

**STAFF MEETING MINUTES  
LANCASTER COUNTY BOARD OF COMMISSIONERS  
COUNTY-CITY BUILDING, ROOM 113  
THURSDAY, NOVEMBER 10, 2011  
8:30 A.M.**

Commissioners Present: Deb Schorr, Chair  
Bernie Heier, Vice Chair  
Larry Hudkins  
Jane Raybould  
Brent Smoyer

Others Present: Kerry Eagan, Chief Administrative Officer  
Gwen Thorpe, Deputy Chief Administrative Officer  
Dan Nolte, County Clerk  
Cori Beattie, Deputy County Clerk  
Ann Taylor, County Clerk's Office

The Chair opened the meeting at 8:35 a.m.

**AGENDA ITEM**

**1 APPROVAL OF THE MINUTES OF THE TUESDAY, OCTOBER 27, 2011 STAFF MEETING**

**MOTION:** Heier moved and Smoyer seconded approval of the minutes of the October 27, 2011 Staff Meeting. Smoyer, Raybould, Heier and Schorr voted aye. Hudkins was absent from voting. Motion carried 4-0.

Hudkins arrived at the meeting at 8:36 a.m.

**2 ADDITIONS TO THE AGENDA**

- A. Focus Group Session with Service Providers
- B. Investigation of Abbott Motocross Track Noise Complaint
- C. Office Holiday Party

**MOTION:** Heier moved and Hudkins seconded approval of the additions to the agenda. Hudkins, Smoyer, Heier, Raybould and Schorr voted aye. Motion carried 5-0.

**3 CORRECTIONS FISCAL YEAR 2012 BUDGET** - Dennis Meyer, Budget and Fiscal Officer; Mike Thurber, Corrections Director; Kent Griffith, Lancaster Correctional Facility (LCF) Administrator; Brad Johnson, Transition Coordinator

Mike Thurber, Corrections Director, presented an updated staffing plan for the new Lancaster County Adult Detention Facility (LCADF), noting the following (Exhibit A):

- It is estimated that 1.63 correctional officers are needed to cover each 8 hour post, using the National Institute of Corrections staffing formula. Due to budget concerns, the coverage factor has been reduced to 1.51. **NOTE:** The coverage factor accounts for absences due to vacation, illness and training.
- 73 posts need coverage on a 24-hour basis. Using the 1.51 coverage factor, 110 correctional officers will be needed to cover those posts (an increase of 32 new correctional officers).
- 3 lieutenants and 4 sergeants to provide supervision and 6 licensed practical nurses (LPN's) to provide 24-hour nursing care are needed. **NOTE:** The LPN's will be provided through the contract with Correct Care Solutions (CCS) for correctional healthcare services. Estimated increase to the contract is \$260,750.
- Total increase of \$2,224,091 is projected for a 12-month period.

Thurber said he anticipates savings in other areas such as the \$1,000,000 the County is currently spending to house prisoners out-of-county. He said he will be over budget in that area for Fiscal Year 2011-12.

Brad Johnson, Transition Coordinator, noted an inmate population of 550 to 580 is assumed upon opening so one housing unit will remain closed. If that projection is low, that unit will be opened and staffing needs will increase.

In response to a question from Raybould, Thurber said 97 correctional officers are authorized but there are currently 87 on staff. **NOTE:** That number includes staffing at the Lancaster Correctional Facility (LCF).

Raybould questioned the dramatic increase in staffing. Johnson explained the current facility has not been operating a jail in compliance with Nebraska Jail Standards. The new LCADF will be in compliance and is a much larger facility with additional components (medical and special needs (mental health) units). Thurber said Lancaster County is currently utilizing five outside jails which equates to 45 staff.

**4 HEALTH AND DENTAL PLAN REVIEW** - Bill Kostner, City Risk Manager; Paula Lueders, Benefits Specialist, Personnel Department ; Tracy Krause, Account Executive, AON Risk Solutions

Tracy Krause, Account Executive, AON Risk Solutions, presented Medical and Dental Experience Data for Lancaster County Through September 30, 2011, noting the following (Exhibit B):

- Enrollment in the plan has decreased from 881 at the beginning of the year to 856
- Year-to-date fees for administration are \$381,102
- Stop loss premium year-to-date is \$250,880
- Stop loss level is \$200,000
- Specific reimbursements total \$246,800
- Net paid claims total \$6,324,366
- Total cost year-to-date is \$6,956,338
- Expected year-to-date cost is \$7,004,534

Krause said the plan is running well this year. She noted the Board has bought down premium increases and said as that reserve balance goes down, the Board will need to consider plan design changes or passing on the actual increases.

In response to a question from Heier, Krause said prescription claims paid as a percentage of total paid claims is at 21% and should be running between 15-17%. She said generic utilization is good. Raybould requested a pharmacy utilization report.

Krause also presented the dental cost summary, noting the ratio of actual to expected costs year-to-date is 107.36% (see Exhibit B). She recommended taking the plan to market this year, along with the vision plan. Bill Kostner, City Risk Manager, concurred, noting the dental plan has not been bid for several years. Schorr requested claims utilization data on the vision plan.

**5 BLUE CROSS AND BLUE SHIELD (BCBS) WELLNESS OVERVIEW AND CLAIMS MANAGEMENT** - Cortney Ray, Senior Account Executive, BlueCross and BlueShield (BCBS); Kathy Nellor, Wellness Business Consultant, BCBS; Rick Edgerton, Intern, BCBS

**Wellness Overview**

Kathy Nellor, Wellness Business Consultant, Blue Cross and Blue Shield (BCBS), gave an overview of wellness programs and services (Exhibit C). She said BCBS uses a consultative approach as a "one-size-fits-all" approach does not work for everyone.

Nellor said BCBS offers a personal health assessment, in paper form or on-line, to all members in the group and their spouses (see Exhibit C for sample). **NOTE:** There is no charge to complete the on-line health assessment. A \$10 charge is assessed for processing the paper form. The participant receives a personal report and the organization receives an aggregate report (50 participants are required) and a wellness action plan.

Schorr asked Nellor how to get employees to participate. Nellor said the best way is incentives. Raybould noted some companies make health screenings mandatory for employees and their spouses who receive health care coverage. Eagan said it would likely need to be negotiated with the unions.

Schorr asked what the City is doing in terms of a wellness program. Kostner said the City provided wellness activities and hired a wellness contractor (LifePointe) with funds provided by the previous insurance carrier. He added the City is looking at hiring a wellness coordinator. Nellor recommended collecting data before moving forward with wellness programs so programs can be tailored to specific needs.

Schorr suggested a wellness competition between City and County departments. Raybould said perhaps interns at the University of Nebraska at Lincoln (UNL) could be utilized to assist with programs.

Kostner noted the Personnel Department has been looking at the possibility of a City/County clinic and said that would be another way to promote better wellness. Schorr said that issue will be discussed at the December 5<sup>th</sup> City-County Common Meeting. She suggested that the discussion be expanded to include the wellness component and asked Nellor to attend.

## **Claims Management**

Cortney Ray, Senior Account Executive, (BCBS), gave an overview of programs that are designed to help control costs (Exhibit D):

- Medical Home Pilot - Designed to provide more interaction between the physician and member.
- Blue Distinction Centers - Designation awarded to hospitals and medical facilities that have demonstrated expertise in delivering quality healthcare and outcomes.
- Radiology Quality Initiative - Promotes appropriate use of advanced imaging services to members.
- Programs to Reduce Waste in the System - Preventable admissions, re-admissions and emergency room visits.

- Discharge Program - Identify members with complex discharge plans and act as a liaison in the transition of care to improve the overall clinical outcomes.
- Hepatitis C Pharmacy Program - Increase member compliance with medications.

Smoyer exited the meeting at 9:50 a.m.

Ray also discussed new clinical programs that BCBS plans to implement in 2012:

- Oncology
- Neonatal Intensive Care Unit (NICU)
- High-Risk Maternity

**6 FOOD SERVICE CONTRACT RENEWAL** - Bob Walla, Assistant Purchasing Agent; Sheli Schindler, Youth Services Center (YSC) Director; Travis Parker, Community Mental Health Center (CMHC) Deputy Director; Scott Etherton, Crisis Center Program Manager; Kent Griffith, Lancaster Correctional Facility (LCF) Administrator

Bob Walla, Assistant Purchasing Agent, said the contract with CBM Food Services for the provision of food services to the County's correctional facilities (Jail, Lancaster Correctional Facility (LCF), Youth Services Center (YSC), Community Mental Health Center (CMHC) and Cornhusker Place) will expire on December 1, 2011. He said CBM has proposed an increase of 30 cents for each meal delivered to the YSC and CMHC when the new jail facility opens. **NOTE:** Cornhusker Place picks up its meals and LCF will no longer receive meals. He said he has requested additional information from CBM that would justify the increase.

Smoyer returned to the meeting at 10:00 a.m.

Travis Parker, CMHC Deputy Director, noted there will also be a 6 cents per meal increase on December 1<sup>st</sup> that is tied to the Consumer Price Index.

Sheli Schindler, YSC Director, said the increase could have a \$20,000 impact to her department's budget. She is researching other options to reduce costs, such as increasing the food service worker duties to assist with meal delivery.

Walla said the contractor has done a good job for the County. Kent Griffith, LCF Administrator, concurred and said there are few alternatives available to the County.

Schorr asked Walla to keep the Board updated on the negotiations.

**7 POTENTIAL & PENDING LITIGATION (EXECUTIVE SESSION) -**  
Don Killeen, County Property Manager; Mike Thew, Chief Deputy County Attorney

**MOTION:** Smoyer moved and Hudkins seconded to enter Executive Session at 10:04 a.m. for the purpose of protecting the public interest with regards to potential and pending litigation.

The Chair restated the motion for the record.

**ROLL CALL:** Hudkins, Smoyer, Raybould, Heier and Schorr voted aye. Motion carried 5-0.

**MOTION:** Smoyer moved to exit Executive Session at 10:28 a.m. Hudkins, Smoyer, Schorr, Heier and Raybould voted aye. Motion carried 5-0.

**NOTE:** The Clerk was out of the room when the motion was taken. It was not clear from the audio tape who seconded the motion.

**8 VENDING MACHINE CONTRACT -** Rick Hoppe, Administrative Assistant to the Mayor; Bob Walla, Assistant Purchasing Agent

Rick Hoppe, Administrative Assistant to the Mayor, said the City is working with Active Network, a marketing company, to try to increase the City's revenues from vending machine contracts and advertising on City properties (Exhibit E). He said Active Marketing has suggested all the beverage and snack vending contracts be combined and bid as a 10-year contract. Hoppe noted the County has an interest in an existing contract with First Choice Vending Company (vending machines are located at the Lincoln-Lancaster County Health Department, Lancaster County Engineering, and the Lancaster County Shop) (see Exhibit F). **NOTE:** The County currently receives minimal or no commission from some of its vending machine contracts because departments wanted to keep product prices low for employees. He asked whether the Board will allow those locations to be included in the Request for Proposal (RFP), adding he will report back on the parameters of the contract. Hoppe said Active Network has projected that the City could greatly increase its number of vending machines and revenues, noting that City may not be able, or willing, to take all of the steps Active Network has suggested. He also indicated plans to have a similar discussion with the Public Building Commission (PBC).

In response to a question from Schorr, Bob Walla, Assistant Purchasing Agent, said there is a separate vending contract for Corrections. Those revenues go into the Inmate Benefit Fund and are used to augment the budget. He said the Youth Services

Center (YSC) was added to the First Choice Vending Company contract and receives approximately \$850.00 per year in commissions.

Schorr suggested the Board seek input from the county elected officials and directors. She added the Health Department is very concerned with having healthy options available. Hoppe said Mayor Beutler is committed to providing healthy options and has formed a committee to look at those issues, which includes representation from the Board of Health. He suggested representation from the County would be appropriate. Raybould volunteered to serve on the committee.

Board consensus was to reschedule the item on the November 17<sup>th</sup> Staff Meeting agenda.

**9 AUTHORIZATION FOR EMERGENCY BRIDGE REPAIR, COUNTY BRIDGE X-205 (APPROXIMATELY ONE BLOCK WEST OF SOUTH 68<sup>TH</sup> STREET) - Brittany Behrens, Deputy County Attorney; Virgil Dearmont, Bridge Division Head, County Engineering**

Virgil Dearmont, Bridge Division Head, County Engineering, said an inspector observed a hole in the deck during a routine inspection of County Bridge X-205, which is located approximately one block west of South 68<sup>th</sup> Street and Firth Road (Exhibit G). **NOTE:** The bridge is on a one year inspection cycle. He said he worked with the Purchasing Department to get three quotes for repair (structural overlay with reinforcing). The lowest bid was submitted by Judds Brothers Construction Company in the amount of \$9,745.

**MOTION:** Heier moved and Hudkins seconded to authorize County Engineering to proceed with the repair. Raybould, Heier, Smoyer, Hudkins and Schorr voted aye. Motion carried 5-0.

**NOTE:** The Board will take formal action on the contract with Judds Brothers Construction Company at the November 14, 2011 County Board of Commissioners Meeting.

**10 ACTION ITEMS**

- A. 2012 Dues in the Amount of \$300 for National Association of Government Defined Contribution Administrators (NAGDCA) from Prudential Expense Reimbursement Account

**MOTION:** Smoyer and Hudkins voted to approval of the expense. Raybould, Heier, Hudkins, Smoyer and Schorr voted aye. Motion carried 5-0.

## 11 CONSENT ITEMS

There were no consent items.

## 12 ADMINISTRATIVE OFFICER REPORT

- A. County's Vote at the Nebraska Association of County Officials (NACO) Annual Conference (December 14-16, 2011 in Kearney, Nebraska)

Schorr said she is not planning to attend the conference, due to other commitments.

**MOTION:** Hudkins moved and Smoyer seconded to designate Commissioner Heier as the voting delegate for Lancaster County and Commissioner Raybould as the alternate. Hudkins, Smoyer, Raybould, Heier and Schorr voted aye. Motion carried 5-0.

There was also consensus to support the proposed bylaws change (see agenda packet).

- B. Reappointment of Commissioner Hudkins to the District Energy Corporation (DEC)

The Board scheduled the reappointment on the November 15, 2011 County Board of Commissioners Meeting agenda.

- C. Community Unit Plan (CUP) Density Bonus

Heier noted the Board took action at the October 27<sup>th</sup> Staff Meeting to direct the Planning Department to bring back language to amend the County's Zoning Regulations to include an option for 5-acre lots in the County's Agricultural (AG) zoning district at a ratio of one dwelling unit per 20 acres, per square mile, or 32 dwelling units per square mile. He asked Steve Henrichsen, Development Review Manager, Planning Department, whether that amendment will go before the Planning Commission. Henrichsen said it will and the Planning Commission will make a recommendation. He said it is his understanding that zoning amendments will be prepared once amendments to the Lincoln-Lancaster County 2040 Comprehensive Plan (LPlan2040) are adopted.

Heier noted Marvin Krout, Planning Director, indicated in a Planning Department Staff Report that 550 feet of lot frontage is required on 3 to 5 acre lots and indicated you are not able to get four 20 acre lots out of an 80 acre parcel with that amount of frontage. Hudkins said Krout has increased the bonus from 20% to 25%. He felt that is not enough to pay for a road and suggested a 40% bonus would be more

appropriate. Henrichsen said he believes Krout was trying to point out that the frontage requirement would need to be changed in addition to the lot size.

Heier then stated that he would be willing to consider a "build-though" model in the County if the cost were reasonable and a bonus were provided. Hudkins said he would as well.

Heier said he would also like it noted for the record that Krout has not yet introduced the Board's vote on the Comprehensive Plan amendments to the Planning Commission.

#### D. Mid-Year Budget Review Date

The Board scheduled the meeting on February 9, 2012.

### **ADDITIONS TO THE AGENDA**

#### B. Investigation of Abbott Motocross Track Noise Complaint

Smoyer said he visited the property owner who had complained about noise from the track and said you can definitely hear quite a bit of noise. He said the track's management has been asked to better enforce muffler regulations.

#### A. Focus Group Session with Service Providers

**NOTE:** The focus group session that was held on November 8<sup>th</sup> at Bryan/LGH Medical Center East was part of the efforts of the Community Mental Health Center (CMHC) Planning Committee to gather input from the community

Heier, Raybould and Schorr, who attended the session at different times, shared their impressions of the meeting. Schorr said there was strong representation from county employees. Heier said he was disappointed the focus appeared to be on saving the Community Mental Health Center. He said the Board is concerned with not duplicating services that are provided in the community and said that issue was not addressed. Raybould said the discussion differed from the two "listening tour" events and the CMHC Planning Committee meetings she has attended. She added that the Committee is focusing on alternatives, future direction and potential partnerships with non-profit entities in the community.

#### C. Office Holiday Party

The Board scheduled the event, which will be held in Commissioner Schorr's home, on December 8<sup>th</sup>.

### **13 PENDING ITEMS**

There were no pending items.

### **14 DISCUSSION OF BOARD MEMBER MEETINGS**

#### **A. Chamber Coffee - Raybould, Smoyer**

Smoyer said the primary item of discussion was the decision by the Lincoln Public Schools (LPS) Board of Education to build its new headquarters at 59<sup>th</sup> and "O" Street, site of the district building that was destroyed by fire.

#### **B. Meeting with Mayor - Schorr, Heier**

Schorr said they discussed the resignation of Mark Koller, Personnel Director, and the proposed vending machine contract (see Item 8). Heier added that he voiced his disappointment with the Planning Department Director.

#### **C. Public Building Commission (PBC) Meeting with Mayor - Hudkins**

Hudkins said discussion focused on a potential lease/purchase of a property adjacent to the County-City Building.

#### **D. Public Building Commission (PBC) - Hudkins, Raybould**

Hudkins said they adopted a common area donation, exhibition and use policy.

#### **E. Board of Health - Schorr**

Item was held.

### **15 EMERGENCY ITEMS AND OTHER BUSINESS**

There were no emergency items or other business.

**16          ADJOURNMENT**

**MOTION:** Raybould moved and Smoyer seconded to adjourn the meeting at 11:31 a.m. Raybould, Heier, Hudkins, Smoyer and Schorr voted aye. Motion carried 5-0.

*Dan Nolte*

Dan Nolte  
Lancaster County Clerk



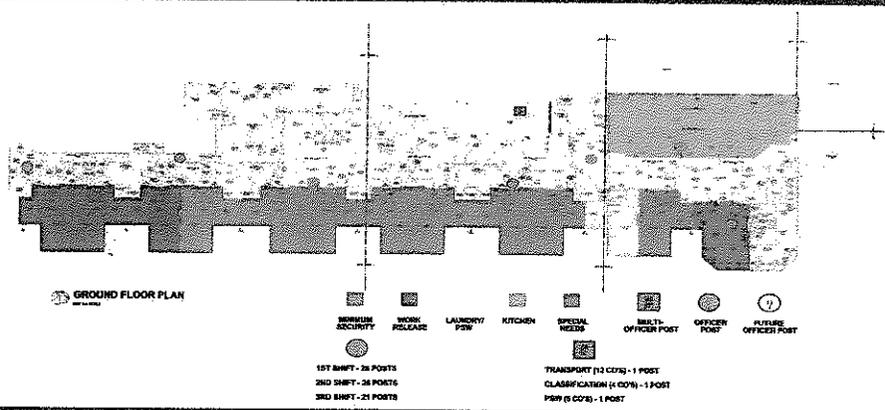


# UPDATED STAFFING PLAN

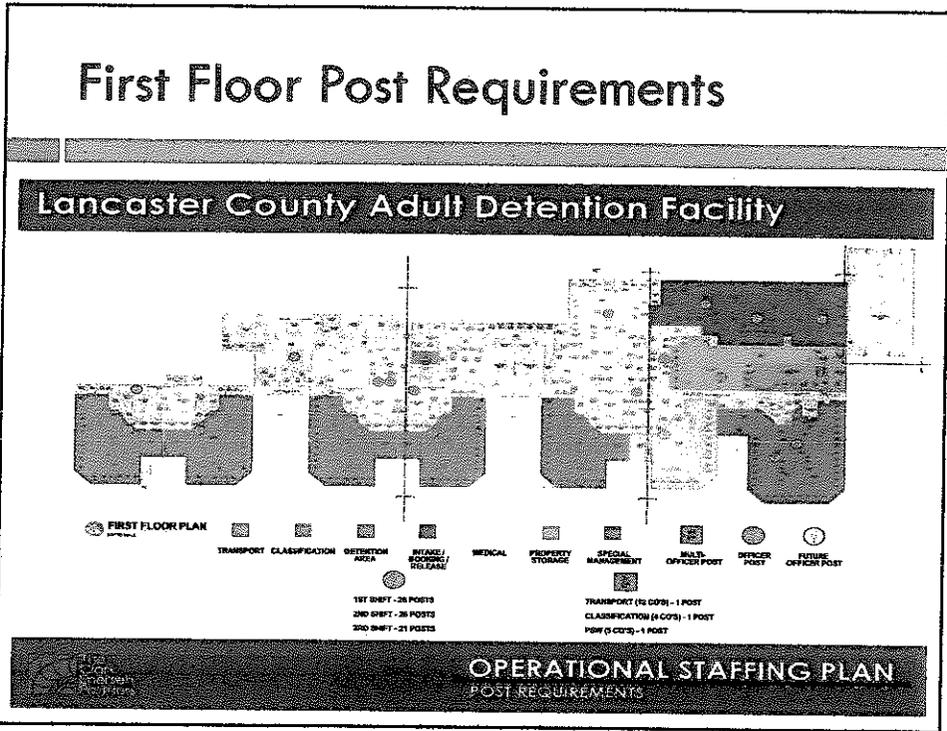
Lancaster County Department of Corrections

## Ground Floor Post Requirements

### Lancaster County Adult Detention Facility



### OPERATIONAL STAFFING PLAN POST REQUIREMENTS



## Total Posts per Shift

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Shift	Post Requirements
1 <sup>st</sup>	26
2 <sup>nd</sup>	26
3 <sup>rd</sup>	21
Total	73

## Staffing Formula

- This formula uses the number of hours a post must be staffed and divides it by the number of hours a correctional officer is likely to work in a one year time period.
- Based on this formula, 1.63 officers are needed to cover each 8 hour post.
- However, due to budgetary concerns we have reduced the coverage factor to 1.51.

## Total Correctional Officer Staffing

- As identified, 73 posts must be covered in a 24 hour period.
  - Using the 1.51 coverage factor, 110 correctional officers will be needed to fill these 73 posts.

## Total Correctional Officer Staffing

	Number of Posts	Coverage Factor	Total Correctional Officer Staffing
Security	73	1.51	110
Classification	4	N/A	4
Transport	12	N/A	12
Sanitation and Warehouse	3	N/A	3
<b>Total</b>			<b>129</b>

This plan would involve an increase of 32 new correctional officers.

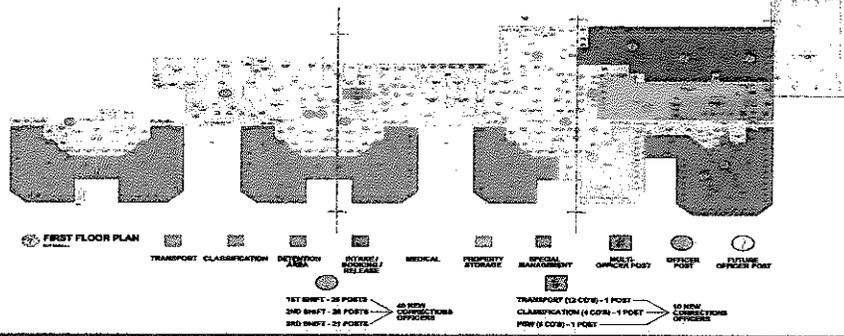
## Supervisory, Medical and Maintenance Staffing Needs

Title	Positions
	Then
Captains	0
Lieutenants	3
Sergeants	4
Medical (LPN's)	5
Maintenance Technicians	0
<b>Total</b>	<b>12</b>

Chinn's Pre-Architectural jail study indicated a need for additional supervision and maintenance staffing.

# Total Staffing Requested

## Lancaster County Adult Detention Facility



### OPERATIONAL STAFFING PLAN POST REQUIREMENTS

Based on the posts identified in these maps and Chinn's study, we are requesting 32 new correctional positions.

# ADDITIONAL STAFFING PROJECTIONS

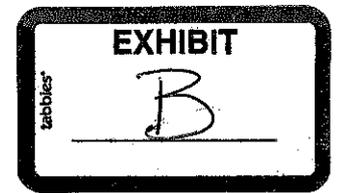
SALARY

SHIFT RATE	PROJECTED ANN SALRY	LNGVTY PAY	SHIFT DIFF PAY	CO SHR FICA 61510	CO SHR PENSN 61520	CO SHR INS 61530	CO SHR DENTAL 61540	CO SHR PEHP 61660	PROJECTED TOTAL	CO SHR LTD 61650		
<b>CLASS 5751 CORRECTIONAL OFFICER-32 officers</b>												
Step 1 (6 month salary/ 3months of insurance)	\$533,146	\$0	\$12,480	\$41,740	\$0	\$82,368	\$4,416	\$0	\$674,150	\$2,128		
Step 2 (6 months full benefits)	\$561,567	\$0	\$12,480	\$43,915	\$0	\$164,736	\$8,832	\$0	\$791,529	\$2,239		
<b>CLASS TOTALS</b>	<b>32 FTE</b>	<b>\$1,094,712</b>	<b>\$0</b>	<b>\$24,960</b>	<b>\$85,655</b>	<b>\$0</b>	<b>\$247,104</b>	<b>\$13,248</b>	<b>\$0</b>	<b>\$1,465,679</b>	<b>\$4,367</b>	\$1,461,313
<b>CLASS 5758 CORRECTIONS-LIEUTENANT (3 @ step 3)</b>												
CLASS 5756 CORRECTIONS-SERGEANT (4 @ step 3)	\$165,204	\$0	\$936	\$12,710	\$12,959	\$32,868	\$1,755	\$0	\$226,432	\$648		
CLASS 5756 CORRECTIONS-SERGEANT (4 @ step 3)	\$198,092	\$0	\$1,872	\$15,297	\$15,597	\$43,824	\$2,342	\$0	\$277,025	\$780		
<b>CLASS TOTALS</b>	<b>7 FTE</b>	<b>\$363,296</b>	<b>\$0</b>	<b>\$2,808</b>	<b>\$28,007</b>	<b>\$28,556</b>	<b>\$76,692</b>	<b>\$4,097</b>	<b>\$0</b>	<b>\$503,456</b>	<b>\$1,428</b>	\$502,029
<b>GRAND TOTALS</b>	<b>39 FTE</b>	<b>\$1,458,008</b>	<b>\$0</b>	<b>\$27,768</b>	<b>\$113,662</b>	<b>\$28,556</b>	<b>\$323,796</b>	<b>\$17,345</b>	<b>\$0</b>	<b>\$1,969,136</b>	<b>\$5,795</b>	\$1,963,341

SUMMARY	
61210 REGULAR SALARIES	\$1,458,008
61210 LONGEVITY PAY	\$0
61210 SHIFT DIFFERENTIAL	\$27,768
61210 HOLIDAY PAY	\$0
61310 OVERTIME	\$0
61510 FICA	\$113,662
61520 PENSION	\$28,556
61530 GROUP INSURANCE	\$323,796
61540 DENTAL INSURANCE	\$17,345
61650 LONG-TERM DISABILITY	\$5,795
61660 PEHP	\$0
<b>TOTAL PERSONAL SERVICES</b>	<b>\$1,974,930</b>

35.5% Bonus & all Fringes of Regular Salaries

Medical Contractual Services  
 Nurses 12 months 5 FTE's  
 Project Salary \$192,400 + Shift Differential \$68,350  
 \$260,750  
**\$2,224,091**



# Lancaster County

Medical & Dental Experience Data Through September 30, 2011

November 10, 2011

**AON**

## Lancaster County

	Enrollment					Fixed Expenses			Variable Expenses					Total Cost Summary				
	EE	2 Party	4 party	Family	Total	Admin. Fees	Specific Stop Loss Premium	Total	Medical Claims	AEA Fees	RX Claims	Total Paid Claims	Specific Reim.	Net Paid Claims	Total Cost	Expected Cost	Variance of Actual to Expected Cost	Ratio of Actual to Expected Cost
Jan-11	427	117	80	257	881	\$42,825	\$28,192	\$71,017	\$359,693	\$674	\$170,584	\$530,951	\$	\$530,951	\$601,968	\$784,068	-\$182,099	76.78%
Feb-11	428	114	82	257	881	\$42,825	\$28,192	\$71,017	\$398,380	\$224	\$144,357	\$542,961	\$	\$542,961	\$613,978	\$783,470	-\$189,492	78.37%
Mar-11	425	114	82	258	879	\$42,728	\$28,128	\$70,856	\$1,042,102	\$317	\$184,138	\$1,206,555	\$ 84,002	\$1,112,553	\$1,183,409	\$783,470	\$399,939	151.05%
Apr-11	431	111	82	259	883	\$42,923	\$28,256	\$71,179	\$486,156	\$84	\$147,756	\$613,996	\$ 5,004	\$608,992	\$680,171	\$784,545	-\$104,374	86.70%
May-11	423	111	82	266	872	\$42,388	\$27,904	\$70,292	\$643,198	\$501	\$173,360	\$817,080	\$ 48,999	\$770,081	\$840,353	\$776,424	\$63,929	108.23%
Jun-11	415	111	85	257	868	\$42,193	\$27,776	\$69,969	\$485,918	\$218	\$157,950	\$644,087	\$ 46,774	\$597,313	\$687,282	\$777,260	-\$109,977	85.85%
Jul-11	411	109	82	280	882	\$41,802	\$27,584	\$69,486	\$508,041	\$823	\$153,854	\$682,418	\$ 1,937	\$680,481	\$729,967	\$774,274	-\$44,307	94.28%
Aug-11	408	111	79	280	858	\$41,707	\$27,456	\$69,163	\$635,800	\$1,633	\$159,404	\$798,837	\$ 8,832	\$788,005	\$857,168	\$771,786	\$85,403	111.07%
Sep-11	408	109	80	289	856	\$41,610	\$27,392	\$69,002	\$647,162	\$428	\$108,701	\$756,291	\$ 43,262	\$713,039	\$782,041	\$769,258	\$12,783	101.66%
Oct-11								\$0				\$0	\$ -	\$0	\$0	\$0	\$0	#DIV/0!
Nov-11								\$0				\$0	\$ -	\$0	\$0	\$0	\$0	#DIV/0!
Dec-11								\$0				\$0	\$ -	\$0	\$0	\$0	\$0	#DIV/0!
<b>Total:</b>	<b>3,776</b>	<b>1,007</b>	<b>734</b>	<b>2,323</b>	<b>7,840</b>	<b>\$381,102</b>	<b>\$250,880</b>	<b>\$631,982</b>	<b>\$5,186,451</b>	<b>\$4,802</b>	<b>\$1,380,102</b>	<b>\$6,571,166</b>	<b>\$ 248,800</b>	<b>\$6,324,366</b>	<b>\$6,956,338</b>	<b>\$7,004,534</b>	<b>-\$48,186</b>	<b>99.31%</b>
<b>Monthly Ave:</b>	<b>420</b>	<b>112</b>	<b>82</b>	<b>268</b>	<b>871</b>	<b>\$42,345</b>	<b>\$27,878</b>	<b>\$70,220</b>	<b>\$576,272</b>	<b>\$511</b>	<b>\$153,345</b>	<b>\$730,128</b>	<b>\$ 27,422</b>	<b>\$702,706</b>	<b>\$772,926</b>	<b>\$778,282</b>		
<b>Avg PEPM</b>						<b>\$48.61</b>	<b>\$32.00</b>	<b>\$80.61</b>	<b>\$681.64</b>	<b>\$0.89</b>	<b>\$178.03</b>	<b>\$838.16</b>	<b>\$ 31.48</b>	<b>\$806.68</b>	<b>\$887.29</b>	<b>\$893.44</b>		

