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Columns

CEO Prespective: Working Towards Healthy

Renee L. Pietrangelo, PhD

ANCOR has long advocated for and encouraged preventive health care. Recently, we've renewed that dedication by throwing support behind several new health and wellness initiatives.

In times of duress like these, we can easily lose focus and become distracted from continuing to make progress on multiple fronts. One of those fronts is preventive health care. ANCOR's leaders have gone on record in strong support of this issue as an ANCOR priority. As you may remember, last spring ANCOR submitted a grant proposal to CMS' Office on Innovation that targeted reducing obesity among people with I/DD served in residential settings. Although our grant proposal made it through the first round, it did not make it through round two. Undaunted, we are working very hard to secure funding for the proposal using several parallel strategies.

Through our partnership and work with the Coleman Institute at the University of Colorado and our own Technology Summit held in conjunction with the Institute's annual conference, we share the latest research and information as well as promising technological applications for improving health and wellness among people with I/DD.

Most recently, ANCOR has been invited to serve on the Advisory Panel in support of a grant on *Systemic Review of Interventions to Reduce Oral Health Disparities Between Adults with Intellectual Disabilities and the General Population.*

Funded through the CDC, the project will develop the evidence base for interventions that improve oral health in the population with intellectual disability (ID). Researchers from the University of Massachusetts Medical School (UMMS) will collaborate with the American Academy of Developmental Medicine and Dentistry (AADMD) to complete a systematic review of interventions. The Advisory Panel, which includes dentists, doctors, hygienists, public health officials, researchers, reviewers and health economists, will support and assist the research team with the identification and review a wide range of interventions for their effectiveness.

The grant contains three key components: frame and refine a formal plan to systematically review interventions targeted at reducing disparities in oral health outcomes for people with I/DD; systematically review evidence of effective interventions to address these disparities; and translate and disseminate the findings of the review for use by a variety of stakeholders.

We're very excited and thankful for the invitation to participate, and look forward to the opportunity to help guide the review, providing input and recommendations. This adds another critical component to our focus on health and well-being, and the ultimate reduction/elimination of health care disparities for the people we serve.

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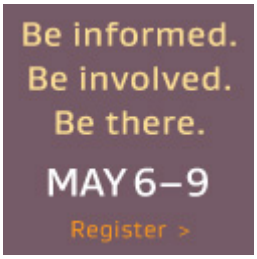
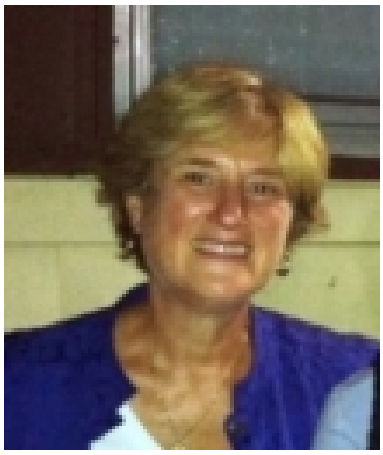


State Association View: Health Disparities and People with Disabilities

Diane McComb

Health disparities among individuals with disabilities are a rampant problem. Wellness programs can help bridge the gap.



State Associations are in a unique position to promote awareness of health disparities among people with disabilities and should consider taking up this charge. Every state has a health disparities initiative, but most focus exclusively on racial and ethnic disparities. These statewide initiatives could lead to greater understanding of disabilities as a primary group within the disparities population.

People with disabilities comprise a segment of the population experiencing health disparities for many reasons. Historically, our collective treatment of people with disabilities is based on a medical model, conjuring images of disability equating with sickness. We know today that people with disabilities live full and comparable lives to their non-disabled peers, but often with secondary conditions (that are sometimes chronic) that warrant attention.

Because of the high prevalence of disability in the general population, health promotion efforts targeted to this group have the potential to have a significant, favorable impact on public health in the United States and may contribute substantially to reductions in more expensive acute medical care. Aside from the public health issues that most racial/ethnic minorities face, minorities with disabilities experience additional disparities in health, prejudice, discrimination, economic barriers and difficulties accessing care as a result of their disability—in effect, they face a “double burden.”

