

# OHIO COUNTY WELLNESS PROGRAM

*"Promoting Good Health to Help Manage Health Care Cost"*

## **MISSION STATEMENT:**

The Employee Wellness Program is dedicated to enhancing the health and well being of Ohio County employees by providing services that motivate employees to move toward optimal health. Improved health of employees can lead to increased productivity, improved morale, decreased incidence of accidents and injuries, and decreased medical costs and absenteeism. This is a voluntary program.

## **GOALS:**

- Make services accessible to as many employees as possible.
- Provide services/activities that increase employee's knowledge about health.
- Engage employees in activities that motivate them to make positive lifestyle changes.
- Provide employee incentives for participation in nutrition, physical activity, and/or weight management/maintenance activities.

## **COMMITTEE MEMBERS:**

Committee members are selected by the Fiscal Court. The committee shall consist of the County Treasurer, Wellness Program Coordinator, and at least 2 male and 2 female employees at large. Employees at large are to be from different departments.

## **ELIGIBLE:**

All county employees are eligible for the Wellness Program. The Wellness Program will be on a calendar year.

## **INCENTIVE:**

Employees who earn a total of 95-100 points will be eligible for a year end incentive to be determined each year with approval from the fiscal court.

## Wellness Committees function to include:

- Promote Employee Wellness activities to their areas through verbal and written communications.
- Share health information and messages with co-workers.
- Encourage employees to practice healthy behaviors.
- Gather feedback from employees and represent their requests and concerns.
- Recommend priority goals and activities.
- Provide input on the program's direction and mission.

## Wellness Forum

### Physical Activity

Goal: Adopt and implement worksite and offsite wellness programs that promote physical activity.

Policy: All points earned must be recorded and signed by the facility (or Doctor) providing the service or by the team captain.

### Educational Activity

Goal: Increase employee awareness of healthy behaviors and available health resources by offering on-site and off-site health education.

Policy: All points earned must be recorded and signed.

## Incentive Program for calendar year 2012.

OCFC will offer the following: Any employee who is **not** a member of the Ohio County Wellness Center who wishes to visit the Wellness Center will be eligible for a 1 time reimbursement. Employee should choose which month they wish to visit. During any 1 month period the OCFC will reimburse the county employee \$6 per visit not to exceed \$48. Each visit must be documented and be at least 1 hour in length per visit. Documentation showing where employee has paid the Wellness Center must be presented to the County Treasurer for reimbursement. Reimbursement will be made at the next regularly scheduled Fiscal Court meeting.

Any employee who earns 95 to 100 points will receive a check (processed through payroll) in the amount of \$150 at a check presentation that will be held in the month of December. All points earned must be documented and signed by the appropriate person/facility. All documentation should be turned in monthly to the County Treasurer. The deadline for documentation to be turned in will be December 10 of each year.

All employees who have earned 95-100 points will have their name placed in a drawing for vacation days. Vacation days will be calculated based on average hours worked per week from January 1 through November 30. Hours are not to exceed 40.

# PARTICIPANT AGREEMENT

The undersigned, who is an employee of the Ohio County Fiscal Court (OCFC) agree that:

1. He/She will be offered the option to participate in the Employee Wellness Program (Program), which shall be developed by the OCFC.
2. The undersigned acknowledges that participants eligible for the Program include all OCFC employees.
3. The undersigned agrees that if he/she meets the individual goals of the Program the he/she will be eligible for the year end incentive to be determined each year by the OCFC.
4. The undersigned further agrees that the OCFC, at its sole discretion, may terminate the Program by tendering a 30-day written notice of cancellation.
5. The undersigned agrees that to receive points as a part of the Program, he/she will participate in the Program events during the participation year. Participation year will run from January 1 through December 10.
6. The undersigned recognizes and agrees that the Program is totally voluntary and participation is not considered working time.
7. The undersigned acknowledges that the OCFC intends to remain in compliance with all federal, state and local laws and regulations and therefore, may change or terminate the Program from time to time.
8. The undersigned agrees to hold harmless OCFC for any injury the undersigned may suffer while participating in the Program.

*If it is unreasonably difficult due to a medical condition for you to achieve the standards for the incentive under this program, or if it is medically inadvisable for you to attempt to achieve the standards for the incentive under this program, call us at 270-298-4493 and we will work with you to develop an alternative program to qualify for the incentive.*

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Witness from Wellness Committee (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Please provide email address so you can be notified of event opportunities.

\_\_\_\_\_  
I am interested in the following:

Team Captain for walking,  
exercise, aquatic, etc

\_\_\_\_\_

Relay for Life Team

\_\_\_\_\_

Cooper Clayton  
Method to Stop Smoking

\_\_\_\_\_

VolleyBall Team  
BasketBall Team  
SoftBall Team

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OTHER INTERESTS YOU HAVE:

## Wellness Program Point System

	Points	Eligible per year		
Physical	1	1		Documentation must be submitted from Dr. Office
Eye Exam	1	1		Documentation must be submitted from Dr. Office
Quit Smoking (Smoking Class provided by OCHospital)	13	1		13 week program 1 hour per week. Class must be completed
Lose pounds. (1 point per pound)	1			Document by Dr., Wellness Center, or Court will provide opportunity.
Health Screening (Provided by OCFC at Health Fair)	1	1		
Chiropractic Center	1	4		Documentation must be submitted from Dr. Office
Dental Exam - teeth cleaning	1	2		Documentation must be submitted from Dr. Office
Colonoscopy	1	1		Documentation must be submitted from Dr. Office
Prostate check	1	1		Documentation must be submitted from Dr. Office
Mammogram	1	1		Documentation must be submitted from Dr. Office
Give Blood	1	2		Documentation from donation
Anthem online training	1	1		
County sponsored Walk/Run athon	2		2 points per event	2 scheduled at OCPark and 2 scheduled at BD Park
County sponsored Volleyball tournament	2		2 points per event	Dates to be announced
County sponsored Basketball tournament	2		2 points per event	Dates to be announced
Wellness Center (1 point per 1 hour)	1			If you are not a member take index card and have card signed with time in and time out
Zumba (at locations provided)	1			Have instructor sign card stating class was attended
Walking team (1 point per 1 hour walked )	1			Team captain will be required to sign members card
Aquatic exercise (1 point per 1 hour))	1			Team captain will be required to sign members card
Wellness Center 12 week Fitness Challenge	10	1		12 week program must be completed
Relay for Life Team	3	1		Documented by Team Captain
Team Captain (documented as captain with Wellness Committee)	3	4		Must commit to 3 months as captain

**Notes:**

Wellness Center - The 1st Friday of each month is free to all Ohio County residents.

Not a Wellness Center member - visits are \$6 per visit.

Emails will be sent to notify you of events.