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# CONTACT INFORMATION

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Anthem Customer Service 1-888-650-4047 (May be helpful in obtaining documentation of Wellness visits if needed) www.myanthem.com

# PARTICIPANT AGREEMENT

Please read each of the following statements then print and sign your name and date at the bottom of this page.

- I understand that participation in the Wellness Program is voluntary.
- I understand that it is my responsibility to read this manual and to become familiar with its contents as it contains my complete program instructions.
- I understand that it is my responsibility to keep track of this manual and to refer back to it as needed to address questions or to clarify deadlines.
- I understand that both the City and the Wellness Team are committed to providing me with the tools and incentives that I need in order to make a conscious effort to maintain a healthy lifestyle.
- I understand that aspects of this program may evolve and what is required of me may evolve as well, but it is the responsibility of the Wellness Team and the City to communicate those changes to me in a timely manner.
- I understand that participation in the Wellness Program will require hard work and a commitment on my part and that the time required fulfilling my obligations may exceed my normal working hours.
- I understand that it is my responsibility to ask questions regarding any material in this manual, or any concept of this program, that I do not understand.
- I understand that it is my responsibility to keep track of deadlines and to complete all required activities within those deadlines.
- I understand that it is my responsibility to seek assistance and to ask questions, prior to any deadlines, if I do not have access to a computer or additional tools that I need, or if I do not understand what is expected of me in order to meet the requirements for my incentive level.
- I understand that it is my responsibility to keep track of all activities that I have completed and to be aware of activities that I may still need to complete in order to satisfy requirements for my incentive level.
- I understand that it is my responsibility to *maintain documentation of all activities that I claim* and that I will be subject to a random audit of my documentation.

By signing here, I am declaring that I have read and understand all of the statements above and that I have had the opportunity to ask questions regarding any item that I do not understand. I am also declaring that I will fulfill my obligations for the Wellness Program and failure to do so may result in the loss of any applicable incentives.



# ABOUT THE PROGRAM:

In 2010 the City of Murray began looking into ways to improve the quality of health for its workforce. A Wellness Team, with members representing the thoughts and ideas of the various departments within the City, was formed. The team also included various members from outside the City workforce to advise and assist with the effort. The team began meeting to learn about the various options available and discussed the possible obstacles that might be encountered.

The mission "to decrease the health risks of employees and their families through the promotion of healthy lifestyles by providing the necessary education, resources, and incentives for employees to work together to achieve an overall improved quality of life" was developed and adopted.

A pilot strategy was settled on and the team began to implement the new program as they and their coworkers set out on the *Road to Better Health*. Like many roads, this one has not been without its rough patches, potholes, and confusing intersections but the team has remained committed and has turned each of these *obstacles* into *opportunities* for learning, adaptation, and change.

The program was *not* designed to discourage or to create discord and was *not* meant to be a way for "the City" to control the lives of its employees. Instead, the program was designed to be an **opportunity for those who choose to participate**. In accordance with the mission, the overall goal is to provide individuals with the necessary information, tools, education, and incentives to help and motivate them to be as healthy as they can be for themselves and their families.

This is an opportunity for some to avoid disease and others to learn to manage existing disease. At any rate, the long-term rewards can go well beyond the monetary incentives provided. The degree of reward is directly related to the amount of work that each individual is willing to invest. Within a few months, some took steps that drastically reduced their overall risks of heart disease, stroke, and diabetes...these are rewards that go beyond the individual as they ultimately impact families as well.

Since implementation, the program has evolved into a three-tier system that can be compared to the lights that you may see at many intersections on the roads you travel everyday. Each tier is represented by either the color **RED**, YELLOW, or **GREEN** and can be easily compared to the concepts that you already associate with these colors when seen on a traffic light.

In the three-tier program, your level is primarily decided by your screening results obtained each August and February. When you receive your results and corresponding level, stop and consider that each level represents an opportunity for either improvement or maintenance. Imagine that you are at an intersection on your own Road to Better Health and realize that the choices you make at this point will directly impact the road that you are traveling on from this point forward.

