



Barron Area School District Wellness Program

2016-17



To: All Staff
From: Barron Area School District Wellness Committee
Re: 2016-17 Wellness Program

Welcome to the 2016-17 Employee Wellness Program.

Enclosed in this booklet is the information regarding the 2016-17 Wellness Program. This program is based on a points system. Each staff member who participates in the wellness program needs to earn 15 points to be eligible for the end of the program incentive. After you complete the required biometric screening process, you will receive a Wellness Punch Card. Each time you fulfill a wellness program opportunity your card will be punched in the area which you have met the points requirement.

Please read through the information and sign the enclosed form if you would like to participate in this program to Jill Kuhrt at Central Office. Biometric Screening is scheduled for August 24, 30, and 31. Once you have completed the Biometrics Screening you will immediately receive results.

Congratulations on starting or continuing your path to wellness!

BARRON AREA SCHOOL DISTRICT WELLNESS COMMITTEE

Cathy Amdall	Aaron Beckendorf	Sue Becker
Jessica Gravensen	Wendy Levy	Karen Lettner
Rachel Waite	Sue Hanson	Bente Moe
Jill Kuhrt	Dawn Meier	Nadine Wetzels-Curtis
Sonja Diedrich		

Barron Area School District

Wellness Committee Members

2016-17

Cathy Amdall	Riverview	amdallc@barron.k12.wi.us	500
Aaron Beckendorf	Riverview	beckendorfaa@barron.k12.wi.us	539
Sue Becker	Riverview	beckers@barron.k12.wi.us	511
Jessica Gravesen	High School	gravesenj@barron.k12.wi.us	139
Sue Hanson	Central Office	hansons@barron.k12.wi.us	413
Jill Kuhrt	Central Office	kurhtj@barron.k12.wi.us	400
Karen Lettner	HS/Riverview	lettnerk@barron.k12.wi.us	141/526
Dawn Meier	Central Office	meierd@barron.k12.wi.us	404
Bente Moe	Almena	moeb@barron.k12.wi.us	200
Rachel Waite	Ridgeland-Dallas	waiter@barron.k12.wi.us	702
Wendy Levy	Woodland	levyw@barron.k12.wi.us	326
Nadine Wetzel-Curtis	Woodland	curtisin@barron.k12.wi.us	351
Sonja Diedrich	Riverview	diedrichs@barron.k12.wi.us	540

2016-17 Wellness Program

Who can participate?

ALL employees of Barron Area School District whether you carry the District health insurance or not.

Minimum requirements for participation in the Wellness Program:

Step 1: Biometric Screening – height, weight, waist circumference, blood pressure, BMI, and finger-tip blood test* for Total Cholesterol, HDL and LDL, Triglycerides, and Blood Glucose

***Fasting Required**

(Spouses can participate in this step)

2016-17 Barron Area School District Wellness Program Rewards:

15+ points qualifies you for \$100 Gift Card

Individuals completing the entire punch card will have their names entered into an additional prize drawing

Individuals completing 15 punches will also have their name entered into the annual “Grand Prize Drawing” to be drawn at the end of the 2016-17 Wellness Program

Please note: Barron Area School District will make a reasonable accommodation to any employee who is unable to meet the requirements above due to a physical or mental impairment.

2016-17 Wellness Program Handbook

The Barron Area School District Wellness Program is designed to help you become or stay healthy by offering an incentive to those who choose to participate. Participation in the program is voluntary and a \$100 gift card will be given to those employees who earn 15 or more points on their 2016-17 Wellness Program Punch card. For those who choose to participate, you may be asked to show proof for certain points to make sure everything is documented properly. The Wellness Program Punch cards are your responsibility. If you lose your card you can receive a new one but you will need to show evidence of the points you had earned.

The 2016-17 program will focus on four areas: Education, Prevention, Physical Activity, and Non-Activity/Volunteer. *You must earn at least one punch in each of the four areas besides the required biometric screening.* The following is a description of the various points you can earn.

Biometrics and Health Risk Assessment – worth 1 point **Required**** / optional additional 1 point**

- Biometric screenings (height, weight, blood pressure, BMI, and finger tip blood test)
 - **Fasting is required**
- Optional – 1 additional point if spouse completes biometric screening

Education – Must earn at least one punch in this category

Educational Programs – worth up to 6 points

There will be district and community sponsored educational presentations and activities offered throughout the year. Sign-in at each presentation/activity or submit a flyer from the presentation to receive 1 point. For activities with multiple sessions offered (such as yoga or Weight Watchers), participants must attend at least 50% within a three month period in order to receive 1 point. Attendance will be kept by the session leader or must be verified by the session leader.

