

COMMIT  
TO BE FIT

The image features the text "COMMIT TO BE FIT" in a bold, blue, sans-serif font. The word "COMMIT" is on the top line, and "TO BE FIT" is on the bottom line. Each letter is replaced or accompanied by a red icon: the 'O' in "COMMIT" is a heart with a white ECG line; the 'I' in "COMMIT" is a dumbbell; the 'T' in "TO" is a silhouette of a person running; the 'O' in "TO" is a red circle with a diagonal slash over a cigarette; the 'I' in "FIT" is a toothbrush; and the 'T' in "FIT" is an apple. The icons are all in a solid red color.

# Harper County Employee Wellness Program

Dear Harper County Employees:

Thank you for participating in the Harper County Wellness Program. The goal of this program is to provide employees with access to more activities, information, and motivation to aid in the adoption of a healthier lifestyle, while having fun at the same time.

Not only will participation in the program provide employees with access to activities and resources to help maintain or improve physical, mental, and social well-being, but investing in your health will also help keep medical claims down, resulting in lower, more affordable group insurance premiums.

We want you to be successful! We are dedicated to providing equal opportunities to all employees and have formed a Wellness Committee comprised of employees from several departments. Please feel free to share your suggestions and success stories with any one of us, and let us know if you would like to join the Committee!

## **2020 – 2021 Committee Members:**

Ami DeLacerda, Human Resources	Hannah Lumpkin, Clerk's Office
Audrey Anderson, Register of Deeds	Deb Ziegler, Appraiser's Office
Lisa Crawley, EMS	Jennifer Wolff, Dept on Aging
Jonna Gaffney, Health Dept	Ellen Yoder, Public Works

## **Program Overview:**

The Harper County Commit to Be Fit Points Program is an incentive-based program developed to encourage employees to adopt a healthier lifestyle.

The program consists of four (4) participation levels: Platinum, Gold, Silver, & Bronze (with Platinum being the highest level). Various activities related to prevention, education, fitness, and healthy living have been identified in this handout and each assigned a point value. Completion of any one or more activities will result in points earned, the total of which determine your participation level. Each level reached allows access to a different incentive.

Incentives include (but are not limited to) extra PTO hours, entries into drawings for prizes, free memberships to local Wellness Centers, etc. The higher the level you attain, the bigger the prize!

At this time, we are only including employees in the program, but hope to open it up to family members in the future.

All activities are optional, and any combination of activities listed in the handout may be used to build your point total.

We hope you all enjoy this program and if you have any questions or suggestions, please let one of us know!

Sincerely,

The Harper County Wellness Committee.

Health is not just about what you're eating. It's also about what you're thinking and saying.



## Prevention Activities

Biometric Screening 15 points (once per plan year)

For the purposes of this program, Biometric Screening consists of the following tests: blood pressure, pulse rate, total cholesterol, LDL, HDL, triglyceride level, blood sugar (glucose), waist measurement, height, and weight. These numbers will help you understand your overall physical health. They are also good indicators of your risk for chronic health conditions such as heart disease, diabetes and hypertension.

Screening	Healthy Range
<b>Blood Pressure</b>	Systolic =/ $<$ 120mmHg Diastolic =/ $<$ 80mmHg
<b>Blood Sugar</b> Fasting Glucose <i>or</i> Hemoglobin A1c	$<$ 100 mg/dL <i>or</i> $<$ 5.6%
<b>BMI*</b>	$<$ 25 & $>$ 18.5
<b>Cholesterol</b> Total Cholesterol <i>or</i> Total Cholesterol/HDL Cholesterol Ratio	$<$ 200 mg/dL <i>or</i> $<$ 4.5

Biometric screenings may be performed by your Healthcare Provider or at the Harper County Health Fair, scheduled for October 23 in the Chaparral High School Gymnasium.

Points will be awarded for screenings performed between 10/01/2020 – 9/30/2021, with proof of participation. (No details will be released, just confirmation).

Dental Screening (cleaning) 10 points (2 allowed per year)

Eye Exam 10 points (1 allowed per year)

Flu Shot 10 points (1 allowed per year)

The Harper County Wellness Committee will be hosting a flu shot clinic in September.

Preventative Screening 10 points (each)

Includes mammogram, prostate check, pap smear, and colorectal screenings.

Non-Tobacco User 15 points (awarded annually)

Must be tobacco free for 90 days (and remain tobacco free throughout the program year) **or** complete an approved Tobacco cessation program.