# **Three Tier Level Description**

**RED LEVEL** IT'S TIME TO STOP AND TAKE A CLOSE LOOK AT THE ROAD YOU'RE ON. IF YOU'RE NOT ALREADY, IT'S LIKELY YOU WILL EVENTUALLY BE DEALING WITH THE AFFECTS OF DISEASES SUCH AS HEART DISEASE AND/OR DIABETES. YOU SHOULD BE IN CLOSE COMMUNICATION WITH YOUR HEALTH CARE PROVIDERS, TAKING MEDICATIONS AS PRESCRIBED AND WORKING ON CHANGES IN BEHAVIOR TO HELP YOU PREVENT OR MANAGE COMPLICATIONS. USE ANY AVAILABLE RESOURCES TO HELP YOU GET ON THE ROAD TO DISEASE PREVENTION AND/OR MANAGEMENT. (FORMERLY LEVEL 1) YELLOW LEVEL PROCEED WITH CAUTION. THERE ARE FACTORS THAT ARE PLACING YOU AT AN INCREASED RISK FOR DISEASES SUCH AS HEART DISEASE AND/OR DIABETES. THIS IS THE TIME TO EXAMINE THE ROAD AHEAD OF YOU AND MAKE SOME IMPORTANT CHANGES. YOU ARE LIKELY HEADING DOWN A ROAD THAT LEADS TO PROBLEMS WITH YOUR HEALTH, BUT IT'S NOT TOO LATE TO CHANGE YOUR COURSE BY KNOWING YOUR RISKS, MEETING WITH YOUR HEALTH CARE

PROVIDER TO DISCUSS YOUR OPTIONS AND BEGINNING TO IMPLEMENT IMPORTANT LIFESTYLE CHANGES TO PREVENT DISEASE. (FORMERLY LEVEL 1)

#### GREEN LEVEL

YOU'RE WELL ON YOUR WAY TO ACHIEVING AND/OR MAINTAINING GOOD HEALTH. KEEP ON DOING WHAT YOU'RE DOING! BE ALERT TO WARNING SIGNS OF CHANGING HEALTH AND BECOME FAMILIAR WITH YOUR FAMILY HEALTH HISTORY SO YOU'LL KNOW YOUR RISKS. MAKE SURE TO STAY IN COMMUNICATION WITH YOUR HEALTH CARE PROVIDERS AND KEEP UP WITH YOUR ANNUAL WELLNESS CHECKS. STAY ON TRACK TO KEEP THE ROAD AHEAD AS SMOOTH AS POSSIBLE. (FORMERLY LEVEL 2)

In addition to the 3-tier level system description, a new *Wellness Program Map* was developed to help individuals navigate their way for each program level. The map is divided into 3 simple steps (*a sample has been included below*).



In order to help individuals stay on track and complete activities on time, a *Wellness Program Itinerary* was also developed. The itinerary lays out a timeline and reminds individuals of the tasks that should be completed and the deadlines for when they need to be completed *(a sample has been provided below)* 



Serves to clue you in on the activities and deadlines that you should be considering for each month within the period.

This section defines the dates of the earning period.



# WHAT IS REQUIRED

**Each participant needs to understand that participation in the Wellness Program will require work and a conscious effort on his or her part.** The Wellness Team serves to oversee the program and provide tools but it is up to each individual to accept the responsibility for using those tools. Participation *will not* always be easy and the time required to develop and maintain a healthy lifestyle *should* go beyond the hours spent at work.

Please remember, it is *your responsibility* to:

- 1. Read over this packet and become familiar with everything that will be expected of you.
- 2. <u>Ask questions</u> if you do not understand what is expected of you.
- 3. Complete all required activities within the time frame allotted.
- 4. Access the *mcch.motivation.cc* website to claim your completed activities and incentive level before the established deadlines of May 31 and November 30.
- 5. <u>Ask for help</u> in claiming your activities before the established deadline if you do not have computer access or do not know how to use a computer.
- 6. Maintain documentation of all activities that you claim. Remember, all employees are subject to a random audit of activities. At the end of each period, 10% of employees will be audited and will have 1 week to submit documentation to the MCCH Representative. If you cannot show documentation of your completed activities within 1 week of being issued your audit notice, you will automatically lose your incentive benefits for the next 2 program periods.

Those individuals who choose to participate in the Wellness Program must fulfill their responsibilities within the established time frames in order to receive the Incentive Rewards. There will be no exceptions.

# **INCENTIVE REWARDS**

Your specific incentive reward will be determined by the program level that you achieve. Incentive rewards include:

• Insurance premium discounts

Discounts will be applied each January and July following the period in which they were earned.

