Southeast Service Cooperative

2014

Employee Health Promotion Support Program

For CCOGA
in the SSC Health Insurance Pools

210 Wood Lake Drive SE
Rochester, MN  55904

Program Coordinator:
Nicole LaChapelle (507) 281-6674
nlachapelle@ssc.coop

www.ssc.coop

January 2014
Employee Health Promotion Support Program
For SSC CCOGA Health Pool Member Groups

We are pleased to invite you to participate in the Southeast Service Cooperative Member Health Promotion Support Program for your employees and their families. This program offers prevention-oriented health promotion services that can help you and your employees get fit, stay fit, and manage your health. SSC Member organizations that participate in the Health Insurance Pools receive an added value and opportunity for funding assistance for the coordination and implementation of your local health promotion program. The following information answers the most commonly asked questions about the Health Promotion Program.

**What services are included?**

- Local Employee Health Promotion Coordination Training
- Funding Assistance to support local wellness and health promotion activities.
- Additional Funding for Local Wellness Program Coordination
- Health Fair Consulting
- Biometric Testing ($10/person testing supplies at cost, free training)
- Wellness activity incentive Items at cost
- Three topical forums each year at Southeast Service Cooperative
- Blue Cross Blue Shield of Minnesota’s (BCBSM) Whole Person Support Program which includes a network of health related services, including an online health assessment for Health Pool Members

**What is the cost?** The program is provided **free** to members of the SSC Health Insurance Pool.

**Funding Assistance to support local wellness and health promotion activities:**

**How much funding can our Group receive?** During 2014 funding is available to support local wellness and health promotion activities, based on the group’s size (number of contracts in the group). Each group will receive notification of their funding award.

**What are the requirements to receive employee health promotion program funding?**

1. The site must be actively participating in the Southeast Service Cooperative health insurance pool.
2. The site must have an active wellness committee representing the employees OR must establish a committee at the beginning of the funding period. The group must appoint a local wellness coordinator.
3. The wellness coordinator must sign a letter of agreement.
4. The wellness coordinator must participate in the SSC Health Promotion Program training/planning sessions and regional health promotion forums and encourage other committee members and employees to attend.
5. The wellness coordinator must complete a proposal application and budget for at least two Health promotion activities. **We encourage you to include offering a health assessment tool in your plan.** The application must be approved by SSC staff prior to receiving funding.
6. All funded health promotion activities must be primarily directed to staff and may be made available to all students. We particularly encourage activity in which teachers and other staff model healthy lifestyle decisions including physical fitness and healthy eating.
7. Communications about your program should include the statement, “Partly sponsored with funding from Southeast Service Cooperative Health Insurance Pool.”
8. One-half of the funding is distributed when the proposal is approved by SSC staff. To receive the balance, the local coordinator must submit by December 15: a) a final report, b) an employee evaluation of your program (we will provide the form), and c) list of expenses report with receipts to receive the balance. (Balance funds can be provided sooner with submission of documentation, receipts, activity explanation.)

**What can we use the funds for?** Costs to start a local Employee Wellness Program, policy development, incentives and prizes, materials, biometric testing supplies, stipends and substitute costs for participants in wellness training and forums, presenters and wellness instructors, and other costs directly related to providing a healthy working environment and health promotion for employees. All funded health promotion activities must be primarily directed to staff and may be made available to all students. We particularly encourage activity in which teachers and other staff model healthy lifestyle decisions including physical fitness and healthy eating.
How do we apply for funds? Use the attached application to lay out what you plan to accomplish using the funds, along with a budget. We may have questions or ask you for clarification or additional details. Once we approve your plan, you’re set to go!

Deadline to apply for funds: The earlier you apply, the sooner you will have funds to begin activities, so apply as soon as possible. Funds will not be available after October 15, and you will need to be sure to design your proposal plan of activities to ensure sufficient time to use the funds.