Rx Claims Paid as a % of Total Paid Claims: 21.00%

Plan Year Financials		Benchmark	Plan Year '11	Admin Fee	IBL Premium	Expected Costs*	
Actual Plan Cost	\$6,956,338						
Expected Plan Cost	\$7,004,534						
Plan to Expected	(\$48,196)						
		Over / (Under) Expected Plan Cost	(\$48,196)	EE	\$48.61	\$32.00	\$477.73
		ASO Fee PEPM	\$48.61	2 Party	\$48.61	\$32.00	\$1,074.91
		Claims PEPM	\$806.68	4 Party	\$48.61	\$32.00	\$1,074.91
		Annual Cost Per Enrolled EE	\$10,283	EE & Family	\$48.61	\$32.00	\$1,433.15

(1) Note: Survey data from the 2008 Aon Consulting Book of Business of Health and Welfare Plans Public Administration Clients

**Lancaster County  
Specific Reinsurance Year-to-Date Summary**

Reinsurance Carrier: BCBS of Nebraska  
 Individual Specific Deductible: \$200,000  
 Benefits Covered Under Contract: Medical / Rx  
 Contract Basis: Paid  
 Large Claims -- 50% of Specific Deductible: \$100,000  
 Claims paid January 1, 2011 through: September 30, 2011

Gender	Relationship	Diagnosis	Total Amount Paid	Specific Reimbursement	Net Cost to Plan	% of Gross Paid Claims
Male		Other Congenital Anomalies of Heart	\$ 446,800	\$ 246,800	\$ 200,000	6.8%
Male		Other Benign Neoplasm of Connective & Other Soft Tissue	\$ 119,570	\$ -	\$ 119,570	1.8%
			\$ 566,370	\$ 246,800	\$ 319,570	

	<u>Gross Claims</u>	<u>Net Plan Claims</u>
Total Large Claims	\$ 566,370	\$319,570
Total Paid Aggregate Claims	\$ 6,571,156	\$6,324,356
Large Claims as a Percent of Total	8.6%	5.1%



# Lancaster County

## 2011 Dental Total Cost Summary

Ameritas

	EE	2 Party	4 Party	Family	Total Enrollment	Fixed Expenses	Variable Expenses	Total Cost	Expected Cost	Variance from Expected Total Cost	Ratio of Actual to Expected Cost
	Total					Admin. Fees	ASO Dental Claims				
Jan-11	350	163	86	241	840	\$3,755	\$50,407	\$54,162	\$46,670	\$7,492	116.06%
Feb-11	348	164	88	240	840	\$3,755	\$43,036	\$46,791	\$46,703	\$88	100.19%
Mar-11	349	162	87	240	838	\$3,746	\$49,070	\$52,816	\$46,550	\$6,266	113.46%
Apr-11	351	163	86	240	840	\$3,755	\$49,077	\$52,832	\$46,603	\$6,229	113.37%
May-11	344	162	86	240	832	\$3,719	\$46,100	\$49,819	\$46,358	\$3,461	107.47%
Jun-11	342	161	87	241	831	\$3,715	\$50,468	\$54,203	\$46,398	\$7,805	116.82%
Jul-11	339	162	85	239	825	\$3,698	\$49,272	\$52,960	\$46,072	\$6,888	114.95%
Aug-11	340	160	81	238	817	\$3,652	\$43,426	\$47,078	\$45,459	\$1,619	103.56%
Sep-11	339	159	83	234	815	\$3,643	\$32,459	\$36,102	\$45,306	-\$9,204	79.88%
Oct-11											
Nov-11											
Dec-11											

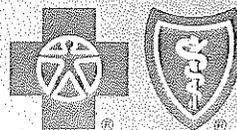
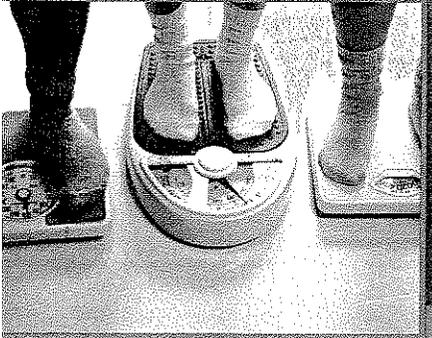
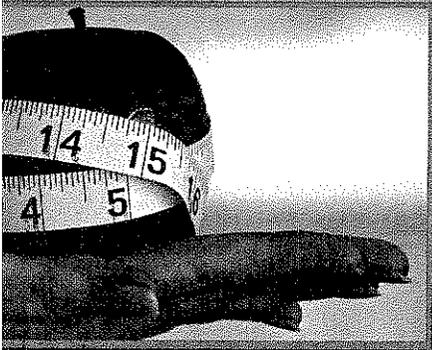
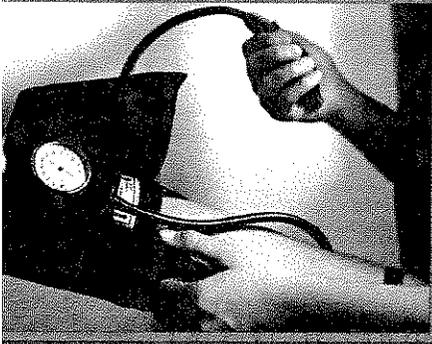
Total	3102	1466	769	2151	7,478	\$33,428	\$413,336	\$446,763	\$416,119	\$30,644	
Avg/PEPM	345	162	85	239	831	\$4.47	\$55.27	\$59.74	\$55.65	\$4.10	107.36%

Plan Year Financials		Benchmark	Plan Year '11	Admin Fee	Expected Cost*
Actual Plan Cost	\$446,763				
Expected Plan Cost	\$416,119				
Plan to Expected	\$30,644				
			Over / (Under) Expected Plan Cost	\$30,644	EE \$4.47 \$26.54
			ASO Fee PEPM	\$4.47	2 Party \$4.47 \$59.88
			Claims PEPM	\$55.27	4 Party \$4.47 \$59.88
		\$827 (1)	Annual Cost Per Enrolled EE	\$716.92	EE & Family \$4.47 \$93.24

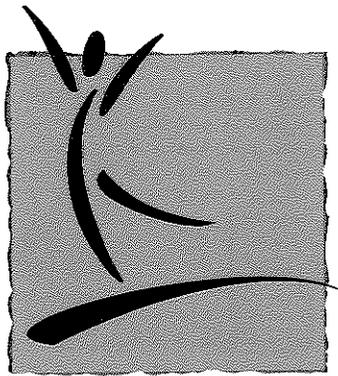
(1) Note: Survey data from the 2008 Aon Consulting Book of Business of Health and Welfare Plans Public Administration Clients

EXHIBIT  
C

*A new you.*  
**BlueHealth Advantage**  
*Small changes can make a big difference*



*New from Blue Cross and Blue Shield of Nebraska*



## BlueHealth Advantage



*In collaboration with the Wellness Council of America,  
we are proud to introduce the new BlueHealth Advantage  
Personal Health Assessment – Wellstream....*



**BlueCross BlueShield  
of Nebraska**

An Independent Licensee of the Blue Cross and Blue Shield Association.

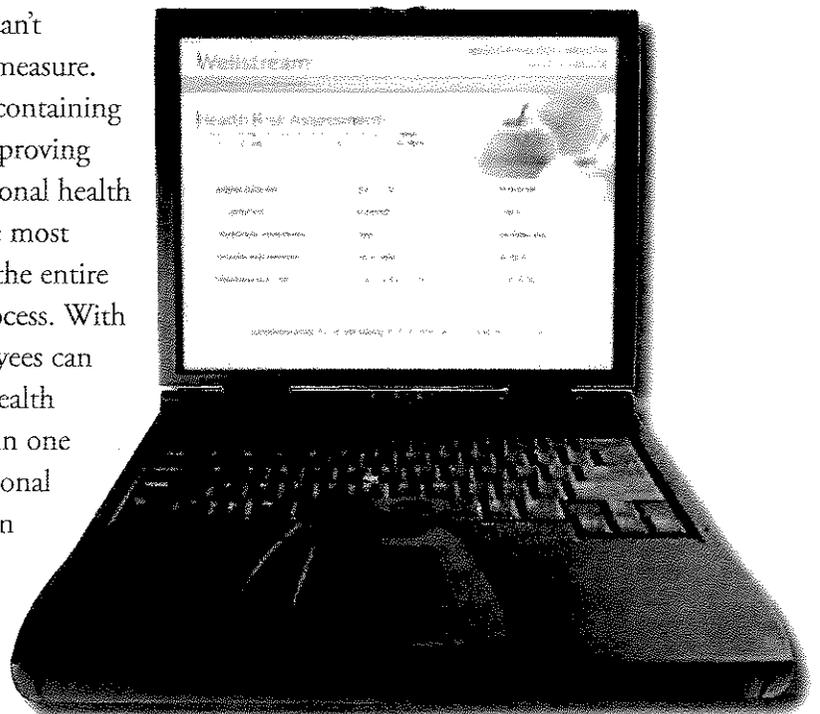
# Introducing Wellstream...

## Blue Cross and Blue Shield of Nebraska's Personal Health Assessment

We are proud to collaborate with The Wellness Council of America, one of the nation's premier resources for workplace health promotion, to introduce *Wellstream*. *Wellstream* is an innovative, user-friendly personal health assessment (PHA). This powerful tool will help your employees to assess and monitor their personal health status. More importantly, *Wellstream*—through its aggregate reporting function—will allow you as an employer to decipher important organizational health trends and introduce the appropriate health management interventions.

## Why Does My Company Need The PHA?

Plain and simple, you can't change what you can't measure. And when it comes to containing healthcare costs and improving employee health, a personal health assessment is one of the most critical components in the entire health management process. With *Wellstream*, your employees can receive the important health information they need in one easy-to-understand personal health report. And, as an employer, you'll get a HIPAA compliant aggregate report. It really is that easy.



## What Health Issues Does Wellstream Address?

Specifically, *Wellstream* incorporates an individual's personal health information, family health history, and general health status and correlates it with the following health issues:

- ✓ Blood Pressure
- ✓ Cholesterol/Blood Sugar
- ✓ Dental Health
- ✓ Tobacco Use
- ✓ Exercise
- ✓ Safety
- ✓ Emotional Health
- ✓ Nutrition
- ✓ Men's Health
- ✓ Alcohol Use
- ✓ Sun Protection
- ✓ Women's Health

## What Will Wellstream Tell Me About Our Company?

In addition to the health risk indicators, *Wellstream* incorporates a Corporate Health Culture Assessment and an employee Knowledge and Interest inventory. Information from the Health Culture Assessment can be used to determine appropriate environmental modifications seen as important by your workforce. The Knowledge and Interest inventory identifies knowledge gaps to target with wellness education, and tells you what types of programming your employees are interested in seeing offered.

## Does The Wellstream Assessment Incorporate The Stages of Change?

Yes! *Wellstream* is stage-based and provides participants with questions and report information that address all of the stages of change. In addition to providing stages of change information, *Wellstream* also provides individuals with results that compare year-to-year progress. This is a very important feature that will help your employees to monitor and track their health status over time.

Just imagine what you could accomplish if you had the ability to:

- ⇒ Assess and Track Employee Health Status
- ⇒ Reach Everyone With Personalized, Stage-Based Information
- ⇒ Monitor Important Trends Over Time

*All With One Powerful Resource... Wellstream*

# Wellstream

## PHA Unleashed

### The Personalized, Confidential Wellstream Employee Report

Each person who completes the *Wellstream* assessment will receive a personalized and confidential summary of their current health status. This report includes an overall health risk level:

- ⇒ Individual risk factor status
- ⇒ Risk levels for specific health conditions including:
  - ✓ Cancer
  - ✓ Diabetes
  - ✓ Mental Health Concerns
  - ✓ Stroke
- ⇒ An itemized assessment highlighting current metrics like
  - ✓ Cholesterol
  - ✓ Blood Pressure
  - ✓ Exercise
  - ✓ BMI, etc. and comparing them to recommended targets set forth by national health and medical agencies
- ⇒ Personalized feedback regarding health screenings, personal health habits and both modifiable and non-modifiable risk factors.
- ⇒ Recommendations for improving health status

### Is Wellstream HIPAA Compliant?

Yes. *Wellstream* has been reviewed by health experts and legal advisors to ensure that this new assessment meets HIPAA regulations and standards.

Wellstream provides users with a twelve-page customized personal health summary and employers with a comprehensive aggregate report...all at the most affordable price in the industry.



*Wellstream's twelve-page personal health summary is an engaging report guaranteed to enlighten employees about their individual health status.*

## Wellstream

### Personal Health Assessment

Assess your health by completing the sections below. Once you've completed your profile, you will be able to download your personal health report.

You are currently 18% complete

- 1 GENERAL INFORMATION
- 2 PERSONAL HEALTH HISTORY
- 3
- 4
- 5
- 6 TOBACCO USE
- 7 EMOTIONAL HEALTH

- 8
- 9
- 10
- 11 STRESS
- 12 SUN PROTECTION
- 13 SAFETY
- 14 DENTAL HEALTH
- 15 MEN'S / WOMEN'S HEALTH

Wellstream

GROUP HEALTH SUMMARY

Wellstream Personal Health Assessment  
Vandier Industries

Report Date: Mar 9, 2009

## Wellstream's Aggregate Report

In addition to each employee receiving an individual report, a group aggregate report will be available in accordance to HIPAA guidelines. The aggregate report includes information on demographics, risk factors, health conditions, absenteeism, readiness to change and specific organizational recommendations. Your BCBSNE Wellness Expert will go through the report with you and discuss wellness programming opportunities.

## Wellstream Is More Than Just A PHA

With more than two decades in the business of worksite wellness, WELCOA can help you set up an aggressive and effective communication campaign and incentives to drive up participation. So when you purchase *Wellstream*, you'll get much more than just an online assessment...you'll get a partner who is committed to helping you succeed.

## Wellstream Is Affordable And Cost Effective

When choosing a personal health assessment, cost is always a factor. That's why we've chosen to price *Wellstream* competitively. In fact, you'll find that *Wellstream* is perhaps the most cost effective PHA in the industry.



### For more information, contact:

Roy Hunter, MS  
Manager, Wellness Services  
roy.hunter@bcbsne.com  
(402) 982-6683

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Wellness Business Consultant  
kathy.nellor@bcbsne.com  
(402) 982-7777

# Wellstream

## Personal Health Assessment

### About Wellstream

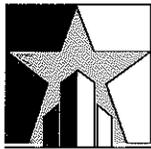
Wellstream is an innovative and unique personal health assessment. Developed by experts who have more than 25 years experience in building nationally-recognized workplace wellness programs, Wellstream provides users with important health information regarding their health status and their adherence to preventive screening services.

Wellstream is extremely user-friendly as well as straightforward in its assessment and presentation of personal health information. Wellstream assesses major risk factors and lifestyle habits including: smoking, physical activity, nutrition, stress and a variety of other important biometric information.

One of the most affordable health assessments available, Wellstream provides not only individual reports but aggregate reports as well. Wellstream is available both electronically and in hard copy format.

All information is meticulously managed in a HIPAA compliant manner.

### About WELCOA



Based in Omaha, NE, WELCOA was founded in 1987 as a national non-profit membership organization dedicated to promoting healthier life styles for all Americans, especially through health promotion initiatives at the worksite. Specifically, WELCOA focuses on building Well Workplaces—organizations that are dedicated to the health of their employees. The Well Workplace process provides business leaders and members with a structure or blue print to help their organizations build results-oriented wellness programs. In addition to helping organizations build structurally sound wellness programs, WELCOA responds to thousands of requests for information and materials by publishing a number of source books, a monthly newsletter read by approximately three million readers, an extensive line of brochures, as well as conducting numerous training seminars.

# Wellstream

## Personal Health Assessment



### INSTRUCTIONS

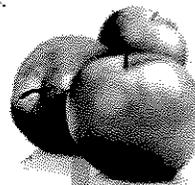
This personal health assessment should take only 10 to 15 minutes to complete. Your participation is completely voluntary. By completing this health survey, you will receive important feedback concerning your health status and what you can do to become healthier. Please answer all questions and complete the survey to the best of your ability. Your information and personal responses will be kept strictly confidential.

- ⇒ Use a Number 2 pencil only.
- ⇒ Print clearly in the boxes and make heavy black marks, filling the ovals completely.
- ⇒ Erase changes cleanly, and do not make any stray marks.
- ⇒ Do not fold or wrinkle the questionnaire.

Proper Mark



Improper Marks



### NAME AND ADDRESS — PRINT CLEARLY

*FIRST NAME		*LAST NAME	
*HOME ADDRESS			APARTMENT #
*CITY		*STATE	*ZIP
DAYTIME PHONE		EVENING PHONE	
EMAIL ADDRESS			
DATE TODAY (MM-DD-YYYY)		BIRTHDATE (MM-DD-YYYY)	
UNIQUE IDENTIFIER			

### Section I: Questions About You

Q1 What is your gender?

- Male       Female

Q2 What is your age?

Years

Q3 What is your race/ethnicity?

- African American/Black  
 American Indian or Alaska Native  
 Asian or Pacific Islander  
 Caucasian/White  
 Hispanic  
 Other or mixed race/ethnicity

Q4 What is your height? (5 Feet 06 Inches = 5'6")

Feet        Inches

Q5 What is your weight?

Weight in pounds

Q6 What is your marital status?

- Single/Never Married  
 Married/With Partner  
 Divorced/Separated  
 Widowed

- Q7** What is the highest grade or year of school you completed?
- Grades 1 through 8 (Elementary)
  - Grades 9 through 11 (Some high school)
  - Grade 12 or GED (High school graduate)
  - College 1 year to 3 years (Some college or technical school)
  - College 4 years or more (College graduate)
  - Post-Graduate (Professional degree)

- Q8** How would you categorize your job?
- |                                    |   |
|------------------------------------|---|
| <input type="radio"/> Managerial   | <input type="radio"/> Manual labor            |
| <input type="radio"/> Technician   | <input type="radio"/> Security                |
| <input type="radio"/> Professional | <input type="radio"/> Administrative/Clerical |
| <input type="radio"/> Sales        | <input type="radio"/> Other                   |

- Q9** On average, how many hours a week do you work?
- |                                    |                             |
|------------------------------------|-----------------------------|
| <input type="radio"/> Less than 20 | <input type="radio"/> 20-34 |
| <input type="radio"/> 34-45        | <input type="radio"/> 46+   |

- Q10** What type of health care insurance coverage do you have that pays for most of your medical care?
- My employer's health insurance plan
  - Someone else's health insurance plan (spouse, parent, sibling, etc.)
  - A health insurance plan that I buy on my own (not through my employer)
  - Medicare, Medicaid, Family Health Plus
  - Other: \_\_\_\_\_
  - I have no insurance plan coverage

- Q11** If the results from my health assessment indicate I may be at increased risk for future health problems, please enroll me in the appropriate health improvement program.
- Yes       No

- Q12** I would like to be notified if there are health enhancing programs and opportunities that I can take part in sometime in the future.
- Yes       No

**Section 2: Blood Pressure**

- Q13** What was your blood pressure when it was last checked? (systolic/diastolic)
- Low or normal (Below 120/80)
  - Borderline high (120/80 to 139/89)
  - High (140/90 or higher)
  - I'm not sure

- Q14** When was your blood pressure last checked?
- Within the past 2 years
  - Over 2 years ago
  - It has never been checked

**Section 3: Cholesterol/Blood Sugar**

- Q15** What was your total cholesterol when it was last checked?
- Desirable (Below 200)
  - Borderline High (200-239)
  - High (240 or higher)
  - I'm not sure

- Q16** What was your LDL cholesterol (the "bad" cholesterol) when it was last checked?
- Optimal (below 100)
  - Near optimal/above normal (100-129)
  - Borderline High (130-159)
  - High (160-189)
  - Very High (190 or higher)
  - I'm not sure

- Q17** What was your HDL cholesterol (the "good" cholesterol) when it was last checked?
- High (60 or higher)
  - Mid-range (40-59)
  - Low (Below 40)
  - I'm not sure

- Q18** When was your cholesterol last checked?
- Within the past 5 years
  - Over 5 years ago
  - It has never been checked

- Q19** What was your triglyceride level the last time it was checked?
- Normal (Below 150)
  - Borderline High (150-199)
  - High (200-499)
  - Very High (500 or higher)
  - I'm not sure

- Q20** When was your triglyceride level last checked?
- Within the past 2 years
  - Over 2 years ago
  - It has never been checked

- Q21** What was your fasting blood glucose (blood sugar) level the last time it was checked?
- Desirable (Below 100)
  - Borderline High (100-125)
  - High (126 or higher)
  - I'm not sure

Q22 What was your hemoglobin A-1C level the last time you had it checked (a test which measures your risk for diabetes)?

- Desirable (6 or lower)
- Borderline High (7)
- High (8 or higher)
- I'm not sure

Q23 When was your blood glucose (fasting) or hemoglobin A-1C last checked?

- Within the past 3 years
- Over 3 years ago
- It has never been checked

#### Section 4: Personal Health History

Q24 In general, how would you describe your overall health?

- Excellent
- Good
- Poor
- Very good
- Fair

Q25 Have you ever been told by a health care provider that you have any of the following health problems? (Select all that apply)

- Arthritis
- Asthma
- Cancer
- Chronic depression
- Chronic headaches or migraines
- Chronic inflammatory bowel disease or colitis
- Chronic joint, bone, or muscle problems (other than arthritis)
- Chronic obstructive pulmonary disease (COPD) (chronic, bronchitis, emphysema, lung disease)
- Dental problems (infections of the gums or teeth)
- Heart disease
- High blood sugar or diabetes
- High blood pressure
- High cholesterol
- High triglycerides
- Obesity (or overweight)
- Osteoporosis (or thinning of the bones)
- Stroke
- None of these health problems

Q26 Are you currently taking any medication for any of the following health problems?

- Arthritis
- Asthma
- Cancer
- Chronic depression
- Chronic headaches or migraines
- Chronic inflammatory bowel disease or colitis
- Chronic joint, bone, or muscle problems (other than arthritis)
- Chronic obstructive pulmonary disease (COPD) (chronic, bronchitis, emphysema, lung disease)
- Dental problems (infections of the gums or teeth)
- Heart disease
- High blood sugar or diabetes
- High blood pressure
- High cholesterol
- High triglycerides
- Obesity (or overweight)
- Osteoporosis (or thinning of the bones)
- Stroke
- None of these health problems

Q27 In the past year, how many times have you missed at least one day of work due to illness or injury?

- 0 times
- 1-2 times
- 3-5 times
- 6 or more times

Please continue to the following sections on health care, sun protection and safety.



### Section 5: Health Care

- Q28 Do you have a primary health care provider (a doctor, nurse, or other licensed health professional who provides you with general health care, and referrals to other health professionals when necessary)?
- Yes  No
- Q29 Have you had a health checkup (physical exam) within the past year?
- Yes  No
- Q30 In the past year, how many times have you seen any health care provider?
- 0 times  1-2 times  
 3-5 times  6 or more times
- Q31 In the past year, how many times have you been hospitalized?
- 0 times  1-2 times  
 3-5 times  6 or more times
- Q32 In the past month, how many times did you visit your health care provider?
- 0 times  1-2 times  
 3-5 times  6 or more times
- Q33 In the past year, how many times have you gone to the emergency room?
- 0 times  1-2 times  
 3-5 times  6 or more times

### Section 6: Sun Protection

- Q34 Does your skin burn easily when exposed without sunscreen to a strong sun?
- Yes  No
- Q35 When you spend time in the sun, do you usually wear protective clothing or apply sunscreen with an SPF of at least 15?
- Yes  No
- Q36 How many times during your lifetime has your skin been severely sunburned?
- Never  Once or twice  
 Several times

### Section 7: Safety

- Q37 Do you always wear a seatbelt when you drive or ride in a motor vehicle?
- Yes  No
- Q38 Do you have a working smoke detector in your home?
- Yes  No

### Section 8: Dental Health

- Q39 Have you had a dental exam by a dentist within the past 12 months?
- Yes  No
- Q40 When you brush your teeth, do your gums usually bleed?
- Yes  No

### Section 9: Men's/Women's Health

#### Men's Health (Men Only)

- Q41 Which of the following preventive health screenings have you had? (Select all that apply)
- Digital rectal exam within the past year  
 Fecal occult blood test (for blood in stool) within the past year  
 Prostate-specific antigen (PSA) test within the past 2 years  
 Sigmoidoscopy within the past 5 years  
 Barium enema test within the past 5 years  
 Colonoscopy within the past 10 years  
 None of these screenings
- Q42 Do you perform a testicular self-exam at least once per month?
- Yes  No

#### Women's Health (Women Only)

- Q43 Which of the following preventive health screenings have you had? (Select all that apply)
- Mammogram within the past year  
 Clinical breast exam by a health care provider within the past 3 years  
 Pap test within the past 3 years  
 Fecal occult blood test (for blood in stool) within the past year  
 Sigmoidoscopy within the past 5 years  
 Barium enema within the past 5 years  
 Colonoscopy within the past 10 years  
 None of these screenings
- Q44 Do you perform a breast self-exam at least once per month?
- Yes  No
- Q45 Are you currently pregnant?
- Yes  No

## Section 10: Tobacco Use

- Q46 Have you ever used cigarettes regularly?  
 Yes  No
- Q47 How long have you been smoking cigarettes?  
 Less than 1 year  1-2 years  
 3-5 years  6-10 years  
 More than 10 years  
 I used to smoke cigarettes, but I quit  
 Does not apply
- Q48 How many cigarettes do you usually smoke per day?  
 Less than 1 per day  1-9 per day  
 10-19 per day  20-39 per day  
 40 or more per day  Does not apply
- Q49 Do you have any plans to quit smoking cigarettes?  
 No — I have no plans to quit smoking cigarettes at this time.  
 Yes — I'm considering quitting smoking cigarettes within the next year  
 Yes — I'm considering quitting smoking cigarettes within the next 6 months  
 Yes — I'm making plans to quit smoking cigarettes within the next month  
 Yes — I'm currently trying to quit smoking cigarettes  
 Does not apply
- Q50 Do you feel that you have what you need to quit smoking (for example the knowledge, skills, and support needed)?  
 Yes  No  Does not apply
- Q51 How confident are you that you will succeed in quitting smoking?  
 Very confident  Somewhat confident  
 Not at all confident  Does not apply
- Q52 How long ago did you quit smoking cigarettes?  
 Less than 6 months ago  6-11 months ago  
 1-4 years ago  5-10 years ago  
 More than 10 years ago  Does not apply
- Q53 Have you ever used a tobacco product other than cigarettes (pipe, cigar, snuff, or chewing tobacco) regularly?  
 Yes  No
- Q54 How long have you been using a tobacco product other than cigarettes?  
 Less than 1 year  1-2 years  
 3-5 years  6-10 years  
 More than 10 years  
 I used to use tobacco products other than cigarettes, but I quit  
 Does not apply

- Q55 How often do you usually use tobacco products other than cigarettes per day?  
 Less than 1  1-2  3-5  
 6-10  More than 10  
 Does not apply
- Q56 Do you have any plans to quit using tobacco products other than cigarettes?  
 No — I have no plans to quit using tobacco at this time.  
 Yes — I'm considering quitting using tobacco within the next year.  
 Yes — I'm considering quitting using tobacco within the next 6 months.  
 Yes — I'm making plans to quit using tobacco within the next month.  
 Yes — I'm currently trying to quit using tobacco.  
 Does not apply
- Q57 How long ago did you quit using tobacco products other than cigarettes?  
 Less than 6 months ago  
 6-11 months ago  
 1-5 years ago  
 6-10 years ago  
 More than 10 years ago  
 Does not apply
- Q58 Are you exposed to second-hand smoke from smokers on a regular basis, either at work or at home?  
 Yes  No

## Section 11: Exercise

- Q59 How many days per week do you typically exercise for a combined total of at least 30 minutes (for example, walking, jogging, aerobics class)?  
 0 days per week  1 day per week  
 2 days per week  3 days per week  
 4 days per week  5 or more days per week
- Q60 At what intensity do you typically exercise?  
 Light (like stretching or slow walking)  
 Moderate (like brisk walking)  
 Heavy (like jogging or swimming)  
 Very heavy (like fast running or stair climbing)  
 Does not apply
- Q61 How long have you been exercising at this frequency and intensity?  
 For less than 6 months  
 For 6 months or longer  
 Does not apply

- Q62 How many days per week do you typically participate in strength training (for example, lifting weights, using resistance bands, doing push-ups)?
- 0 days per week     1 day per week  
 2 days per week     3 days per week  
 4 days per week     5 or more days per week  
 Does not apply

- Q63 How many days per week do you typically do stretching or flexibility exercises?
- 0 days per week     1 day per week  
 2 days per week     3 days per week  
 4 days per week     5 or more days per week  
 Does not apply

- Q64 Has your health care provider told you to limit your level of exercise to your current level due to personal health restrictions?
- Yes     No

- Q65 Do you have any plans to increase your level of exercise?
- No — I have no plans to increase my level of exercise at this time.  
 Yes — I'm considering increasing my level of exercise within the next year.  
 Yes — I'm considering increasing my level of exercise within the next 6 months.  
 Yes — I'm making plans to increase my level of exercise within the next month.  
 Yes — I'm currently trying to increase my level of exercise.  
 Does not apply

- Q66 Do you feel that you have all that you need to increase your level of exercise (for example the knowledge, skills, time, place, and support needed)?
- Yes     No     Does not apply

- Q67 How confident are you that you will succeed in increasing your level of exercise?
- Very confident     Somewhat confident  
 Not at all confident     Does not apply

## Section 12: Emotional Health

- Q68 How often is too much stress a problem for you?
- Never or rarely     Sometimes  
 Often     Always

- Q69 How well do you handle the stress in your life?
- I'm always able to cope effectively.  
 At times I have problems coping.  
 I often have problems coping.