### Gym membership reimbursement

Reimbursement will be provided to those who complete the appropriate application, provide a receipt from an approved fitness facility, and utilize the facility 8 or more times per month. Reimbursement will not exceed \$35.00 per month. Speak to your Human Resources department for more details.

### • Wellness Paid time off

Must be approved and used within the 6-month period in which it is awarded.

 Incentives are subject to change. Please refer to your Wellness Program Map, provided each six months, for specific incentive details for your current Wellness Period.

# **BIOMETRIC SCREENINGS**

Free health screenings will be provided twice yearly through the Murray-Calloway County Hospital Health Express for all employees who wish to participate. These screenings are provided at no cost to the employee or to the City of Murray. If you are participating in the Wellness Program, these screenings must be completed.

Screenings will be offered during the last two weeks of February and August each year. Your appointment times will be scheduled by your Human Resources department and should be communicated to you in writing at least one week in advance. If you are approaching the last two weeks of February or August in a wellness period and you have not received an appointment time, make sure to check with your Human Resources department. Likewise, if you are unable to make it to your scheduled appointment time, speak with your Human Resources department as soon as possible to make alternate arrangements.

Some employees may have blood drawn by their personal health care provider and may wish to submit these results for use in the Wellness Program. This will be permitted if test results submitted were completed within the current program period and fall within the 6-month time range of your previously submitted results. For example, if you submit blood work that was drawn by your personal health care provider in October, you would be able to submit these results for the June ~ November program period and would want to have your next blood draw in April to ensure that you have the benefit of the full 6-month time period to make changes if needed.

# SCREENINGS OFFERED

The screenings offered were chosen based on their reliability in predicting risk for disease in the average population. Research was conducted to validate these choices and the ranges defined in each level were based on research that is widely accepted by the medical community throughout the United States. If you have any question regarding why a test was chosen, where a specific range came from, or any other questions regarding the screenings offered, please contact a member of your Wellness Team and the available research will be provided for you.

### • Body Mass Index (BMI)

This measurement is based only on your height and weight and is a tool to measure your risk for obesity-related diseases such as diabetes and heart disease. In general, if your BMI is above a specifically defined range, you may be at an increased risk for developing obesity-related diseases. BMI is not used to diagnose disease and should be taken into account with other factors such as your muscle mass and general health. This tool is not an appropriate indicator of the risk for disease in many athletically trained individuals but is an appropriate tool for the average population.

# • Body Composition

This measurement is based on your body fat percentage and can also be an indicator of your risk for obesity-related diseases. In general, if your body fat percentage exceeds specifically defined ranges, based on your gender, then you may be at a greater risk for developing obesity-related diseases. Like many other health screenings, the results of your body composition cannot be used alone to diagnose disease; it is instead a tool to help you understand your risks. Just like your BMI, body composition may not be an accurate tool for all populations. It is often difficult to obtain consistent and accurate measurements on individuals with an excessively high body fat percentage.

Your body fat percentage will not be measured during your biometric screenings in August and February. Instead, you will have the option to have this measured during the time of the Physical Fitness Assessments in June and December. You do not need to participate in the full Physical Fitness Assessment in order to have your body composition measured. Appointments for the body composition screenings will be scheduled through your Human Resources department. If are interested in having this measurement completed, please indicate during your Wellness Program Period Enrollment.

# • Waist Circumference

This measurement, although most often referred to as waist circumference, does not generally correspond to your belt or pants size. It is essentially a measurement of your abdominal circumference and is often larger than your belt or pants size. Waist circumference, like BMI and body composition is another tool to measure your risk for obesity-related diseases. If your waist circumference is greater than specifically defined ranges, based on your gender, you may be at an increased risk for developing obesity-related diseases.

### Blood Pressure

This measurement is most often used to measure risk for heart disease and stroke. Keep in mind that a diagnosis of hypertension (high blood pressure) is not based solely on one blood pressure reading alone and only your healthcare provider can use your blood pressure readings to diagnose hypertension. If your blood pressure readings tend to fall within the hypertensive ranges, you may be at an increased risk for heart disease and stroke.

 Because blood pressure readings may fluctuate with stress and many individuals find the Biometric Screening process stressful, you may be permitted to have your blood pressure rechecked. An individual whose blood pressure reading does not fall within the desired range during the initial screening may request to have a recheck completed during the time of the Wellness Coaching or submit a reading taken by their health care provider. Readings taken by a health care providers must be measured in the period that you are in and submitted no later than one month from your initial coaching session.