Funding for Local Wellness Program Coordination
During 2014, additional funding is available to support coordination of wellness programming. This funding is in addition to the local health promotion support funding outlined above and is based on the group’s size (number of contracts in the group). Each group will receive notification of their funding award.

Organizations are eligible for this funding only if they have been awarded funding for their health promotion programming. Your wellness coordinator and/or team must be identified before applying.

What can we use these funds for? This funding is intended to serve as a stipend for the local wellness coordinator or team. Funds are given to the group employer to distribute to the wellness coordinator or team members.

How do we apply for funds? To receive these funds, you will need to submit a separate application with the program activities application or anytime after funds are awarded for program activities. Use the attached application/commitment to be signed by both the chief administrator and the wellness coordinator or chief contact for the wellness team. The application outlines your commitment and how funds will be disbursed.

Our pledge to you - We are committed to provide your employees and their families the benefits this program offers. If you have questions or would like to discuss this program with us, we invite you to contact us by phone or email (see below). We look forward to working with you as we collaboratively promote good health and fitness.

Nicole LaChapelle, Program Coordinator, (507) 281-6674, nlachapelle@ssc.coop
# Employee Health Promotion Support Program

**For SSC Health Pool Member Groups**

**Proposal Application and Budget**

<table>
<thead>
<tr>
<th>Group (Organization) Name:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Date of Submission:</td>
<td></td>
</tr>
<tr>
<td>Wellness Coordinator Name(s):</td>
<td></td>
</tr>
<tr>
<td>Wellness Coordinator(s) Email:</td>
<td></td>
</tr>
<tr>
<td>Phone and Address:</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td></td>
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<tr>
<td>Employee Population (including all employees in your organization):</td>
<td></td>
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<td>Payment of the funding should be made to:</td>
<td></td>
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<tr>
<td>Payee Name:</td>
<td></td>
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<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip:</td>
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</tr>
</tbody>
</table>

Please provide the detail for each activity you are proposing to include in your employee health promotion program for which you will use this funding. Use additional space below or an attachment if you have additional activities to report. If you complete this application digitally, the boxes will expand as you enter text.

**Activity #1**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Amount of Funds that will be applied to this activity: $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date(s) - Start and Completion:</td>
<td>Activity Description:</td>
</tr>
</tbody>
</table>

**Activity #2**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Amount of Funds that will be applied to this activity: $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date(s) - Start and Completion:</td>
<td>Activity Description:</td>
</tr>
</tbody>
</table>

**Activity #3**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Amount of Funds that will be applied to this activity: $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date(s) - Start and Completion:</td>
<td>Activity Description:</td>
</tr>
</tbody>
</table>

**Environmental Initiatives:** Describe any environmental initiatives that are planned or in place, such as policy development on organizational support of employee health, changes in vending machine options, facility walking routes or exercise opportunities, assessment/feasibility studies of indoor walking routes, flu shot sponsorship, provision of screening equipment (blood pressure, scale, promotion of online tools in health care and health funding management, etc.)

**Wellness Coordinator's Signature(s)**

| Date |  |

Complete the budget form on the next page.
Submit your application and budget to Nicole LaChapelle, Program Coordinator, SSC Health Promotion Program, 210 Wood Lake Drive SE, Rochester, MN 55904, fax (507) 288-7663, email nlachapelle@ssc.coop

<table>
<thead>
<tr>
<th>SSC Staff Use Only</th>
<th>PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay applicant initial distribution award: $_______</td>
<td>Approval _____________________________</td>
</tr>
<tr>
<td>($_______ Programming, $_______, Coordination)</td>
<td>Date Paid _____________________________</td>
</tr>
<tr>
<td>Code to: 201-910</td>
<td>Check Number _________________________</td>
</tr>
<tr>
<td>Program Coordinator Signature</td>
<td>P.O. # ________________________________</td>
</tr>
<tr>
<td>Date ______________________</td>
<td>Grant $ – 201-910</td>
</tr>
</tbody>
</table>