- Q70 Do you have any plans to deal more effectively with the stress in your life (by reducing the stress or finding better ways to cope with it)?
- No — I have no plans to deal more effectively with the stress in my life at this time.  
 Yes — I am considering dealing more effectively with the stress in my life within the next year.  
 Yes — I'm considering dealing more effectively with the stress in my life within the next 6 months.  
 Yes — I'm making plans to deal more effectively with the stress in my life within the next month.  
 Yes — I'm currently trying to deal more effectively with the stress in my life.  
 Does not apply

- Q71 Do you feel that you have all that you need to effectively deal with the stress in your life (for example the knowledge, skills, time, place, and support needed)?
- Yes     No     Does not apply

- Q72 How confident are you that you will succeed in dealing with the stress in your life?
- Very confident     Somewhat confident  
 Not at all confident     Does not apply

- Q73 How satisfied are you with your **personal** life?
- Completely satisfied     Mostly satisfied  
 Somewhat satisfied     Not at all satisfied

- Q74 How satisfied are you with your **work** life?
- Completely satisfied     Mostly satisfied  
 Somewhat satisfied     Not at all satisfied

- Q75 During the past 6 months, have you felt sad or depressed for a period lasting 2 weeks or longer, to the point where you had trouble functioning at work or at home?
- Yes     No

- Q76 Do you have any plans for dealing with your feelings of sadness or depression?
- No — I have no plans to deal with my feelings of sadness or depression at this time.  
 Yes — I'm considering dealing with my feelings of sadness or depression within the next year.  
 Yes — I'm considering dealing with my feelings of sadness or depression within the next 6 months.  
 Yes — I'm making plans to deal with my feelings of sadness or depression within the next month.  
 Yes — I'm currently trying to deal with my feelings of sadness or depression.  
 Does not apply

## Section 13: Nutrition

- Q77** During a typical week, how many meals do you usually eat in fast food restaurants?
- Less than 1       1-2       3-6  
 7-14       15 or more
- Q78** During a typical day, how much of what you eat is high-fat versus low-fat foods?
- Mostly high-fat  
 About half high-fat and half low-fat  
 Mostly low-fat
- Q79** How long have you been eating mostly low-fat foods in your daily diet?
- For less than 6 months  
 For 6 months or longer  
 Does not apply
- Q80** Do you have any plans to decrease the amount of high-fat foods in your diet?
- No — I have no plans to decrease the amount of high-fat foods in my diet at this time.  
 Yes — I'm considering decreasing the amount of high-fat foods in my diet within the next year.  
 Yes — I'm considering decreasing the amount of high-fat foods in my diet within the next 6 months.  
 Yes — I'm making plans to decrease the amount of high-fat foods in my diet within the next month.  
 Yes — I'm currently trying to decrease the amount of high-fat foods in my diet.  
 Does not apply
- Q81** During a typical day, how many servings of fruits or vegetables do you eat? (One serving = 1 cup of fresh vegetables; or ½ cup of cooked vegetables; or 1 cup of fruit; or 1 medium piece of fruit (like a whole apple); or ¼ cup of fruit juice)
- 1 or fewer servings per day  
 2-4 servings per day  
 5 or more servings per day
- Q82** How long have you been eating 5 or more servings of fruits or vegetables in your daily diet?
- For less than 6 months  
 For 6 months or longer  
 Does not apply
- Q83** Do you have any plans to increase the amount of fruits and vegetables in your diet?
- No — I have no plans to increase the amount of fruits and vegetables in my diet at this time.  
 Yes — I'm considering increasing the amount of fruits and vegetables in my diet within the next year.  
 Yes — I'm considering increasing the amount of fruits and vegetables in my diet within the next 6 months.  
 Yes — I'm making plans to increase the amount of fruits and vegetables in my diet within the next month.  
 Yes — I'm currently trying to increase the amount of fruits and vegetables in my diet.  
 Does not apply
- Q84** During a typical day, how many servings of high-fiber foods (like whole-grain breads/cereals and fresh fruits/vegetables) do you eat?
- 1 or fewer servings per day  
 2-4 servings per day  
 5 or more servings per day
- Q85** How long have you been eating 2 or more servings of high-fiber foods in your daily diet?
- For less than 6 months  
 For 6 months or longer  
 Does not apply
- Q86** Do you have any plans to increase the amount of high-fiber foods in your diet?
- No — I have no plans to increase the amount of high-fiber foods in my diet at this time.  
 Yes — I'm considering increasing the amount of high-fiber foods in my diet within the next year.  
 Yes — I'm considering increasing the amount of high-fiber foods in my diet within the next 6 months.  
 Yes — I'm making plans to increase the amount of high-fiber foods in my diet within the next month.  
 Yes — I'm currently trying to increase the amount of high-fiber foods in my diet.  
 Does not apply
- Q87** How long have you been within 5 pounds of your current weight?
- For less than 6 months  
 For 6 months or longer
- Q88** Over the past year, have you intentionally lost at least 10 pounds and kept it off?
- Yes  
 No, but I tried       No, but I didn't try

- Q89** Do you have any plans to try to lose weight?
- No — I have no plans to try to lose weight
  - Yes — I'm considering trying to lose weight within the next year
  - Yes — I'm considering trying to lose weight within the next 6 months
  - Yes — I'm making plans to lose weight within the next month
  - Yes — I'm currently trying to lose weight
  - Does not apply

- Q90** Do you feel that you have what you need to improve your eating habits (for example the knowledge, skills, time, place, and support needed)?
- Yes
  - No
  - Does not apply

- Q91** If you are planning to improve your eating habits, how confident are you that you will succeed?
- Very confident
  - Somewhat confident
  - Not very confident
  - Does not apply

### Section 14: Alcohol Use

- Q92** In a typical week, how many alcoholic drinks do you have?
- I don't drink alcohol
  - Less than 1 drink per week
  - 1-7 drinks per week
  - 8-14 drinks per week
  - More than 14 drinks per week

- Q93** How long have you not been drinking alcohol?
- For less than 6 months
  - For 6 months or longer
  - I have never drunk alcohol

- Q94** In a typical week, how often do you have 5 or more alcoholic drinks on one occasion?
- Never
  - Once a week
  - 2-3 times per week
  - More than 3 times per week

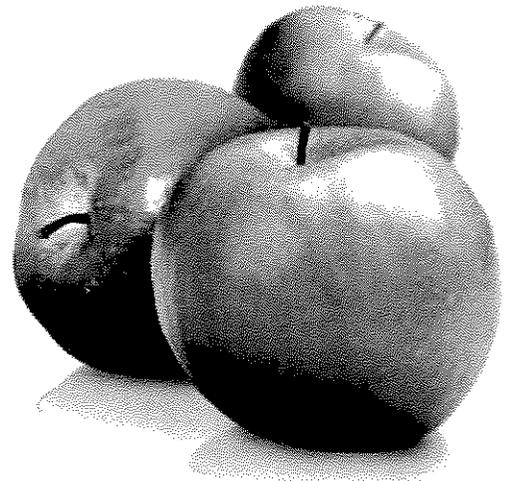
- Q95** Which of the following statements about drinking alcohol apply to you? (Select all that apply)
- I sometimes feel I should cut down on the amount I drink.
  - Sometimes people annoy me by criticizing me for drinking.
  - I sometimes feel guilty about the amount I drink.
  - I sometimes have a drink in the morning to get myself going.
  - None of these statements apply to me.

- Q96** Do you have any plans to reduce your consumption of alcohol?
- No — I have no plans to reduce my consumption of alcohol at this time.
  - Yes — I'm considering reducing my consumption of alcohol within the next year.
  - Yes — I'm considering reducing my consumption of alcohol within the next 6 months.
  - Yes — I'm making plans to reduce my consumption of alcohol within the next month.
  - Yes — I'm currently trying to reduce my consumption of alcohol.
  - Does not apply

- Q97** Do you feel that you have what you need to reduce your consumption of alcohol (for example the knowledge, skills, time, place, and support needed)?
- Yes
  - No
  - Does not apply

- Q98** If you are planning to reduce your consumption of alcohol, how confident are you that you will succeed?
- Very confident
  - Somewhat confident
  - Not very confident
  - Does not apply

Please continue to the following sections on knowledge, culture and health improvement.



## Section 15: Knowledge

The following questions will test your health knowledge. Answer each question to the best of your ability.

- Q99 To reap the benefits of physical activity, health experts recommend that you walk at least:
- 5,000 steps each day
  - 7,500 steps each day
  - 10,000 steps each day
  - 15,000 steps each day
- Q100 A person's ideal body weight is often calculated by using BMI – Body Mass Index. Ideally, to be at a healthy weight, your BMI should be:
- Below 20
  - Below 25
  - Below 30
  - Below 40
- Q101 To maintain a healthy diet, experts recommend that you consume:
- At least 1 serving of fruits and vegetables each day
  - At least 2 servings of fruits and vegetables each day
  - At least 3-4 servings of fruits and vegetables each day
  - At least 5-9 servings of fruits and vegetables each day
- Q102 Cholesterol is a waxy substance found in the blood. There are both "good" and "bad" forms of cholesterol. Which type is the "bad" cholesterol?
- LDL
  - AFL
  - HDL
  - NFL
- Q103 When it comes to maintaining a healthy weight, portion size matters. The recommended serving size for meat at a meal is:
- 3 ounces (about the size of a deck of cards)
  - 6 ounces (about the size of a tennis ball)
  - 8 ounces (about the size of a TV remote control)
  - 12 ounces (about the size of both of your hands cupped)
- Q104 Which drink contains the most alcohol?
- A 12 ounce beer
  - A 4 ounce glass of wine
  - A 1 ounce "shot" of distilled spirits
  - They all contain the same amount
- Q105 Experts tell us that there are "good" and "bad" fats. But figuring out which one is which is oftentimes difficult. So which of the following is considered a "bad" fat?
- Saturated fat
  - Trans fat
  - Cholesterol
  - Unsaturated fat
  - Bad fat includes: a, b, and c
- Q106 It's no secret that lifestyle plays an important role in living a long and healthy life. Presently, the leading cause of death in the US can be attributed to:
- Tobacco
  - Physical Inactivity
  - Overweight and Obesity
  - Stress
- Q107 A Double Quarter Pounder with Cheese, large fries, chocolate triple thick shake, and a large Coca Cola Classic contains how many calories?
- 1,120
  - 2,350
  - 2,930
  - 3,400
- Q108 A Double Quarter Pounder with Cheese, large fries, chocolate triple thick shake, and a large Coca Cola Classic contains how many grams of fat?
- 60
  - 72
  - 94
  - 121

## Section 16: Culture Audit

The following questions are about your perception of your organization's health culture. Please indicate the response which best characterizes your feelings.

Q109 I believe that my company cares about my health status.

- Strongly Disagree
- Disagree
- Neutral—neither agree or disagree
- Agree
- Strongly Agree

Q110 Being healthy is important to me.

- Strongly Disagree
- Disagree
- Neutral—neither agree or disagree
- Agree
- Strongly Agree

Q111 In my company, I am encouraged to lead a healthier lifestyle.

- Strongly Disagree
- Disagree
- Neutral—neither agree or disagree
- Agree
- Strongly Agree

Q112 In my company, a strong wellness program is in place for all employees.

- Strongly Disagree
- Disagree
- Neutral—neither agree or disagree
- Agree
- Strongly Agree

Q113 In my company, leaders model good health practices.

- Strongly Disagree
- Disagree
- Neutral—neither agree or disagree
- Agree
- Strongly Agree

Q114 In my company, people who lead healthy lifestyles are rewarded with incentives.

- Strongly Disagree
- Disagree
- Neutral—neither agree or disagree
- Agree
- Strongly Agree

Q115 In my company, people who lead healthy lifestyles are publicly recognized.

- Strongly Disagree
- Disagree
- Neutral—neither agree or disagree
- Agree
- Strongly Agree

Q116 In my company, people support others who are attempting to lead healthy lifestyles.

- Strongly Disagree
- Disagree
- Neutral—neither agree or disagree
- Agree
- Strongly Agree

Q117 In my company, there are low-fat/healthy food options available.

- Strongly Disagree
- Disagree
- Neutral—neither agree or disagree
- Agree
- Strongly Agree

Q118 In my company, a smoke-free environment is promoted.

- Strongly Disagree
- Disagree
- Neutral—neither agree or disagree
- Agree
- Strongly Agree

Q119 In my company, there is a team that oversees all company wellness activities.

- Strongly Disagree
- Disagree
- Neutral—neither agree or disagree
- Agree
- Strongly Agree

Q120 In my company, it is normal for people to exercise during the workday.

- Strongly Disagree
- Disagree
- Neutral—neither agree or disagree
- Agree
- Strongly Agree

Q121 In my company, it is normal for people to eat healthy foods during the workday.

- Strongly Disagree
- Disagree
- Neutral—neither agree or disagree
- Agree
- Strongly Agree

Q122 In my company, it is normal for people to use safety belts.

- Strongly Disagree
- Disagree
- Neutral—neither agree or disagree
- Agree
- Strongly Agree

Q123 In my company, it is normal for people not to smoke.

- Strongly Disagree
- Disagree
- Neutral—neither agree or disagree
- Agree
- Strongly Agree

### Section 17: Improving My Health

Q124 Over the past year, have you changed your health habits or behaviors in order to improve your health?

- Yes
- No

Q125 What have you done to improve your health over the past year? (Select all that apply for participation in programs offered at work and/or programs outside of work):

- Participated in one-to-one counseling with a nurse, health educator, or health coach on ways to improve my health.
- Regularly attended a gym or physical exercise program.
- Read newsletters, brochures, or articles on how to improve my health.
- Used the internet to learn about health improvement programs.
- Participated in walking or other exercise programs.
- Attended classes or lectures on health topics.
- Joined a weight reduction program.
- Participated in a smoking cessation program.
- Improved my daily eating habits.
- Began a stress management or relaxation program.
- Participated in preventive screenings (e.g., blood pressure, cholesterol, glucose, cancer).
- Other
- Does Not Apply

Q126 Overall, how satisfied were you with the wellness programs you participated in at the worksite?

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied
- Does not apply/Did not participate

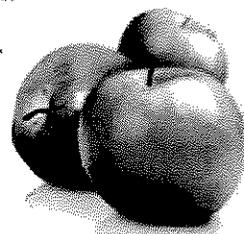
Q127 Overall, how satisfied were you with the wellness programs you participated in outside of work?

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied
- Does not apply/Did not participate

Q128 Please indicate below the health areas that you would most like to work on now or sometime this year.

- Body Fat Testing
- Educational Programs (e.g., Heart Disease, Cancer, etc)
- Employee Assistance Programs (e.g., Depression, Finance, and Stress)
- Fitness Programs (e.g., Walking, Stretching)
- Immunization Programs (e.g., Flu Shots, etc.)
- Nutrition Programs (e.g., Healthy Cooking, etc.)
- Screening Programs (e.g., Blood Pressure, Cholesterol, etc.)
- Smoking Cessation Programs
- Stress Reduction Programs
- Time Management Programs
- Visiting/Onsite Healthcare Nurse
- Medical Self-Care Consumerism
- I am not interested in working on any health areas now or this year.

Thank you for your participation in the *Wellstream Personal Health Assessment.*



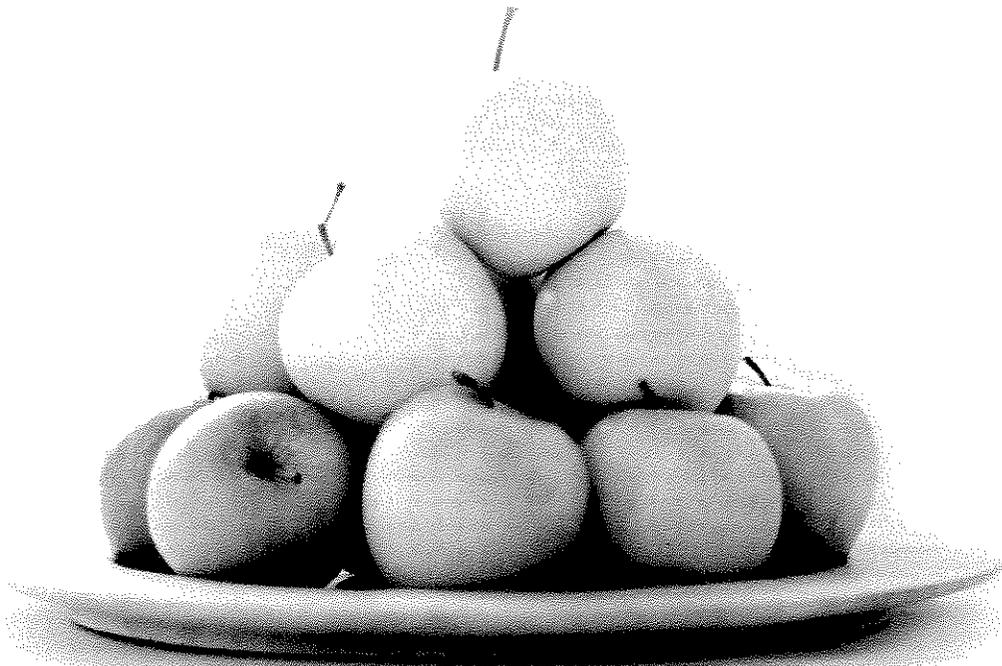
SAMPLE COPY

Wellstream  
Personal Health Assessment



# Wellstream

PERSONAL HEALTH SUMMARY



DATE COMPLETED: 02/12/2007

USER: 0000128 GENDER: Female

### SECTION I

#### Personal Health Assessment

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#### Risk Levels for Specific Health Conditions

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## SECTION II

### Risk Factor Score Summary

Demographic Risk Factors	Current PHA 02/04/2010	Recommended Target
Age	49	
Gender	Female	
Race/Ethnicity	Caucasian/White	
Height	5' 4"	
Weight	128 lbs	108-145
Body Mass Index (BMI) *	22	18.5-24.9
* Please note: If you have a very muscular build or are currently pregnant, it is possible that your BMI does not provide an accurate assessment of your health risk based on your weight.		
<b>Health Screening Risk Factors</b>		
Blood Pressure (Syst/Diast)	Below 120/80	Below 120/80
Total Cholesterol (mg/dl)	Below 200	Below 200
HDL Cholesterol (mg/dl)	<b>40-59</b>	60 Or Higher
LDL Cholesterol (mg/dl)	<b>100-129</b>	Below 100
Triglycerides (mg/dl)	I'm not sure	Below 150
Blood glucose (fasting) (mg/dl)	I'm not sure	Below 100
Hemoglobin A-1C (mg/dl)	I'm not sure	Below 7
Health Exam with HC Provider	In Past Year	In Past Year
Dental Exam	In Past Year	In Past Year
Mammogram	In Past Year	In Past Year
Clinical Breast Exam	In Past 3 Years	In Past 3 Years
Pap Test	In Past 3 Years	In Past 3 Years
Colo-Rectal Cancer Screening	N/A	N/A
Breast Self-Exam	In Past Month	In Past Month
<b>Personal Lifestyle Risk Factors</b>		
Exercise	<b>Moderate</b>	High
Cigarette Use	Not Using	Not Using
Other Tobacco Use	Not Using	Not Using
Second-Hand Smoke Exposure	Not Exposed	Not Exposed
Alcohol Use	Never/Light	Never/Light
Fat in Diet	<b>Medium</b>	Low
Fruit/Vegetables in Diet	<b>1 Or Fewer</b>	5+ Servings
Fiber in Diet	<b>2-4 Servings</b>	5+ Servings
Stress	Low	Low
Depression	Low	Low
Satisfaction with Personal Life	Completely/Mostly	Completely/Mostly
Satisfaction with Work Life	Completely/Mostly	Completely/Mostly
Sun Protection	Always	Always
Seat Belt Use	Always	Always
Home Smoke Detector	Installed	Installed

## SECTION III

### Personal Risk Status - Details

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#### DEMOGRAPHICS

**Age / Gender** Age can affect a person's risk for chronic diseases, including heart disease, stroke, diabetes, and cancer. In some cases, the risks are also different for males compared to females. As a female who is 45-49 years of age, you are at higher risk for these health conditions.

**Race / Ethnicity** Race/ethnicity is a risk factor for several health conditions, including stroke, diabetes, and cancer. As a Caucasian/White, you are at lower risk for these conditions.

#### PERSONAL HEALTH HISTORY

**Chronic Depression** You have been told by a health care provider that you have chronic depression. Continue to monitor your condition and follow your physicians' advice regarding treatment. You are also encouraged to seek out reliable information that will help you to better manage this condition.

**Chronic Headaches Or Migraines** You have been told by a health care provider that you have chronic headaches or migraines. Continue to monitor your condition and follow your physicians' advice regarding treatment. You are also encouraged to seek out reliable information that will help you to better manage this condition.

## HEALTH SCREENINGS

- Mammogram** You indicated that you received a mammogram in the past year, as recommended for women age 40 and older. Continue to have this preventive health screening done each year for the early detection of breast cancer.
- Clinical Breast Exam** You indicated that you have had a clinical breast exam performed by a health care provider within the past 3 years. For the early detection of breast cancer, it is recommended that this preventive health screening be performed at least every 3 years for women under 40 years of age - and every year for women 40 and older.
- Pap Test** You indicated that you had a Pap test in the past 3 years. Continue to have this preventive health screening done at least every 3 years for the early detection of cervical cancer.
- Breast Self-Exam** You indicated that you perform a breast self-exam at least once per month. Continue to do this preventive health screening each month for the early detection of breast cancer.
- Total Cholesterol** You reported that your total cholesterol level is below 200 which is within the recommended range. Congratulations! Keep up your healthy lifestyle habits to maintain your low cholesterol level and remain at reduced risk for heart attack and stroke.
- LDL Cholesterol** Your LDL cholesterol (the "bad cholesterol") is between 100-129, which is near optimal but above normal. The recommended range is below 100.
- HDL Cholesterol** Your HDL cholesterol was reported as being between 40-59, which is below the recommended range of 60 or higher.
- Cholesterol Last Checked** You indicated that you have had your cholesterol checked over 5 years ago. It is recommended that you have your total, LDL, and HDL cholesterol checked at least every 5 years, and more frequently if your cholesterol is not within the recommended range.
- Triglycerides** You reported that you are not sure of your level of triglycerides (fat in the blood). Your triglycerides status is important to know, since high triglycerides is a major risk factor for cardiovascular disease and diabetes.
- Triglycerides Last Checked** You indicated that you have had your triglycerides checked over 5 years ago. It is recommended that you have your triglycerides checked at least every 5 years, and more frequently if your level is not within the recommended range.

## PERSONAL LIFESTYLE

- Weight** Your height and weight have been used to calculate your body mass index (BMI), an indicator of whether you are overweight, underweight, or at a healthy weight. Based on your reported height and weight, your BMI is 22, which is within the recommended range of 18.5 to 24.9. Congratulations! By continuing to control your weight, you will remain at lower risk for many health conditions, including heart disease, diabetes, and cancer.
- Exercise** You perform stretching exercises three times per week.
- A health care provider has not told you that exercise is contraindicated meaning it will not likely cause you harm. Continuing and following an exercise prescription is recommended for you. A good guide for measuring your daily physical activity is to count your steps using a pedometer. It is recommended that most individuals achieve 10,000 steps per day.
- More information on physical activity can be found at <http://www.shapeup.org/shape/steps.php>
- Cigarette Use** Never having used tobacco products is an excellent personal choice. Staying away from smoking and other tobacco products will decrease your risk of experiencing cardiovascular disease, several types of cancer, and other health-related problems.
- Other Tobacco Use** Not using other tobacco products is an excellent personal choice. In addition to cigarettes, staying away from other tobacco use will decrease your risk of experiencing cardiovascular disease, several types of cancer, and other health-related problems.
- Alcohol Use** You drink less than 1 alcoholic drink per week
- High-Fat Food** During a typical day, about half of your diet comes from high-fat foods. A diet high in fat may eventually lead to significant health problems. No more than 30% of your diet should come from fat. You may want to keep a food diary for 1-2 weeks to record your eating habits and determine how you can reduce the amount of fat you consume. A registered dietitian can also help you to plan a healthier diet.
- Fast Food** You reported that you eat 1-2 meals per week at fast food restaurants. To control the amount of fat and calories in your diet, you should continue to limit the number of fast food meals you consume.

## PERSONAL LIFESTYLE, Cont.

**Fruits and Vegetables in Diet** You reported that you eat 1 or fewer servings of fruits or vegetables per day. Fruits and vegetables are a good source of fiber. For a 2,000 calorie daily diet 4 servings of fruits and 4-5 servings of vegetables are recommended. At this time, you are actively attempting to consume more fruits and vegetables. As you work on your dietary changes, remember that it may take several attempts before this behavior change becomes a part of your life. A wide variety of fruits and vegetables are available in most food stores, so that you have plenty of choices to keep your diet fresh and interesting.

More information on fruit and vegetable consumption can be found at <http://www.healthierus.gov/dietaryguidelines/>

**High-Fiber Food** Typically, you consume 2-4 servings of high-fiber foods per day. This is within the recommended level of consumption to avoid health problems such as cancer and heart disease. Foods rich in fiber include whole grain breads, brown rice, dried apricots, dates, prunes, raisins, blueberries, raspberries, strawberries, oranges, broccoli, kidney beans, lima beans, chick peas, lentils, soy beans and corn. You have been consuming this number of servings of high-fiber foods for 6 months or longer. That's great! You are well on your way to making this a regular part of your daily diet.

**Stress** You reported that too much stress is never or rarely a problem for you. You noted that you are always able to cope effectively with the stress in your life. Congratulations! Your ability to handle this stress will help to enhance your overall quality-of-life at work and at home.

**Depression** You answered that during the past 6 months, you had not felt sad or depressed for a period of at least 2 weeks to the point where you had trouble functioning at work or home. Based on your response, you do not seem to be at risk for depression.

**Satisfaction with Work Life** You reported that you are completely satisfied with your work life. That's great! Since changes are likely to happen in today's work place, having effective coping skills will help you deal with whatever challenges come your way.

**Satisfaction with Personal Life** You reported that you are completely satisfied with your personal life. That's great! Having a positive attitude, along with the ability to address challenges that periodically come up, will help you to maintain good mental health - and will support your physical health as well.

## PERSONAL LIFESTYLE, Cont.

- Dental Exam** You indicated that you had a dental exam by a dentist within the past 12 months - as recommended by most health professionals. Good dental hygiene enhances your overall health. For example, there is increasing evidence that dental health is related to an individual's risk for cardiovascular disease and other serious health conditions.
- Tooth Brushing** You responded that when you brush your teeth that your gums do not bleed, which is an indication that your gums are probably in good health. Brush and floss your teeth regularly to keep your risk for gum disease and other dental health problems low.
- Sun Protection** You indicated that your skin does not burn easily when exposed without sunscreen to the strong sun, that when you spend time in the sun you usually wear protective clothing or apply sunscreen with an SPF of at least 15, and that your skin has been severely sunburned once or twice during your life. Skin cancer is the most common cancer in the U.S. Since your skin has already sustained some damage from sun exposure, it is important that you continue to protect it with sunscreen and protective clothing - especially during the peak sun hours of 10 a.m. and 4 p.m. - to avoid increasing your risk for skin cancer.
- Seat Belt Use** You reported that you always wear a seatbelt when you drive or ride in a motor vehicle - that's great! Continue to wear a seatbelt on all trips - short or long.
- Home Smoke Detector** You reported that you have a working smoke detector in your home - that's great! The best places for smoke detectors are outside of bedroom areas, and on each level of the home. Avoid the kitchen or bathroom areas. Smoke detectors should be tested monthly, and the batteries should be replaced once a year or when the device makes a chirping sound. Plan your escape route and practice leaving your home in case of a fire. Decide on a single meeting place for family members should evacuation ever become necessary.
- Health Care Provider** You reported that you have a primary health care provider who provides you with general care and referrals to other health professionals when necessary.
- Health Checkup** You noted that you have had a health checkup (physical exam) within the past year - nice job! It is recommended that you see your health professional once a year for a general checkup and to receive appropriate preventive health tests for your age and gender.

# SECTION IV

## Risks for Specific Health Conditions

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### Your Risk Factors

The modifiable and non-modifiable risk factors listed below are considered to be significant contributors to your risk for each health condition.

#### CANCER

**Non-modifiable Risk Factors:**

Age 40 or older

**Modifiable Risk Factors:**

Low exercise / Inactive (0-2 days/wk)

Overweight (BMI 25-29.9)

Half or more high-fat foods consumed

Less than 5 servings/day of fruits and vegetables

Sun protection not used



Moderate

#### DIABETES

**Non-modifiable Risk Factors:**

Age 45 or older

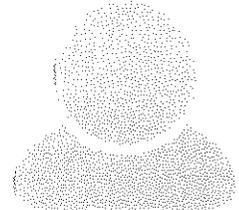
**Modifiable Risk Factors:**

Low exercise / Inactive (0-2 days/wk)

Overweight (BMI 25-29.9)

Borderline high blood pressure

Borderline high cholesterol



Moderate

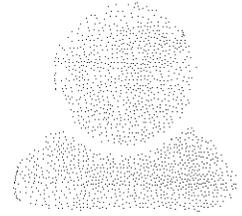
## HEART DISEASE

### Non-modifiable Risk Factors:

Female 55 or older

### Modifiable Risk Factors:

Low exercise / Inactive (0-2 days/wk)  
Half or more high-fat foods consumed  
Less than 5 servings/day of fruits and vegetables  
Overweight (BMI 25-29.9)  
Borderline high blood pressure  
Borderline high cholesterol  
Near optimal LDL cholesterol



Moderate

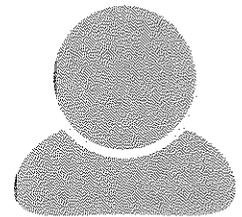
## MENTAL HEALTH CONCERNS

### Non-modifiable Risk Factors:

Female

### Modifiable Risk Factors:

Low exercise / Inactive (0-2 days/wk)



Low

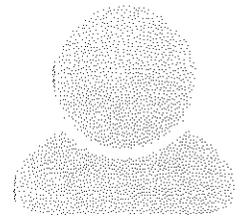
## STROKE

### Non-modifiable Risk Factors:

Age 55 or older

### Modifiable Risk Factors:

Low exercise / Inactive (0-2 days/wk)  
Overweight (BMI 25-29.9)  
Borderline high blood pressure  
Half or more high-fat foods consumed  
Less than 5 servings/day of fruits and vegetables



Moderate

# SECTION V

## What Now?

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### Five Ways To Use Your Wellstream Personal Health Assessment Results

Congratulations on completing the Wellstream Personal Health Assessment. Believe it or not, this small activity is a big step toward improving and/or maintaining your personal health status.

#### **But what now?**

##### **1. Read The Report!**

Spend some time reading the report and examining the results. In this report, you will find important information relating to your health history, your current risk factors, and your preventive practices just to mention a few. Because this information is essential to better understanding the path to improved health, it is highly recommended that you spend some time reading this report.

##### **2. Schedule Your Preventive Screenings.**

One of the best ways to address health problems is to prevent them before they start. Preventive screening is the key. In this Personal Health Assessment, you have an excellent resource for examining what preventive tests and procedures you'll need to schedule. If you're on track with all of your preventive screenings, mark your calendar so that you'll know when it's time to get them done.

##### **3. Take A Copy With You To Your Healthcare Provider.**

The next time you visit your healthcare provider, be sure to bring a copy of this report with you. The information in this report will help your healthcare provider to know more about you and how to better keep you healthy.

##### **4. Develop A Plan.**

Virtually everyone can improve their personal health practices. Given the fact that your health is one of your most valuable personal assets, this investment is a wise one. The information contained in your personalized report will help you put together a program for health improvement. Whether it's walking, eating five servings of fruits and vegetables, or better managing your stress, this report will be the core of your personal plan that you can take with you on your journey to better health.

##### **5. Keep It Around.**

Just like you keep annual bank statements, auto maintenance, home improvements, and other important information, we recommend that you keep a copy of this report in your personal health file. As the months and years go by, you'll be surprised at how important this information will prove to be.



**Wellstream Personal Health Assessment**  
Test Company Summary Report

Report Date: Apr 12, 2010

# Introduction

This PHA group summary report provides Test Company with an overview of how its participants responded to the items in the Wellstream Personal Health Assessment (PHA) questionnaire.

The Wellstream PHA is an important part of any organization's health promotion program. By completing the PHA, individuals are made aware of potential health risks, providing participants with the opportunity to improve their health by reducing modifiable risk factors and becoming more engaged health care consumers. Test Company should encourage their Wellstream participants to share their PHA results with their physician and keep them in a safe and accessible place, and to update their PHA data on a periodic basis.

Participants were asked to read each question and then to select the answer or answers that best described their current situation. Questions covered physiological measures (weight, blood pressure, cholesterol, etc.), health behaviors (tobacco use, exercise, diet, safety, etc.), personal history of disease, use of the health care system, and preventive health screenings. Upon completion of the PHA, participants received personalized evaluations of their current overall health risk as well as their risks for heart disease, stroke, cancer, diabetes, and mental health problems.

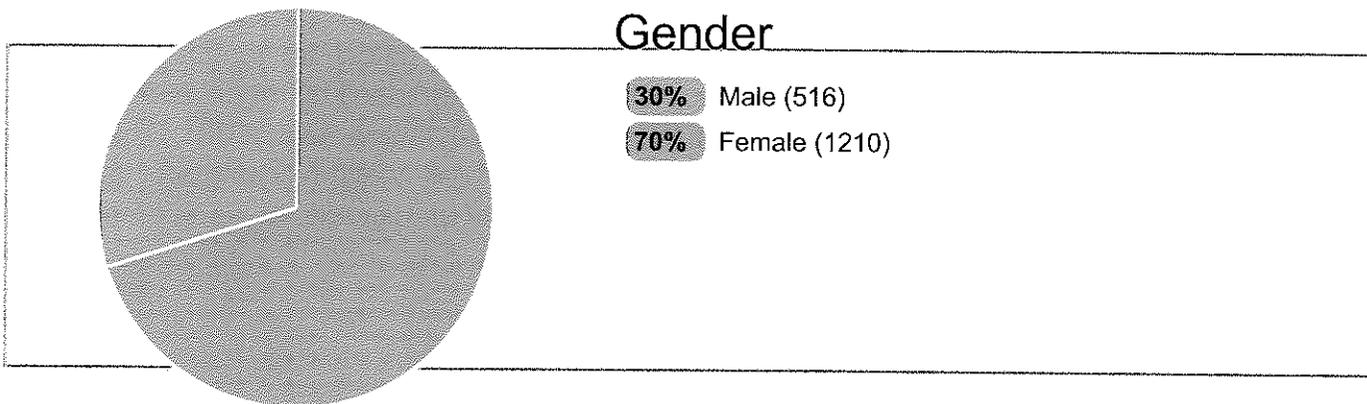
In this report, information about the health risks and health status of Test Company's PHA participants is assessed, along with recommendations for health risk reduction strategies. Subsequent group summary reports can be used to monitor Test Company's progress with decreasing health risks among its employees. This may provide insights for assessing the impact of your current health program efforts, and for determining your focus for future interventions.