# • Fasting Glucose

Your fasting glucose level will be assessed as part of your blood work. This measurement can be helpful in determining your risk for diabetes. Your health care provider may even use this measurement as a tool in diagnosing diabetes although a single elevated fasting glucose level generally does not provide enough information for diagnosis. For accurate fasting blood glucose results, you should maintain a strict fast. This means that you should not have anything to eat or drink, other than plain water, prior to your test. Since your fasting glucose and your blood lipids will be drawn at the same time, you will need to maintain at least a 12-hour fast prior to your blood draw.

 If your fasting blood glucose level was elevated during your Biometric Screening process and you can prove that it was possibly the result of illness or medication, then you may be permitted to have it rechecked. A time can be scheduled during the time of your Wellness Coaching and must be completed within one month of the coaching session. You <u>will not</u> be permitted to have your blood sugar rechecked if you simply forgot to fast prior to your testing.

### • Lipid Panel

Your full set of blood lipids will be assessed as part of your blood work. This will consist of your total cholesterol, LDL cholesterol, HDL cholesterol, and your triglyceride level. A lipid panel is a helpful tool in determining your risk for heart disease and stroke. If your total cholesterol, LDL cholesterol, and/or triglyceride levels are elevated, you could be at an increased risk for heart disease and stroke. An HDL level that falls below a specifically defined range, based on your gender, may also indicate an increased risk. Your health care provider can use the information provided by a lipid panel along with both your family and your personal health history to determine your risks. A 12-hour fast prior to testing is required to ensure accurate lipid panel results. This means that you should not eat or drink anything, other than plain water, within the twelve hours prior to your test.

# WELLNESS COACHING

Each six months, following your Biometric Screening, you will be required to review your screenings results with a registered nurse from the Murray-Calloway County Hospital. Due to time constraints, your review time for these sessions <u>will be limited to fifteen minutes</u>. The basic purpose of this meeting is to review your results and to help you understand how your results fit into your Wellness Program levels. You will be given instructions on how to proceed in order to meet your program requirements. If you have questions and/or need more information about your results, or would like to meet later for Wellness Coaching to help you set up a Wellness Plan, a longer meeting can be arranged at no cost to you.

These sessions will take place within the first two weeks of March and September. Your appointment times will be scheduled by your Human

Resources department and should be communicated to you in writing at least one week in advance. If you are approaching the first two weeks of March or September in a wellness period and you have not received an appointment time, make sure to check with your Human Resources department. Likewise, if you are unable to make it to your scheduled appointment time, speak with your Human Resources department as soon as possible to make alternate arrangements.

Anyone whose biometric screening results classify him or her in the Red Level category will be required to meet with the Health Coach for a follow-up coaching session. This meeting should take place after your health care provider follow-up. **It is your responsibility to contact the Health Coach and schedule your coaching follow-up after you have seen your health care provider.** These appointments should be completed no later than the first week of May during the December to May period and no later than the first week of November during the June to November period.

All employees have the opportunity to meet with the Health Coach at anytime. This service is provided at no cost to you. If you are interested in meeting with the coach to discuss your screening results or you would like assistance in working on a Wellness Plan, please contact Melissa Ross.

# MEDICAL FOLLOW-UP

Anyone whose biometric screening results classify him or her in the Red Level category will be required to meet with a health care provider for medical follow-up. **This follow-up should take place within one month of the time that the screening results are received.** If you have been advised to follow-up with a health care provider, **do not put off making your appointment**.



Communication with a health care provider is an important part of the wellness process for everyone. All individuals, regardless of screening results, should take advantage of regular follow-ups with a health care provider. It is important to find a provider with whom you are comfortable and proceed with a minimum of a routine Wellness Check-up at least once per year. During that time, both you and your health care provider can evaluate your ongoing needs and health risks. From there you can determine your specific follow-up needs and what specific screenings and/or interventions may be necessary to keep you *on the road to better health*.

# ADDITIONAL ACTIVITIES

Each Wellness Program participant, regardless of level, will be required to complete a minimum of three additional activities that have been designed to create health awareness and/or to promote health. These activities must be completed within the program period that you are in. For instance, if you are in the June to November program period, you will be required to complete your activities within that period (*any exceptions to this will be outlined below*).