Join the Blue365 discount program 5 points (1 time only)

Contact Human Resources for details.

**A healthy lifestyle not only changes your body, it changes your mind, your attitude and your mood.**

### Sign up for a Fitness Membership 5 points (1 time only)

Employees signed up with the local Wellness Centers through the County are eligible for a discounted rate, and will have their premiums deducted and submitted through payroll. Interested employees should contact Human Resources. On-line memberships and memberships with programs outside of Harper County are also eligible, with submission of proof.

## Healthy Living Activities

### Blood Donations 15 points (no limit)

Blood donation is a very important. Any employee that takes time out of his or her day to donate blood for the well-being of another person is greatly appreciated.

### Contributing to a Supplemental Retirement Account 5 points (1 time only)

This does not have to be a retirement program sponsored by the County (KPERs 457), it can be through another employer, your bank, or any investment firm you do business with. We encourage you to contribute!

### Financial Advising or Estate Planning 5 points (1 allowed per year)

For your future, we encourage you to work with a financial advisor to ensure financial security.

### Personal Health Goals 5 points

Any employee can set personal health goals. Health Goals could include improving biometric results, weight loss, exercise, tobacco use, healthy eating, and sleep. Health Goals must be measurable and specific, and submitted in advance in order to receive credit. Goals must be submitted to Human Resources on the attached form, and achieved by September 20, 2021 to qualify for points.

### Volunteering 5 points

Volunteering is an excellent thing to do for you community and personal well-being. Participants who volunteer for a charity or community organization can earn 5 points per every 4 hours of volunteering, up to 8 hours/10 points per month.

## Education Activities

### Engage with BCBS Network Care Navigator 5 points (points awarded with confirmation from BCBS)

If you are identified as being a high-risk for chronic conditions (such as diabetes, hypertension, or COPD), a BCBS Registered Nurse will contact you to provide assistance on managing your health. Risk will be determined based on biometric screening results and claims to date. Human Resources will receive reports from BCBS confirming participation (no details will be released, just confirmation of participation).

You Do It Because Making Yourself Proud Is One Of The Best Feelings In The World!

Chronic Disease Self-Management Programs 5 points (points awarded with confirmation from provider)

BCBS provides this opportunity to all covered employees, but this opportunity is not limited to BCBS sponsored programs. Any formal program that helps an individual manage personal health conditions and improve quality of life may be eligible. If you have questions about your individual program's eligibility, please contact Human Resources.

CPR/First Aid Certifications 10 points

A copy of a valid certification card is required for points to be awarded.

Complete the WebMD Health Risk Appraisal on the BCBS Website 5 points

The Health Risk Assessment is a brief questionnaire that collects information pertaining to biometrics, nutrition, and lifestyle habits. After completing and submitting the questionnaire, employees will receive correspondence from BCBS with suggestions for improving your health.

Visit the BlueAccess website at <https://www.bcbsks.com/help/blue-access-login/>

Discuss Biometric Results with Doctor 5 points

We encourage you to take your biometric results to your next doctor's appointment. This is an excellent opportunity to begin a conversation with your doctor regarding your results and ask questions regarding your health.

Attendance at a Harper County Sponsored Learning Opportunity 5 points (each)

The County will occasionally host and sponsor events, providing education and an opportunity to gather with your co-workers in a relaxed setting.

Power Hour 5 points (each)

There are many informational videos on the BCBS website. After you complete the video, they will provide you with a Certificate of Completion that must be submitted to Human Resources for credit. You may do these videos at your own convenience.

## **Physical Activities**

Participation in Athletic Events 10 points

Athletic events are any type of fitness competition or sports tournament. Athletic events must focus on physical activity. This includes participation in organized competitions, including CrossFit competitions, softball, basketball, or golf league team membership or tournaments.

Community Races 10 points

Employees can earn points for participating in any community races. Example of races: 5K, 10K, mud runs, and marathons. Cycling and virtual races are included.

Slow Progress Is Better Than No Progress. Stay Positive And Don't Give Up!

## Daily Activity up to 15 points (awarded monthly)

Participants may earn points for intentional activity (outside of work-related activity).