Healthy living can create a huge advantage in achieving quality of life. Chronic health conditions can be prevented or reduced through positive health behaviors, yet health care for people with disabilities is often marginalized, despite Medical assistance offering some of the best benefit levels. Increasingly, people with disabilities are becoming a greater percentage of individuals who are dually eligible for both Medicaid and Medicare as well, creating a secondary tier of disconnected care.

The American Association on Health and Disability captures the critical nature of the disparity well. There are significant data gaps in the critical disparity domains defined in the Healthy People series of national planning objectives: 1) disability status and 2) sexual orientation and identity. Only eight of the 22 disparity topics analyzed by CDC include disability, and few effective interventions to overcome disparity based on disability exist. There are alarming disparities for people with disabilities related to the prevalence of diabetes and hypertension. People with disabilities of all ages have more than twice the incidence of diabetes than those without disabilities. And people with disabilities older than 18 have a 10% higher incidence of hypertension than adults without disabilities (29.3% versus 39.3%).

People with disabilities often do not receive basic primary and preventive care others take for granted, such as weigh-ins, preventive dental care, pelvic exams, x-rays, physical examinations, colonoscopies and vision screenings. Among women with physical disabilities, the greatest disparities include depression, diabetes, osteoporosis, obesity and hypertension. Non-elderly adults with mobility limitations are less likely to receive preventive health services — including cholesterol screening and blood pressure checks — than their same-age non-disabled peers. People with chronic mental illness have a life expectancy a full 25 years shorter than people without significant behavioral health needs. Three out of five die from preventable chronic diseases such as asthma, diabetes, cancer, heart disease and cardiopulmonary conditions.

People with disabilities are at greater risk of physical violence with or without a weapon; sexual violence of any kind, including rape; emotional abuse, including verbal attacks or being humiliated; and neglect of personal needs for daily life, including medical care or equipment. Victimization occurs most commonly in institutional settings and homes, where people with disabilities are 4 to 10 times more likely experience it and children with disabilities are more than twice as likely to be victimized as those without disabilities.

Check out the following resources if you have interest in becoming more aware of health disparities and people with disabilities:

http://www.cdc.gov/ncbddd/disabilityandhealth/dhds.html

http://www.ohsu.edu/xd/research/centers-institutes/institute-on-development-and-disability/public-health-

programs/oodh/oodh.cfm

http://www.disabilitycompendium.org/docs/default-source/2012-compendium/disabilitycompendium2012.pdf?sfvrsn=2

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President's Corner: Are You Ready For the Affordable Care Act?

Dave Toeniskoetter

The Affordable Care Act is upon us. As we face full implementation of the law, and grapple with the challenges that come with it, ANCOR will continue to be an excellent resource in helping us understand and navigate the new regulations.

Are you ready for the Affordable Care Act? Do you fully understand the implications of ACA upon your organization's workforce, and the people you serve? The Affordable Care Act—aka federal healthcare reform, "Obamacare", or just ACA—has been the law of the land for three years this month, but we are only now coming to grips with the full effects of this law.

It has been said that ACA may be the most significant legislation affecting people with disabilities since the Americans with Disabilities Act was enacted in 1990. The potential expansion of Medicaid eligibility is enormous. Because the U.S. Supreme Court ruled that states have the option to elect whether or not to accept the expansion of Medicaid, it may be some time before we see the full effects of this expansion. It is worth remembering that Medicaid originated as a federal program in 1965, but the last state to join the Medicaid program (Arizona) did so in 1982.

My organization is particularly concerned about the effects of ACA on our workforce. The major impact of ACA on employees and employers will occur at the beginning of 2014—just nine months away—when the individual employee mandate to purchase insurance, and the employer mandate to provide adequate and affordable insurance to all full-time employees, kick in. The general provisions of ACA are clear enough, but "the devil is in the details", and those details—in the form of regulations and guidance being published seemingly every week by federal agencies—are just now emerging.

The potential financial impact of ACA on providers is frightening. Over the past decade, medical costs have soared, resulting in annual health insurance cost increases that have well exceeded the general rate of inflation, not to mention adjustments in Medicaid payment rates. Many providers have responded by scaling back their health insurance programs, or transferring larger shares of health insurance costs to their workforce. Under ACA, employers will face penalties of up to $3,000 per employee annually, if they don't provide health insurance that meets ACA requirements. On the other hand, perhaps providers and our workforce will get a break, if the expansion of Medicaid eligibility under ACA causes more direct support professionals to qualify for coverage through Medicaid.