Through the Wellstream Personal Health Assessment, the health risks and health status of the employees of Test Company who completed the PHA questionnaire was determined.

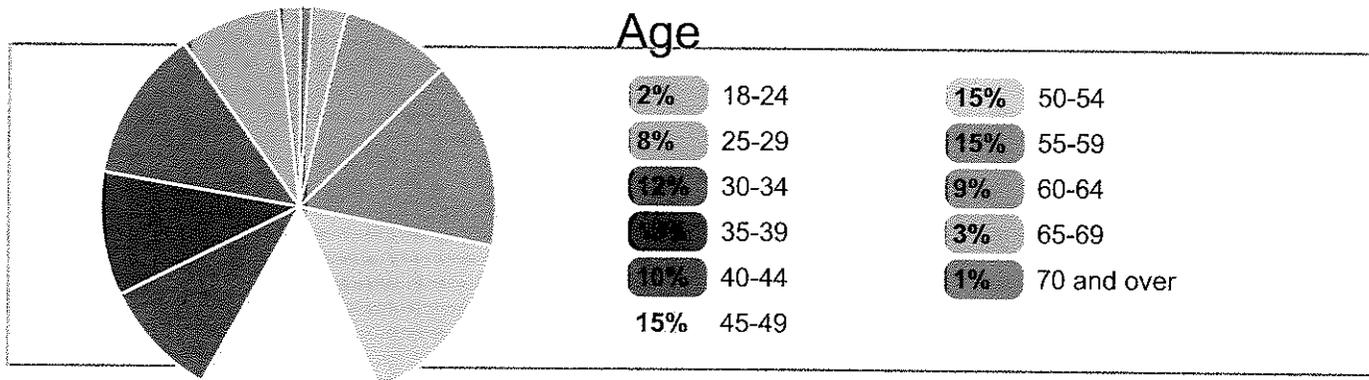
# Demographics

Demographic factors such as age, gender, and race/ethnicity are strongly related to risk for certain illnesses and diseases. The following table shows the demographics for Test Company's Wellstream PHA participants, with comparisons for baseline and current PHA periods.

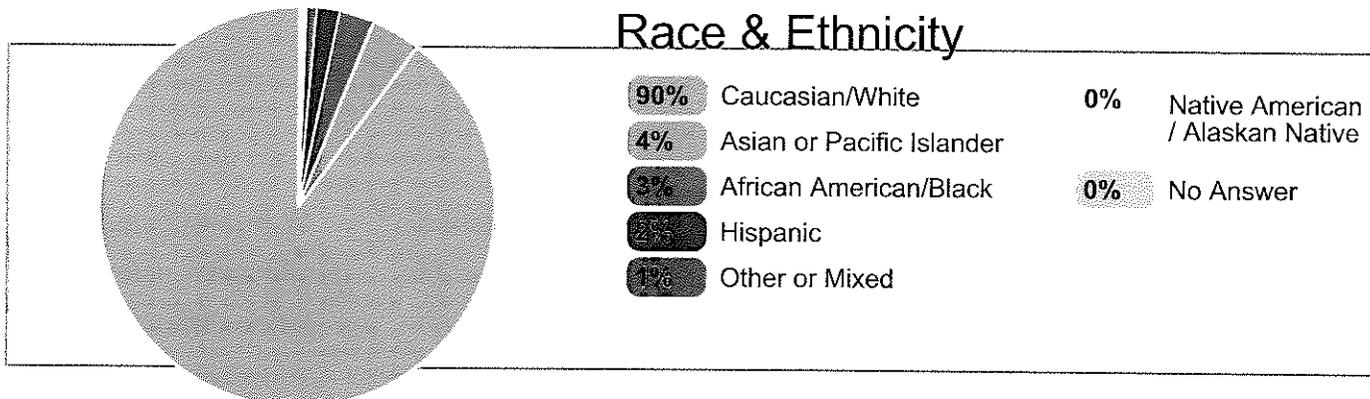
## Gender



## Age



## Race & Ethnicity

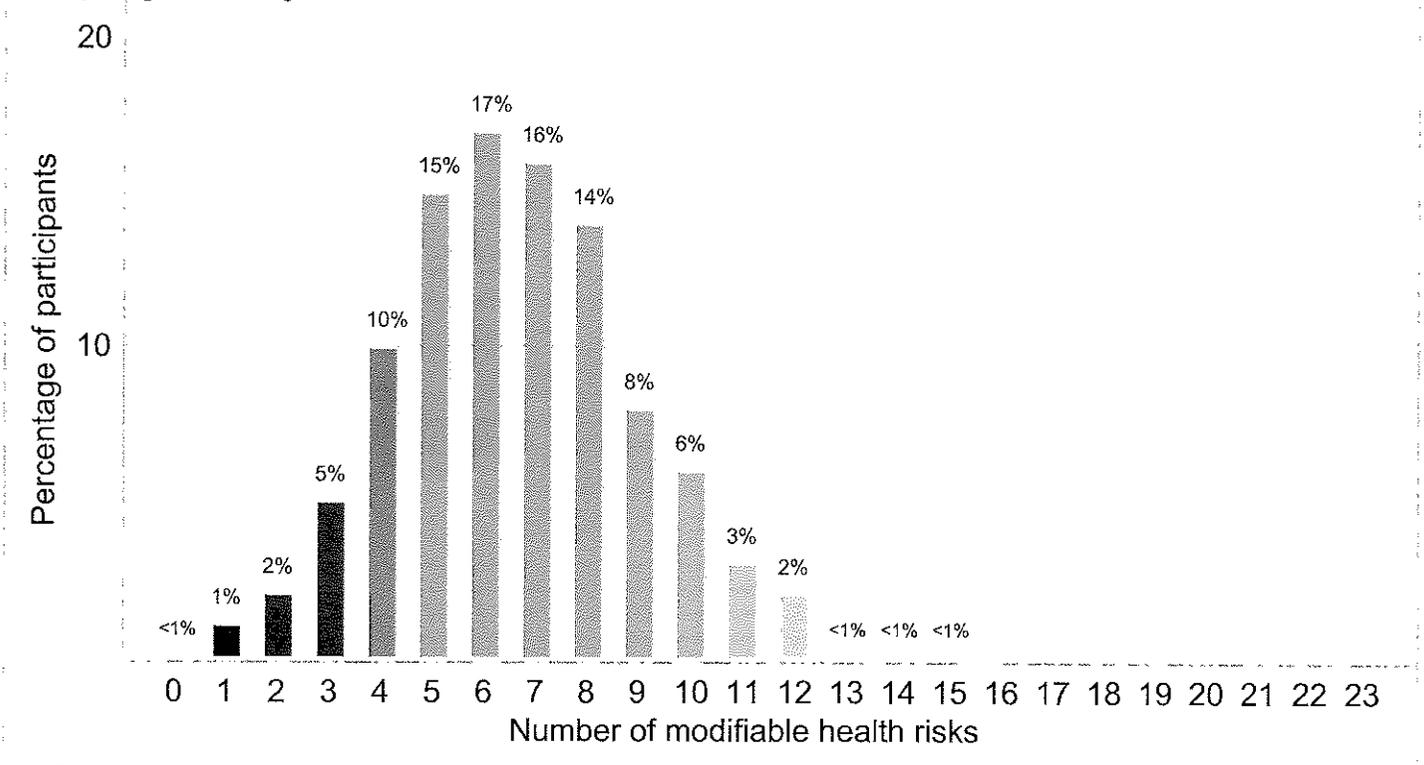


# Number Of Elevated Health Risks

The number of elevated health risk factors an individual experiences can serve as a useful predictor of future health problems and healthcare utilization. Recent research indicates that those at risk for 3 or more serious health risk factors (such as tobacco use, hypertension, high blood sugar, or obesity) will have substantially higher healthcare costs.

Based on responses by participants on the Wellstream PHA, the tables below provide the number and percentage of participants by number of elevated risk factors, categorized by modifiable risk factors (out of 23), non-modifiable risk factors (out of 10), and total risk factors (out of 33). This information will help your organization to identify and monitor the overall health risk status of its population. Detailed information on the numbers and percentages of participants by each of the specific 33 risk factors is provided on page 7.

## Employees by number of modifiable health risks

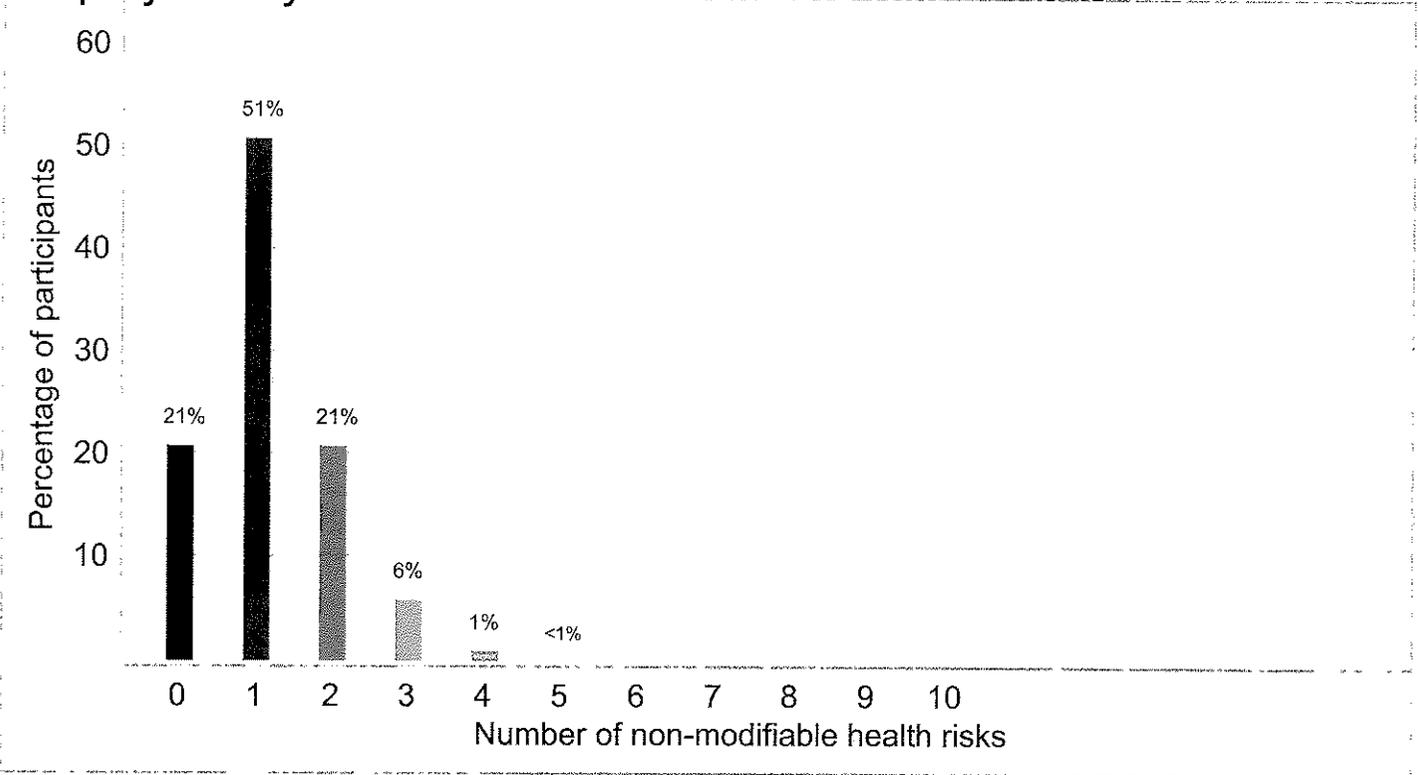


## Specifics

No health risks: 3	6 health risks: 299	11 health risks: 45	17 health risks: 0	23
1 health risk: 19	7 health risks: 273	12 health risks: 27	18 health risks: 0	
2 health risks: 31	8 health risks: 240	13 health risks: 6	19 health risks: 0	
3 health risks: 81	9 health risks: 146	14 health risks: 5	20 health risks: 0	
4 health risks: 172	10 health risks: 111	15 health risks: 5	21 health risks: 0	
5 health risks: 263		16 health risks: 0	22 health risks: 0	

# Number Of Elevated Health Risks

Employees by number of non-modifiable health risks

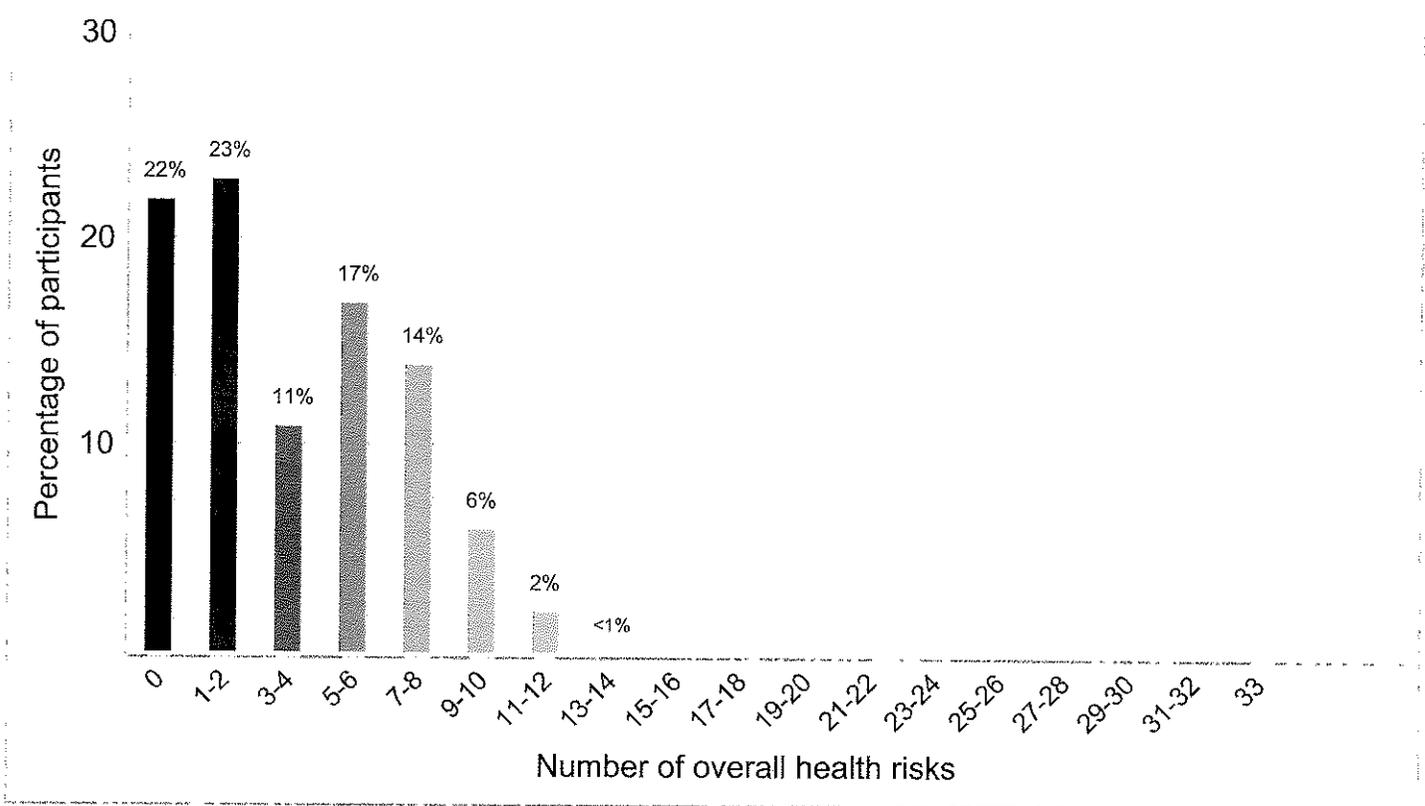


## Specifics

No health risks: 369	3 health risks: 102	7 health risks: 0
1 health risk: 874	4 health risks: 20	8 health risks: 0
2 health risks: 359	5 health risks: 2	9 health risks: 0
	6 health risks: 0	10 health risks: 0

# Number Of Elevated Health Risks

Employees by number of overall health risks



## Specifics

No health risks: 372	9-10 health risks: 111	19-20 health risks: 0	29-30 health risks: 0
1-2 health risks: 390	11-12 health risks: 27	21-22 health risks: 0	31-32 health risks: 0
3-4 health risks: 192	13-14 health risks: 5	23-24 health risks: 0	33 health risks: 0
5-6 health risks: 299	15-16 health risks: 0	25-26 health risks: 0	
7-8 health risks: 240	17-18 health risks: 0	27-28 health risks: 0	

# Health Risk Levels

An individual's risk level is also a useful predictor of future health problems and related health care and productivity-loss costs.

Risk level categories were created below so Test Company could see how their population fits within these categories. It will be important for Test Company to monitor the migration of risks among their population overtime. For example, are the percentages of participants in the low and moderate risk levels increasing while the percentages of those in the high risk levels decreasing?

This migration scenario may suggest the interventions that have been implemented by Test Company are effective in reducing the population's health risks.

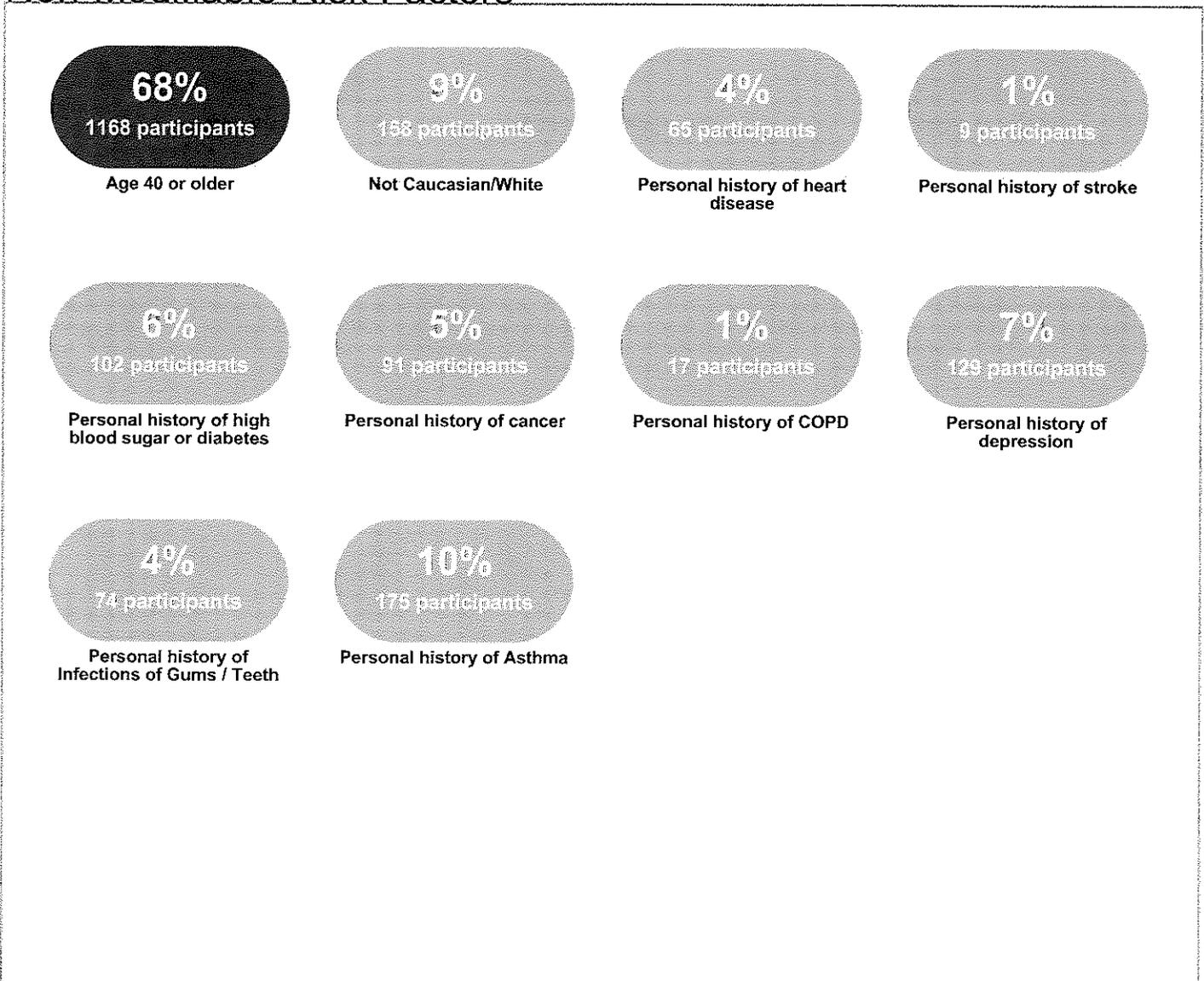


# Participants At Risk

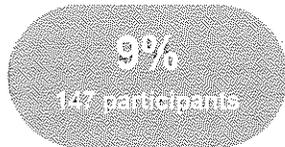
An individual's risk level is also a useful predictor of future health problems and related health care and productivity-loss costs. Risk level categories were created below so Test Company could see how their population fits within these categories. It will be important for Test Company to monitor the migration of risks among their population overtime. For example, are the percentages of participants in the low and moderate risk levels increasing while the percentages of those in the high risk levels decreasing? This migration scenario may suggest the interventions that have been implemented by Test Company are effective in reducing the population's health risks.

Based on their responses to the 33 risk factor items covered in the Wellstream PHA, the overall risk level for each participant was determined. The following table indicates the percentages of Test Company's PHA participants who were determined to be at risk for these conditions.

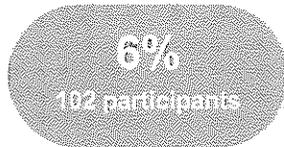
## Non-Modifiable Risk Factors



# Modifiable Risk Factors



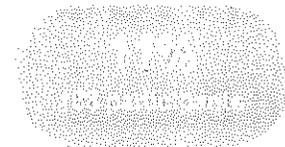
Current tobacco use



Exposure to second-hand smoke



Inadequate exercise



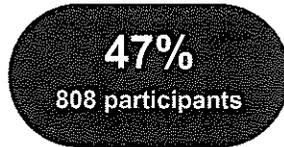
Stress Often or always a problem



Not at all satisfied with work and/or personal life



Sad or depressed for 2 weeks or longer



Half or more high-fat foods consumed



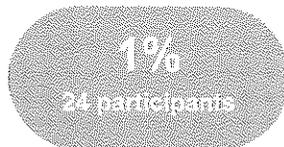
Less than 5 servings/day of high-fiber foods



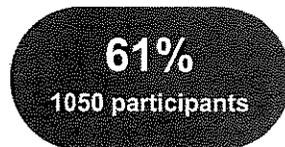
Less than 5 servings/day of fruits and vegetables



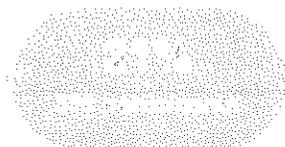
Heavy alcohol use



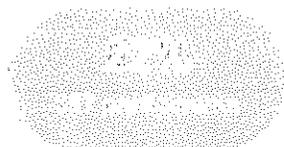
BMI too low



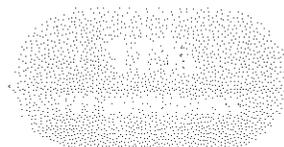
BMI too high



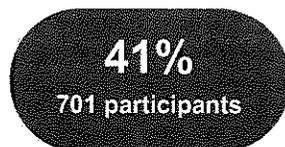
Borderline high or high blood pressure



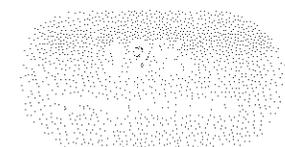
Borderline high or high cholesterol



Borderline high or high LDL cholesterol



Mid-range or low HDL cholesterol



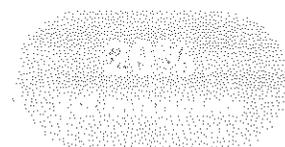
Borderline high or high triglycerides



High blood sugar or high A-1C



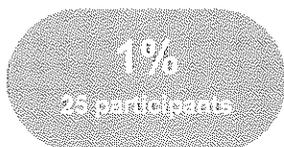
Severely sunburned once or more



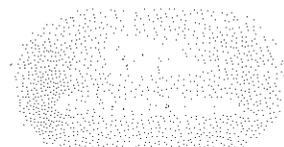
Sun protection not used



Seat belts not always used



No working smoke detector



Has not had all age/gender appropriate preventive health screenings

# Individual Condition Risks

## Heart Disease

In the U.S and other developed countries, heart disease is responsible for the highest number of deaths. Numerous modifiable health risks are associated with heart disease. A review of heart disease risk rates and specific risk factor prevalence rates will assist Test Company with appropriate program planning.

Based on the modifiable and non-modifiable health risk factors that were assessed through the Wellstream PHA, the number and percentage of participants at each of the three risk levels for Heart Disease are presented in the chart below.



## Stroke

Stroke ranks as the third leading killer in the United States, and is the most common cause of adult disability. Each year, more than 700,000 Americans have a stroke, with about 160,000 dying from stroke-related causes. Similar to heart disease, several modifiable risk factors are related to stroke.

Based on the modifiable and non-modifiable health risk factors that were assessed through the Wellstream PHA, the number and percentage of participants at each of the three risk levels for Stroke are presented in the chart below.



# Individual Condition Risks

## Cancer

One of every four deaths in America is related to cancer. Over one million new cases of cancer are diagnosed each year. More than a half million Americans die of cancer - that's more than 1,500 people a day.

The National Cancer Institute (NCI) estimates that about 9.6 million Americans with a history of cancer were alive in January 2000. Although some of these individuals were considered to be cured or cancer-free, others continued to live with the disease and may have been receiving treatment.

Effective strategies exist for reducing the number of both new cases of cancer and deaths caused by cancer. These include decreasing the prevalence of behavioral and environmental factors that increase people's cancer risk, and ensuring that evidence-based screening tests and treatment services are available and accessible.

Based on the modifiable and non-modifiable health risk factors that were assessed through the Wellstream PHA, the number and percentage of participants at each of the three risk levels for Cancer are presented in the chart below.



# Individual Condition Risks

## Diabetes

An estimated 18 million people in the United States - about 6% percent of the population - have diabetes, a serious, lifelong condition. Unfortunately, only 13 million of those who have this disease have been diagnosed and are aware of their condition. As a result, many of these individuals go untreated, resulting in a host of serious health complications, including cardiovascular disease, blindness, and loss of limbs. Assessing diabetes risk, performing blood glucose screening, and getting those with diabetes into appropriate diabetes control programs will reduce these negative health outcomes.

Based on the modifiable and non-modifiable health risk factors that were assessed through the Wellstream PHA, the number and percentage of participants at each of the three risk levels for Diabetes (Type II) are presented in the chart below.



## Mental Health

20% of adult Americans will have a mental illness severe enough to require treatment. Many more have problems that prevent them from fully enjoying their lives. Often these people suffer in silence, rather than admit they need help. Increasing awareness through the Wellstream PHA personal reports will help to draw the participants' attention to this problem, and hopefully motivate them to seek professional assistance when needed. Test Company can also assist in reducing the prevalence of mental health problems by providing appropriate intervention programs as part of their wellness program.

Based on the modifiable and non-modifiable health risk factors that were assessed in the Wellstream PHA, the number and percentage of participants at each of the risk levels for Mental Health Problems are presented in the chart below.



# Health Conditions

Nearly all individuals and families will eventually be confronted with a chronic health condition. The PHA is one tool that can serve as a reminder to individuals on the recommended timeframes between screenings. Test Company can provide resources and reliable information to help employees and dependents to better manage those chronic conditions.

Based on their responses to the Wellstream PHA, the number and percentage of participants reporting certain health conditions are listed in the table below.

Condition	# of Participants	% of Total Participants
Asthma	175	10%
None of these health problems	641	37%
Chronic inflammatory bowel disease or colitis	39	2%
Arthritis	232	13%
Chronic depression	129	7%
High blood sugar or diabetes	102	6%
High blood pressure	333	19%
High cholesterol	371	21%
High triglycerides	145	8%
Obesity (or overweight)	388	22%
Stroke	9	1%
Dental problems (infections of the gums or teeth)	74	4%
Chronic headaches or migraines	140	8%
Cancer	91	5%
Chronic joint, bone, or muscle problems (other than arthritis)	75	4%
Heart disease	65	4%
Osteoporosis (or thinning of the bones)	56	3%
Chronic obstructive pulmonary disease (COPD) (chronic bronchitis, emphysema, lung disease)	17	1%

# Health Care and Missed Work

Overall, 55 percent of the American public are dissatisfied with the quality of health care. Many individuals are beginning to play a more active role in their overall health care. The PHA is one tool that can help people to develop a more proactive approach to managing their health and their interaction with the healthcare system. In addition to recommendations related to their health, the Wellstream PHA personal report provides important information that can be shared with the participant's health care provider.

The PHA assessed health care behavior, including whether the Test Company participants had a primary health care provider, and whether they had gotten a health checkup within the past year. In addition, the number of times they were hospitalized during the past year and days missed from work due to illness or injury were also assessed, which serves as a measure for monitoring negative health outcomes to determine the impact of Test Company's health programs.

Based on their responses to the Wellstream PHA, the number and percentage of participants regarding their health care behaviors, health care usage, and missed work due to illness or injury are listed in the table below.