Once you have satisfied the requirements for an option, you must log on to the mcch.motivation.cc website in order to tell us that you have completed the activity. See the "Earn Wellness Points" section under the INCENTIVE PROGRAM heading below for instructions on how to do this. You will have until May 31 in the December to May program period and November 30 in the June to November program period to complete and claim your activities. Activities not completed and/or claimed prior to the deadline will not be counted.

All participants have six options to choose from:

# • "Lunch and Learns" and/or "Read and Learns"

All participants have the option to attend monthly lunch and learn sessions. Each session has been designed to offer education on health-related topics. Check your program calendar *(instructions have been provided below)* or check with your Human Resources department to find out what sessions are scheduled and when you can attend.

Whenever possible, participants are encouraged to take advantage of the live lunch and learn sessions as this will give you the chance to talk to the speaker and ask any questions that you might have. However, it is understood that not everyone will always be able to attend a live session so all sessions will be recorded. If you are unable to attend a session, you may speak with your Human Resources department regarding how to access a recorded session.

If you choose to use this option as one of your required activities, you will need to complete a minimum of three "Lunch and Learn" and/or "Read and Learn" sessions. You may satisfy this criteria through any combination of

the following: attending live sessions and signing in, watching recorded sessions and completing a quiz, or reading and completing the appropriate materials for the "Read and Learn" webinars. Contact your Human Resources department if you have specific questions regarding the requirements for this option.

#### Physical Activity

Participants are encouraged to be physically active in order to promote and/or preserve good health. You may even choose to use physical activity as one of your chosen activities for the Wellness Program. If you do so, you must engage in physical activity at least 3 days per week throughout the program period. The activity must be moderate in intensity and last at least thirty minutes.

If you have a medical condition that limits your ability to participate in physical activity, you may provide documentation of a modified physical activity plan as recommended by your health care provider. If you follow this plan and document your activity accordingly, your physical activity requirement will be satisfied.

Anyone wishing to use physical activity as one of the required activities must maintain documentation of the activity for the duration of the program period. This may be done in a variety of ways such as using the log provided on the mcch.motivation.cc website (see Your Activity Log under the PERSONAL LOGS section below for instructions), keeping a handwritten or other form of log that documents each entry, or obtaining a log of check-ins from your fitness facility.

### Abstain from Tobacco

The use of tobacco products has been proven to be harmful to health in a number of ways. Increased risk of many types of cancer as well as increased risk of heart disease and stroke are among the most notable. The dangers of tobacco use often extend beyond the individual, as with exposure to second hand smoke, and can even impact family and co-workers. For these reasons, abstinence from tobacco products or tobacco cessation has been selected as one of the six activity options.

Program participants may use abstinence from tobacco products or involvement in a medically approved tobacco cessation program as one of the approved activities for the Wellness Program. Anyone declaring abstinence from tobacco products as a program activity must sign and date the Tobacco Abstinence form each period. If participating in a medically approved cessation program, documentation of participation must be provided.



# Get a Flu Shot or Appropriate Vaccinations

Vaccinations are a proven way to promote health in individuals and across populations. Flu vaccinations can be credited with saving many lives each year both by protecting individuals and hindering the spread of the flu virus overall. Many other vaccinations such as the pneumonia or shingles vaccinations can also be very important. Speak with your health care provider about what vaccinations may be appropriate for you and your family.

Program participants may use vaccinations obtained as one of the approved wellness activities. Any participant who has received a vaccination may count that vaccination for one full year from the time of the exam. This means it will count for two program periods as long as documentation can be provided. For instance, if you receive your flu vaccination in October of 2011, you will be able to count this activity in both the June to November 2011 program period as well as the December 2011 to May 2012 program period.

All City of Murray employees have access to free flu vaccinations each fall through the MCCH Occupational Medicine Department. Check your program calendar, or with your Human Resources department, in the fall of each year to find out details about your flu vaccination schedule. Any participant receiving a flu shot through MCCH Occ Med may request to receive documentation of the vaccination at that time.

If you receive your flu shot, or other vaccinations, at another clinic, or through your health care provider, you will need to obtain documentation for your records. A form has provided under the Program Information section on the mcch.motivation.cc website for your convenience. Simply print the Vaccination Record Form, take it with you when you go for your vaccination, have the provider fill out the appropriate information and sign and date the form. You will keep the signed form with your records through the program periods that you plan to use the vaccination as a required activity.

Keep in mind, this form is simply a tool and will not be the only accepted form of documentation for your vaccinations. Any documentation verifying the provider name, vaccination type, and vaccination date may also be accepted.