Examples of intentional activity are:

- Walking during your break
- Gardening/yard work
- Completing a structured workout
- Running/Walking for exercise

Points will be awarded in the following manner:

- A total of 30 minutes of activity is required for credit for the day. This may be done intermittently (10 minutes in the morning, 20 minutes in the evening, etc.)
- Activity will be tracked monthly on the attached form and submitted to Human Resources by the 5<sup>th</sup> of the following month.
- Points may be earned based on the number of days each month that a workout is completed:
  - Up to 10 days of activity = 5 points
  - Up to 20 days of activity = 10 points
  - Up to 30 days of activity = 15 points

The table below outlines the number of points required to reach each program level.

<b>Level</b>	<b>Point Requirement</b>	<b>Incentives</b>
<b>Bronze</b>	<b>&gt;50</b>	2 PTO Hours 1 Entry into Drawing for every 50 points accrued
<b>Silver</b>	<b>55-124</b>	4 PTO Hours 2 Entries into Drawing for every 50 points accrued
<b>Gold</b>	<b>125-199</b>	6 PTO Hours 3 Entries into Drawing for every 50 points accrued.
<b>Platinum</b>	<b>&gt;200</b>	8 PTO Hours 4 Entries into Drawing for every 50 points accrued. 1 entry into the Grand Prize drawing.

Points will be totaled and awarded at the end of the program year, which corresponds with the Health Insurance Plan year, and runs from 10/1 – 9/30. Points must be turned in on or before October 5<sup>th</sup> to receive credit.

The Harper County Wellness Program is a voluntary program which follows all federal guidelines. If it is unreasonably difficult for you to achieve the standards for the reward, please contact Ami DeLacerda, Director of Human Resources, at (620) 842-6007 or [adelacerda@harpercountyks.gov](mailto:adelacerda@harpercountyks.gov) to create an alternative plan.

NOTHING looks as good as healthy feels!





# POINTS SUBMISSION FORM

PLAN YEAR: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

<input type="checkbox"/> PREVENTION <input type="checkbox"/> HEALTHY LIVING <input type="checkbox"/> EDUCATION <input type="checkbox"/> PHYSICAL <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> PREVENTION <input type="checkbox"/> HEALTHY LIVING <input type="checkbox"/> EDUCATION <input type="checkbox"/> PHYSICAL <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> PREVENTION <input type="checkbox"/> HEALTHY LIVING <input type="checkbox"/> EDUCATION <input type="checkbox"/> PHYSICAL <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> PREVENTION <input type="checkbox"/> HEALTHY LIVING <input type="checkbox"/> EDUCATION <input type="checkbox"/> PHYSICAL <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> PREVENTION <input type="checkbox"/> HEALTHY LIVING <input type="checkbox"/> EDUCATION <input type="checkbox"/> PHYSICAL <input type="checkbox"/> OTHER: _____
<input type="checkbox"/> ACTIVITY: _____  <input type="checkbox"/> COMPLETED DATE: _____  POINTS EARNED: _____	<input type="checkbox"/> ACTIVITY: _____  <input type="checkbox"/> COMPLETED DATE: _____  POINTS EARNED: _____	<input type="checkbox"/> ACTIVITY: _____  <input type="checkbox"/> COMPLETED DATE: _____  POINTS EARNED: _____	<input type="checkbox"/> ACTIVITY: _____  <input type="checkbox"/> COMPLETED DATE: _____  POINTS EARNED: _____	<input type="checkbox"/> ACTIVITY: _____  <input type="checkbox"/> COMPLETED DATE: _____  POINTS EARNED: _____
<input type="checkbox"/> ACTIVITY: _____  <input type="checkbox"/> COMPLETED DATE: _____  POINTS EARNED: _____	<input type="checkbox"/> ACTIVITY: _____  <input type="checkbox"/> COMPLETED DATE: _____  POINTS EARNED: _____	<input type="checkbox"/> ACTIVITY: _____  <input type="checkbox"/> COMPLETED DATE: _____  POINTS EARNED: _____	<input type="checkbox"/> ACTIVITY: _____  <input type="checkbox"/> COMPLETED DATE: _____  POINTS EARNED: _____	<input type="checkbox"/> ACTIVITY: _____  <input type="checkbox"/> COMPLETED DATE: _____  POINTS EARNED: _____
<input type="checkbox"/> ACTIVITY: _____  <input type="checkbox"/> COMPLETED DATE: _____  POINTS EARNED: _____	<input type="checkbox"/> ACTIVITY: _____  <input type="checkbox"/> COMPLETED DATE: _____  POINTS EARNED: _____	<input type="checkbox"/> ACTIVITY: _____  <input type="checkbox"/> COMPLETED DATE: _____  POINTS EARNED: _____	<input type="checkbox"/> ACTIVITY: _____  <input type="checkbox"/> COMPLETED DATE: _____  POINTS EARNED: _____	<input type="checkbox"/> ACTIVITY: _____  <input type="checkbox"/> COMPLETED DATE: _____  POINTS EARNED: _____