<b>Risk Factor</b>	<b># of Participants</b>	<b>% of Total Participants</b>
Have Primary Health Care Provider	1533	89%
Had health checkup within past year	1342	78%
<b>Number of times seen by health care provider in past year</b>		
0 times	181	10%
1-2 times	929	54%
3-5 times	455	26%
6 or more times	158	9%
<b>Number of times hospitalized in past year</b>		
0 times	1577	91%
1-2 times	143	8%
3-5 times	5	0%
6 or more times	0	0%
<b>Number of times missed at least one day of work due to illness or injury in past year</b>		
0 times	504	29%
1-2 times	817	47%
3-5 times	294	17%
6 or more times	105	6%

# Culture, Knowledge, And Interest

Below are the results of the Culture, Knowledge, and Interest surveys for Test Company's population. Questions are on the following scale: 1 - Strongly Disagree, 2 - Disagree, 3 - Neutral, 4 - Agree, 5 - Strongly Agree

## Culture Audit

Question	1	%	2	%	3	%	4	%	5	%
I believe that my company cares about my health status.	53	3%	50	3%	322	19%	901	52%	395	23%
Being healthy is important to me.	60	3%	0	0%	24	1%	558	32%	1078	62%
In my company, I am encouraged to lead a healthier lifestyle.	41	2%	91	5%	437	25%	819	47%	332	19%
In my company, a strong wellness program is in place for all employees.	63	4%	183	11%	585	34%	648	38%	241	14%
In my company, leaders model good health practices.	58	3%	190	11%	831	48%	526	30%	113	7%
In my company, people who lead healthy lifestyles are rewarded with incentives.	169	10%	414	24%	707	41%	325	19%	103	6%
In my company, people who lead healthy lifestyles are publicly recognized.	151	9%	439	25%	771	45%	284	16%	71	4%
In my company, people support others who are attempting to lead healthy lifestyles.	54	3%	145	8%	684	40%	728	42%	107	6%
In my company, there are low-fat/healthy food options available.	82	5%	208	12%	512	30%	754	44%	162	9%
In my company, a smoke free environment is promoted.	27	2%	21	1%	69	4%	523	30%	1078	62%

In my company, there is a team that oversees all company wellness activities.	54	3%	138	8%	637	37%	643	37%	246	14%
In my company, it is normal for people to exercise during the workday.	154	9%	422	24%	587	34%	484	28%	70	4%
In my company, it is normal for people to eat healthy foods during the workday.	49	3%	207	12%	660	38%	715	41%	87	5%
In my company, it is normal for people to use safety belts.	6	0%	3	0%	527	31%	760	44%	423	25%
In my company, it is normal for people not to smoke.	21	1%	122	7%	343	20%	744	43%	489	28%

# Knowledge Survey

To reap the benefits of physical activity, health experts recommend that you walk at least:			
5,000 steps each day	7,500 steps each day	10,000 steps each day	15,000 steps each day
255 (15%)	208 (12%)	1166 (68%)	95 (6%)

A person's ideal body weight is often calculated by using BMI - Body Mass Index. Ideally, to be at a healthy weight, your BMI should be:			
Below 20	Below 25	Below 30	Below 40
409 (24%)	1082 (63%)	222 (13%)	9 (1%)

To maintain a healthy diet, experts recommend that you consume:			
At least 1 serving of fruits and vegetables each day	At least 2 servings of fruits and vegetables each day	At least 3-4 servings of fruits and vegetables each day	At least 5-9 servings of fruits and vegetables each day
20 (1%)	112 (6%)	820 (48%)	773 (45%)

Cholesterol is a waxy substance found in the blood. There are both "good" and "bad" forms of cholesterol. Which type is the "bad" cholesterol?			
LDL	AFL	HDL	NFL
1332 (77%)	6 (0%)	387 (22%)	0 (0%)

When it comes to maintaining a healthy weight, portion size matters. The recommended serving size for meat at a meal is:			
3 ounces (about the size of a deck of cards)	6 ounces (about the size of a tennis ball)	8 ounces (about the size of a TV remote control)	12 ounces (about the size of both of your hands cupped)
1406 (81%)	282 (16%)	28 (2%)	9 (1%)

Which drink contains the most alcohol?			
A 12 ounce beer	A 4 ounce glass of wine	A 1 ounce "shot" of distilled spirits	They all contain the same amount
54 (3%)	50 (3%)	323 (19%)	1298 (75%)

Experts tell us that there are "good" and "bad" fats. But figuring out which one is which is often times difficult. So which of the following is considered a "bad" fat?				
Saturated fat	Trans fat	Cholesterol	Unsaturated fat	Bad fat includes: a, b, and c
344 (20%)	240 (14%)	9 (1%)	28 (2%)	1104 (64%)

It's no secret that lifestyle plays an important role in living a long and healthy life. Presently, the leading cause of death in the US can be attributed to:			
Tobacco	Physical Inactivity	Overweight and Obesity	Stress
461 (27%)	97 (6%)	1128 (65%)	38 (2%)

A Double Quarter Pounder with Cheese, large fries, chocolate triple thick shake, and a large Coca Cola Classic contains how many calories?			
1,120	2,350	2,930	3,400
52 (3%)	260 (15%)	388 (22%)	1024 (59%)

A Double Quarter Pounder with Cheese, large fries, chocolate triple thick shake, and a large Coca Cola Classic contains how many grams of fat?			
60	72	94	121
83 (5%)	283 (16%)	452 (26%)	906 (52%)

### Improving Health Survey

Over the past year, have you changed your health habits or behaviors in order to improve your health?		
Yes	1297	75%
No	424	25%
What have you done to improve your health over the past year? (Select all that apply for participation in programs offered at work and/or programs outside of work):		
Participated in one-to-one counseling with a nurse, health educator, or health coach on ways to improve my health	148	9%
Regularly attended a gym or physical exercise program	640	37%
Read newsletters, brochures, or articles on how to improve my health	877	51%
Used the internet to learn about health improvement programs	560	32%
Participated in walking or other exercise programs	771	45%
Attended classes or lectures on health topics	170	10%
Joined a weight reduction program	172	10%
Participated in a smoking cessation program	18	1%
Improved my daily eating habits	1053	61%
Began a stress management or relaxation program	119	7%
Participated in preventive screenings (e.g., blood pressure, cholesterol, glucose, cancer)	630	37%
Other	166	10%
Does Not Apply	186	11%
Overall, how satisfied were you with the wellness programs you participated in at the worksite?		
Very satisfied	197	11%

Somewhat satisfied	258	15%
Neither satisfied nor dissatisfied	169	10%
Somewhat dissatisfied	51	3%
Very dissatisfied	20	1%
Does not apply/Did not participate	1028	60%
Overall, how satisfied were you with the wellness programs you participated in outside of work?		
Very satisfied	290	17%
Somewhat satisfied	402	23%
Neither satisfied nor dissatisfied	144	8%
Somewhat dissatisfied	27	2%
Very dissatisfied	7	0%
Does not apply/Did not participate	854	49%
Please indicate below the health areas that you would most like to work on now or sometime this year.		
Body Fat Testing	454	26%
Educational Programs (e.g., Heart Disease, Cancer, etc)	130	8%
Employee Assistance Programs (e.g., Depression, Finance, and Stress)	160	9%
Fitness Programs (e.g., Walking, Stretching)	1076	62%
Immunization Programs (e.g., Flu Shots, etc)	338	20%
Nutrition Programs (e.g., Healthy Cooking, etc.)	724	42%
Screening Programs (e.g., Blood Pressure, Cholesterol, etc.)	479	28%
Smoking Cessation Programs	47	3%
Stress Reduction Programs	385	22%
Time Management Programs	277	16%
Visiting/Onsite Healthcare Nurse	27	2%
Medical Self-Care/Consumerism	103	6%

# Stages Of Readiness To Change

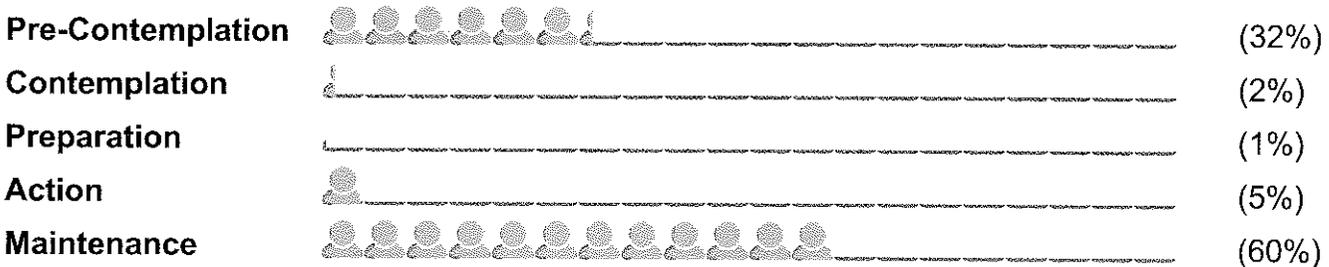
Readiness to change is a component of Dr. James Prochaska's Transtheoretical (Stages of Change) Model - a useful tool for understanding where individuals are in their personal change process. Also referred to as "stage of change," a participant's readiness to change - ranging from pre-contemplation to contemplation to preparation to action/maintenance - should be taken into consideration when planning and designing health programs for Test Company's population. Providing stage-based programming to individuals at their particular stages of readiness, and helping those who are in earlier stages to move on to the next stage, will enhance the success of Test Company's programs.

The following charts illustrate the percentages of Test Company's participants identified within each readiness-to-change category who are "at risk" based on each of the following risk factors: cigarette use, other tobacco use, alcohol use, inadequate exercise, fat in diet, fruit/vegetables in diet, fiber in diet, BMI/weight, blood pressure, cholesterol, triglycerides, blood sugar, stress, and depression.

## Cigarette Use



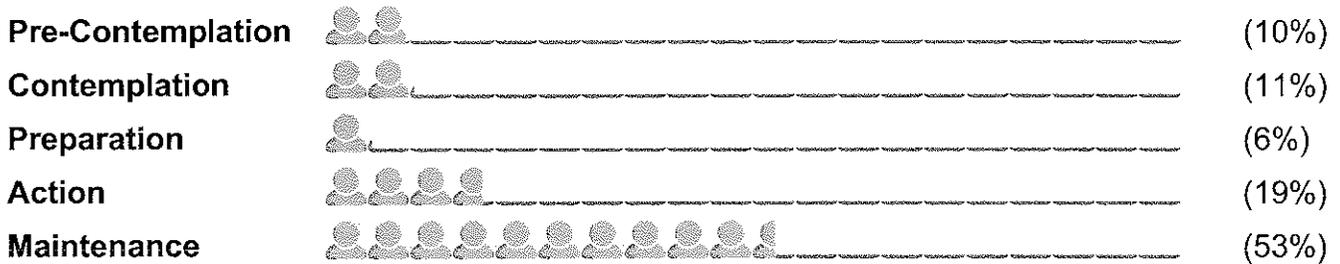
## Alcohol Use



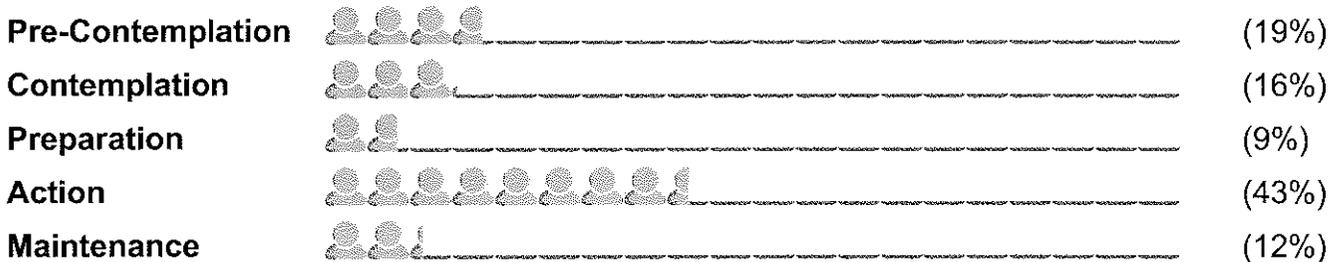
## Inadequate Exercise



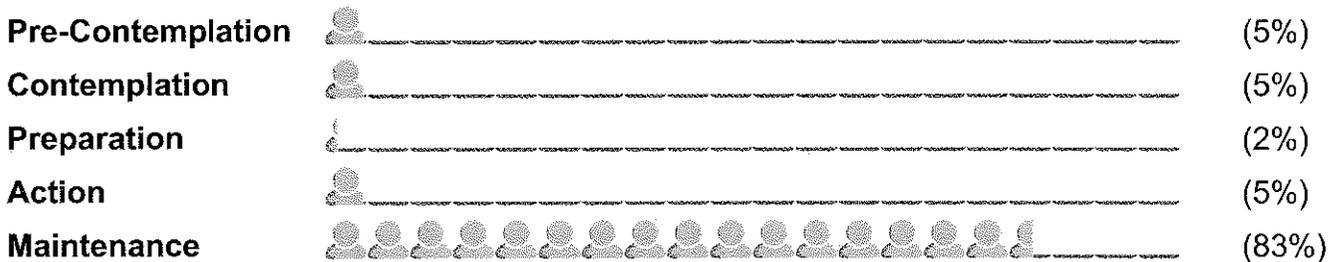
## Fat In Diet



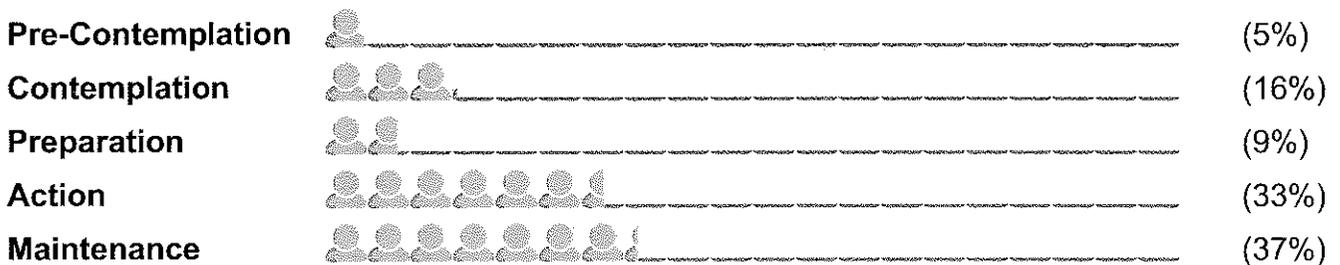
## Fruit And Vegetables In Diet



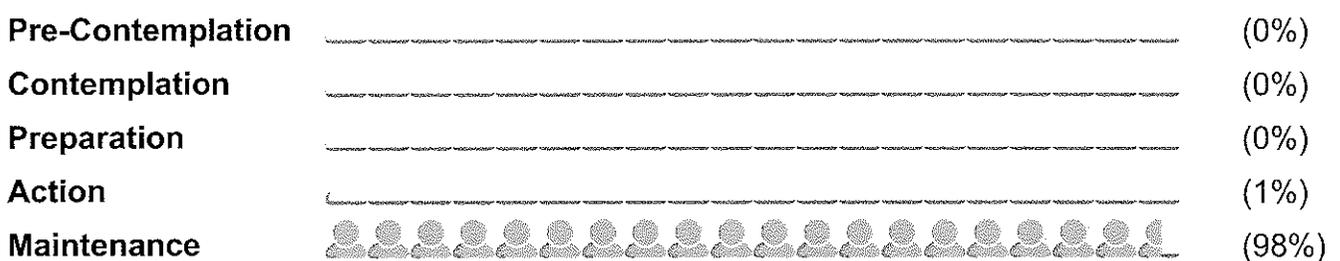
## Fiber In Diet



## BMI/Weight



## Stress



# Depression



# Recommendations

Along with giving valuable feedback to its participants, Wellstream also provides Test Company with recommendations for enhancing or starting their wellness program. While there are numerous issues for any organization to consider, reviewing the overall health status and prevalence rates for Test Company will assist with appropriate resource allocation and program direction.

Based on participant responses to the Wellstream PHA, the most prevalent modifiable risk factors for Test Company are listed below.

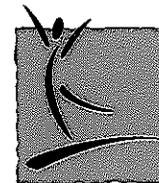
**Dangerous Sun Exposure**  
**High Weight/BMI**  
**Inadequate Exercise**  
**High Total Cholesterol**  
**Overdue Health Checkup**  
**High Blood Pressure**  
**Low Fruit/Vegetables in Diet**  
**Low Fiber in Diet**  
**Overdue Dental Exam**  
**High Triglycerides**

While it is important to address all of the risk factors for this group, developing risk reduction intervention programs for these top most prevalent risk factors will affect the largest portion of your population.

Strategic planning should be part of any organizations' health promotion program. By reviewing the rank order of Test Company's prevalence rates and considering all other program influences, Test Company's program coordinator will be able to put together a strategic plan based on data and one that is tailored to the needs of the organization.

# Wellstream

Personal Health Assessment



BlueHealth Advantage

## Pricing Info

The Wellstream Personal Health Assessment (PHA) is one of the most comprehensive and affordable tools in the industry; it is available in electronic and/or paper format. The cost to administer the PHA to your participants is described below:

### >> Electronic Version

- There is no charge for Blue Cross and Blue Shield of Nebraska members!
- For non-BCBSNE members, the charge is \$6.00 for each PHA participant.

### >> Hard Copy Version

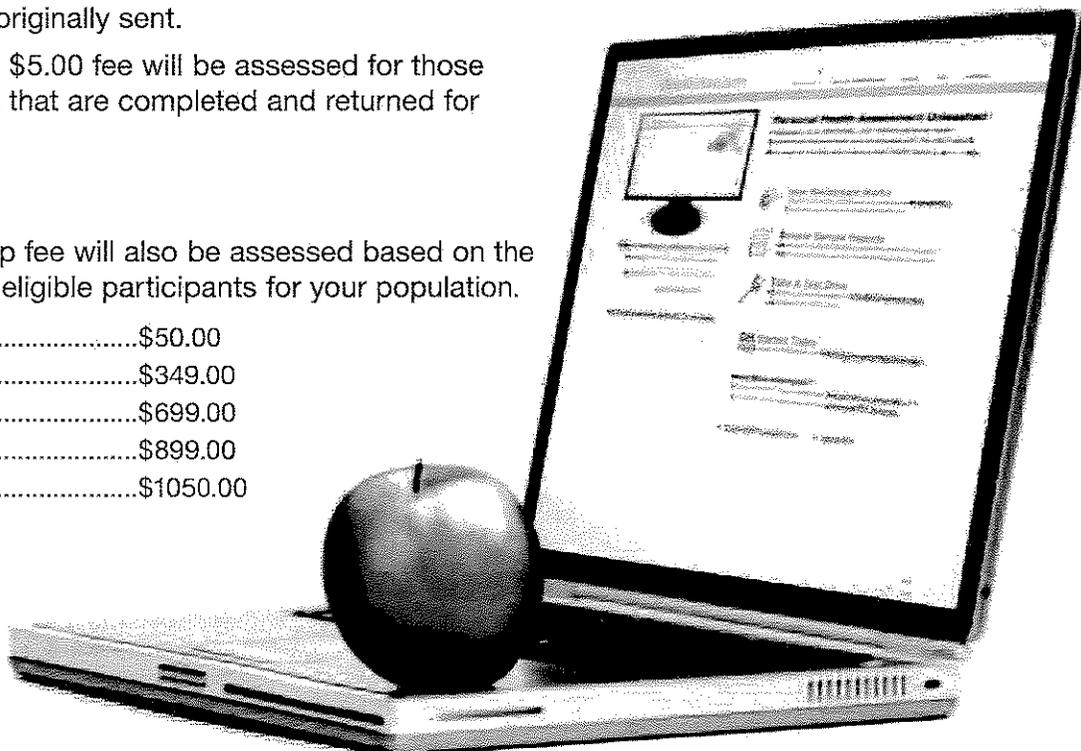
The pricing for the hard copy version is assessed in two ways:

1. There will be a cost of \$5.00 for each blank copy assessment originally sent.
2. An additional \$5.00 fee will be assessed for those assessments that are completed and returned for processing.

### >> Set-Up Fee

An annual set-up fee will also be assessed based on the total number of eligible participants for your population.

1-250.....	\$50.00
251-500.....	\$349.00
501-1,000.....	\$699.00
1,001-5,000.....	\$899.00
5,000+ .....	\$1050.00

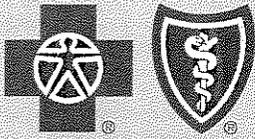


# www.getwellstreambcbsne.com

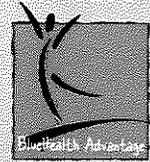
### Contact Information:

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NEBRASKA



# small changes Big Difference

## BlueHealth Advantage Wellness Program

### Wellness Solutions

A successful wellness program will not only help lower your company's health care costs, it can produce an even greater reward – positive changes in productivity and engagement when your employees become healthy, more energized members of your organization. Even small changes in employee behavior will make a big difference. **Blue Cross and Blue Shield of Nebraska's BlueHealth Advantage program will help you understand the health status of your workforce and what steps you can take to improve employee health and productivity.**

At Blue Cross and Blue Shield of Nebraska, we believe that each employer group is unique. Companies have different health risks, knowledge and interests, and work cultures – not to mention varying budgets that can be dedicated to workplace wellness. Therefore, a "one size fits all" approach to wellness will not yield the optimal results for each employer.



Our goal is to build a wellness solution tailored to your unique needs. We will help you identify and address your needs in a manner that best fits your corporate culture.

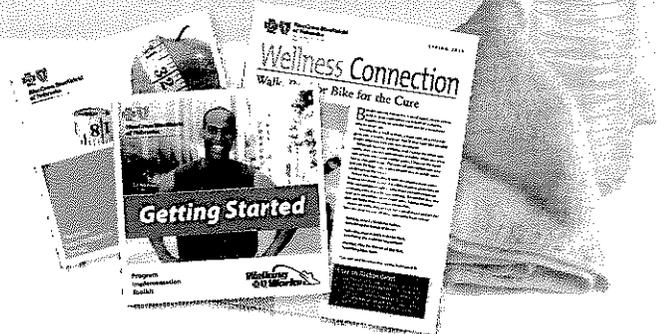
We are well positioned to assist you in the health and wellness arena because we have successfully implemented our own internal wellness program—we know how to develop a positive, results-oriented worksite wellness initiative. In fact, Blue Cross and Blue Shield of Nebraska has earned the Platinum Well Workplace Award from the Wellness Council of America—proof that we have successfully linked workplace health promotion objectives with business outcomes.

### Getting Started

Although there is no single approach to wellness, there is a series of benchmarks inherent in programs that consistently produce results. These "Seven Benchmarks to a Well Workplace" were developed by the Wellness Council of America, an Omaha-based non-profit organization dedicated to promoting healthier lifestyles for all Americans—especially through worksite wellness initiatives.

### Seven Benchmarks

- 1 Capturing Senior Level Support
- 2 Creating Cohesive Teams
- 3 Collecting Data
- 4 Crafting an Action Plan
- 5 Choosing Appropriate Interventions
- 6 Creating Supportive Environments
- 7 Carefully Evaluating Outcomes



## Taking the Personal Health Assessment

The key identifier of a group's overall health status is the personal health assessment (PHA). The PHA is available online free of charge for Blue Cross and Blue Shield of Nebraska groups and \$6 per participant for non-Blue Cross and Blue Shield of Nebraska groups. (An annual set-up fee also applies.) A paper version is also available for \$10 per participant. The assessment tool consists of three sections:

**Risk Assessment** – Identifies the aggregate health risks inherent in your population.

**Knowledge and Interest** – Assesses the knowledge level of employees to target needed educational programs. For example, do employees know appropriate cholesterol levels, recommended levels of exercise, and nutrition guidelines?

**Corporate Culture Audit** – Evaluates employees' perception of the company's health culture and determines their level of engagement and satisfaction with its wellness efforts.

### **The Health Culture Audit and Knowledge/Interest Inventory sections of the personal health assessment set us apart from standard tools offered by others.**

Besides gathering information regarding the workforce's risk factors, the PHA helps determine how employees perceive the company's work culture and assesses their health knowledge. This in turn will help determine the appropriate level of programming needed.

After completing the PHA, each employee will receive a confidential, personalized health report detailing his/her individual health status. Authorized representatives of the organization will receive an aggregate report summary.

## Taking Action

Once the health status, knowledge gaps, and health culture of your employee population have been identified, our wellness experts will formulate a customized wellness action plan for you. Our job is to coach and guide you through the process of implementing and maintaining a successful wellness program. Some of the risk intervention programs offered will include:

**Walking Works** – This program helps motivate individuals to make brisk-paced walking part of their every day routine through company sponsored walking events and set personal walking goals based on their current level of fitness and health.

**Know Your Numbers** – This program is designed to encourage individuals to compare their blood pressure, cholesterol, blood sugar, and body mass index values to recommended levels and make lifestyle changes to meet targeted goals.

**Healthy Weight Challenge Toolkit** – A turnkey, 12-week program that will help motivate participants to improve their overall health and achieve a healthy weight. The challenge can be implemented as a team or individual challenge.

**Quarterly Self-Study Program** – This is an online program in which a new Lifestyle Management Guide topic will be presented along with an online self-study quiz every quarter throughout the year. After completing the quiz, participants receive an electronic certificate of completion that can be used to award incentives.

**Eat-Five-A-Day Challenge Toolkit** – This program includes everything needed to implement a nutrition awareness/healthy eating campaign.

**Physical Activity Challenge Toolkit** – This is a three-month program aimed at motivating individuals to become more physically active.

Support materials for these programs include pedometers, educational materials, promotional posters, and payroll stuffers, the Walking Works benefits guide, wallet cards to track key numbers, tracking forms and information regarding incorporating incentives into the program.

## Keeping Your Employees on Track

Other available wellness resources include:

**BlueHealth Advantage Web Site** – A comprehensive website that gives individuals access to free, high quality health resources, including Blue Cross and Blue Shield of Nebraska's quarterly wellness newsletter. Visit our web site at [www.BlueHealthAdvantageNE.com](http://www.BlueHealthAdvantageNE.com).

**Lifestyle Management Guides and Health Brochures** – Twenty comprehensive behavioral modification guides are available on the website. Health topics covered include: high blood pressure, cholesterol awareness, tobacco use, depression, stress management, and more.

**Medical Self-Care Guide** – A medical self-care booklet that provides specific guidelines for appropriate home treatment for specific illnesses/injuries is available at a low cost. (Pricing depends on the number of guides ordered.)

**Health Fair Support** – Blue Cross and Blue Shield of Nebraska wellness representatives are available to staff a booth at your company's health fair. We also are the exclusive sponsor of the Blue Cross and Blue Shield of Nebraska/Lion's Club Mobile Screening Unit (MSU). The MSU can perform vision, diabetes, blood pressure, total cholesterol, and hearing tests at Nebraska-based employer sites with at least 75 employees for a reasonable cost.

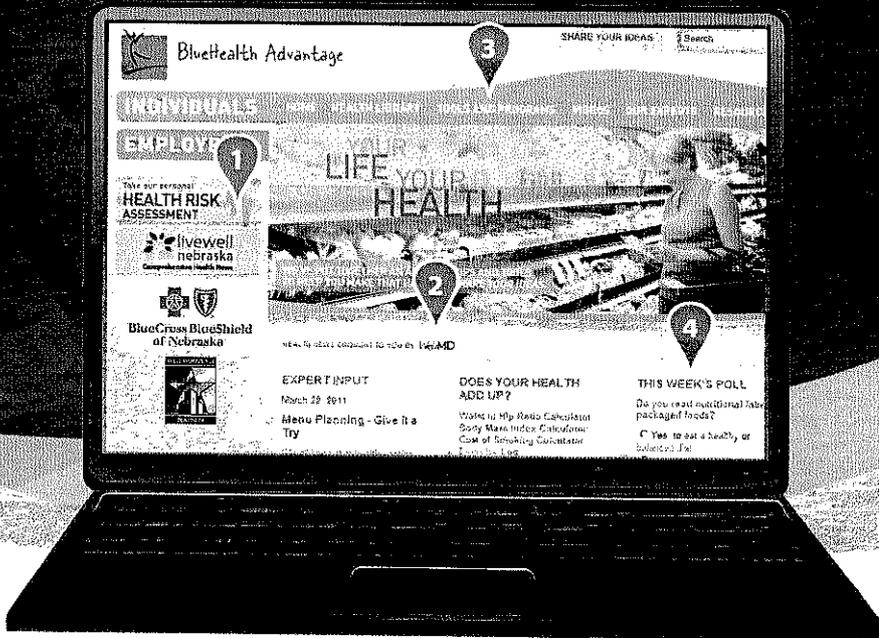
**Biometric Screening, Coaching, and Incentive Program Administration** – Blue Cross and Blue Shield of Nebraska can provide a list of qualified wellness vendors that can provide these services to employers; vendor selection is based on a competitive bidding process.

### Contact Information:

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Kathy Nellor, BS  
Wellness Business Consultant  
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# Exciting wellness features on BlueHealthAdvantageNE.com



- 1 Take our personal Health Risk Assessment and learn how to enhance your health status
- 2 Daily Health News brought to you by *WebMD*
- 3 Check out the Tools and Programs section to help you get motivated to start and maintain a healthier lifestyle
- 4 Check out our weekly poll question

#### Other features:

- Blog with our experts about health and wellness
- Use Facebook, LinkedIn, Twitter and more to share with your friends



# Wellness Program Fees

Program	No Additional Charge	Fee
Online Personal Health Assessment (PHA) and Reports	X* No fee for individual PHAs and reports	Annual Set-up Fee (based on # of participants) As low as \$50 for up to 250 participants. Assessment is available to any-size employer groups.
Paper PHAs and Reports		Set-up fee per above plus \$10 per PHA
Walking Works	X	
Know Your Numbers	X	
Healthy Weight Challenge Toolkit	X	
Quarterly Self-Study Program	X	
Eat-Five-A-Day Challenge Toolkit	X	
Physical Activity Challenge Toolkit	X	
BlueHealth Advantage Web Tools	X	
Health Observance Calendar	X (PDF format)	
Blue Cross and Blue Shield of Nebraska Quarterly Newsletter	X (PDF format)	
Well Workplace Newsletters		Electronic or printed version - Price varies based on quantity and shipping
Lifestyle Management Guides	X (PDF format)	Printed version - \$0.52 each plus shipping
Health Brochures	X (PDF format)	Printed version - \$0.23 each plus shipping
Medical Self-Care Guide		\$2.95 per copy plus shipping
Pedometers		\$2.00 each
Health Fair Support	X	
Lion's Club Mobile Screening Unit		X
Biometric Screening		Varies based on level of screening
24/7 Nurseline/Health Coaching/Incentive Program Tracking		X
Tobacco Cessation Program Resources	X	

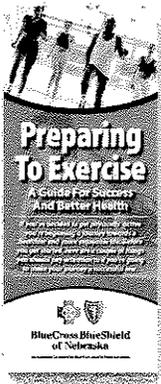
\*\$6 per participant for non-Blue Cross and Blue Shield of Nebraska groups



BlueHealth Advantage

## Health Education Materials

The following are examples of some of the health and wellness education materials available through the BlueHealth Advantage program. Visit [www.BlueHealthAdvantageNE.com](http://www.BlueHealthAdvantageNE.com) to check out these and other great health and wellness resources and information.



### Health Brochures

The following are the titles of the health and wellness brochures available through the BlueHealth Advantage program. The brochures are available on the web site for printing or can be ordered at a cost of \$0.23 per copy.

Perfect Pounds  
 Packing a Healthy Lunch  
 Portion Your Platter  
 Reading Food Labels  
 Five a Day  
 Smart Fast Food Choices  
 Preparing to Exercise

Alertness Management  
 Nutrition: Diets Don't Work  
 Walking  
 How to Handle Stress at Work  
 Exercise the Magic Bullet  
 Take Care of Your Heart  
 Blood Pressure/Cholesterol

Coping With Stress  
 Healthier Fast Food  
 Diabetes  
 Getting Fit  
 The Power of Prevention

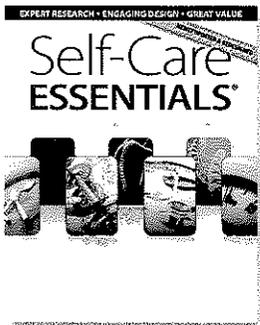
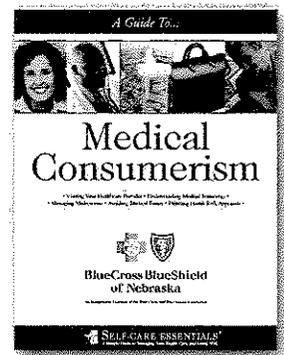
### Lifestyle Management Guides

The following are the titles of the 16-page, comprehensive behavioral modification guides available through the BlueHealth Advantage program. The reading level has been calibrated at the seventh-grade level. They are all available on the web site for printing, or can be ordered at a cost of \$0.52 per copy.