My organization is closely tuned in to the emerging federal guidance on ACA, and we are supported by an excellent employee benefits consulting firm, but we still rely heavily on ANCOR to "have our backs" on this issue. First, we rely on ANCOR to educate us about ACA compliance. Speakers at last fall's Leadership Summit helped me realize there are a whole range of strategies for ACA compliance, and many factors to consider in choosing the benefits offerings that will provide the best balance of outcomes for employer and employee. I expect more and updated advice on ACA compliance strategies from the speakers at ANCOR's Annual Conference next month, in Washington.

Second, we rely on ANCOR to advocate for funding that is adequate to cover the full cost of providing services, including health insurance for our workforce. Medicaid is a federal-state partnership, while ACA is a new federal mandate, with large cost implications for Medicaid providers. Will the states increase Medicaid payment rates to absorb the additional costs of ACA compliance? ANCOR staff and the Government Relations committee are actively working to educate the states about the effects of ACA on providers, and are exploring the feasibility of federal legislation to require states to incorporate additional costs of ACA compliance in their Medicaid waiver plans.

I hope you will join me in Washington next month to learn more about the effects of the Affordable Care Act on the services we provide and the people we employ.

Health and Wellness

Dakota Communities' "Be Connected. Be Well." Initiative

Toni Gillen and Amy Wartick

Dakota Communities recently instituted a new health and wellness program. Menu changes, exercise programs and outside activities have greatly reduced health-related issues in their community, and broadened people's exposure to healthy choices.

Since 2008, Dakota Communities has worked to transform our system of service for people with disabilities to one that models health and wellness. We support adults and children with intellectual, physical and developmental disabilities in their family homes, their communities and 33 Dakota Communities residential settings throughout the Twin Cities.

Our innovative wellness initiative is called “Be Connected. Be Well.” and includes:

• A personalized health coaching program pairing people served with employees, in conjunction with Woodwinds Hospital. It includes setting individual goals, education in wellness and nutrition and fitness training. It is not just about losing weight, it is about establishing new behaviors for healthy lifestyles that can be practiced for a lifetime.
• A new seasonally-based menu system, developed through a partnership with St. Catherine’s University, in all 33 of our residential homes. It emphasizes fresh, whole foods that are naturally low in salt and fat but high in flavor.
• Gardens at our homes, access to farmer's markets and educational partnerships with Dakota County, The University of Minnesota and the Minnesota Landscape Arboretum.
• Pet therapy that promotes relaxation and stress-free friendships.
• Nintendo Wii Systems in our homes to increase physical activity, social interaction and improve fine and gross motor skills.
• Volunteer opportunities that create community connections for people served.
• An organization-wide "tobacco-free" policy.
• An employee wellness program supporting individual and group goals and activities.

We developed this initiative in an effort to transform the system of care for those with disabilities. Physical exercise, good nutrition, stress management and social support are important for everyone, but are even more critical for persons with developmental disabilities who have a thinner margin of health. Maximizing health for people with disabilities is a key determinant in the level of independence possible and the amount of support needed throughout life. With better health, opportunities increase to age in place, rather than in ever more restrictive and costly settings. Besides improving quality of life, there is an immediate and long-range need to stabilize and reduce health costs for people with disabilities while improving outcomes.

Wellness Successes for People Served

“I have better self-esteem and now I want to get out in the community more.”

-Bill, who is served by Dakota Communities, after beginning to exercise and losing 10 pounds.

Bill with Jason

We began this initiative by looking at how we could improve the lives of people we serve, whether it be physically, spiritually, intellectually or emotionally. Rolling out the new healthier menus acted as a catalyst for happier and healthier homes. Wellness is contagious, and people took it upon themselves to add exercise to their daily lives, participating in yoga, basketball, hockey and walking outside in area parks. Toni Gillen, Director of Community Life, said "Once people started losing weight, they started to feel better." Due to their healthier lifestyles, people we serve have more confidence and energy, less anxiety, make fewer trips to the doctor's office and have a reduced need for diabetes and other medications.