Prevention - Must earn at least one punch in one the following categories:

Preventive Screenings – worth up to 2 points (one for medical, one for dental)

The Preventive Screening forms list a few of the age and gender appropriate screenings as defined by the U.S. Department of Health and Human Services. You can receive 1 point for maintaining all age and gender appropriate screenings as directed by your primary health care provider. You also have the opportunity to earn 1 point for staying up to date on your dental preventive screenings. Proof of visit is

required by having your primary health care provider and/or dentist sign the Preventive Screening form to receive your point.

CPR – worth 1 point

BASD will offer CPR and CPR recertification classes free for all employees. Spouses can also be certified for a nominal fee. As long as your certification is valid you will receive a punch.

Flu Shot – worth 1 point

Provide documentation that you have received a flu shot.

Non-Activity/Volunteer - Must have at least one punch in this category

Community Service – worth up to 3 points

If you choose to be involved in a non-activity community service event (Boys and Girls Club, Habitat for Humanity, Meals on Wheels, church activity, giving blood, Booster Clubs etc.) you can earn up to 1 point per event, for a maximum of 3 points. These activities should be done on your personal time and should be outside of your school building. Must complete attached form with verification signature.

Physical Activity – Must have at least one punch in this category

School/Community Sponsored Events – worth up to 4 points

School sponsored events such as Biggest Loser and Wellness Walk, Relay for Life, etc. will count as one point each. Community sponsored events such as organized events like the Lyndon Ellefson Run/Walk, Barron Chamber Tour de Color, Be Well Barron County, etc. will also each count as one point each for a maximum total of 4 points.

Monthly Physical Activity Goals – with up to 8 points

For participating in 400 minutes of physical activity per month you can receive 1 point, for a possible of 8 points for the year. For your convenience, please log minutes on the Monthly Physical Activity Minute Tracker located in the back of this booklet. Minutes can be logged starting September 1, 2015.

Physical Activity points can be earned through participating in moderate- or vigorous- intensity exercise. Moderate-intensity exercise involves any activity that makes you break a light sweat and slightly increase your heart rate, while still allowing you to carry on a conversation with someone. Vigorous-intensity exercise involves activities that increase your heart rate and breathing; you should be able to speak still but wouldn't be able to hold a conversation.

Examples of Moderate-Intensity Exercise

- Brisk walking at 3.0 mph or more
- Light or leisurely biking
- Golfing (walking)
- Lifting light weights
- Gardening/yard work
- Dancing

Examples of Vigorous-Intensity Exercise

- Aerobics
- Biking at 10.0 mph or more
- Lap Swimming
- Jogging/Running at 5.0 mph or more
- Competitive sports (hockey, basketball)

For more information about the exercise intensity and the Talk Test, visit the Center For Disease Control and Prevention. <http://www.cdc.gov/physicalactivity/everyone/guidelines/adults.html>

Additional Resources

General Health Information:

Centers for Disease Control and Prevention

www.cdc.gov

Healthy People

www.healthypeople.gov

National Institutes of Health (NIH)

www.nih.gov

Nutrition and Weight Management:

Choose MyPlate

www.choosemyplate.gov

DietaryGuidelines.gov

www.dietaryguidelines.gov

Weight Control Information Network

www.win.niddk.nih.gov

Personal Tracking Tools:

CalorieKing

www.calorieking.com

MyFitnessPal

www.myfitnesspal.com

SparkPeople

www.sparkpeople.com

MapMyWalk

www.maymywalk.com

Tobacco Cessation:

Wisconsin Tobacco QuitLine

www.ctri.wisc.edu/quitline

Smokefree.gov

www.smokefree.gov

2016-17 Health and Wellness Program

	Education	Preventive	Activity/Minutes	Non Activity/Volunteer
Max points	6 points	8 points	12 points	3 points
Definition Of Program	District sponsored activities that have a significant educational component	Proactive health measures aimed at reducing the risk of future health conditions and complications	All moderate to vigorous physical activity. Track monthly minutes (400/month or more = 1 point)	Community services – volunteer activities that promote mental or emotional well being. (1 point per unrelated service event)
Examples of Covered Activities	<ul style="list-style-type: none"> Wellness presentations Other pre-approved* educational opportunities CPR Weight Watchers 	<ul style="list-style-type: none"> Biometrics, HRA, and One-to-one consultation (required) Preventive screenings (1 point per year for each medical and dental) Annual flu shot 	Activities that increase heart rate, induce moderate sweating, also includes programs that increase strength or flexibility	Participate in a volunteer activity of your choice, for example: <ul style="list-style-type: none"> Meals on Wheels Boys and Girls Club Church Volunteerism Habitat for Humanity Helping Hands
Forms needed	Sign in for attendance at session	Submit forms to Central Office	Submit forms to Central Office	Submit forms to Central Office

*For offerings with multiple sessions, participants must attend at least 50% of the scheduled sessions within a 3 month time frame.