Medical Consumerism  
 Living with Asthma  
 Managing Weight  
 Getting Physically Active  
 Living Tobacco Free

Coping with Stress  
 Dealing with Depression  
 High Blood Pressure  
 Managing Cholesterol  
 Preventing Diabetes

Managing Fatigue  
 Aches and Pains  
 Caring for Common Conditions  
 Caring for Common Conditions II



### Medical Self-Care Guide

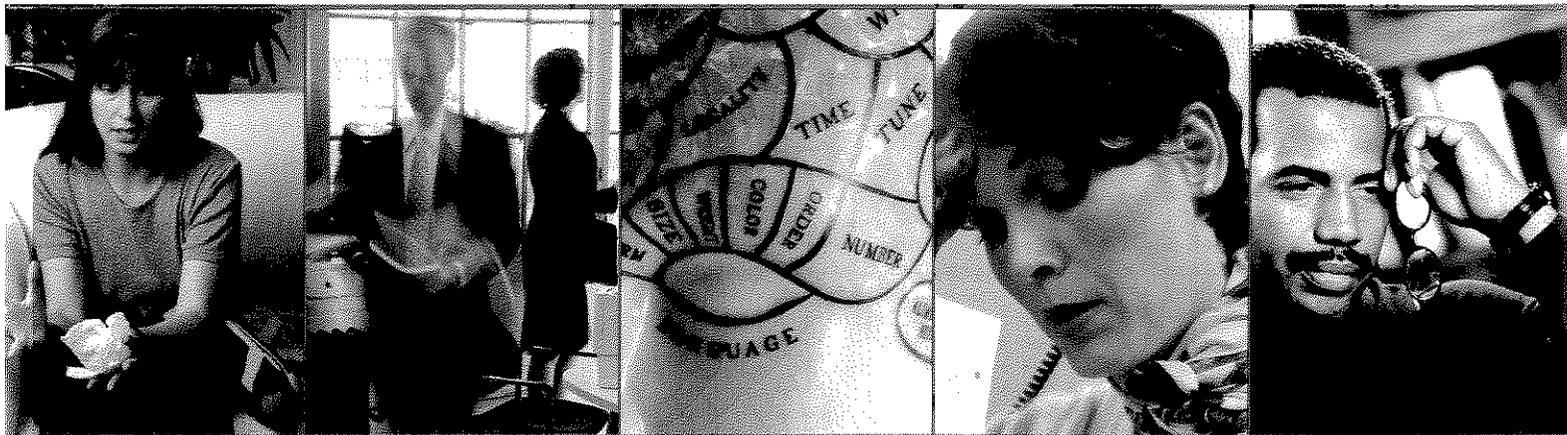
This 130-page guide assists individuals in reducing unnecessary utilization of health care and has been demonstrated to be effective in a variety of populations. The medical self-care guide addresses 20 of the most common reasons why individuals will seek health care and will provide specific guidelines for appropriate home treatment. It is available for \$2.95 per copy plus shipping/handling. Volume discounts will apply.



**BlueCross BlueShield of Nebraska**

An Independent Licensee of the Blue Cross and Blue Shield Association.

*A Guide to Understanding Depression...*



# Dealing With Depression

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• Defining Depression • Realizing The Types • Knowing The Symptoms •  
Understanding The Causes • Evaluating & Treating • Helping Yourself & Others •

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**BlueCross BlueShield  
of Nebraska**

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# Defining Depression

## Life In The Balance

In any given one-year period, 9.5 percent of the population, or about 18.8 million American adults, suffer from a depressive illness. The economic cost for this disorder is high, but the cost in human suffering cannot be estimated. Depressive illnesses often interfere

with normal functioning and cause pain and suffering not only to those who have a disorder, but also to those who care about them. Serious depression can destroy family life as well as the life of the ill person. But much of this suffering is unnecessary.

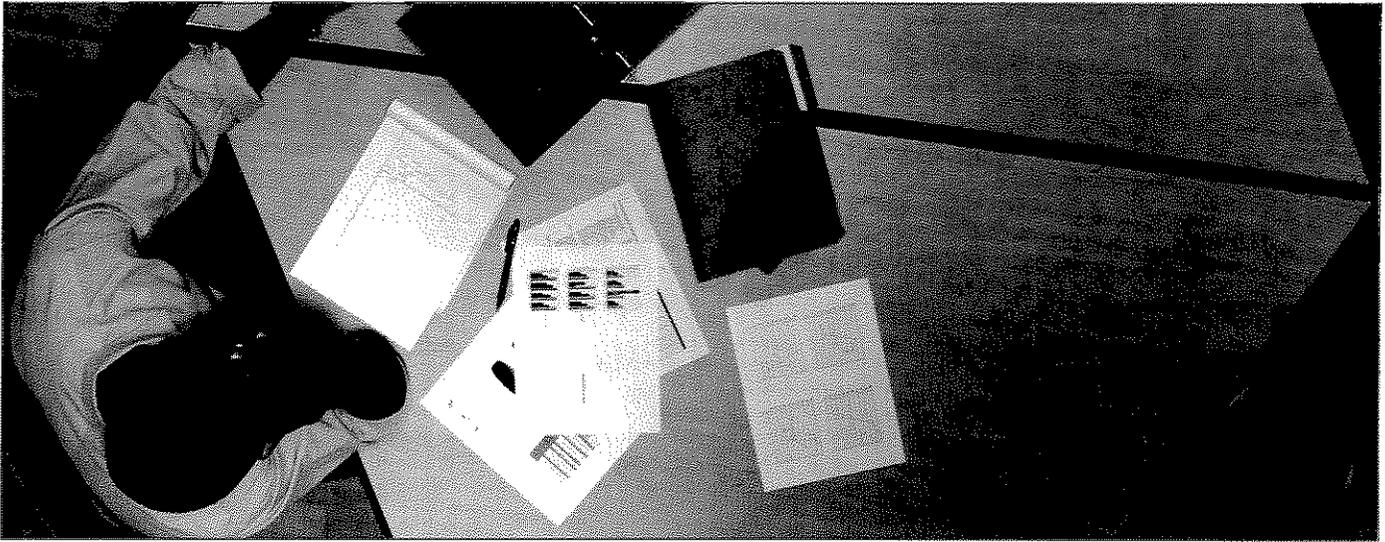
Most people with a depressive illness do not seek treatment, although the great majority—even those whose depression is extremely severe—can be helped. Thanks to years of fruitful research, there are now medications and psychosocial therapies such as cognitive/behavioral "talk" that ease the pain of depression.

Unfortunately, many people do not recognize that depression is a treatable illness. If you feel that you or someone you care about is one of the many undiagnosed depressed people in this country, the information presented here may help you take the steps that may save your own or someone else's life.

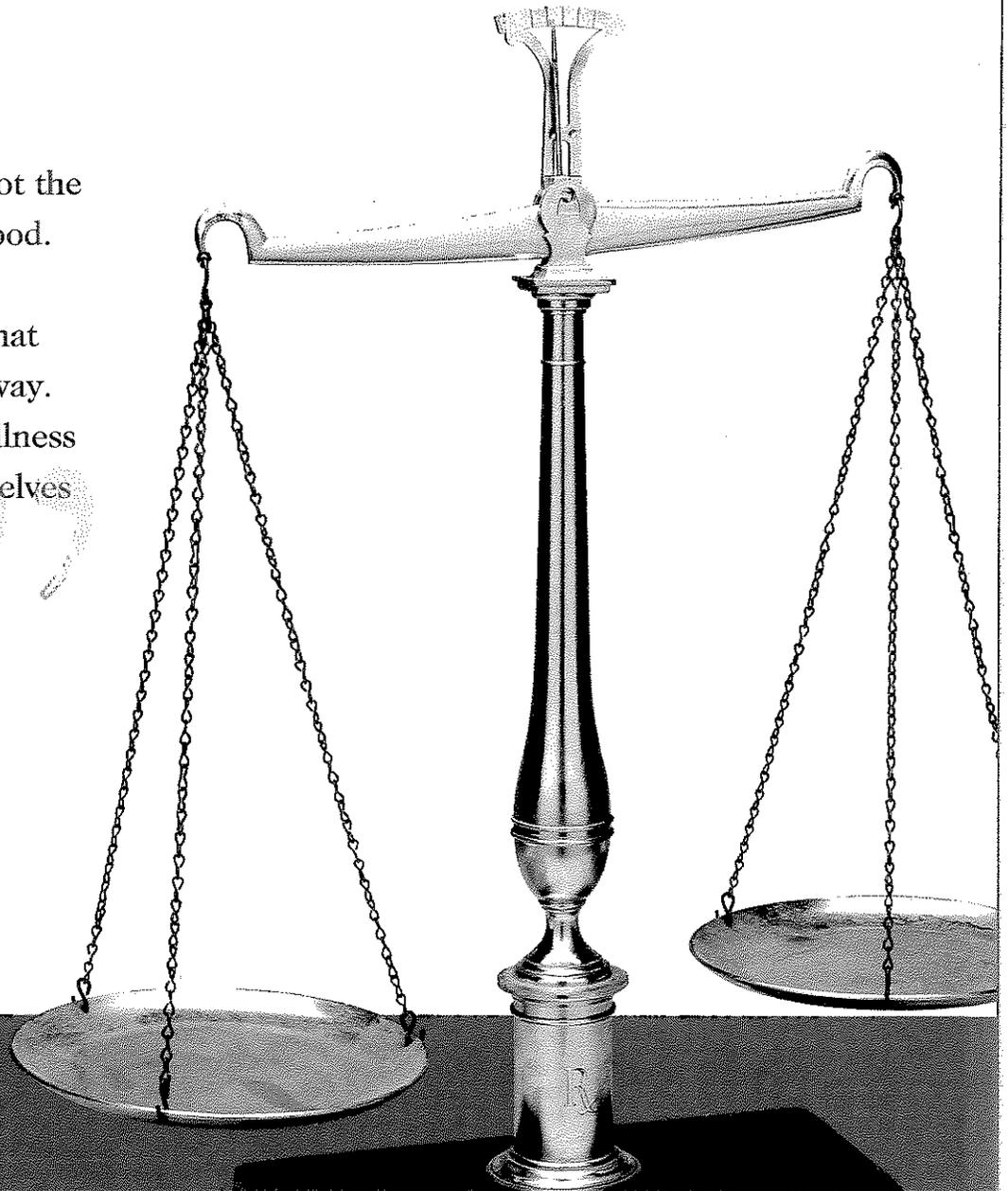
## What Is A Depressive Disorder?

A depressive disorder is an illness that involves the body, mood, and thoughts. It affects the way a person eats and sleeps, the way one feels about oneself, and the way one thinks about things. A depressive disorder is not the same as a passing blue mood. It is not a sign of personal weakness or a condition that can be willed or wished away. People with a depressive illness cannot merely "pull themselves together" and get better. Without treatment, symptoms can last for weeks, months, or years. Appropriate treatment, however, can help most people who suffer from depression.





A depressive disorder is not the same as a passing blue mood. It is not a sign of personal weakness or a condition that can be willed or wished away. People with a depressive illness cannot merely 'pull themselves together' and get better.



# Realizing The Types

## Types Of Depression

Depressive disorders come in different forms, just as is the case with other illnesses such as heart disease. This booklet briefly describes three of the most common types of depressive disorders. However, within these types there are variations in the number of symptoms, their severity, and persistence.

**Major Depression.** Major depression is manifested by a combination of symptoms (see the symptom list on the following page) that interfere with the ability to work, study, sleep, eat, and enjoy once pleasurable activities. Such a disabling episode of depression may occur only once but more commonly occurs several times in a lifetime.

**Dysthymia.** A less severe type of depression, dysthymia, involves long-term, chronic symptoms that do not disable, but keep one from functioning well or from feeling good. Many people with dysthymia also experience major depressive episodes at some time in their lives.

**Bipolar Disorder.** Another type of depression is bipolar disorder, also called manic-depressive illness. Not nearly as prevalent as other forms of depressive disorders, bipolar disorder is characterized by cycling mood changes: severe highs (mania) and lows (depression). Sometimes the mood switches are dramatic and rapid, but most often they are gradual.

When in the depressed cycle, an individual can have any or all of the symptoms of a depressive disorder. When in the manic cycle, the individual may be overactive, overtalkative, and have a great deal of energy.

Mania often affects thinking, judgment, and social behavior in ways that cause serious problems and embarrassment. For example, the individual in a manic phase may feel elated, full of grand schemes that might range from unwise business decisions to romantic sprees. Mania, left untreated, may worsen to a psychotic state.



# Knowing The Symptoms

## Symptoms Of Depression & Mania

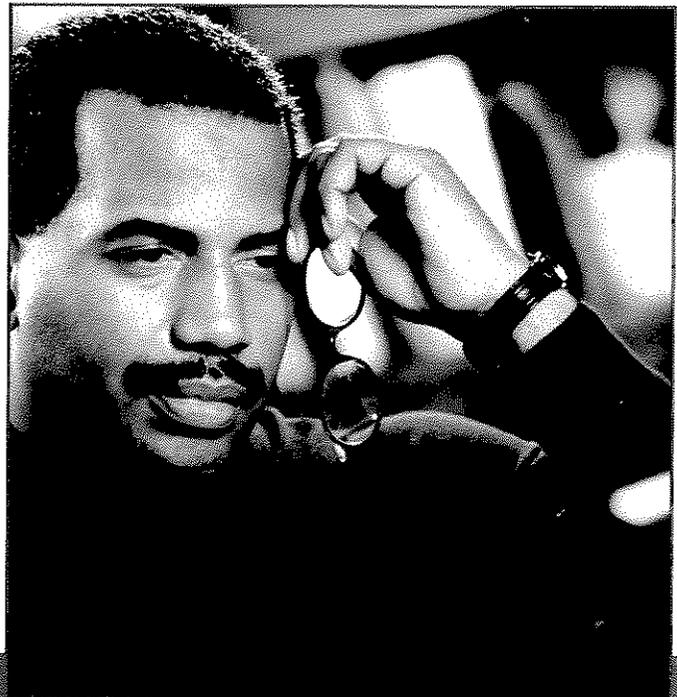
Not everyone who is depressed or manic experiences every symptom. Some people experience a few symptoms, some many. Severity of symptoms varies with individuals and also varies over time.

### Depression

- ✓ Persistent sad, anxious, or "empty" mood
- ✓ Feelings of hopelessness, pessimism
- ✓ Feelings of guilt, worthlessness, helplessness
- ✓ Loss of interest or pleasure in hobbies and activities that were once enjoyed, including sex
- ✓ Decreased energy, fatigue, being "slowed down"
- ✓ Difficulty concentrating, remembering, making decisions
- ✓ Insomnia, early-morning awakening, or oversleeping
- ✓ Appetite and/or weight loss or overeating and weight gain
- ✓ Thoughts of death or suicide; suicide attempts
- ✓ Restlessness, irritability
- ✓ Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain

### Mania

- ✓ Abnormal or excessive elation
- ✓ Unusual irritability
- ✓ Decreased need for sleep.
- ✓ Grandiose notions
- ✓ Increased talking
- ✓ Racing thoughts
- ✓ Increased sexual desire
- ✓ Markedly increased energy
- ✓ Poor judgment
- ✓ Inappropriate social behavior



# Knowing The Causes

## What Causes Depression?

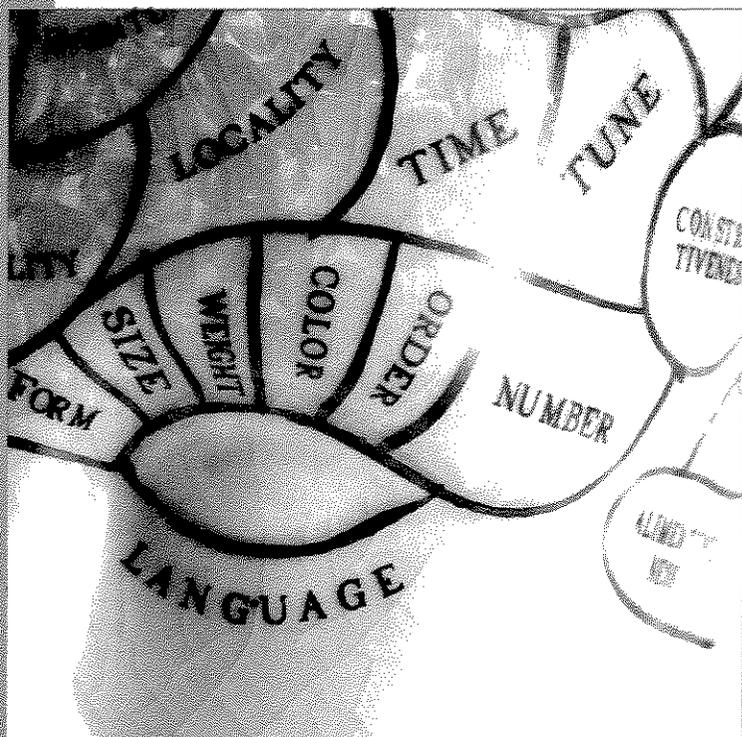
! **Genetics.** Some types of depression run in families, suggesting that a biological vulnerability can be ● inherited. This seems to be the case with bipolar disorder. Studies of families in which members of each generation develop bipolar disorder found that those with the illness have a somewhat different genetic makeup than those who do not get ill. However, the reverse is not true: Not everybody with the genetic makeup that causes vulnerability to bipolar disorder will have the illness. Apparently additional factors, possibly stresses at home, work, or school, are involved in its onset.

In some families, major depression also seems to occur generation after generation. However, it can also occur in people who have no family history of depression. Whether inherited or not, major depressive disorders are often associated with changes in brain structures or brain function.

! **Psychological.** People who have low self-esteem, who consistently view themselves and ● the world with pessimism or who are readily overwhelmed by stress, are prone to depression. Whether this represents a psychological predisposition or an early form of the illness is not clear.

! **Physical.** In recent years, researchers have shown that physical changes in the body can be ● accompanied by mental changes as well. Medical illnesses such as stroke, a heart attack, cancer, Parkinson's disease, and hormonal disorders can cause depressive illness, making the sick person apathetic and unwilling to care for his or her physical needs, thus prolonging the recovery period.

! **Environmental.** It has also been shown that ● a serious loss, difficult relationship, financial problem, or any stressful (unwelcome or even desired) change in life patterns can trigger a depressive episode. Very often, a combination of genetic, psychological, and environmental factors is involved in the onset of a depressive disorder. Later episodes of illness typically are precipitated by only mild stresses, or none at all.



## Depression In Women

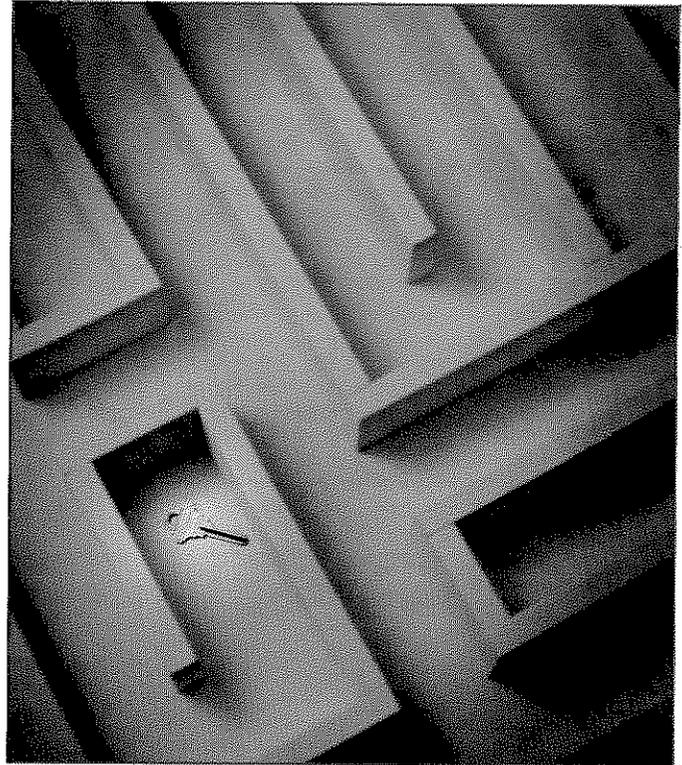
Women experience depression about twice as often as men. Many hormonal factors may contribute to the increased rate of depression in women—particularly such factors as menstrual cycle changes, pregnancy, miscarriage, postpartum period, pre-menopause, and menopause. Many women also face additional stresses such as responsibilities both at work and home, single parenthood, and caring for children and for aging parents.

A recent NIMH study showed that in the case of severe premenstrual syndrome (PMS), women with a pre-existing vulnerability to PMS experienced relief from mood and physical symptoms when their sex hormones were suppressed. Shortly after the hormones were re-introduced, they again developed symptoms of PMS. Women without a history of PMS reported no effects of the hormonal manipulation.

Many women are also particularly vulnerable after the birth of a baby. The hormonal and physical changes, as well as the added responsibility of a new life, can be factors that lead to postpartum depression in some women. While transient "blues" are common in new mothers, a full-blown depressive episode is not a normal occurrence and requires active intervention. Treatment by a sympathetic physician and the family's emotional support for the new mother are prime considerations in aiding her to recover her physical and mental well-being and her ability to care for and enjoy the infant.

## Depression In Men

Although men are less likely to suffer from depression than women, 3 to 4 million men in the United States are affected by the illness. Men are less likely to admit to depression, and doctors are less likely to suspect it. The rate of suicide in men is four times that of women, though more women attempt it. In fact, after age 70, the rate of men's suicide rises, reaching a peak after age 85.



Depression can also affect the physical health in men differently from women. A new study shows that, although depression is associated with an increased risk of coronary heart disease in both men and women, only men suffer a high death rate.

Men's depression is often masked by alcohol or drugs, or by the socially acceptable habit of working excessively long hours. Depression typically shows up in men not as feeling hopeless and helpless, but as being irritable, angry, and discouraged; hence, depression may be difficult to recognize as such in men. Even if a man realizes that he is depressed, he may be less willing than a woman to seek help. Encouragement and support from concerned family members can make a difference. In the workplace, employee assistance professionals or worksite mental health programs can be of assistance in helping men understand and accept depression as a real illness that needs treatment.

*Continued on the following page...*

# Knowing The Causes *Continued...*

## Depression In The Elderly

Some people have the mistaken idea that it is normal for the elderly to feel depressed. On the contrary, most older people feel satisfied with their lives. Sometimes, though, when depression develops, it may be dismissed

as a normal part of aging. Depression in the elderly, undiagnosed and untreated, causes needless suffering for the family and for the individual who could otherwise live a fruitful life. When he or she does go to the doctor, the symptoms described are usually physical, for the older person is often reluctant to discuss feelings of hopelessness, sadness, loss of interest in normally pleasurable activities, or extremely prolonged grief after a loss.

Recognizing how depressive symptoms in older people are often missed, many health care professionals are learning to identify and treat the underlying depression. They recognize that some symptoms may be side effects of medication the older person is taking for a physical problem, or they may be caused by a co-occurring illness. If a diagnosis of depression is made, treatment with medication and/or psychotherapy will help the depressed person return to a happier, more fulfilling life. Recent research suggests that brief psychotherapy (talk therapies that help a person in day-to-day relationships or in learning to counter the distorted negative thinking that commonly accompanies depression) is effective in reducing symptoms in short-term depression in older persons who are medically ill. Psychotherapy is also useful in older patients who cannot or will not take medication. Efficacy studies show that late-life depression can be treated with psychotherapy.

Improved recognition and treatment of depression in late life will make those years more enjoyable and fulfilling for the depressed elderly person, the family, and caretakers.



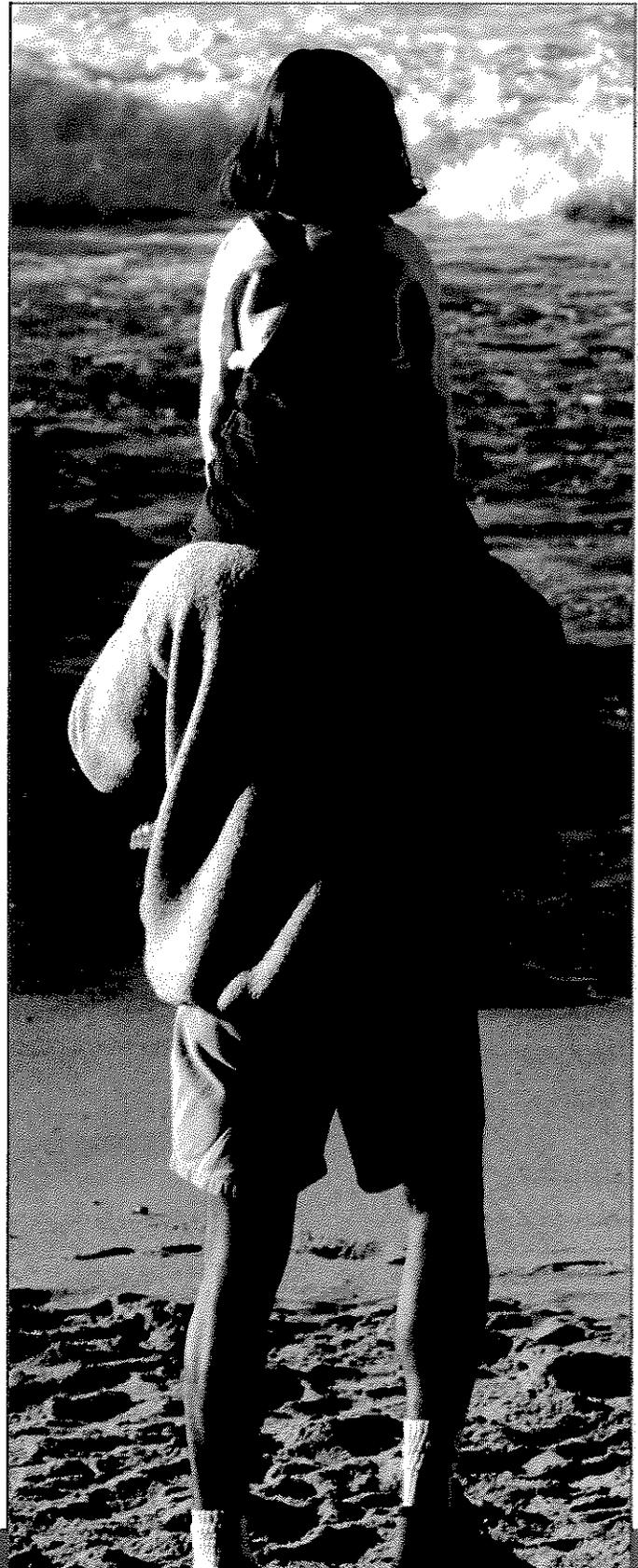
## Depression In Children

Only in the past two decades has depression in children been taken very seriously. The depressed child may pretend to be sick, refuse to go to school, cling to a parent, or worry that the parent may die. Older children may sulk, get into trouble at school, be negative, grouchy, and feel misunderstood. Because normal behaviors vary from one childhood stage to another, it can be difficult to tell whether a child is just going through a temporary "phase" or is suffering from depression. Sometimes the parents become worried about how the child's behavior has changed, or a teacher mentions that "your child doesn't seem to be himself." In such a case, if a visit to the child's pediatrician rules out physical symptoms, the doctor will probably suggest that the child be evaluated, preferably by a psychiatrist who specializes in the treatment of children. If treatment is needed, the doctor may suggest that another therapist, usually a social worker or a psychologist, provide therapy while the psychiatrist will oversee medication if it is needed.

### Parents should not be afraid to ask questions:

- ✓ What are the therapist's qualifications?
- ✓ What kind of therapy will the child have?
- ✓ Will the family as a whole participate in therapy?
- ✓ Will my child's therapy include an antidepressant? If so, what might the side effects be?

The National Institute of Mental Health (NIMH) has identified the use of medications for depression in children as an important area for research. The NIMH supported Research Units on Pediatric Psychopharmacology (RUPPs) form a network of seven research sites where clinical studies on the effects of medications for mental disorders can be conducted in children and adolescents. Among the medications being studied are antidepressants, some of which have been found to be effective in treating children with depression, if properly monitored by the child's physician.



# Evaluating & Treating

## Evaluation & Treatment For Depression

The first step to getting appropriate treatment for depression is a physical examination by a physician. Certain medications as well as some medical conditions such as a viral infection can cause the same symptoms as depression, and the physician should rule out these possibilities through examination, interview, and lab tests. If a physical cause for the depression is ruled out, a psychological evaluation should be done, by the physician or by referral to a psychiatrist or psychologist.

A good diagnostic evaluation will include a complete history of symptoms, i.e., when they started, how long they have lasted, how severe they are, whether the patient had them before and, if so, whether the symp-

toms were treated and what treatment was given. The doctor should ask about alcohol and drug use, and if the patient has thoughts about death or suicide. Further, a history should include questions about whether other family members have had a depressive illness and, if treated, what treatments they may have received and which were effective.

Last, a diagnostic evaluation should include a mental status examination to determine if speech or thought patterns or memory have been affected, as sometimes happens in the case of a depressive or manic-depressive illness.

Treatment choice will depend on the outcome of the evaluation. There are a variety of antidepressant medications and psychotherapies that can be used to treat depressive disorders. Some people with milder forms may do well with psychotherapy alone. People with moderate to severe depression most often benefit from antidepressants. Most do best with combined treatment: medication to gain relatively quick symptom relief and psychotherapy to learn more effective ways to deal with life's problems, including depression. Depending on the patient's diagnosis and severity of symptoms, the therapist may prescribe medication and/or one of the several forms of psychotherapy that have proven effective for depression.

Electroconvulsive therapy (ECT) is useful, particularly for individuals whose depression is severe or life threatening or who cannot take antidepressant medication. ECT often is effective in cases where antidepressant medications do not provide sufficient relief of symptoms. In recent years, ECT has been much





improved. A muscle relaxant is given before treatment, which is done under brief anesthesia. Electrodes are placed at precise locations on the head to deliver electrical impulses. The stimulation causes a brief (about 30 seconds) seizure within the brain. The person receiving ECT does not consciously experience the electrical stimulus. For full therapeutic benefit, at least several sessions of ECT, typically given at the rate of three per week, are required.

## Medications

There are several types of antidepressant medications used to treat depressive disorders. These include newer medications—chiefly the selective serotonin reuptake inhibitors (SSRIs)—the tricyclics, and the monoamine oxidase inhibitors (MAOIs). The SSRIs—and other newer medications that affect neurotransmitters such as dopamine or norepinephrine—generally have fewer side effects than tricyclics. Sometimes the doctor will try a variety of antidepressants before finding the most effective medication or combination of medications. Sometimes the dosage must be increased to be effective. Although some improvements may be seen in the first few weeks, antidepressant medications must be taken regularly for 3 to 4 weeks (in some cases, as many as 8 weeks) before the full therapeutic effect occurs.

Patients often are tempted to stop medication too soon. They may feel better and think they no longer need the medication. Or they may think the medication isn't helping at all. It is important to keep taking med-

ication until it has a chance to work, though side effects (see section on Side Effects on page 13) may appear before antidepressant activity does. Once the individual is feeling better, it is important to continue the medication for at least 4 to 9 months to prevent a recurrence of the depression. Some medications must be stopped gradually to give the body time to adjust. Never stop taking an antidepressant without consulting the doctor for instructions on how to safely discontinue the medication. For individuals with bipolar disorder or chronic major depression, medication may have to be maintained indefinitely.

Antidepressant drugs are not habit-forming. However, as is the case with any type of medication prescribed for more than a few days, antidepressants have to be carefully monitored to see if the correct dosage is being given. The doctor will check the dosage and its effectiveness regularly.

For the small number of people for whom MAO inhibitors are the best treatment, it is necessary to avoid certain foods that contain high levels of tyramine, such as many cheeses, wines, and pickles, as well as medications such as decongestants. The interaction of tyramine with MAOIs can bring on a hypertensive crisis, a sharp increase in blood pressure that can lead to a stroke. The doctor should furnish a complete list of prohibited foods that the patient should carry at all times. Other forms of antidepressants require no food restrictions.

*Continued on the following page...*

# Evaluating & Treating

*Continued...*

## Medications

Medications of any kind—prescribed, over-the counter, or borrowed—should never be mixed without consulting the doctor. Other health professionals who may prescribe a drug—such as a dentist or other medical specialist—should be told of the medications the patient is taking. Some drugs, although safe when taken alone can, if taken with others, cause severe and dangerous side effects. Some drugs, like alcohol or street drugs, may reduce the effectiveness of antidepressants and should be avoided. This includes wine, beer, and hard

liquor. Some people who have not had a problem with alcohol use may be permitted by their doctor to use a modest amount of alcohol while taking one of the newer antidepressants.

Antianxiety drugs or sedatives are not antidepressants. They are sometimes prescribed along with antidepressants; however, they are not effective when taken alone for a depressive disorder. Stimulants, such as amphetamines, are not effective antidepressants, but they are used occasionally under close supervision in medically ill depressed patients.