Wellness Successes for Employees

"Peggy has become my fitness coach! She challenges me and other staff to exercise and eat well."

-Employee Rita McAninch-Hastings, speaking about an individual served by Dakota Communities.

Peggy Boxing

Dakota Communities' employee wellness program is helping staff succeed in their individual health and wellness routines to lead their healthiest life. We are growing a culture of proactive thinking and healthy practices that also enhance team building. Employees are encouraged to partner with people we support as a way to enhance their personal well-being. There are opportunities for staff to participate in individual and group activities. We offer annual biometric screening to staff so they know their personal health scores and can monitor risk areas and changes from year-to-year. Each employee who chooses to participate is given a health score from 1-5, and healthier employees receive more subsidy of the cost to join our health insurance plan.

Since "Be Connected. Be Well" began, it has evolved from a fledgling initiative into an embedded part of the Dakota Communities culture. Given our remarkable successes, we are currently committed to demonstrating the impact of our wellness investments and are interested in helping to replicate the model nationally.

Author LINK: Toni Gillen is Director of Community Life, and Amy Wartick is Communications & Marketing Coordinator. For more information, please contact Toni Gillen at 651-688-8808 x40 or tonio@dakcom.org.

Dakota Communities is a private, nonprofit organization founded in West St. Paul in 1972 by parents of children with disabilities. We support people with intellectual, physical and developmental disabilities in their family homes, their communities, and 33 Dakota Communities residential settings throughout the Greater Twin Cities. Our mission to is provide exceptional services that transform the lives of people impacted by disabilities. We are devoted to the whole lives of people, lived out physically, spiritually, intellectually, and emotionally. www.dakotacommunities.org.

Building A Statewide Network for Health Promotion

A. Oetzel, BA & L. Hoelzel, MS, ARCA & B. Marks, RN, Ph.D., & J. Sisirak, MPH, Ph.D.

ARCA recently launched its Health Matters campaign.By combining nutrition and exercise regimes, participants are seeing great results.

The health and wellness of people with developmental disabilities (DD) is spreading like wildfire in New Mexico! Graciela, a Spanish speaking lady who came to ARCA from a nursing home, was morbidly obese and generally uninterested in her life. She slept, ate and stayed in her room. Glenda, an ARCA nurse, optimistically thought Graciela had the potential to do much more. She invited Graciela to attend a health promotion class she was teaching using *Health Matters: The Exercise and Nutrition Health Education Curriculum for People with Developmental Disabilities* (Marks, Sisirak, & Heller, 2010).

Graciela after Health Matters

The *Health Matters* curriculum provides Direct Support Professionals (DSPs) with easy to use lesson plans to teach people with DD about how their body works, healthy lifestyle choices, and the basics of ***f***lexibility, ***a***erobic capacity, ***b***alance and ***s***trength (FABS). While hesitant, Graciela learned she loved exercise! Her new passion transformed her lifestyle. Completing the 12-week program twice in one year, she lost 120 pounds, her body mass index went from 57.7 to 28.68, she significantly reduced medication use and improved her physical abilities and mental state.

Every individual who participates in the 12-week *HealthMatters™ Program* learns how to: 1) make healthy choices; 2) practice skills that increase self-confidence to be physically active and exercise; and 3) become a more empowered self-advocate. The majority of persons with DD often face multiple health disparities compared to the general population and lack access to effective change without appropriate supports. People with DD have the highest prevalence of chronic health conditions and experience the most barriers to accessing health promotion activities in communities across the U.S.

HealthMatters™ Community Academic Partnership (CAP) is improving the health of hundreds of people with DD living in NM and IL, just like Graciela, through a community-academic partnership that engages community-based organizations (CBOs), the service system and the regulatory system through training and education, research and service learning, providing practical solutions people with DD and their support teams can use to improve their health.

HealthMatters™ CAP is a collaboration between ARCA in Albuquerque, NM, NorthPointe Resources in Zion, IL, and the University of Illinois at Chicago. Under *HealthMatters™ CAP*, ARCA supports and trains New Mexico CBOs to implement health and wellness for people with DD and encourages building capacity for health promotion through service learning, local research projects and other health training initiatives. To date, ARCA has partnered with 43 NM CBOs and contracted with four NM affiliates to increase health promotion for people with DD across the state, including three tribal entities and promotoras (community health workers). The affiliates ground a committed statewide network focused on improving the health of people with DD and the service and regulatory systems.

