



A program of the  
Iowa State Association of Counties

# 2011 Program Guidelines

## **Vision Statement**

*To have a culture of health in all ISAC counties, with a healthy workforce that performs its best and displays healthy behaviors at work and at home.*

## **Goal Statement**

*To provide awareness, education, and behavior change programs to employees that will lead to healthier behaviors and lifestyles.*

*To impact the lives of employees in a well-rounded way by addressing issues in these areas: physical, mental, emotional, environmental, community, spiritual.*

Because your county is part of the ISAC health insurance program you have the opportunity to participate in our wellness plan. This plan is designed to enhance the health and well-being of your county employees.

Following are some guidelines and information that will help you in this goal. If you should have any questions, please feel free to give me a call.

### **Jenna Kunstle**

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# Funding and Reimbursement

The Iowa State Association of Counties is dedicated to providing members every opportunity to become healthier and to creating a culture of health and wellness in all counties participating in the ISAC Group Health Program. For this reason, ISAC offers participating counties wellness dollars to use toward providing wellness programming that drives positive lifestyle behavior changes among county employees.

**ISAC provides \$30.00** per health insurance contract (single or family) in force as of the end of the enrollment period. These funds are able to be carried over to the next fiscal year under the following conditions: 1) the county must be receiving wellness consulting services through ISAC provided consultants and 2) no more than one year's worth of funding can be rolled over any given year. This amount would vary by county.

The money is to be used to promote positive behavior change among employees. Positive lifestyle behavior changes are those things employees can do to decrease their risk for developing chronic disease, and positively impact their overall health.

## **Examples of (but not limited to) ways to promote positive behavior change:**

- Reward employees for participation in wellness programs
- Reward employees for participation in the wellness assessment
- Conduct onsite stress management seminars or lunch-n-learns
- Conduct onsite nutrition education
- Reward employee participation in weight management or smoking cessation programs.
- Host onsite weight management programs
- Conduct an employee walking program
- Promote the Live Healthy America program, and pay for employees to participate
- Health/wellness awareness and education

## **The following do not promote positive lifestyle behavior change and will NOT be reimbursed:**

- Staff parties or outings
- Staff lunches that are not part of a wellness lunch-n-learn
- Giveaways that are not rewards for participation in a wellness program
- Giveaways or incentives that do not support wellness (i.e. fast food coupons)
- Fitness club memberships - although they are wellness focused, our goal is to have the wellness activity completed before payment is made.

# Incentives

Here are some ideas to keep in mind when thinking of incentive programs:

- In the first year of a program, incentives should be given for participation in a program. Reward employees for completing a program, rather than for attaining goals. As the program progresses, incentives can be given for performance in a program.
- Drawings or raffles are effective incentives. For example, those that participate in the walking program will have their name put in a drawing for a new pair of shoes.
- If a person is unable to physically or otherwise not participate in a program, alternatives must be available for that person to earn the incentive. For example, if because of a knee disorder an employee cannot participate in the walking program, other options must be available for that person to earn the incentive.
- Recognition is a great incentive. Consider rewarding for “random acts of wellness” or other successes with recognition at employee meetings, in newsletters, or with a certificate.

Consider using a point system. Allow the employees to earn points for various wellness activities or programs, and then reward them with an incentive gift based on the point total at the end of the year.

Please, no cash incentives.

## ISAC 2011 Incentive Program

For County Employees part of the ISAC Group Health Plan

The employee must complete an annual physical with their physician and the Wellness Assessment by 12-31-11 to qualify for the \$250 VISA gift card. For this reason, and because annual physicals, preventive care and flu vaccinations are covered at 100% with no co-pay, **blood screenings and flu shot clinics will no longer be covered by the wellness funds beginning January 1, 2011.**

# Reimbursement Process

**Complete the Program Planning Sheet:** One of these forms needs to be completed for each program you hold. It helps us to understand the rationale behind the program you are implementing. The form needs to be completed and submitted to ISAC 15 days prior to the start of the program. If this form is not submitted and a reimbursement is requested, you run the risk of having the request denied.

**Implement Program:** Be sure to promote the program to all employees to encourage participation. If incentives are being used, include that in promotions.

**Complete the Program Evaluation Form:** This form will help you determine whether you consider your program to be a success and if changes need to be made in the future. A copy of this form needs to be submitted to ISAC along with any request for reimbursement (except for mileage). **Payment will not be issued until we have received this completed form.**

**Complete the Claim Form:** Please use this form to submit a request for reimbursement. The claim form needs to be accompanied by a receipt or billing invoice as well as the Program Evaluation Form.

**Submit the forms to ISAC:**

Jenna Kunstle  
Iowa State Association of Counties  
501 SW 7<sup>th</sup> Street, Ste. Q  
Des Moines, IA 50309  
Fax: 515-244-6397  
Phone: 515-244-7181  
[jkunstle@iowacounties.org](mailto:jkunstle@iowacounties.org)

\*\*\***Fund Balance Statements** will be sent out quarterly to keep you informed as to which claims have been paid. You can call in anytime to get an updated statement.

## ISAC Wellness Program Program Planning Sheet

County \_\_\_\_\_ Form completed by \_\_\_\_\_

Program Name \_\_\_\_\_ Date of Program \_\_\_\_\_

Please describe the program and what your objective is in implementing this program?			
What is your goal participation?			
How does this program promote positive lifestyle behaviors?			
What is your strategy to promote this program?			
Are you planning to use incentives for participation? If so, what?			
Cost per participant:		Total cost:	

One of these forms needs to be completed for each program you hold. The form needs to be submitted to ISAC 15 days prior to the start of the program. **If this form is not submitted and a reimbursement is requested, you run the risk of having the request denied.**

Mail them to: Jenna Kunstle, ISAC, 501 SW 7<sup>th</sup> Street, Suite Q, Des Moines, IA 50309  
FAX: 515-244-6397 or email: [jkunstle@iowacounties.org](mailto:jkunstle@iowacounties.org)

## ISAC Wellness Program Program Evaluation Form

County \_\_\_\_\_ Form completed by \_\_\_\_\_

Program Name \_\_\_\_\_ # of participants \_\_\_\_\_

Was your objective met? Explain.	
What went well?	
What needs to be addressed?	
Will you do this program again?	
Would you recommend this program to other counties?	
Additional Comments	

**Return to: Jenna Kunstle at 501 SW 7<sup>th</sup> Street, Suite Q  
Des Moines, IA 50309**

**Fax: 515-244-6397 or email: [jkunstle@iowacounties.org](mailto:jkunstle@iowacounties.org)**

**TO BE RETURNED WITH THE WELLNESS CLAIM FORM  
(Payment will not be issued until ISAC receives completed form)**

# ISAC Wellness Program Claim Form

County \_\_\_\_\_

**Make Check Payable to:**

Name \_\_\_\_\_

**Mail check to:**

Name \_\_\_\_\_

(leave blank if same as above)

Address \_\_\_\_\_

\_\_\_\_\_

Date	Item	Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL \_\_\_\_\_

If you have questions, please call Jenna Kunstle at (515) 244-7181  
or email at [jkunstle@iowacounties.org](mailto:jkunstle@iowacounties.org)  
Please fax **Claim Form with receipt or invoice,**  
**and Program Evaluation** to (515) 244-6397 or mail to  
501 SW 7<sup>th</sup> Street, Ste. Q  
Des Moines, IA 50309