As an employee of the Barron Area School District I am eligible to earn the \$100 incentive. This incentive will be in effect from August 1, 2016, or the month I qualify, until May 15, 2017. In order to receive my incentive, I must turn in my Wellness Card to the Central Office.

I agree that if I make a false certification or fail to earn enough points, the incentive that I receive will be voided and subject to repayment.

Signed: _____ Date: _____

2016-17 Reward: 15+ points qualifies you for a \$100 gift card and participation in the drawing for the "Annual Grand Prize".

Preventive Screening

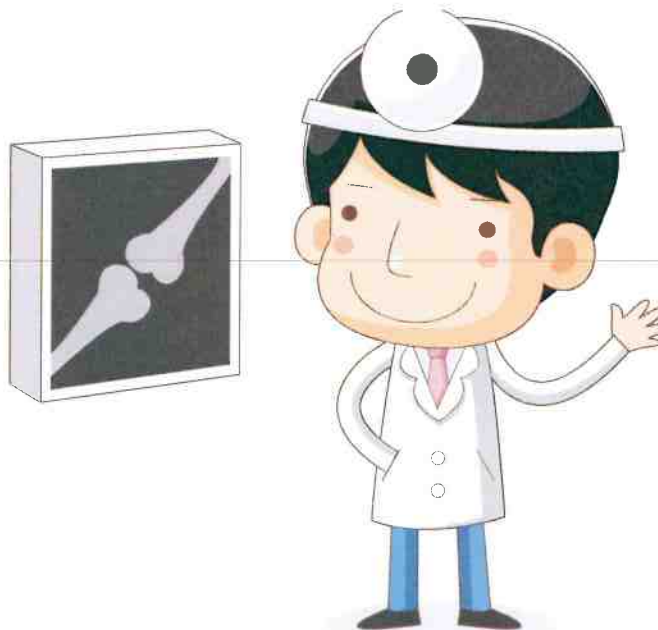
Medical

Getting regular check-ups, preventive screening tests, and immunizations are among the most important things you can do for yourself. Work in partnership with your primary care provider to decide which screenings and immunizations are appropriate based on your personal health profile. Please have your **primary care provider** sign this form to indicate you are up-to-date on your preventive screenings. You do not have to actually have your physical during the wellness program time frame. Your primary care provider needs to complete this form indicating that you receive a regular check up.

BASD Employee Signature: _____ Date: _____

Print BASD Employee Name: _____ Date: _____

Provider Signature: _____ Date: _____



Preventive Screening

Dental

Getting regular check-ups and preventive screening are among the most important things you can do for yourself. Work in partnership with your dentist to decide which screenings are appropriate based on your personal health profile. Please have your dentist sign this form to indicate you are up-to-date on your preventive screenings.

BASD Employee Signature: _____ Date: _____

Print BASD Employee Name: _____ Date: _____

Provider Signature: _____ Date: _____



Community Service

Non-Activity and Volunteerism

Example: Meals on Wheels, Boys & Girls Club, etc.

Name of Organization: _____

Location of Event: _____

Date: _____

Brief Description: _____

BASD Employee Name: _____

BASD Employee Signature: _____

Representative Signature: _____

Monthly Physical Activity

Month Minute Tracker

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Totals
Date _____ Mins _____ Activity _____	Date _____ Mins _____ Activity _____	Date _____ Mins _____ Activity _____	Date _____ Mins _____ Activity _____	Date _____ Mins _____ Activity _____	Date _____ Mins _____ Activity _____	Date _____ Mins _____ Activity _____	_____
Date _____ Mins _____ Activity _____	Date _____ Mins _____ Activity _____	Date _____ Mins _____ Activity _____	Date _____ Mins _____ Activity _____	Date _____ Mins _____ Activity _____	Date _____ Mins _____ Activity _____	Date _____ Mins _____ Activity _____	_____
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Date _____ Mins _____ Activity _____	Date _____ Mins _____ Activity _____	Date _____ Mins _____ Activity _____	Date _____ Mins _____ Activity _____	Date _____ Mins _____ Activity _____	Date _____ Mins _____ Activity _____	Date _____ Mins _____ Activity _____	_____
						Monthly Total Minutes	_____
Notes:							

Health Promotion Plan

Name: _____

Today's Date: _____

What exactly do you want to accomplish?

Why is this goal important to you?

How will you accomplish this goal?

By when do you want to have this goal accomplished?

What is standing in the way of you achieving your goal right now?

What are some solutions to those problems?

Complete this form for discussion with you coach during your one-to-one consultation. (optional)