Under *HealthMatters™ CAP* CBOs are reducing the health disparities of people with DD, demonstrating validity to the regulatory system and changing the focus from disease states to the health and inclusion of persons with DD. “This consortium represents an extremely innovative approach to addressing health issues among people with developmental disabilities,” said Ed Kaul, ARCA CEO. “Collaboratively connecting the diverse expertise of service providers, community resources and academia has the potential to create truly effective change in making healthy lifestyles the norm.” The NM affiliates include Silver Lining Services (NW), Santa Lucia (NE), Tresco, Inc. (SW), and Tobosa Developmental Services (SE). ARCA continues to provide resources under grant funding and technical assistance.

With shrinking Medicaid dollars, this inter-state consortium is working to develop clear health parity by asking questions and building the capacity of community stakeholders. The answers are crucial to constructing statewide infrastructures for the promotion and maintenance of healthy lifestyles. “For people with developmental disabilities, little data exists on how to translate health promotion research into public health practice,” said Beth Marks, RN, PhD, UIC Principal Investigator. “By building capacity across communities we can better facilitate health care delivery.” *HealthMatters CAP* is funded by the Eunice Kennedy Shriver National Institute of Child Health and Human Development (RC4HD066915-01).

Author LINK: For more information on the *HealthMatters™ CAP*, please visit www.healthmattersprogram.org.

Wellness Plans: Good Intentions Are Not Enough to Prevent Discrimination

Katherine Berland

While wellness programs are growing in popularity, the government and advocacy groups are seeking a way to encourage them while protecting privacy and stemming the possibility of discrimination, particularly against individuals with disabilities.

Promoting health and wellness, whether by stick or by carrot, is in vogue these days. New York recently banned the sale of certain large high-calorie drinks. Approximately two-thirds of large companies (over 200 employees) and almost a third of smaller companies offer incentives for their employees to quit smoking. Coca-Cola started an ad campaign focused on balancing use of its product with healthy lifestyle activities such as exercise and portion control. First Lady Michelle Obama's "Let's Move" campaign advocates getting kids out from behind their school desks and game consoles while teaching them about how to exercise and eat right. More states now ban smoking in enclosed public places than don't. People are responding to the message. Eating well and moving more are the new black. A recent study shows that offering healthier dining fare is more profitable for restaurants. Farmers markets, community-supported agriculture (CSA), and Girls on the Run programs, to name a few examples, have exploded in popularity in the past several years.

Recognizing the benefits of a healthy workforce, wellness programs have been offered by insurance companies and employers for years. Employers with healthy employees benefit from lower insurance premium costs and less hours lost by workers taking sick time. Insurance companies see healthy plan participants as a way of managing costs. The Affordable Care Act (ACA), signed into law in 2010, with most major provisions taking effect by 2014, creates new incentives and builds on existing wellness program policies to promote employer wellness programs and encourage opportunities to support healthier workplaces. On November 26, 2012, the Department of Health and Human Services released proposed rules concerning incentives for wellness programs in group health plans.

The proposed rules address wellness programs that fall into two categories, which were defined in 2006 HIPAA (Health Insurance Portability and Accountability Act) regulations. In the first category are "participatory wellness programs", which are programs that do not require an individual to meet a standard related to a health factor in order to obtain a reward, or do not offer a reward at all. In the second category are "health-contingent wellness programs", which are programs that require an individual to attain or maintain a certain health outcome in order to obtain a reward (e.g., not smoking, attaining certain results on biometric screenings, or meeting exercise targets). The proposed rules acknowledge the possibility of discrimination occurring by allowing an individual's medical condition to come to light, and make clear that wellness programs may not be designed as "a subterfuge for discriminating based on a health factor". They also require that health-contingent wellness programs be "available to all similarly situated individuals" and make a "reasonable alternative standard" or a waiver available to any individual "for whom it is unreasonably difficult due to a medical condition to satisfy" the default standard of the program.