# • Medical Follow-Up or Annual Preventative Exam

Participating in annual preventative exams and/or completing your necessary medical follow-ups are vital to maintaining a healthy lifestyle.

Preventative exams can alert your health care providers to underlying problems that may not be advanced enough to cause signs and symptoms. It is important to find these problems early because early intervention is often the key to successful management and/or prevention of complications and, in many cases, can be lifesaving. Some examples of preventative exams have been provided below.

- Annual Wellness Check
- Eye Exam
- Colonoscopy

Pap Smear

- Mammogram
- Dental Exam

- Prostate Exam

Preventative exams, like vaccinations, can be counted for one full year from the time of the exam. This means that you may count the exam for the period in which it was received as well as the period that follows as long as documentation is maintained.

Medical follow-up for existing health conditions and/or chronic disease management is also important for your health. Ensuring that you remain in contact with your health care provider and following his or her treatment plan can minimize or prevent damage that may be caused by a disease. If you visit your health care provider for medical follow-up care, you may count the exam for one full year as described above. Please keep in mind that, although you may count the exam for one full year, it is necessary to continue follow-up as recommended by your health care provider even if that interval is less than one year.

For your convenience, two forms have been provided under the Program Information section on the mcch.motivation.cc website. These are simply tools provided for you but will not be the only forms of documentation accepted. You may use any other type of documentation specifying the type of care or exam that you received and the date it was completed.

One of the provided forms may be used to document your Medical Follow-Up Care for your disease management. *Please note: this form does not replace the Medical Follow-Up letter required for the Red Level incentive level.* The other form may be used to document your Preventative Exams and/or Wellness Care.

Simply print the appropriate form, take it with you when you go to see your provider, have the provider fill out the appropriate information and sign and date the form. You will keep the signed form with your records through the program periods that you plan to use either your preventative exam or medical follow-up as an approved activity. Examples of each form have been provided on the next page.



# • Physical Fitness Assessment

Knowing your physical fitness level is an important part of a healthy lifestyle for many reasons. One reason is that an initial assessment can provide you with a baseline account of your physical abilities. It can provide you with a picture of your strengths and weakness and can be used to help you structure a fitness plan that is appropriate for your needs. Knowing your initial limitations can help you structure a safe and reasonable workout. Assessments completed after the initial assessment can be useful tools in helping you gauge your progress and stay on track.

Program participants may choose to have a physical fitness assessment each six months and may use the assessment as one of the activity requirements. All participants have the option to have a Physical Fitness Assessment completed at MCCH's Center for Health & Wellness at no cost to them. These sessions will take place within the first two weeks of June and December each year and are voluntary so you must let your Human Resources department know that you would like to complete the assessment. Your appointment times will then be scheduled and should be communicated to you in writing at least one week in advance. If you are approaching the first two weeks of June or December in a wellness period and you have not received an appointment time, make sure to check with your Human Resources department. Likewise, if you are unable to make it to your scheduled appointment time, speak with your Human Resources department as soon as possible to make alternate arrangements. Documentation of your assessment can then be accessed on the mcch.motivation.cc website.

If you choose to have a physical fitness assessment completed at another facility, please keep in mind that you would be responsible for any cost incurred and it will be your responsibility to obtain the appropriate documentation.

# THE WEBSITE

The MCCH Motivation website provides one central information location. It allows you to communicate your activities to us and allows us to communicate important information to you. This website also provides tools that serve to create health awareness and to help you monitor trends in your own activities and health status. **Please keep in mind that no one from the City of Murray will have access to the information that you provide on this website.** 

# LOGGING IN

The *mcch.motivation.cc* website can be accessed from any computer with a working Internet connection.