Books(201-040)________________________
EAP Funding (201-050)___________________
Pedometers(201-040)___________________
Water Bottles(201-040)________________
Other ________________________________
Sample Activity Budgets:

<table>
<thead>
<tr>
<th>Name of Activity</th>
<th>Date of Activity</th>
<th>Expense Descriptions</th>
<th>Expense Amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>It's your move</td>
<td>9/26/13</td>
<td>Posters</td>
<td>$40.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Payroll inserts</td>
<td>$10.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Exercise consultant</td>
<td>$100.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bulletin Board (heart-health issues)</td>
<td>$10.00</td>
</tr>
<tr>
<td>Total Requested</td>
<td></td>
<td></td>
<td>$160.00</td>
</tr>
<tr>
<td>Heart Healthy Luncheon</td>
<td>11/18/13</td>
<td>Posters</td>
<td>$40.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Luncheons (2) (heart-healthy food) for _____ persons</td>
<td>$110.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Payroll inserts</td>
<td>$10.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Employee health library printed materials</td>
<td>$100.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bulletin Board (heart-health issues)</td>
<td>$10.00</td>
</tr>
<tr>
<td>Total Requested</td>
<td></td>
<td></td>
<td>$270.00</td>
</tr>
</tbody>
</table>

List your budget for each Activity below.

Name of Activity:  
Expense Descriptions:  
Expense Amounts:

Date of Activity:  
Total Requested:  

Name of Activity:  
Expense Descriptions:  
Expense Amounts:

Date of Activity:  
Total Requested:  

Name of Activity:  
Expense Descriptions:  
Expense Amounts:

Date of Activity:  
Total Requested:  

Grand Total Funds Requested:  

Wellness Coordinator Name  
Signature  
Date
**Employee Health Promotion Support Program**  
*For SSC Health Pool Member Groups*  
*Final Activity and Expense Report*

<table>
<thead>
<tr>
<th>Group (Organization) Name:</th>
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<td>Wellness Coordinator(s) Email:</td>
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<tr>
<td>Phone and address:</td>
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<tr>
<td>City, State, Zip:</td>
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<tr>
<td>Names of your Wellness Committee Members and their positions in your organization:</td>
<td></td>
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<tr>
<td>Name/Position:</td>
<td></td>
</tr>
<tr>
<td>Name/Position:</td>
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<td>Name/Position:</td>
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<td>Payment of the funding should be made to - Payee Name:</td>
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<tr>
<td>Address:</td>
<td></td>
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<tr>
<td>City, State, Zip:</td>
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</tr>
</tbody>
</table>

Please provide the detail for each activity you completed. Use as much room as you need. If you complete this application digitally, the boxes will expand as you enter text. Use additional space below or an attachment if you have additional activities to report.

**Activity #1**  
**Name:**  
**Date(s) - Start and Completion:**  
**Number of Participants:**  
**Actual amount expended:** $  
**Activity Description:**  
**Challenges:**  
**Results/Benefits:**  

**Activity #2**  
**Name:**  
**Date(s) - Start and Completion:**  
**Number of Participants:**  
**Actual amount expended:** $  
**Activity Description:**  
**Challenges:**  
**Results/Benefits:**  

**Activity #3**  
**Name:**  
**Date(s) - Start and Completion:**  
**Number of Participants:**  
**Actual amount expended:** $  
**Activity Description:**  
**Challenges:**  
**Results/Benefits:**  

**Environmental Initiatives:** Describe any initiatives you introduced this year. What was the initiative? What was the purpose? What was the result and benefit of this initiative?  
**Description:**  
**Actual amount expended:** $  

**Wellness Coordinator’s Signature(s)**  
**Date**  

**IMPORTANT:** The total amount distributed to you will be your actual total expenditures up to the maximum amount granted.