While it is heartening to see the Department of Health and Human Services (HHS) consider the possibility of discrimination and attempt to stave it off, the Consortium for Citizens with Disabilities (CCD), of which ANCOR is a member, has serious concerns about the potential of the rules as written to discriminate against individuals with disabilities. In written comments submitted in response to the proposed rules, the CCD urges stronger protections be spelled out in the rules so individuals with disabilities are not penalized for not being as "well" as others. Additionally, the Americans with Disabilities Act (ADA) provides protection to individuals with disabilities to keep confidential certain information in order to avoid discrimination, and there is concern some of this protected information would need to be disclosed under the proposed rules in order to obtain a waiver or participate in the "reasonable alternative standard" allowed by the ACA. In order to address these concerns, the CCD urges the rules be revised to spell out ADA requirements where appropriate, and to include language that makes clear nothing in the rules should be interpreted to mean that ADA standards do not apply. The CCD further urges that the rules clarify that a "treating professional" (who may or may not be a "personal physician" as specified by the proposed rules) is an acceptable professional to determine if the individual should qualify for a reasonable alternative standard or waiver. Another point of concern is that programs could contain markers or health outcomes that define a disability (for example, high glucose levels that are a marker for diabetes). The CCD commented that such markers should not be utilized as a health target or standard in any "reasonably-designed" health-contingent wellness program, because using them in this way could run afoul of the anti-discrimination mandate of the ADA if the information were used to charge employees higher insurance premiums simply because they have a disability covered by the ADA.

The intent behind providing employer incentives for wellness programs in the ACA was not to diminish the protections of the ADA. What the proposed rules highlight is that even well-intentioned legislation must take care not to overlook vulnerable populations. Though the ADA has been instrumental in ensuring that individuals with disabilities may participate in the competitive workforce, the employment rate for people with disabilities is still far lower than that of other groups. It is imperative that any law written not disadvantage people with disabilities by creating the potential for workplace discrimination that the ADA has been combating for the past two decades.

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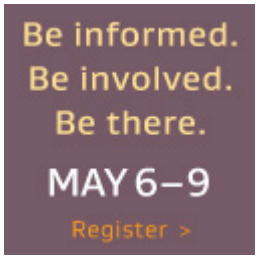

Smoking Cessation Policies Take Hold

Some ANCOR members have gone smoke-free. Here's what they did and how they did it.

Smoking cessation programs have become one of the more popular health and wellness programs. From simply banning the practice on company property to offering cessation classes, employers are kicking the ashtrays out of the office. Here's a sampling of some of ANCOR's member's anti-smoking initiatives.

"We announced on May 1 that beginning on September 1 staff would not be able to smoke while on the clock, on company grounds or in company vehicles. That included personally owned vehicles while transporting clients. We anticipated a 15% turnover in staff and lost none. In addition we announced a company wellness program that rewarded staff for participation with a significant reduction in health insurance premiums if they accumulated a specific number of points. In addition our health insurer offered a significant reduction in premium for participation in their wellness program. This convergence helped to make our effort a success. Our clients have designated smoking areas on the property and many of them have made efforts to reduce or quit the use of tobacco with the help of staff."

Karl Kelsey
HUD Service Coordinator
COF Training Services Inc
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"From the 3rd party aggregate data gathered from our biometric screening, we learned that 22 percent of our employees or their spouses use tobacco. In response to that, the wellness coordinator from our insurance brokerage company offered to hold a multi-session smoking cessation class on site, available to all employees at no cost. Our agency picked up the cost of the $25.00 booklets. I believe the facilitator used American Heart Association materials (might have been Lung Association instead.) We had 5 employees sign up, 4 completed the classes, and all 4 quit smoking and still do not smoke 2 months later."

Lisa Paterno, SPHR
Human Resource Director
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"Two years ago we went smoke-free agency wide. We had debated it for years and finally took the plunge. We gave a 12-month notice of going smoke-free. DSPs who did not smoke often complained that smokers insisted on their breaks regardless of how things were going in the work area, a morale issue, but non-smokers felt they were expected to skip their breaks if things were not going well. Many managers felt that their current challenges with staff recruitment and retention would only be exacerbated by going smoke-free.

