employees and spouses of all activity levels.

Free, confidential appointments may be scheduled for:

- Injury assessments and recommendations for the care of physically active people with musculoskeletal related injuries



Jeanine Zeamer LAT



Corporate Fitness

Bellin Health's Fitness Club Memberships:

- Single Membership: \$25.00
- Family Membership: \$40.00
- Bellin Health Fitness and Athletic Performance understands the value of employee healthcare and will help your employees Works on Wellness by providing the following benefits with their memberships:
 - Member Education Workshops
 - Free Nutrition Consultations
 - Personal Health Plan (PHP)
 - Free Group Fitness Classes include but not limited to...
 - Body Challenge
 - Core Circuit
 - Chisel'd
 - Kickboxing
 - Zumba
 - Yoga
 - Pilates
 - Dynamic Strength
- On-site Child Care – a fun and safe place to bring your child while you workout or visit the doctor.

LOCATIONS:

- Bellevue Wellness Center
- West Side Fitness Center
- Bond Community Center (Oconto)



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Next Steps

SEE PHA INSTRUCTION SHEET

1. Call and make your appointment for your screening date and report delivery appointment.
2. Ten business days after your screening, go online to do the PHA questionnaire.
3. Results are available immediately upon completing the online questionnaire.



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PERSONAL HEALTH ASSESSMENT PROCESS (Registration)

Name: _____

STEP 1: HOW TO SCHEDULE YOUR PHA (Please see page 2 for list of dates/times/locations of PHAs)

1. Call ThedaCare At Work's Central Scheduling at (Local) 920-738-6521 or (Toll-Free) 888-553-5370; Hours Mon.-Thurs. 8:00am to 5:30pm, Friday 8:00am to 5:00pm.
2. Press "3" to schedule your PHA Screening appointment
3. For confidentiality purposes, and to verify your identity, you will be asked to provide, or verify, your demographic information.
4. Choose the **location** where you would like to have your PHA Screening appointment done (see Page 2 of this sheet for location information). The scheduler will find the best time available at the location you have chosen, however appointments will fill up fast so schedule early.
5. Please write down your appointment information below.
6. If you are unable to keep this appointment, please call (Local) 920-738-6521 or (Toll-Free) 888-553-5370 at least **seven days** in advance.

*Please make your call to set up your PHA appointment no later than **September 21st**.

SCREENING APPOINTMENT



*Your screening (blood draw)
appointment is...*

Date: _____

Time: _____

Place: _____

For accurate test results, please follow these recommendations:

- Do not eat or drink anything (except water) 12 hours before screening.
- *Water is encouraged, it is good to be well hydrated for your blood draw appointment*
- Take your medication as prescribed.
- Consult your physician or pharmacist if you have questions about fasting or your medications.

REPORT DELIVERY APPOINTMENT



*Your report delivery (results)
appointment is...*

Date: _____

Time: _____

Place: _____

What is it?

- Confidential 15-20 min., one-on-one session with a Health Coach.
- The Health Coach will review your lab results as well as provide educational information.

PERSONAL HEALTH ASSESSMENT PROCESS (Screening & Results)

Please see Page 1 for instructions on how to schedule your appointment.

STEP 2: ATTEND A SCREENING (BLOOD DRAW) SESSION

Access Code	Location	Date	Time
mYUAcRE7	West DePere - High	10-2-12	6:30 - 10:30am
HCEU5ep8	West DePere - Middle	10-3-12	6:30 - 10:30am
3YnKbMce	West DePere - Westwood	10-4-12	6:30 - 10:30am
HrKJqknp	West DePere - Hemlock	10-5-12	6:30 - 10:30am
mYUAcRE7	West DePere - High	10-10-12	6:30 - 10:30am
kQtWY8CG	West DePere - District (Please schedule one of the above dates)		

STEP 3: COMPLETE YOUR PHA QUESTIONNAIRE ONLINE (AND VIEW YOUR RESULTS)

Please note: You will need to allow **10 business days** to pass after your screening (blood draw) appointment to complete the Online questionnaire, allowing ThedaCare time to process the lab data. The questionnaire needs to be completed for you to be able to see your results.

1. Enter the following address into your web browser: <https://thedacarepha.net>
2. Click on "Start Your Online Questionnaire [HERE](#)" (to complete your online questionnaire), located in the yellow box.
3. Enter your unique Access Code: **SEE ABOVE**
(Hint: The Access Code is case sensitive).
4. Enter the required Account Information. Click "Proceed to Registration"
(Hint: Use your "Legal" First and Last name.)
5. See box below.

First Time User	Repeat User
Enter Email Address and Create Login and Password. (Hint: Please write down for future use.)	Hint: Your Email (if previously entered) and Login will auto-populate. Enter New Password and confirm password

6. Click "Sign up".
7. Choose the most current Lab Date and click "Go".
8. Click on "Begin your Questionnaire".
(Hint: You must answer ALL of the questions before submitting your questionnaire.)
9. After submitting your Questionnaire, on the main menu click on the "Printable Report" button to view your Personal Health Assessment Report online.

* If you experience any difficulties with submitting your questionnaire, use the "Contact Us" button (located on the top right toolbar of the website) and you will be contacted by a representative within 24 hours to help resolve your issue. You will not lose any data you have entered.

STEP 4: ATTEND A REPORT DELIVERY (RESULTS) SESSION

Access Code	Location	Date	Time
mYUAcRE7	West DePere - High	10-29-12	6:30 - 11:30am
mYUAcRE7	West DePere - High	10-30-12	6:30 - 11:30am
HCEU5ep8	West DePere - Middle	10-31-12	6:30 - 11:30am
3YnKbMce	West DePere - Westwood	11-1-12	6:30 - 11:30am
HrKJqknp	West DePere - Hemlock	11-2-12	6:30 - 11:30am
mYUAcRE7	West DePere - High	11-5-12	6:30 - 11:30am
kQtWY8CG	West DePere - District (Please schedule one of the above dates)		

Questions



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