***Questions about any antidepressant prescribed, or problems that may be related to the medication, should be discussed with the doctor.***

Lithium has for many years been the treatment of choice for bipolar disorder, as it can be effective in smoothing out the mood swings common to this disorder. Its use must be carefully monitored, as the range between an effective dose and a toxic one is small. If a person has preexisting thyroid, kidney, or heart disorders or epilepsy, lithium may not be recommended. Fortunately, other medications have been found to be of benefit in controlling mood swings. Among these are two mood-stabilizing anticonvulsants, carbamazepine (Tegretol®) and valproate (Depakote®). Both of these medications have gained wide acceptance in clinical practice, and valproate has been approved by the Food and Drug Administration for first-line treatment of acute mania. Other anticonvulsants that are being used now include lamotrigine (Lamictal®) and gabapentin



(Neurontin®): their role in the treatment hierarchy of bipolar disorder remains under study.

Most people who have bipolar disorder take more than one medication including, along with lithium and/or an anticonvulsant, a medication for accompanying agitation, anxiety, depression, or insomnia. Finding the best possible combination of these medications is of utmost importance to the patient and requires close monitoring by the physician.

## Side Effects

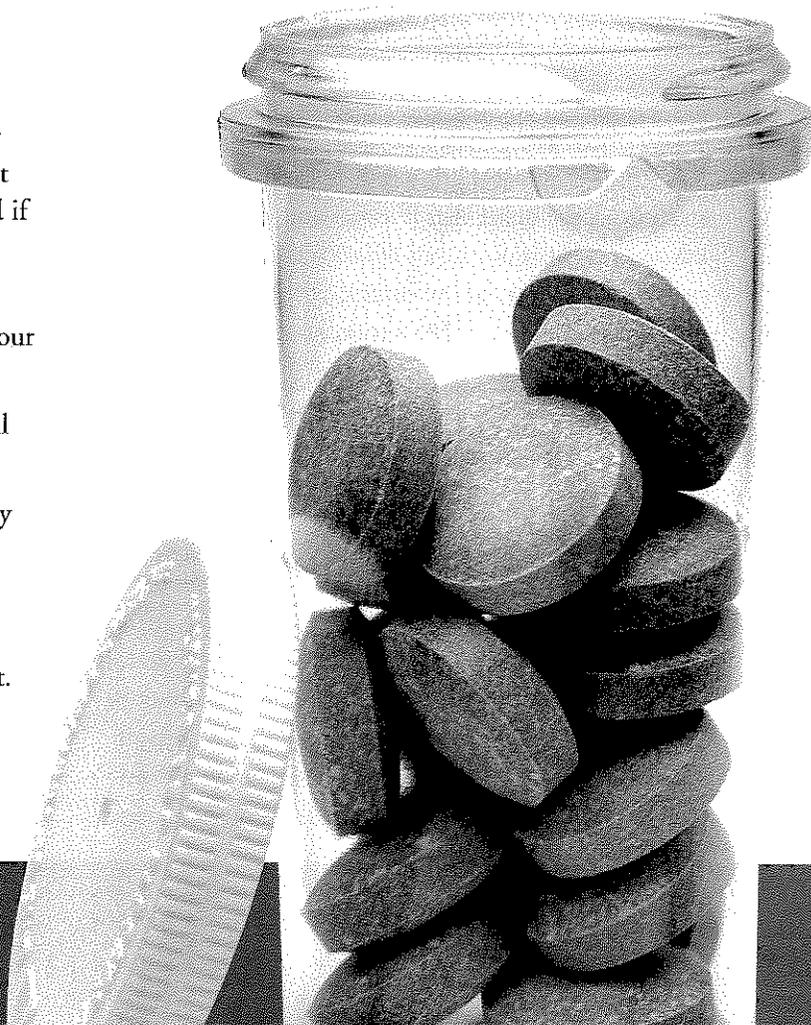
Antidepressants may cause mild and, usually, temporary side effects (sometimes referred to as adverse effects) in some people. Typically these are annoying, but not serious. However, any unusual reactions or side effects or those that interfere with functioning should be reported to the doctor immediately. The most common side effects of tricyclic antidepressants, and ways to deal with them, are:

- ✓ **Dry Mouth** — it is helpful to drink sips of water; chew sugarless gum; clean teeth daily.
- ✓ **Constipation** — bran cereals, prunes, fruit, and vegetables should be in the diet.
- ✓ **Bladder Problems** — emptying the bladder may be troublesome, and the urine stream may not be as strong as usual; the doctor should be notified if there is marked difficulty or pain.
- ✓ **Sexual Problems** — sexual functioning may change; if worrisome, it should be discussed with your healthcare provider.
- ✓ **Blurred Vision** — this will pass soon and will not usually necessitate new glasses.
- ✓ **Dizziness** — rising from the bed or chair slowly is helpful.
- ✓ **Drowsiness as a Daytime Problem** — this usually passes soon. A person feeling drowsy or sedated should not drive or operate heavy equipment. The more sedating antidepressants are generally taken at bedtime to help sleep and minimize daytime drowsiness.

*The newer antidepressants have different types of side effects:*

- ✓ **Headache** — this will usually go away.
- ✓ **Nausea** — this is also temporary, but even when it occurs, it is transient after each dose.
- ✓ **Nervousness** — Nervousness and insomnia (trouble falling asleep or waking often during the night)—these may occur during the first few weeks; dosage reductions or time will usually resolve them.
- ✓ **Agitation (feeling jittery)** — if this happens for the first time after the drug is taken and is more than transient, the doctor should be notified.
- ✓ **Sexual Problems** — the doctor should be consulted if the problem is persistent or worrisome.

*Continued on the following page...*



# Alternative Treatments

## Herbal Therapy

You may have recently heard or read about the use of herbal remedies for the treatment of depression. These products (for example, St. John's wort) often claim to be "natural" alternatives to prescription medications such as PROZAC, Paxil, and Zoloft. However, unlike prescription medications, these herbal products have not been subjected to testing that follows rigorous clinical guidelines.

Part of the attraction of herbal remedies may be related to the stigma associated with depression. Unfortunately, this stigma may encourage people to embrace self-help remedies before sufficient evidence has proven them to be effective or even safe.

Another possible attraction of herbal remedies may stem from the belief that if something is found in nature, no harm can result from its use. However, the origin of many drugs can be traced to plants (for example, aspirin) or other naturally occurring elements. It is the chemicals within the plant that have a curative effect, and a chemical is a chemical whether it occurs naturally or not.

According to the American Psychiatric Association (APA), "no one who thinks he or she may be depressed should self-medicate with St. John's wort or any other 'alternative' remedy. Many suitable, clinically approved, and highly effective therapies are already available for the treatment of depression. If you think you may be suffering from depression, it is important to consult with a physician. Symptoms of depression could be caused by another illness or result from other causes,

such as substance abuse. Never self-medicate. The risk of self-harm far outweighs the potential benefits of 'self-help'."

## Lifestyle

Along with medication and talk therapy, lifestyle changes especially increased amounts of exercise may improve the symptoms of depression. Exercise, even pleasant evening or morning walks, may increase energy and reduce stress. Research has shown increased levels of the hormone norepinephrine in the blood after exercise. This hormone helps the brain adjust to stress that can often lead to anxiety and depression. Meditation, yoga, and a healthy diet can also produce positive effects.

**! Important:** Before you begin any new diet or exercise program, check with your doctor. He or she can help choose the best diet or exercise program for you.



# Helping Yourself & Others

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## If You Are Depressed...

Depressive disorders make one feel exhausted, worthless, helpless, and hopeless. Such negative thoughts and feelings make some people feel like giving up. It is important to realize that these negative views are part of the depression and typically do not accurately reflect the actual circumstances. Negative thinking fades as treatment begins to take effect. In the meantime:

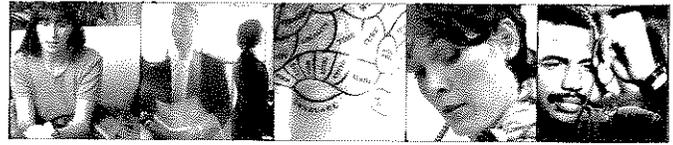
- ✓ Set realistic goals in light of the depression and assume a reasonable amount of responsibility.
- ✓ Break large tasks into small ones, set some priorities, and do what you can as you can.
- ✓ Try to be with other people and to confide in someone; it is usually better than being alone and secretive.
- ✓ Participate in activities that may make you feel better.
- ✓ Mild exercise, going to a movie, a ballgame, or participating in religious, social, or other activities may help.
- ✓ Expect your mood to improve gradually, not immediately. Feeling better takes time.
- ✓ It is advisable to postpone important decisions until the depression has lifted. Before deciding to make a significant transition—change jobs, get married or divorced—discuss it with others who know you well and have a more objective view of your situation.
- ✓ People rarely "snap out of" a depression. But they can feel a little better day-by-day.
- ✓ Remember, positive thinking will replace the negative thinking that is part of the depression and will disappear as your depression responds to treatment.
- ✓ Let your family and friends help you.

## Family and Friends Can Help...

The most important thing anyone can do for the depressed person is to help him or her get an appropriate diagnosis and treatment. This may involve encouraging the individual to stay with treatment until symptoms begin to abate (several weeks), or to seek different treatment if no improvement occurs. On occasion, it may require making an appointment and accompanying the depressed person to the doctor. It may also mean monitoring whether the depressed person is taking medication. The depressed person should be encouraged to obey the doctor's orders about the use of alcoholic products while on medication.

The second most important thing is to offer emotional support. This involves understanding, patience, affection, and encouragement. Engage the depressed person in conversation and listen carefully. Do not disparage feelings expressed, but point out realities and offer hope. Do not ignore remarks about suicide. Report them to the depressed person's therapist. Invite the depressed person for walks, outings, to the movies, and other activities. Be gently insistent if your invitation is refused. Encourage participation in some activities that once gave pleasure, such as hobbies, sports, religious or cultural activities, but do not push the depressed person to undertake too much too soon. The depressed person needs diversion and company, but too many demands can increase feelings of failure.

Do not accuse the depressed person of faking illness or of laziness, or expect him or her "to snap out of it." Eventually, with treatment, most people do get better. Keep that in mind, and keep reassuring the depressed person that, with time and help, he or she will feel better.



## Dealing With Depression

A Guide to Understanding Depression

### *Important information on Depression*

## Where To Get Help

If unsure where to go for help, check the Yellow Pages under "mental health," "health," "social services," "suicide prevention," "crisis intervention services," "hotlines," "hospitals," or "physicians" for phone numbers and addresses. In times of crisis, the emergency room doctor at a hospital may be able to provide temporary help for an emotional problem, and will be able to tell you where and how to get further help.

Listed below are the types of people and places that will make a referral to, or provide, diagnostic and treatment services.

- ✓ Family doctors
- ✓ Mental health specialists
- ✓ Health maintenance organizations
- ✓ Community mental health centers
- ✓ Family service, social agencies, or clergy
- ✓ Employee assistance programs
- ✓ Local medical and/or psychiatric societies

### **Dealing With Depression: A Guide To Understanding Depression**

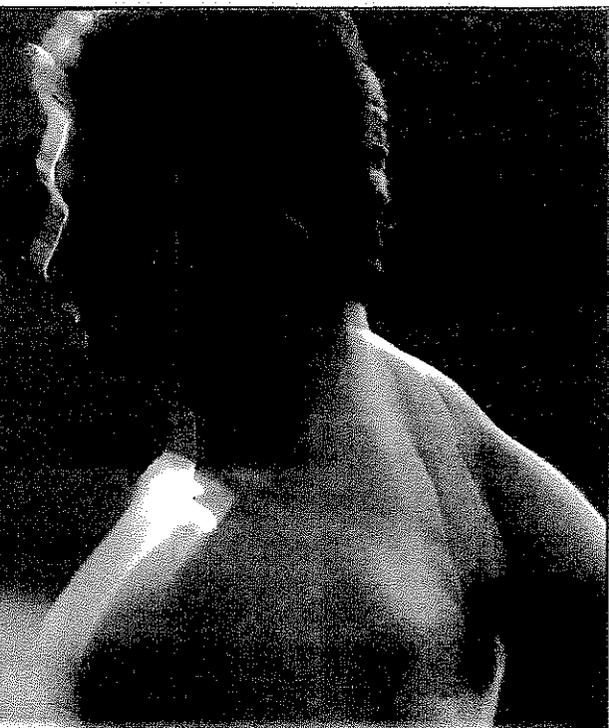
The information in this brochure was drawn from the National Institute of Mental Health. The information is in the public domain and may be used and reprinted without permission (NIH Publication No. 00-3561 Printed 2000; posted April 9, 2004). For more information please refer to <http://www.nimh.nih.gov/publicat/depression.cfm#prdep3>. This information is not intended to replace the advice of your healthcare provider. If you have any questions about managing your own health and/or seeking medical care, please contact a medical professional.



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2005 Wellness Councils of America

# Making The Rest of Your Life The Best of Your Life



## Exercise

The typical American spends almost 17 hours sitting in front of the TV, puts in approximately 50 hours at the office, and averages 51 hours of sleep per week—that's approximately five days of not moving, and Americans are paying the price. An astonishing 50% of Americans are overweight.

But it wouldn't take much to get back in shape. By exercising only 30 minutes per day, Americans can build stronger muscles and bones, maintain a healthier weight, prevent numerous chronic diseases, and increase their energy level, just to name a few benefits.

## Self-Care

Doctors and other health care professionals play an important role in your health—especially when you're sick or hurt. Visiting your physician for routine, preventive exams will help maintain your health and will ultimately save you time and money.

Another important factor in maintaining your health is self-care. Investing in a self-care manual will help you take charge of your health. But remember, self-care isn't intended to replace the advice of your primary care physician. Rather, it should be used to outline when medical appointments are or are not necessary. In the case of an emergency, always seek attention from the Emergency Room.

## Relationships

People who have healthy relationships not only live longer, but they're happier as well. Developing "good" relationships is essential to high-level wellness. Relationships allow us to receive support from others, and we can feel great about giving it in return.

Because of this, it's important to protect the strong relationships that you have right now. And if you're like most people, there may be some relationships which need to be mended and enhanced.

## Alcohol

Let's face it, alcohol, when not used responsibly, can lead to a host of problems. In addition to being a leading contributor of death and disability in the United States, alcohol causes a motor vehicle-related injury every two minutes!

If you choose to drink, follow these guidelines to help keep you safer. Of course, remember that abstaining is the safest choice.

### 0,1,2,4 Method:

**Zero:** Under some circumstances (driving, hunting, etc.), and for certain people (recovering, underage, pregnant, etc.) abstinence is the best choice.

**One:** No more than one standard drink per hour.

**Two:** No more than two drinks per day for men or one for women.

**Four:** No more than four drinks per week.

## Seatbelts

In 2000, 41,821 people in the US were killed because they didn't wear their seatbelts—that's one every 15 minutes! Add to this the fact that motor vehicle crashes are the leading cause of death for all people between the ages of 4 and 33, and proper seatbelt usage becomes very important.

What's the most important thing to remember about your seatbelt? Wear it EVERY TIME you get in the car—even if it's just for a short trip. Believe it or not, three-fourths of all fatal car crashes happen within 25 miles of home. Don't become a statistic—just click it.

## Nutrition

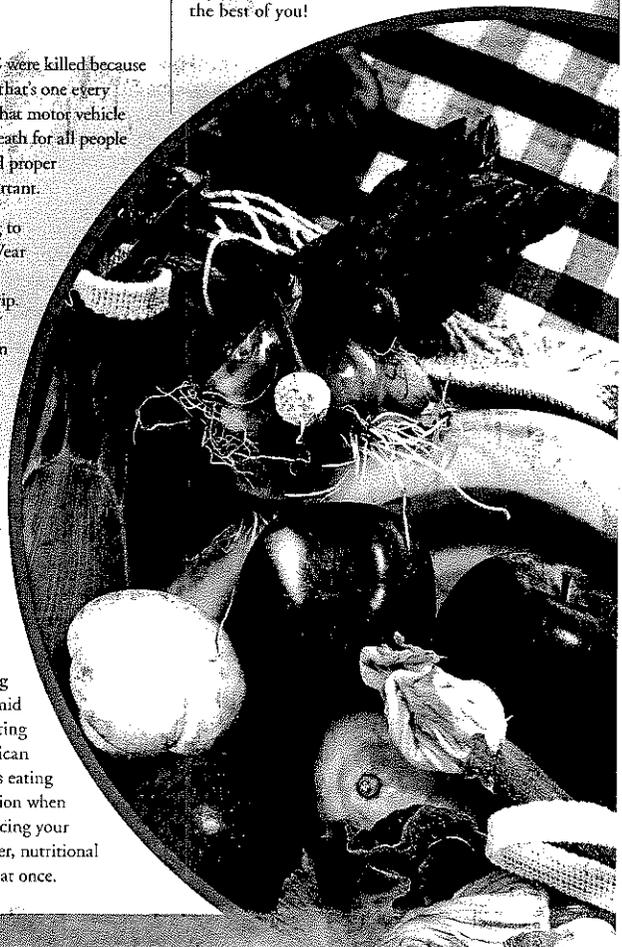
In recent years, a strong link has been established between poor diet and the leading causes of death. In fact, poor nutrition has been linked to cardiovascular disease, cancer, and obesity.

Eating a balanced diet and paying attention to the food guide pyramid can go a long way toward preventing these serious illnesses. The American Dietetic Association recommends eating a variety of foods, using moderation when selecting portion sizes, and balancing your food choices over time. Remember, nutritional changes don't have to happen all at once.

## Stress

Stress in the US is reaching epidemic proportions, and it seems the end is nowhere in sight. Stress is more than just having a tough day. In fact, stress has been linked to higher occurrences of disease and a shorter life span. But what can you do if stress is getting you down?

Enjoying a favorite activity each day can help to calm feelings of stress. Take a walk after work, have a laugh with a co-worker, or listen to your favorite music. Deep breathing, meditation and progressive muscle relaxation have proven to do wonders for relieving stress. You deserve the best of what life has to offer—don't let stress get the best of you!



# Illness... Leading A Well-Balanced Life

and/or treating your medical conditions appropriately—

**#2: Emotional**—This second area deals more with your emotional well-being. What are your main causes of stress? What are you doing to actively combat these causes? The idea here is that the more you care for yourself emotionally, the more prepared you will be to handle those major or minor crises that occur on a daily basis.

**#3: Social**—Do you have a strong bond with your family? Friends? Community? Keeping a close, meaningful relationship with those in your life can greatly impact the quality of your years. While most people do not think in these terms, your social life truly does make for a healthier you.

**#4: Intellectual**—Exercising your body is an important part of your overall wellness, and exercising your mind is just as important. If you press toward reaching your brain with increased knowledge and take advantage of new learning experiences—whether it be at work or at home—you'll find your life to be more fulfilling and rewarding. Continuous learning is one of the greatest gifts.

**#5: Spiritual**—While it may sound hokey to some, maintaining a strong spiritual connection is important to leading a whole and well life. Included in spirituality are such things as kindness, caring, connectedness, love, and the general belief that everything is going to work out no matter what the circumstances. Yes, it's hard to explain, but there is no denying the fact that spirituality

...and your mind is just as important. If you press toward reaching your brain with increased knowledge and take advantage of new learning experiences—whether it be at work or at home—you'll find your life to be more fulfilling and rewarding. Continuous learning is one of the greatest gifts.

...and your mind is just as important. If you press toward reaching your brain with increased knowledge and take advantage of new learning experiences—whether it be at work or at home—you'll find your life to be more fulfilling and rewarding. Continuous learning is one of the greatest gifts.



## What Is Wellness?

## Wellness is...

Put simply, wellness is the idea of being aware of and actively working towards better health. If you look closely at the definition, you'll notice that it has two specific components:

The first part deals with awareness. And when you think about it, this makes perfect sense. Before you can work on improving your own personal wellness, you'll need to understand where you're starting from right now. That's why personal wellness starts with health screening for things like blood pressure, cholesterol, etc.

Now let's take a look at the second part of the definition, which is all about working toward better health. Once you have a clear understanding of your current health status, it's time to start working to improve or protect it. In other words, it's time to take action.

When you think about wellness, think of the phrase, "Make the rest of your life the best of your life." No matter where you're starting from or what you've done in the past, don't worry about it. Rather, assess where you are today in terms of your health status; then take the necessary steps to "make the rest of your life the best of your life."

### Wellness Works

**For More Information**

American College of Sports Medicine  
[www.acsm.org](http://www.acsm.org)

American Dietetic Association  
(800) 877-1600  
[www.eatright.org](http://www.eatright.org)

National Highway Traffic Safety Administration  
1-888-327-4236  
[www.nhtsa.org](http://www.nhtsa.org)

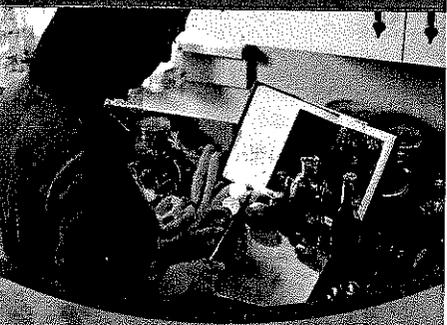
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## The Power Of Prevention

**Make The Rest Of Your Life The Best Of Your Life**

*Staying healthy is well within your grasp. Changes made today bring a healthier tomorrow. Do you know what it takes?*

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## Why Wellness Now?

That's a great question! Would you believe that wellness is a relatively new term—and a really interesting idea? Believe it or not, there really wasn't much concern about wellness a century ago. In fact, the leading causes of death at that time were things like pneumonia, diphtheria, tuberculosis, and dysentery. Communicable agents or environmental hazards (e.g. lack of suitable drinking water, etc.) caused all of these health problems. Of course, these health problems had a devastating impact on life expectancy. Average life expectancy in the early 1900's was a mere 47 years of age!

Today, all that has changed. Inoculations for communicable diseases are now the rule rather than the exception. And clean drinking water is everywhere. Because of these breakthroughs, life expectancy has almost doubled—it's now 78 years of age.

But (here comes the bad news) these breakthroughs have brought about an entirely new set of problems. Today's top four leading causes of death are caused by—check this out—smoking, poor nutrition, lack of exercise, and high-risk use of alcohol. What's really remarkable about these four leading causes of death is they are all preventable!

That's why wellness has become so important. If you want to stay healthy and well, you'll need to get accustomed to see how you're doing in these four important areas. Once you know, then it's time to start making the rest of your life the best of your life!



BlueHealth Advantage

## Monthly Health Challenges

*Blue Cross and Blue Shield of Nebraska health professionals are available to assist you in designing a targeted wellness action plan for your employee population. For more information contact:*

**Roy Hunter, MS**  
Manager of Wellness Services  
roy.hunter@bcbsne.com

**Kathy Nellor, BS**  
Wellness Business Consultant  
kathy.nellor@bcbsne.com



**BlueCross BlueShield  
of Nebraska**

An Independent Licensee of the Blue Cross and Blue Shield Association



A new you.  
**BlueHealth Advantage**  
Small changes can make a big difference.

The following free one-month challenges are easy to implement within your organization. All of the work has been done for you. Each challenge comes with educational reading, tips for success and a tracking calendar. There are more than 30 different challenges in which to choose.

They can be used for both individual and team-oriented wellness programming; include an incentive to enhance participation and that is all you will need. When used in conjunction with a personal health assessment, you can select the appropriate health challenges needed to address specific health risks.

### **Nutrition**

- Choose Healthy Fast Foods
- Choose Healthy Fats
- Drink Plenty of Water
- Eat a Healthy Lunch
- Eat Antioxidant Foods
- Eat Breakfast Daily
- Eat Healthy Proteins
- Eat Low GI Foods
- Eat More Dietary Fiber
- Eat More Fruits & Vegetables
- Eat More Whole Grains
- Eat to Lower Your Cholesterol
- Get Adequate Vitamin D
- Go Green with a Plant-Based Diet
- Kick the Sugar Habit
- Limit or Avoid Alcohol
- Use Salt Moderately

### **Fitness**

- Be Physically Active Daily
- Bike 100 Miles this Month
- Build Strong Bones
- Do Stretching & Strength Exercises
- Exercise in Water
- Stay Fit During the Holidays
- Walk 30 Miles this Month
- Walk 40 Miles this Month
- Walk 6,000 to 10,000 Steps
- Work All Your Muscles with Cross Training

### **Stress Management**

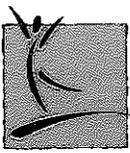
- Be Optimistic
- Build Positive Self-Esteem
- Do Something for Someone
- Enhance Your Relationships
- Find Balance in Your Recreation
- Get Adequate to Sleep & Rest
- Lower Your Stress
- Plan a Quiet Time
- Relax Daily
- Spend Time with Kids or Grandkids

### **Weight Management**

- Don't Snack Between Meals – w/ Snack
- Drink Plenty of Water
- Lose Weight this Month
- Maintain a Healthy Weight Naturally
- Tracker Log

### **General Health & Safety**

- Be Smoke-Free this Month
- Brush & Floss Daily
- Get Preventive Exams
- How to Succeed at a Health Challenge
- Improve Your Memory
- Poison Proof Your Home
- Prepare for an Emergency
- Protect Your Back & Joints
- Protect Yourself from Infectious Disease
- Wear Safety Gear



## Monthly Health Challenge™



# Get Preventive Exams

**CHALLENGE**  
Get preventive exams.

**Depression:** If you've felt "down," sad, or hopeless, and have felt little interest or pleasure in doing things for 2 weeks straight, ask your doctor to screen you for depression.

## Requirements to Complete this HEALTH CHALLENGE™

1. Make an appointment for a preventive test, routine exam, or immunization – Compile your family health history. When you keep the appointment, make note of it on your monthly **Health Challenge Calendar**.
2. Read "Even healthy people need regular checkups" and "Be wise: Immunize."
3. To complete the Challenge, you must compile your family health history and have a recommended preventive exam or routine checkup, or get an immunization this month.
4. Keep records of your completed Challenge in case your organization requires documentation.



Take a Depression Self-Assessment:  
[www.wellsource.info/wn/depression-selftest.pdf](http://www.wellsource.info/wn/depression-selftest.pdf)

**Sexually transmitted diseases:** Talk to your doctor to see if you should be screened for sexually transmitted diseases, such as HIV.

**Eye exam:** Have your eyes refracted and examined once every 2-4 years – from age 40-64 – and once every 1-4 years after that (or as recommended by your doctor) to detect glaucoma and other eye diseases. If glaucoma is left untreated, blindness can result.

**Dental exam:** See your dentist for a teeth cleaning and exam 1-2 times per year as recommended by your dentist.

**Hearing:** The American Speech-Language-Hearing Association recommends adult hearing screening at least every decade until age 50, with more frequent monitoring after that age.

**Osteoporosis test:** Have a bone density test at age 65 to screen for osteoporosis (thinning of the bones). If you have risk factors (e.g., you smoke, have a history of fractures, or you're between the ages of 60 and 64 and weigh 154 pounds or less), ask your doctor if you should be tested.

## Even healthy people need regular checkups

Living a healthy lifestyle is certainly a key strategy for a healthy, long life. But it is not a guarantee that you will never get a serious illness. It is also important to get regular checkups and screenings as recommended by your doctor, and immunizations as necessary.

A screening test is an exam that looks for a disease early – often before any symptoms have appeared, and usually when the condition is easier to treat.

### Recommended exams

**Cholesterol check:** Have a blood test to measure your total cholesterol, LDL, and HDL at least once every 5 years, starting at age 35. If you smoke, or have diabetes, or if heart disease runs in your family, start having your cholesterol checked at age 20.

**Blood sugar:** Regular blood sugar checks should start at age 40+, sooner in obese individuals. Schedule a test right away if you have high blood pressure or high cholesterol to check for diabetes and increased coronary risk.

**Blood pressure:** If your blood pressure is in a healthy range (less than 120/80), have it checked at least once every 2 years. If it is higher, ask your doctor how often you should monitor it.

**Colorectal cancer test:** Begin regular screening for colorectal cancer at age 50, or sooner if you have a family member with colorectal cancer or your doctor recommends earlier screening.



Recommended immunizations and screening tests for men: [www.womenshealth.gov/screeningcharts/men/men.pdf](http://www.womenshealth.gov/screeningcharts/men/men.pdf)

### Additional recommendations for men

**Prostate cancer screening:** Talk to your doctor about the possible benefits of prostate cancer screening if you are considering having a prostate-specific antigen (PSA) test or digital rectal examination (DRE).



Recommended immunizations and screenings for women: [www.womenshealth.gov/screeningcharts/general/general.pdf](http://www.womenshealth.gov/screeningcharts/general/general.pdf)

### Additional recommendations for women

**Mammogram:** Have a mammogram once every 1-2 years starting at age 40 or earlier if a family member has had breast cancer.

**Pap smear:** Have a Pap smear once every 1-3 years if you have been sexually active or you are older than 21.

**Chlamydia test:** If you are 25 or younger and have been sexually active, get tested for Chlamydia, a sexually transmitted disease. If you are older, ask your doctor if you should be tested.

### Additional recommendations based on health risks

Some people need certain screening tests earlier, or more often, than others. For example, being overweight may increase your risk of developing diabetes. Depending on your history, your doctor may recommend additional screenings or other actions for reducing your personal risk of disease. Your family health history can help identify if you have higher risk for some diseases, and help you look for early warning signs of disease.

Ask your doctor which tests are right for you, at what age the testing should begin, and how often you should be tested.

Recommended screening tests for high-risk women:

[www.womenshealth.gov/screeningcharts/highrisk/highrisk.pdf](http://www.womenshealth.gov/screeningcharts/highrisk/highrisk.pdf)

### Health and wellness checkup.

In addition to having medical tests and screenings to look for early disease, it is advisable to take a Health Risk Appraisal (HRA) to see how healthy your lifestyle is and learn how to make changes early before disease occurs. A wellness assessment, including a fitness evaluation, is the foundation of prevention and can also help fine-tune your lifestyle so you look and feel your best.

### Be wise: Immunize

If you're a healthy adult, you may not spend much time thinking about immunization. However, keeping current on recommended immunizations is an effective way to prevent many serious illnesses.

- ✓ Have a **flu shot** every year starting at age 50.
- ✓ Have a **tetanus-diphtheria shot** every 10 years.
- ✓ Have a **pneumonia vaccination** once at age 65. (You may need it earlier if you have certain health problems, such as lung disease.)
- ✓ Ask your doctor if you need to be vaccinated against hepatitis. The **hepatitis B vaccine** is recommended if some other risk factor (medical, occupational, lifestyle, etc.) is present. The hepatitis A vaccine is recommended for all travelers to certain countries.
- ✓ If you were born after 1956, you may need a **measles-mumps-rubella vaccine**. It's also recommended for healthcare workers, travelers, and adults going to college.
- ✓ If you've never had chickenpox, you can be vaccinated against it with the **varicella vaccine**. Adults are 10 times more likely than are children to develop complications with chickenpox.
- ✓ The **meningococcal vaccine** is recommended for first-year college students living in dormitories and for adults living where they might be exposed to the virus.
- ✓ A single dose of **zoster vaccine** is recommended for adults age 60 and older, even if they've had a prior outbreak of herpes zoster (shingles).
- ✓ The **HPV vaccination**, which can help prevent cervical cancer, is recommended for all females age 9-26 who have not completed the 3-shot series.

### What to do next:

- Compile a family health history** using My Family Health Portrait: <https://familyhistory.hhs.gov/fhh-web/home.action>
- Make an appointment with your health provider** for a physical exam. Discuss which tests you should have and how often is right for you.
- Schedule a preventive exam** such as a mammogram or a glaucoma screening.
- Get your blood pressure checked.**

Source: U.S. Department of Health and Human Services. 2009.

## Screening Guidelines

One positive way to reduce the risk of serious illness is to get regular preventive exams as recommended for your age and gender. Screening tests and preventive exams can help identify health problems early, while they are still easily treatable. See the Screening guidelines below to see what preventive tests are recommended.