We polled our staff and several smokers said they would quit if we went smoke-free, but we did not have one person state in an exit interview that they left for that reason. I think people will always leverage their position. I'm a caffeine addict, so for example, if the COC board debated going caffeine-free, I would threaten to quit but would not really quit if they did that. At the time we were debating the issue, I was on the board of a local hospital with 700 employees. They had gone smoke-free and had only lost one employee who stated that as the reason for quitting.

The fact is there are very few workplaces in our area that are not smoke-free. One variable also worth considering is whether or not you are missing out on some potential good employees who will not work in a workplace that is not smoke-free.

After a couple of years, we don't hear much anymore about the decision, but the one part of the decision that still bothers some of our employees is that the smoke-free decision did not apply to consumers. Employees cannot smoke on our property or in our vehicles or buildings. Consumers cannot smoke in our vehicles or building but are allowed to smoke in outside areas at home or at work."

Rod Braun, Executive Director
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Workplace Wellness: Low-Cost Wellness Strategies

Sometimes trimming waistlines can bust a budget. Here are some ideas from SEFCU to help achieve wellness without killing the wallet.

Workplace wellness programs that support employees and the environment they work in not only have a positive impact on employee morale, they often present a positive return on investment for the employer, too. Workplace wellness programs can often be expensive. However, there are many ways employers can make positive changes for little or no cost.

Nutrition

Fruit and Vegetable Consumption

- Provide healthy eating reminders and prompts to employees using posters, email, payroll stuffers, etc.
- Offer fruits and vegetables in vending machines and in the cafeteria.
- Provide cookbooks and cooking classes for employees' families.
- Ensure on-site cafeterias follow healthy cooking practices and set nutritional standards that align with the Dietary Guidelines for Americans.
- Offer healthy foods at meetings, conferences and catered events.
- Use point-of-decision prompts near vending machines and cafeteria stations to promote healthier choices.
- Offer employee-led campaigns, demonstrations or programs.
- Offer locally grown fruits and vegetables at the workplace (this could be a workplace farmer's market or a community-supported agriculture drop-off point).
- Price non-nutritious foods in vending machines and cafeterias at higher prices.
- Provide a space away from the work area for breaks and lunch.
- Make kitchen equipment available to employees.
- Provide an opportunity for on-site gardening, if possible.

Beverage Consumption

- Make water available throughout the day.
- Offer healthy drink options, such as juice and tea, in vending machines and the cafeteria.
- Modify worksite vending contracts to increase the number of healthy options.
- Price non-nutritious beverages at a higher cost.

Portion Control

- Label foods to show serving size and/or nutritional content.
- Provide food models, food scales for weighing and pictures to help employees assess portion size.
- Offer appropriate portion sizes at meetings, workplace events and in the cafeteria.

Breastfeeding

- Support nursing mothers by providing rooms for expressing milk in a secure and relaxed environment, a refrigerator for storage of breast milk, policies that support breast feeding and lactation education programs.
- Offer flexible scheduling and/or on-site or near-site child care to allow for milk expression during the workday.
- Adopt alternative work options (e.g., teleworking, part-time, extended maternity) for breast-feeding mothers returning to work.
- Educate personnel on the importance of supporting breast-feeding coworkers.
- TV & Food Advertising
- Place TVs in non-eating areas of the workplace.
- Limit advertising (e.g., posters and other media) for unhealthy food.

Physical Activity/Weight Management

- Allow access to on- and off-site gyms and recreational activities before, during and after work hours.
- Encourage and support participation in after-work recreation leagues.
- Provide cash incentives or reduced insurance costs for participation in physical activity and/or weight management or maintenance activities.
- Provide shower and/or changing facilities at the workplace.
- Provide outdoor exercise areas such as fields and trails for employee use.
- Provide bicycle racks in safe, convenient and accessible locations.
- Offer on-site fitness opportunities, such as group classes or personal training.
- Provide an on-site exercise facility.
- Set up programs that have strong social support systems and incentives:

    1. Buddy or team physical activity goals
    2. Programs that involve workers and family

- Provide discounted or subsidized memberships at local health clubs, recreation centers or YMCAs.
- Set up programs to encourage physical activity, such as pedometer walking challenges.
- Offer flexible work hours and breaks to allow for physical activity during the day.