1. Open up your web browser and type mcch.motivation.cc into the address bar. The following page should appear.

Motivation Login – Microsoft Internet Explorer	
File Edit View Favorites Tools Help	💦 🕺
😋 Back 🔹 📀 🔹 😰 🏠 🔎 Search   Favorites 🛷 🍰 🍛 👿 🔹	
iddress 🕘 https://mcch.motivation.cc/default.aspx	💌 🛃 Go 🛛 Links 🎽
🚔 Motivating Caring Coach	ing for Health My
MURRAY CALLOWAY We Specialize Member Login ID: Welcome to the MCCH Motivation Web Site. MeCH'S Motivation® software is more than a web site, it i	2. Enter the ID that was created during your first log in here.
system with over a dozen high-powered tools to help you program.	ramp up your personal wellness
Uniquely Powerful Health Promotion Technology Motivation is <u>highly interactive</u> and offers a variety of serv program:      Comprehensive Health Risk Appraisal o Starts with a series of medical screening ques Ginishers with PCOUL have actabilized literature	3. Enter the most recent password that was created for you here and hit enter or use your mouse and click "Log In".
<ul> <li>Physical activity</li> <li>Diet and Weight</li> <li>Substance Use</li> <li>Psychological and Social Health</li> <li>o Provides you with a detailed "plan for action" of</li> <li>Personal Health Coach</li> <li>o A Health Coach will assist you in starting and</li> <li>The Health Coach can work with you in person preference.</li> <li>Fun and motivating online incentive programs</li> <li>o You can track your progress right online</li> <li>o Earn points for:         <ul> <li>Activities logged,</li> </ul> </li> </ul>	once completed. maintaining your personal Wellness Plan n, over the telephone or via electronic communication depending on you
Classes or special programs completed,     or any other lifestyle-related activity     You can also:     o Log your workouts and track progress     o Receive workouts (with Pictures & Description     Communicate with staff members	s)
😓 Start 🛛 🙆 Inbox - Microsoft Outl 🛛 👜 City of Murray Proga 🛛 🖉 Motivation Login - Mi.	🖂 💆 🤍 1:39 PM

If you have never created an account, or have lost or forgotten your ID and password, contact your MCCH Representative, Melissa Ross, at 762-1832 for assistance. If the MCCH Representative is unavailable, contact Cathy in your Human Resources Department for instructions on who to contact.

Once logged in to the Motivation website, you may see 1 of 2 screens. If your Wellness Profile is due, you will see the following screen:



If your Wellness Profile is current, you will immediately see your homepage screen after logging in. This is your information and resource link. A sample page has been provided below. *More details about the information contained on this page will be given later.* 



### WELLNESS PROFILE

In addition to providing you with a means to communicate your activities, the Motivation website serves many purposes. Everyone participating in the wellness program is required to complete a Wellness Profile at least once per year. The website makes this easy because each participant will automatically be prompted to complete the assessment once every 324 days.

The Wellness Profile provides important feedback regarding your individual health risks, which are determined by your screening results and responses to the questions asked. The purpose is to create awareness of your risk factors to help you make decisions regarding your lifestyle and health behaviors. Being aware of your own health risks is an important step in the process of maintaining health.

In completing the Wellness Profile, you will see a series of pages similar to the one found below. Simply answer the questions to the best of your ability and proceed to the next screen. The entire process may take 15-30 minutes depending on how quickly you move through the responses.



After answering all of the questions, you will immediately be taken to a screen to review your results.



# HOMEPAGE

As mentioned earlier, your homepage will be your main page as well as your information and resource link. Please see the sample below. Some of the most important areas have been highlighted for you and will be detailed below.





# HEALTH ASSESSMENTS

This section allows you to view the results of any assessment you have completed.



# **INCENTIVE PROGRAM**

The incentive program design allows *you* to tell *us* about the activities that you have completed to earn your **RED**, **YELLOW**, or **GREEN** Level Incentive. It is very important that you use the website to communicate this information because, without it, we will not know which activities you have completed and which incentive level you have achieved.

At the end of each incentive period, a final report containing the activities and incentive level that you have claimed will be generated from the website. If you have not used the website to tell us about the activities that you have completed, your information will not show up on the report and you will not receive credit for your efforts.



# • Earn Wellness Points

The <u>Earn Wellness Points</u> section under the Incentive Program heading will be the most import section for you to use. This is the area where you will tell us what you have done and the incentive level you have qualified to receive. <u>Accessing this page and claiming these items is a step in the</u> <u>process that you do not want to forget</u>.