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**SSC Staff Use Only – Enter distribution amounts**

**Total Approved Funding:** $  
(Programming - $________, Coordination - $________)  
**Amount distributed on: (date)__________ $ __________**  
**Balance to be Distributed:** $  
(Programming - $________, Coordination - $________)  
**Code to: 201-910**

**Program Coordinator Signature**  
**Date**  

**PAID**

**Approval**  
**Date Paid**  
**Check Number**  
**P.O. #**  
**Grant $ – 201-910**

Books(201-040)  
EAP Funding (201-050)  
Pedometers(201-040)  
Water Bottles(201-040)  
Other _____________________________
SSC Employee Health Promotion Support Program

Service Descriptions

Listed below is a description of each service available to SSC member organizations through the Employee Health Promotion Support Program.

Health Promotion Related Topical Forums

SSC will offer member organizations the opportunity to attend three health promotion related topical forums per year. If you have a request for a specific topic you would like to see covered, please contact us.

Funding Assistance to support local wellness and health promotion activities:

SSC Member organizations that participate in the Health Insurance Pools receive an added value and opportunity for funding assistance for your local health promotion program. Local Health promotion support funding is available in the following amounts, based on the group’s size (number of contracts in the group).

Funds may be used for a variety of costs including: 1) costs to start a local Employee Wellness Program, 2) policy development, 3) incentives and prizes, 4) materials, 5) biometric testing supplies, 6) stipends and substitute costs for participants in wellness training and forums, 7) presenters and wellness instructors, and 8) other costs directly related to providing a healthy working environment and health promotion for employees. All funded health promotion activities must be primarily directed to staff and may be made available to all students. We particularly encourage activity in which teachers and other staff model healthy lifestyle decisions including physical fitness and healthy eating.

Further information related to this program including funding application instructions and materials are included in this catalog and may also be obtained on our website.

Funding for Local Wellness Program Coordination

SSC Member organizations who are awarded funding assistance for their local health promotion program are also eligible to receive funding assistance for wellness program coordination. Program coordination funding is based on the group’s size (number of contracts in the group). Organizations are eligible for this funding only if they have been awarded funding for their health promotion programming.

BCBSM’s Whole Person Support Program, Health Assessment and online resources, and other support services

SSC offers its insurance pool members access to BCBSM’s Whole Person Support Program, a health management solution that brings together the three most powerful drivers of engagement. These include: 1) a plan design that encourages people to make healthier choices, 2) care delivery that guides people to the most appropriate care in the most efficient settings, and 3) health support that focuses resources where there is the greatest opportunity for impact. This system continuously scans your population for the best opportunities to extend support that will inspire behavior change, encourage more informed decision-making and reduce unnecessary spending. In addition to the Whole Person Support Program, several other services through BCBSM are provided free to insurance pool members including an online Health Assessment, fitness discounts, access to health and nurse guides, stop smoking support and more.

Health Fair Consulting

As part of its member services, SSC offers assistance in the planning and execution of health fairs. We can help you determine how you want your organization’s health fair to look, advise you on what you will need to execute a successful health fair, provide literature and other resources to display at the fair, and provide you with equipment and training to offer biometric testing at the health fair.

If your organization plans to include your employees the opportunity for to complete BCBSM’s Health Assessment as a part of the health fair, SSC staff can provide onsite assistance the day of the health fair. Please contact Nicole LaChapelle, nlachapelle@ssc.coop, (507) 281-6674 if you are interested in planning a health fair for your employees.

Biometric Testing

If you would like to offer biometric testing (with or without the Health Assessment), SSC can provide the following assistance:
• Items for testing: glucose and lipid panel strips, lancets, capillaries, template of biometric cards to be distributed to each participant, testing machines with attached printers, and labels for use with the printers.
• Training for staff who will administer the testing: it is recommended that nurses or other medical professionals administer the tests.
• Health-related literature to distribute at the event (subject to availability).
• Assistance in securing student nurses to help with health screening, if desired (note, this must be arranged well in advance and is subject to the students’ schedules).