Host walk-and-talk meetings

- Map out on-site trails or nearby walking routes and destinations.
- Have employees map out their own biking or walking route to and from work.
- Post motivational signs at elevators and escalators to encourage stair usage.
- Provide exercise/physical fitness messages and information to employees.
- Provide or support physical activity events on-site or in the community.
- Start employee activity clubs such as walking or bicycling clubs.
- Sponsor a “bike to work” day and reward employees who participate.
- Set up a suggestion box for fitness and health tips.

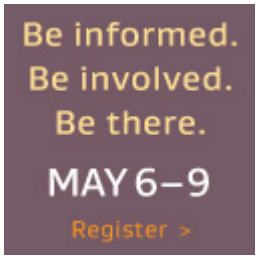
General Health Education

- Have a policy outlining the requirements and functions of a comprehensive workplace wellness program.
- Have a wellness plan in place that addresses the purpose, nature, duration, resources required, participants and expected results of a workplace wellness program.
- Give employees copies of the physical activity, nutrition and tobacco use policies.
- Promote and encourage employee participation in the physical activity/fitness, nutrition and weight management programs.
- Provide health education information to employees.
- Have a committee that meets at least once a month to oversee the wellness program.
- Offer regular health education presentations on various physical activity, nutrition and wellness-related topics.
- Ask health associations, health care providers and/or public health agencies to offer free on-site education classes.
- Host a health fair as a kick-off event or as a celebration for completion of a wellness campaign.
- Conduct preventive wellness screenings for blood pressure, body composition, blood cholesterol and diabetes.
- Provide confidential health risk assessments.
- Offer on-site weight management/maintenance programs for employees.
- Add counseling for weight management/maintenance, nutrition and physical activity as a member benefit in health insurance contracts.

Tobacco Cessation

- Establish a company policy prohibiting tobacco use anywhere on the property.
- Provide prompts/posters to support your tobacco-free policy.
- Establish a policy supporting participation in smoking cessation activities during duty time.
- Provide counseling through an individual, group or telephone counseling program.
- Provide counseling through a health plan-sponsored individual, group or telephone counseling program.
- Provide cessation medications through health insurance

Author LINK: SEFCU Insurance Agency. Please reach out to Ross Setlow, CIC, CRM, VP of SEFCU with any questions. He can be reached at rsetlow@sefcu.com.



Did You Know

US Bank Purchase One Card

US Bank – Purchase One Card

Did you know that your agency can actually earn money while spending it with the U.S. Bank Card? Details

"The US Bank Purchase One Card, under ASC's Shared Resources Purchasing Network, is truly an asset to EPI. Costs of purchasing are reduced with an efficient process that requires less paper and no postage, envelopes or checks. Plus we receive a rebate annually, based on our total purchases, of $15,000 or more. Top that off with no fees for a great program making it a winning proposition. You can't go wrong."

Deb Jungling, Business Director, Exceptional Persons, Inc.

ANCOR Welcomes New Gold Partner - MediSked

ANCOR's newest Gold Partner - MediSked

ANCOR Welcomes New Gold Partner - MediSked

The American Network of Community Options and Resources is pleased to welcome MediSked as its newest Gold Partner. MediSked also served as a sponsor of the 2012 ANCOR Technology Summit held in November in Colorado.

"MediSked is a welcomed partner," said ANCOR CEO Renee Pietrangelo. "Our members need to be aware of MediSked Connect, a specialized agency management platform."

MediSked Connect is a state-of-the-art web based agency management platform that is specific to ID/DD waiver service providers and unique home and community based work flows that exist through a lifetime of care. It assists provider agencies in reducing costs, improving quality of care, increasing capacity and performing better in the event of an audit. To learn more go to www.medisked.com.

"We are excited to partner with ANCOR and to work with its members to help them improve their efficiencies in all areas of their agencies," said Mike Holihan, Sales & Marketing Director for MediSked.

With the addition of MediSked ANCOR is pleased to have five partners at the Gold level. These include MediSked, Medline, Quantum Solutions, Rest Assured and Scioto.

For more information on ANCOR's Gold Partners, click here

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