		Click the <u>Earn</u> section to brir	<u>Wel</u> ng up	l <u>lnes</u> b thi	<u>ss Point</u> is page.	<u>.</u>		
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Health Assessments Wellness Profile Results Exercise Risk Results Fitness Testing Results	coaching <sup>for</sup> z z I m Y o ess Activities program by completing any us that you have completed ink on the item that you he item in the past, use the	Jealth (6/30/2011 )		×	Actions Incentive Home Points History			
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Personal Logs Your Activity Log Pedometer Lea Weight Management Food Log Blood Pressure Blood Panel Class Attendance Coach's Corner Your Workouts Wellness Planning Our Coaching Staff My Profile Update My Profile Change Password  Done Done	Activity Category: Complete 3 of 6 of the Abstain from tobacco products (see Complete 3 educational sessions (see Complete medical follow-up or preve Complete physical fitness assessme Get a flu shot or other appropriate Perform and log physical activity (s Category: Level Claim 1. Red Level (see info.) 2. Yellow Level (see info.) 3. Green Level (see info.)	e following e info.) ee info.) entative exam (see info.) ent (see info.) vaccinations (see info.) ee info.)	Info.         ?       <	Point 0 0 0 0 0 0 0 0 0 0 0 0 7 0 0 0 0 0 0	s Claimed Claimed Claim Claim Claim Claim Claim Claim Claim		rnet	*
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### **PERSONAL LOGS:**

This section contains many useful tools to help you track your progress in various areas. Simply click on a topic to bring up its specific page. Each topic, except for Facility Visits and Class Attendance, is described below. These two topics are not applicable to your program.

### • Your Activity Log

If you choose to use physical activity as one of your Wellness Program activities, the Motivation website provides a link to help you log your activity. This link is called <u>Your Activity Log</u>. It can also offer feedback on the estimated number of calories burned based on your build and the activity that you participated in. It provides a great format for tracking and is a visible tool for measuring your progress and maintenance.



#### Entering a new activity:



entered all of your information.

**Entering an activity continued:** after clicking Submit in the step above, this page will appear. You will have several options as described below.



# • Your Pedometer Log

This log may prove to be useful in helping you keep track of your steps during your pedometer challenges. It can be a great way to track your progress over time as well.



# • Weight Management

This tool can be helpful if your goal is weight loss and/or weight management. This tool works similar to the Activty and Pedometer Logs described above and will help you track your goals and progress. It also contains some basic information about weight management.



### Food Log

This tool could be helpful if your goal is to change your nutrition habits. It provides a way to help you track the foods you eat as well as to help you learn to understand your eating behaviors. It also contains basic weight management information as well as links to valuable Internet resources.



### Blood Pressure

You will use this tool to enter the results of your blood pressure screenings taken each 6 months. You may also wish to use it to enter any additional blood pressure checks that you have done. It will provide you with a picture of your blood pressure results over time and may alert you to a pending problem. It may also help you to visualize progress if blood pressure management is your goal.



This page displays up to 20 of your blood pressure readings to help you see how your measurements are trending over time.

Blood Pressure Categories in Ad

My Profile

# Start

This page allows you to see your measurements in table form. It also lets you edit your entries as needed.

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### • Blood Panel

This section is where you will enter the results of your blood work that is drawn each 6 months. If you have any additional blood panels that were checked through your doctor's office, you may want to enter them here as well. This can be a valuable tool in helping you to understand your results and track them over time. When you select the Blood Panel option, the following screen will appear.



# On the Road to Better Health...

Traveling on the *Road to Better Health* can be a rewarding experience for individuals, families, and workplaces. Your Wellness Team has provided this Program Manual as a tool to assist as you travel down that road. Keep in mind that this tool and your program will evolve overtime. Changes in course should be anticipated as the program grows to meet your needs.

Your feedback is needed and welcome. If you see an opportunity for improvement that will benefit the program and all of those participating, please share it. It is helpful if you approach your Wellness Team members with your ideas for improvement rather than only pointing out what is wrong with the program. Let us know what is working for you too. Tell us what tools you need to help you along the way and help us to know if the tools we have provided are working for you.

Also, if you have made positive changes in your life as a result of this program, please consider sharing your success with your co-workers. Don't be afraid to be a leader and to inspire others with your story. Sometimes, just knowing that, if the people we see and work with every day have the ability to change, it may be possible for us too.

We hope that you will continue to join us on this road to a healthy lifestyle. If at any time during this journey, you get lost or encounter bumps along the way, don't hesitate to "stop and ask for directions." Feel free to contact a member of the wellness team or set up a time to talk with our health coach to help you.

Our mission of this journey..."to decrease health risks of employees and their families through the promotion of healthy life styles by providing the necessary education, resources, and incentives for employees to work together to achieve an improved over-all quality of life" can only be fulfilled with your help and dedication. We're all traveling on the same road with health as our goal. We'll have a better chance of getting there if we can work together, help each other when needed, and remember to provide encouragement to one another along the way.

Thank you for your participation.