Incentive Items at cost
SSC offers a variety of incentive items at great member rates, such as the Mayo Clinic Guide to Self Care, pedometers, and more. Organizations can purchase these items at reduced rates for their wellness programs. Visit our website at www.ssc.coop to view these items and place an order.
Wellness Program Participant Evaluation

Site ___________________________________________ Date __________

This questionnaire will assist us to identify how effective your organization's wellness programming has been for you as an individual. When asked to rate a question, please use the scale of 1 to 5 (5 being “excellent” or at “a high level” and 1 being “need improvement” or “at a low level”) to indicate the most accurate response with an X based on your opinion as a wellness program participant. Additional comments are appreciated.

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<tbody>
<tr>
<td>1.</td>
<td>List your organization’s wellness program activities that you participated in.</td>
<td>1</td>
<td>Need Improvement/low level</td>
<td>2</td>
<td>Fair/somewhat</td>
</tr>
<tr>
<td>2.</td>
<td>Overall, how would you rate your participation level in this program?</td>
<td>3</td>
<td>I don’t know</td>
<td>4</td>
<td>Good/med-hi level</td>
</tr>
<tr>
<td>3.</td>
<td>What level of wellness program awareness did you observe among your colleagues? (i.e. did you hear them talk about it often, etc.)</td>
<td>5</td>
<td>Excellent/high level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>How effective were the communications and promotions of this program?</td>
<td></td>
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<tr>
<td>5.</td>
<td>Please rate how effective this program has been in assisting you to start or maintain a healthy lifestyle.</td>
<td>YES</td>
<td>NO</td>
<td></td>
<td></td>
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<tr>
<td>6.</td>
<td>Do you feel you will make better choices in the future because of your participation in this program? Circle YES or NO.</td>
<td></td>
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<tr>
<td>7.</td>
<td>Please list any suggestions on how we could better promote participation in wellness programming activities.</td>
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<tr>
<td>8.</td>
<td>How could we improve the wellness programming?</td>
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<tr>
<td>9.</td>
<td>Please list specific health topics or activities of which you would like to see covered through our wellness program.</td>
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</tbody>
</table>
This questionnaire will assist us in evaluating our current health promotion programming and identify unmet wellness program needs among our member organizations. Please respond to the questions below and either fax the completed form to (507)288-7663, Attn: Nicole LaChapelle, or scan and email the completed form to nlachapelle@ssc.com. We appreciate your input!

1. Which of the SSC Employee Health Promotion Support Program service(s) did your organization use in your wellness programming? Place an “X” in the box to the left of each service that you used.

| Local Employee Health Promotion Coordination Training | Local Funding Assistance for Health Pool Members |
| Health Assessment provided through BCBSM | Health Fair Consulting |
| Biometric Testing | Incentive Items at cost |
| Participation in Health Promotion forums |

Using a scale of 1 to 5 (5 being “excellent” or at “a high level” and 1 being “need improvement” or “at a low level”), please rate the following items based on your experience with SSC’s Employee Health Promotion Support Program.

<table>
<thead>
<tr>
<th></th>
<th>1 Need Improvement/low level</th>
<th>2 Fair/somewhat</th>
<th>3 I don’t know</th>
<th>4 Good/med-hi level</th>
<th>5 Excellent/hi level</th>
</tr>
</thead>
</table>

2. Please rate the effectiveness of the communications you receive from SSC in implementing your wellness programming (i.e. content, timeliness, quality).

3. Please rate the accessibility of SSC staff when you have questions related to the program.

4. Please rate the quality and level of assistance you receive from SSC while using the program.

5. How much does your organization depend on SSC to assist in the planning and implementation of your wellness programming?

6. In your opinion, how effectively does this program address your organization’s wellness programming needs?

7. Describe briefly the wellness programming, if any, your organization had in place prior to your participation in this program?

8. Do you plan to continue using the SSC Health Promotion services to implement and maintain wellness programming in your organization? Circle YES or NO.

9. Please list other health promotion services or resources you would like SSC to offer its members.

10. Please provide any suggestions or comments to assist us in providing effective health promotion tools and resources to your group.