DATE RECEIVED BY HR: \_\_\_\_\_



# PERSONAL HEALTH GOALS

PLAN YEAR: \_\_\_\_\_

	<input type="checkbox"/> NUTRITION <input type="checkbox"/> FITNESS <input type="checkbox"/> FINANCIAL <input type="checkbox"/> MENTAL HEALTH <input type="checkbox"/> WEIGHT LOSS <input type="checkbox"/> BIOMETRICS <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> NUTRITION <input type="checkbox"/> FITNESS <input type="checkbox"/> FINANCIAL <input type="checkbox"/> MENTAL HEALTH <input type="checkbox"/> WEIGHT LOSS <input type="checkbox"/> BIOMETRICS <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> NUTRITION <input type="checkbox"/> FITNESS <input type="checkbox"/> FINANCIAL <input type="checkbox"/> MENTAL HEALTH <input type="checkbox"/> WEIGHT LOSS <input type="checkbox"/> BIOMETRICS <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> NUTRITION <input type="checkbox"/> FITNESS <input type="checkbox"/> FINANCIAL <input type="checkbox"/> MENTAL HEALTH <input type="checkbox"/> WEIGHT LOSS <input type="checkbox"/> BIOMETRICS <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> NUTRITION <input type="checkbox"/> FITNESS <input type="checkbox"/> FINANCIAL <input type="checkbox"/> MENTAL HEALTH <input type="checkbox"/> WEIGHT LOSS <input type="checkbox"/> BIOMETRICS <input type="checkbox"/> OTHER: _____
30-DAY	<input type="checkbox"/> COMPLETED DATE: _____	<input type="checkbox"/> COMPLETED DATE: _____	<input type="checkbox"/> COMPLETED DATE: _____	<input type="checkbox"/> COMPLETED DATE: _____	<input type="checkbox"/> COMPLETED DATE: _____
60-DAY	<input type="checkbox"/> COMPLETED DATE: _____	<input type="checkbox"/> COMPLETED DATE: _____	<input type="checkbox"/> COMPLETED DATE: _____	<input type="checkbox"/> COMPLETED DATE: _____	<input type="checkbox"/> COMPLETED DATE: _____
90-DAY	<input type="checkbox"/> COMPLETED DATE: _____	<input type="checkbox"/> COMPLETED DATE: _____	<input type="checkbox"/> COMPLETED DATE: _____	<input type="checkbox"/> COMPLETED DATE: _____	<input type="checkbox"/> COMPLETED DATE: _____
1 YEAR	<input type="checkbox"/> COMPLETED DATE: _____	<input type="checkbox"/> COMPLETED DATE: _____	<input type="checkbox"/> COMPLETED DATE: _____	<input type="checkbox"/> COMPLETED DATE: _____	<input type="checkbox"/> COMPLETED DATE: _____

**EMPLOYEE NAME:**

\_\_\_\_\_

Printed

Signature

\_\_\_\_\_

Submission Date

Date Received by HR



# DAILY ACTIVITY LOG

MONTH: \_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_

EMPLOYEE: \_\_\_\_\_

<b>WEEK #1</b>							
WEEK BEGINNING MONDAY: ____ / ____ / ____.							
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<b>MINUTES:</b>							
<b>ACTIVITY:</b>							

<b>WEEK #2</b>							
WEEK BEGINNING MONDAY: ____ / ____ / ____.							
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<b>MINUTES:</b>							
<b>ACTIVITY:</b>							

<b>WEEK #3</b>							
WEEK BEGINNING MONDAY: ____ / ____ / ____.							
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<b>MINUTES:</b>							
<b>ACTIVITY:</b>							

**WEEK #4**

WEEK BEGINNING MONDAY: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ .

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
MINUTES:							
ACTIVITY:							

**WEEK #5**

WEEK BEGINNING MONDAY: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ .

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
MINUTES:							
ACTIVITY:							

DATE RECEIVED BY HR: \_\_\_\_\_