SCREENING GUIDELINES – Quick Reference				
Screening or Test	Age 20-34	Age 35-49	Age 50-64	Age 65+
Blood glucose level	If high blood pressure or high cholesterol, ages 20+	Follow physician's advice		
Blood pressure	Once every 2 years, if normal range; otherwise consult physician			
Breast self-exam	Regular self-exam for women ages 20+			
Cholesterol check	If family history of heart disease, ages 20+	Every 5 years from age 35		
Colorectal cancer test	If family history, follow physician's advice		Regular screening ages 50+	
Dental exam	Teeth cleaning and exam annually			Once every 6 months after age 65
Depression	Consult physician if you feel "down," sad, or hopeless for more than 2 weeks			
Eye exam		Vision testing every 2-4 years, ages 40+	Glaucoma testing every 1-4 years, or as recommended by physician	
Hearing screening	At least every 10 years until age 50		More frequent monitoring after age 50	
Mammogram	If family history of breast cancer, ask physician	Yearly for women ages 40+		
Osteoporosis			If risk factors, ask physician	Bone density test at age 65
Pap smear	Every 1-3 years ages 21+			
Prostate cancer screening		Yearly for men at high risk, ages 40+	Yearly for all men, ages 50+	
Sexually transmitted disease/Chlamydia	If sexually active, ask physician			
Testicular self-exam	Monthly self-exam for men ages 20+			

Source: U.S. Department of Health and Human Services. 2009.

## Immunization Guidelines

Vaccines are among the greatest public health achievements of the 20th century. Up-to-date immunizations can protect both adults and children from disability and death due to infectious diseases. Are you and your loved ones protected? See the list below for immunization guidelines.

IMMUNIZATION GUIDELINES – Quick Reference				
Chicken pox ( <i>Varicella</i> )	One vaccine for adults with no history of chickenpox – ask physician			
Flu shot			Yearly after age 50	
Hepatitis B	Recommended for travelers and with certain risk factors – ask physician			
Herpes zoster ( <i>Shingles</i> )			One vaccine after age 60	
HPV ( <i>Human papilloma virus</i> )	Recommended for females age 9-26 years old			
Measles-Mumps-Rubella	Recommended for travelers, healthcare workers, college students, and adults born after 1956			
Meningococcal	Recommended for 1st year college students living in dormitories			
Pneumonia				One vaccine at age 65
Tetanus-Diphtheria	Every 10 years			

Source: U.S. Department of Health and Human Services. 2009.





# Get Preventive Exams

**CHALLENGE**  
Get preventive exams.

### Instructions

1. Post this calendar where you will see it daily (bathroom, kitchen, bedroom, etc.).
2. When you have a preventive test, routine exam, or immunization, write it on your monthly Health Challenge calendar.
3. Making the appointment is the first step, but doesn't mean that you have completed the Challenge. You must keep the appointment or have the immunization. Then keep up this healthy practice for a lifetime of good health!
4. Turn in your Health Challenge™ form if requested. Keep this record for evidence of completion.

MONTH:							HC = Health Challenge™	ex. min. = exercise minutes
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	Weight & weekly summary	
HC ex. min. _____								
HC ex. min. _____								
HC ex. min. _____								
HC ex. min. _____								
HC ex. min. _____								

I had a health test, immunization, or exam this month. Type of test, exam, or immunization: \_\_\_\_\_

I compiled my Family Health History.

\_\_\_\_\_ Number of days this month I got 30+ minutes of physical activity such as brisk walking

### Other wellness projects completed this month:

Name \_\_\_\_\_ Date \_\_\_\_\_



NEBRASKA

EXHIBIT  
tabbles®  
D



[nebraskablue.com](http://nebraskablue.com)

Blue Cross and Blue Shield of Nebraska is an Independent



# NEBRASKA

Blue Cross and Blue Shield of Nebraska is an Independent Licensee of the Blue Cross and Blue Shield Association.



# Lancaster County

NOVEMBER 10, 2011

## **Evolving Customer Expectations— Raising the Bar**

- Largest PPO network in the state and nation gives your employees more choice and access to deep discounts
- Unprecedented provider partnerships resulting in:
  - Innovative provider reimbursement strategies
  - Improved quality of care and cost savings
- Effective claims management
- Award winning service helps minimize administrative burdens for you and your employees

# Providing Innovative Solutions

## Blue Cross and Blue Shield by the Numbers

- Best local networks nationwide
  - 100% of non-governmental hospitals and 93% of physicians are in our Nebraska PPO network<sup>1</sup>
  - 90% of hospitals and 80% of physicians nationwide are in our National PPO network<sup>1</sup>
- Over 100 million covered members (one in three Americans carry a Blue I.D. card)<sup>2</sup>
- 24.5 million national client members<sup>2</sup>
- 85 of Fortune 100 companies have a Blue presence<sup>3</sup>

## Clinical Quality Initiatives

- BCBSNE serves as a prudent buyer of hospital and medical services that are delivered in an efficient, effective and quality manner on behalf of our members
- Partnership with providers to reduce hospital readmissions
- Partnership with providers to improve the use of generic medications

## Cutting Edge Initiatives

### Nebraska Health Information Initiative (NeHII)

This statewide health information exchange connects hospitals, physicians, labs, pharmacies and payers to promote a patient-centric health care system. One of the first statewide health information exchanges in the country, it provides electronic medical records to participating providers. BCBSNE has been a key supporter and participant in this important initiative.

<sup>1</sup> Blue Cross and Blue Shield of Nebraska provider reporting  
<sup>2</sup> Blue Cross and Blue Shield Association, bcbs.com, 5/19/10  
<sup>3</sup> Consortium Health Plans, 3/1/10  
<sup>4</sup> MDdatacor is a leader in innovative quality management technology solutions for health care insurers and providers

## Medical Home Pilot

Patient-Centered Medical Home is a health care delivery model built on a collaborative relationship between the patient and physician, promoting greater access to the physician and enhanced coordination and comprehensiveness of care.

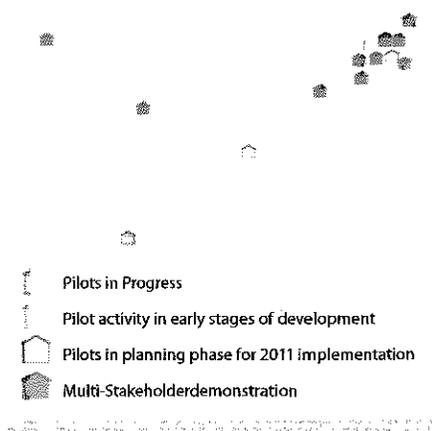
- A pilot program developed and launched by BCBSNE with clinicians in several communities across Nebraska
- An innovative health care approach designed to strengthen doctor-patient relationships and improve patient care
- Participants are patients with select chronic diseases and defined health care needs from participating clinics
- Facilitated through collaboration with MDdatacor<sup>4</sup> and physician offices
- Patient data at the point-of-care allows physicians to treat patients according to clinical guidelines
- Promotes the Patient-Centered Medical Home and provider-based Disease Management
- Data enables benchmarking of physician practices



A national designation awarded to hospitals and medical facilities that have demonstrated expertise in delivering quality healthcare. Blue Distinction Centers deliver better overall quality outcomes in the areas of:

- Bariatric Surgery
- Cardiac Care
- Knee and Hip Replacement
- Rare and Complex Cancers
- Spine Surgery
- Transplants

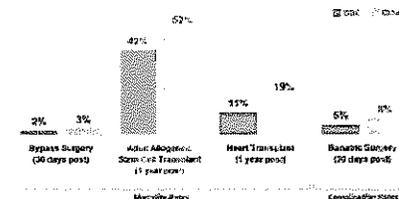
## BCBS Launching PCMH in More Regions than All Commercial Competitors Combined



## Preliminary Findings



## Patient Outcomes



## Nationwide Access



## Medical Management

### Radiology Quality Initiative

The Blue Cross and Blue Shield of Nebraska Radiology Quality Initiative (RQI) program promotes the most appropriate use of advanced imaging services to our members by requiring ordering/referring non-radiological physicians to obtain an order number before scheduling elective outpatient high tech diagnostic imaging services.

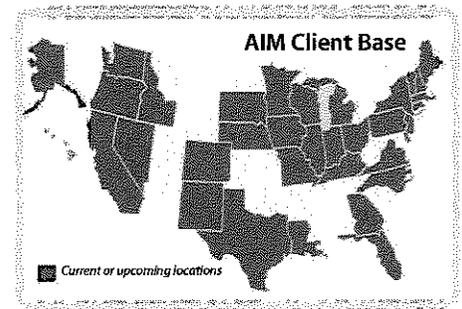
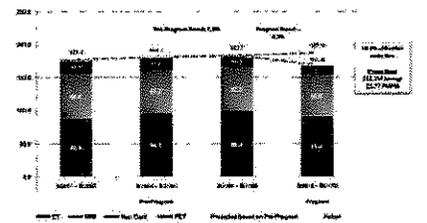
Preliminary program results show significant cost savings for employers and members, while reducing radiation exposure to members.

We are working with American Imaging Management, Inc. (AIM®), an industry leader in the management of diagnostic imaging services. AIM's clinical management programs now cover 30 million health plan members in the United States.

### AIM® Differentiators

- Industry leader covering over 30 million health plan lives with high satisfaction ratings
- Strong focus on provider education
- Leading RBM for Blue Plans, providing services for Blue Plans in 33 states
- Demonstrated success with managing broad range of products

### Utilization Trend



### Nebraska Blue Distinction Facilities

#### Bariatric Surgery

Alegent Health Immanuel Medical Center  
Regional West Medical Center  
St. Elizabeth Regional Medical Center  
The Nebraska Medical Center

#### Cardiac Care

Alegent Health Bergan Mercy Medical Center  
Alegent Health Immanuel Medical Center  
Bryan LGH Medical Center  
Creighton University Medical Center  
Nebraska Methodist Health System  
The Nebraska Medical Center

#### Knee and Hip Replacement

Columbus Community Hospital  
Creighton University Medical Center  
Fremont Area Medical Center  
Great Plains Regional Medical Center  
St. Francis Medical Center

#### Spine Surgery & Knee and Hip Replacement

Alegent Health Bergan Mercy Medical Center  
Alegent Health Immanuel Medical Center  
Alegent Health Lakeside Hospital  
Nebraska Methodist Health System  
St. Elizabeth Regional Medical Center  
The Nebraska Medical Center

#### Transplants

The Nebraska Medical Center

#### Rare and Complex Cancers

The Nebraska Medical Center

## Claims Management

### Built-in System Edits

- Code validation
- Duplicate checks
- Contract benefit validation
- Medical policy (determined by Medical Policy Committee)
- Provider status
- Reimbursement files
- High dollar

### Internal Audit Control

- Post payment reviews to ensure consistent, accurate claim management
- Bill audits – review based on targeted aberrancies such as coding, dates of service, dollar thresholds, etc.
  - Individual claim processor quality reviews
  - Member Touchpoint Measures – Blue Cross Blue Shield Association program that assesses operational and service performance to ensure requirements are met
  - Review of quality processes

### External Claim Management Controls

- Accent – national leader in comprehensive and innovative claim audit and recovery management solutions
  - Data mining/overpayment notification
  - Overpayment recovery
- CDR Associates – performs credit balance recovery

### Fraud, credit balance recovery, and hospital bill audit protection

- In 2010, we saved more than \$14 million for our members
- We are the only health insurance industry member of the Nebraska Anti-fraud Health Care Task Force

### Automated offsetting of overpayments with providers

# What people value most

## Enrollment

BluesEnroll replaces time-consuming, expensive and paper based benefit enrollment with a comprehensive electronic benefit administration and enrollment solution. It's secure, online and paper free.

## Superior Service

Industry leading retention and long-term relationships

**97%** 2006 – 2010 — more than 97% of our ASO employer groups have renewed with BCBSNE

**94%** 2006 – 2010 — more than 94% of our large insured groups have renewed with BCBSNE

## 2010 Claims Processing

- More than 15 million medical and pharmacy claims were processed
- Average auto adjudication rate was approximately 71%

## Responsive to Our Members

Blue Cross and Blue Shield of Nebraska's Member Services Department responds to approximately 73,000 phone calls per month and 5,000 pieces of mail, e-mail or requests via our Web site. Some of the top Key Performance Indicators include:

	Goal	Actual 2010	Actual YTD 2011
Speed to answer	30 seconds or less	16	13 seconds
Abandoned calls	5% or less	4.2%	2.9%



## Analytical Reporting

We understand the importance of data in managing an employer's health program, and we recognize that employers deserve timely and accurate information to support ongoing health plan decisions.

That's why we developed BlueQ<sup>SM</sup>, a state-of-the-art client reporting system that provides meaningful data so employers can stay on track with benefit plan, and other, decisions affecting program costs.

## Online Member Tools

- ✓ BlueHealth Advantage, our online portal designed to encourage members to maintain healthy lifestyles and be wise consumers of health services.
- ✓ Online Pharmacy Tools
  - View drug claims history
  - Price a prescription drug
  - Find a pharmacy
  - View the prescription drug list (formulary)
- ✓ Member Services Portal
  - Request an ID card
  - View member information
  - View claims information
  - Ask Member Services
- ✓ New Provider Portal
- ✓ Online Fraud Reporting
  - Allows members to report fraud
- ✓ Online Discount Programs include:
  - Blue365<sup>®</sup> – a national program offering exclusive access to information and discounts to help make healthy choices
  - Vision care discounts
  - Hearing care discounts
- ✓ Coverage Advisor<sup>SM</sup> – helps members make informed benefit plan decisions
- ✓ Cost Estimator – helps members estimate medical costs by location

## Why Choose Blue

### The Only Nebraska-based Health Insurer

With a 70+ year history in Nebraska, we have a long-standing relationship with the members of our great state, administering health benefits for more members in Nebraska than any other competitor.



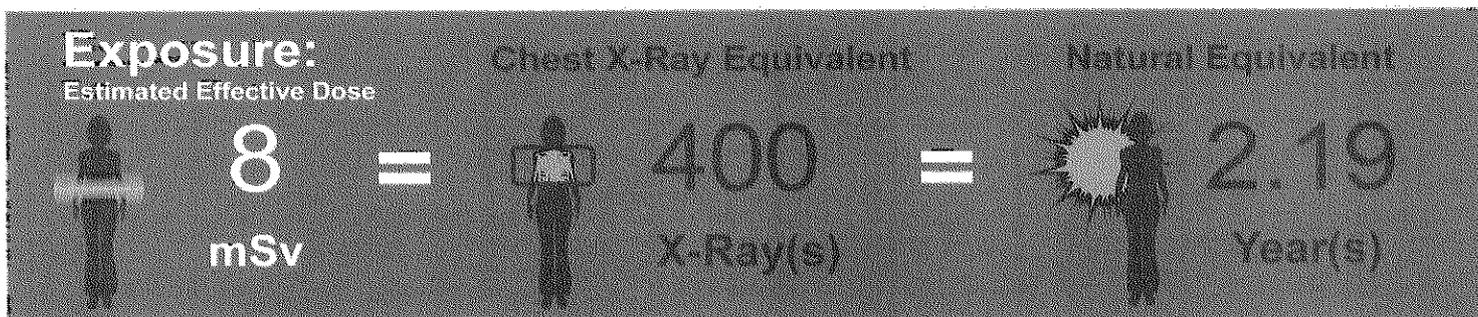
# Radiology Quality Initiative

- Implemented program March 1, 2010
- Covered Modalities
  - Computed Tomography Scans (CT)
  - Magnetic Resonance Imaging (MRI), including Magnetic Resonance Angiography, Magnetic Resonance Spectroscopy, and Functional Brain MRI
  - Nuclear Cardiology
  - Positron Emission Tomography (PET)
- Covered Settings
  - Freestanding imaging centers
  - In-office and physician specialty
  - Outpatient Hospital Department



# Safety

- Millisievert (mSv) is the scientific unit of measurement for radiation dose or effective dose.



Program is estimated to have saved 55,021 mSv or the equivalent of **2,751,050** chest x-rays.



## Participating Offices-PCMH

- Nebraska City Medical Clinic
- Southwest Family Health (Lincoln)
- Autumn Ridge Family Medicine (Lincoln)
- Physician's Clinic HealthWest (Omaha)
- Family Practice Associates, PC (Kearney)
- Plum Creek Medical Group (Lexington)
- Family Health Physicians (Lincoln)
- Alegent Eagle Run (Omaha)
- Midwest Regional Health Services (Omaha)
- Dinklage Medical Group (West Point)
- Auburn Family Health Center
- Grand Island Clinic
- Fillmore County Medical Services (Geneva)



# Reducing Waste in the System

- Preventables
  - Potentially Preventable Admissions (soft admissions)
  - Potentially Preventable Readmissions
  - Preventable Emergency Room visits
- PPR Incentive Program
  - Programs in place at all major Omaha acute care hospitals to reward systems for improving their preventable readmission rates.
  - Improves accountability for care coordination and patient follow-up.



## Discharge Program

- **Purpose:** To identify members with complex discharge plans and act as a liaison in the transition of care to prevent readmissions, promote safety, and improve outcomes.
- This is a telephonic outreach initiative that supports members as they transition from acute care to a lower level of care.
- Goal for Implementation: 1/1/2012



# Hep C Pharmacy Program

- Case Manager's Role within the Program: Educate the member on the importance of compliance with targeted Hep C medications.
- Communicate results of labs to the pharmacy department.
- Assist the member in identifying medication assistance organizations.
- Goals Increase member compliance with medications.
- Morbidity and mortality rates.
- Long Term: Reduce number of liver transplants.

Currently in progress- referrals come from the pharmacy department when targeted Hep C medications are requested.



## Upcoming Clinical Programs (2012)

- Oncology
- NICU
- High-Risk Maternity



## 1. BEVERAGE & SNACK VENDING

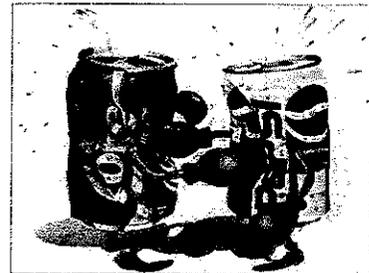
### Vision

#### A. Beverage Vending Concept

The City would grant a beverage manufacturer or third party vendor exclusive rights to vend and pour their beverage brands and products on all City property for an extended period of time.

### Analysis

The City of Lincoln currently has agreements with a number of third party vendors with terms and commission structures. These contracts can typically be cancelled without cause 30 days after receipt of prior written notice. Active recommends that the local bottlers of Pepsi-Cola, Coca-Cola, and Cadbury-Schweppes brands (Dr. Pepper/Seven-Up/Gatorade and Snapple) and third-party vendors be offered the opportunity to compete for the exclusive rights. In this case the company selected would be granted the exclusive right to vend, dispense, pour and otherwise sell their products on all available City-owned properties for an extended period of time. We recommend that the contract be set for a ten-year period. This will increase the profitability of the contract for the bottler or vendor selected, and will therefore encourage the potential sponsors to increase the value of their bids. The actual value of these assets will of course be determined by the winning applicant's last and best offer for their use. Active will also require these participants to engage their respective marketing department's resources for additional in-kind donations, Green sustainable solutions and healthy product selections.



### Healthy & Green Components

All beverage and snack companies are being challenged to support and act on Green and sustainability opportunities. These companies are focusing on recycling, product compliance, sustainable packaging as well as spending marketing dollars to promote these sustainability campaigns. Healthy beverage and snack programs are being developed by all manufacturers.

### Prospective Locations

Active has initiated a preliminary audit of City facilities and is currently working with staff to identify the potential for vending on City property. The City assets to be included will be an aggregate of all current agreements citywide as well as include all incremental beverage and snack opportunities that will be identified during the vendor audit.

In making this recommendation, we acknowledge that the City must find its own optimum balance in serving the needs of the public for:

- More revenue to support City services without increasing taxes and fees
- More convenient access to the beverages adults prefer – in order to satisfy thirst, the need for cooling refreshment, to rehydrate after exercise, or simply as a self-indulgence
- Unobtrusive, even visually appealing commercial intrusions onto public property
- Neutral to positive environmental impact
- More support for City hydration campaigns, publicly sanctioned events and programs

Each and every place in which a vending or pouring rights location might be sited must be examined critically. The rate of sales and profitability of each location will depend on:

**Pedestrian traffic** – a vending machine located in a heavily used public facility that is busy around the clock will be worth up to five times as much as a vending machine in a neighborhood park used only in fair weather.

**Ambient temperatures** – beverage sales rates in the summer's warmest months are double or even triple those experienced during the winter.

**Income levels** – higher discretionary incomes in neighboring areas will lead to somewhat higher sales rates.

**Security** – the likely losses per machine due to vandalism, due to elevated crime rates or the local presence of undisciplined adolescents can depress the profitability of a machine.

**Packaging the RFP:** The next step after the review of assets is complete is to develop and issue a Request for Proposal. Included in this Plan is a customized Beverage & Snack Services RFP (see Appendix C). The RFP to be issued to qualified bottlers and/or vendors should outline a Corporate Partnership package that reflects an agreed-on price/value strategy and include the following key elements:

- A sponsorship package that allows a selected beverage bottler or vendor to generate an appropriate profit in such a way that still serves the needs and marketing objectives of the City.
- An outline of a suggested rights and benefits package that will stimulate the selected vendor to use marketing funds for publicly beneficial programs and campaigns and will help the vendor promote their preferred brands, product and service plans.
- Encourage vendors to bid on the basis of guaranteed revenue for at least the first

three years of a ten-year-long contract period, rather than on the basis of commissions (commission bids tend to turn the City into an unwilling sales agent for the vendor, rather than simply serving as a sponsor).

**Merchandising the Opportunity:** Once the selected bottlers and/or vendors have received the RFP, Active recommends that the City assist the potential bottlers and/or vendors to obtain the most expansive view of the dimensions of the opportunity that is being offered to them. This would also include ancillary marketing campaigns and objectives.

Basically, this means arranging and (where advisable) personally conducting separate tours for executives of each of these bottlers and/or vendors. These tours will cover all of the sites on which vending or pouring rights opportunities may be found. This will be an extensive, but critically important part of the process of promoting the highest possible bid. In the course of these tours, it has been Active's experience that new opportunities for the placement of additional machines are always discovered. And the value of each such machine can be up to \$30,000 for the term of the contract. Because of the time-consuming nature of these tours, several weeks will be needed



to complete them. Upon completion of the tours bottlers and vendors will need additional time to prepare and submit their responses.

**Promoting High Bids:** Prior to submission of their proposals, firms should be repeatedly contacted, enticed, and encouraged to compete aggressively in bidding against their leading business rivals for the rights to an exclusive sponsorship contract with the City.

### Valuations

Our revenue estimates for a new Master Beverage & Snack Contract can be provided with a fair degree of confidence on the basis of the information available to us at this time and our experience with similar size municipalities. The current types of vending machines that are producing revenue for the City are:

- Bottled/Canned Beverage
- Hot Beverage/Coffee Service
- Non-Carbonated Beverage
- Snack Machines

We estimate there are approximately 75 - 100 vending machine location opportunities currently placed in administration buildings and other City departments. Based on the City's projected incremental opportunities (identified via vendor audits) the total number of vending opportunities could rise up to 20-25%; along with improvements of revenue share ranging from 20-30%. Vending machines traditionally generate \$1000.00 to \$2000.00 per machine annually. Based on these figures the City of Lincoln partnership could generate between \$75,000 to \$150,000 a year for 10-15 years.

### Revenue Production Rates

It should be noted that the value of vending machines to a bottler or vendor will be totally contingent on each machine's production of sales revenue, less its cost of operation. Valuations of beverage vending machines are not derived by formulas as an exact science, but are instead likely to be based on a subjective assessment of the likely value of each location. The bottler or vendor is likely to follow the same procedure as did Active's analysts: take a look at each prospective location, see what kind of traffic and security conditions prevail, and then estimate the revenue potential of that location.

In keeping with our customary practice of seeking to maximize the revenue returns for our clients, we have adopted a very aggressive stance in suggesting the placement of new vending and pouring facilities on City properties, wherever they might be justified. Bottlers and vendors may not see the same degree of new placement opportunities, which might cause the actual revenues the City may realize from these sources to be less than estimated, at least until the City's continued growth makes all of the placements profitable for the bottler and/or vendor partner.



Of course, these estimates bear no guarantee. It is simply based on our experience with the valuations of similar properties by bottlers and vendors bidding for similar rights in other municipalities. The final offering of these interested parties will depend on their own valuation of these properties, as well as the economic circumstances prevalent at the time of the submission of their proposals, as well as their own assessment of the opportunities provided by local circumstances.

It should be understood that these estimates could overestimate the actual revenues to be received by the City from these sources by as much as 15%, and underestimate these revenues by as much as 10%. The actual, final values will be dependent on future planned and "built-in" growth by the City and its facilities as well as on bottler and vendor valuations that precede their offers of support.

### Existing Contracts

The vending agreement that the City currently has can be terminated with an approximate 30 day written notice. Upon approval of the Beverage and Snack Vending concept Active recommends immediate notification to vendors to proceed on a month to month agreement with the understanding that the City is developing a larger Beverage and Snack Vending opportunity that they will be invited to bid on. Subsequently a Beverage & Snack Vending Services RFP will be prepared and marketed at the City's earliest convenience (see Beverage & Snack Services RFP, Appendix C). It generally takes 2-3 months for the vendor walk-throughs, preparation and submission of bids. Analysis, negotiation, selection and announcement would take an additional 3 months. Active will work closely with the partner and Interdepartmental Team throughout the entire process.

### **Other Benefits**

In addition to providing the City with extra revenue from its share of the sales of beverages, the manufacturer and/or vendors with whom the City contracts will perform these additional, important services:

- Vendors will maintain fresh stocks of product for in the vending machines, thereby serving the public's need for refreshment and nourishment on a convenient basis on public property.
- Vendors will reimburse the City for any refunds that the City may need to issue to complainants at any facility who demand to be reimbursed for vending transactions for which they have made payment, but have failed to receive the merchandise they desired.
- Vendors will provide the City with readily audited records of all sales transactions on a regular basis, which will improve the accountability of this resource.
- Vendors will absorb liability losses due to vandalism perpetrated on unsupervised machines in open areas, and will, where necessary, install upgraded equipment ("Robovendors," or steel security cages) where recurring vandalism problems make it necessary to provide a higher level of security for vending equipment.

Active believes that the City can tap an important source for increased revenue yields from its beverage and snack vending sponsorships by substantially increasing the populations of vending machines and pouring facilities on public property. As was noted in previous sections, these increases can readily be defended as providing a desirable public service, as well as the opportunity for increased revenue and public participation of the City's sustainability objectives.

For example, by aggressive placement of vending machines in every public park with adequate facilities, traffic, and security, we believe the City may be able to substantially increase its current revenues. Increased vending and serving populations, coupled with higher commission rates, is likely to increase City revenues from these kinds of contracts substantially while also promoting a Healthy Choice image.

### **Guarantees versus Commissions**

Ideally, we would hope to encourage those firms that submit responses to the City's Request for Proposals for Beverage and Snack Vending Services to provide their bids in the form of revenue guarantees, rather than in the form of commission rates. The reason for this preference is simple: otherwise, structured on a commission-only basis, the vendor is free to install machines at a leisurely pace in only those locations where their Return on Investment ("ROI") is most attractive, considering the average cost of these machines is approximately \$3,000 each not including installation costs.

At its simplest level, a contract in which the City is rewarded with commissions turns the City

into a salesperson for the selected sponsor, while a guaranteed revenue stream is more likely to cast the City's role as that of "landlord."

When a bottler or vendor installs machines in only the most promising locations and thus undermines their ability to live up to their initial revenue estimates, the practice is called "cherry picking." This kind of "cherry picking" can be prevented by encouraging bidders to guarantee as much of their offer as possible. Ideally, Active urges them to guarantee their full ten-year commitment. Short of that, at least the first two years must be guaranteed, even if it is made subject to later adjustment, in order to encourage the sponsor to install as many machines as possible "up front," so that the City will be assured the highest possible degree of revenue even after the guarantees expire.

### **Policy Considerations**

Whenever a public entity invites comments from constituents or public officials on the prospect of an exclusive contract with marketers of soft drinks, there is likely to be a lively debate promoted by a vocal minority that is passionately opposed to:

- Any use of public facilities in a manner that will preferentially benefit a selected private enterprise. These objections may be stated as opposition to "excessive commercialization," or simply to contracts, which are awarded on an exclusive basis.
- Sweetened soft drinks, whether sweetened with sugar ("candy in a bottle"), or with artificial sweeteners (which provokes expressions of concern about the safety of the controversial sweetener aspartame). Active recommends that all designated vending locations in the City be offered the option to request "healthy" beverage and snack options as part of the program.

The first set of objections is usually readily dismissed. Roads and other public improvements have been constructed for cities or states by private parties on the basis of an exclusive contract for decades. As for "excessive commercialization," this can be handled in a manner that is consistent with the current City codes and standards.

The objections to soft drinks themselves have had a more serious history. In several venues, such as grammar schools, the sales of soft drinks on school campuses is regulated or even prohibited, despite the rich revenue rewards schools can generate if they are clever and effective in their negotiating tactics. The basic fear behind these prohibitions and restrictions is the fear that soft drinks will displace more nutritious beverages from the diets of youngsters, whose knowledge of nutritional consequences is limited, and whose preference for sweetened beverages is well established.

Active has several responses to the objections to soft drink contracts as they may be established by cities, counties, and hospital systems:

- Feature Healthy Choice vending offerings.

- The typical user of a soft drink vending machine is likely to be an adult.
- This user will be free to buy a soft drink from a private sector retailer if such a product isn't available at public facilities.
- All of these products are already sold at many public facilities. Too often, the public does not receive its full and fair share of the revenues obtained.
- The products offered in these machines will not only consist of sweetened soft drinks, but may (as you direct) also — or instead — contain bottled or canned water, fruit juices or drinks, isotonic sports beverages, teas, and other types of “healthier” beverages, depending on the age of likely users at each location.
- Whatever the contents of these beverages, they serve a useful nutritional need for hydration, while quenching thirst, providing refreshment, and even helping to cool the user in hot weather, thanks to their refrigerated form.

After these issues have been positively resolved, additional policy concerns must be addressed. How to deal with individuals and organizations that currently derive revenue directly from the vending assets in place on City property? Active recommends that the City offer assurances to any groups such as the Police or Fire Department that the City will “make them whole” after the new deal is in place. The meaning of “make them whole” will generally involve providing them with a revenue stream after the new deal is in place that is comparable to the revenues they enjoyed prior to the new City-wide contract. The primary differences will be that now the group’s revenue will come from the City rather than the vendor of their choice and the brand selections will be made by the City rather than the group.

## **B. Snack Vending Concept**

Grant a snack and coffee vendor exclusive rights to vend or pour these products on all City property for an extended period of time.

### **Analysis**

Like beverage marketers, the leading local operators of snack vending machines should also be offered the opportunity to compete for the exclusive right to vend and otherwise sell the snack products of the various companies with which they customarily do business. These contracts should also offer the exclusive right to vend and otherwise sell suitable snack products on all available City properties for a ten-year period.

Active believes that this bidding process should take place at the same time as the contracts for soft drinks are put out for bid. It is entirely possible that one or more of the leading local vendors may ask to compete for the right to the soft drink contract as well as for the exclusive right to sell snacks. We would urge the City to permit these vendors to compete on this kind of expanded basis, with the provision that they also prepare their bids in two parts, one part of which assumes that they will serve the City by providing snack-vending services alone.

It should be kept in mind that the bottlers of soft drinks have a considerably wider profit margin with which to compete for these kinds of contracts. Typically, when bidding on a "commission only" basis, without guarantees, bottlers will offer up to a 30% sales commission on the vending of 20 ounce beverages, while snack and soda vendors will at most be able to offer a 15% commission on soft drinks (and more likely, between 10% and 12%, if they are to make a profit).

These matters aside, many of the same considerations will apply to the execution of a Master Snack and Coffee Service Vending Contract as is noted above regarding a Master Beverage Contract.

### **Prospective Locations**

In addition to reviewing the City for beverage location opportunities Active reviewed City facilities for potential snack machine placements.

Snack revenues will be a fraction of the beverage revenues, since there are far fewer sites for these vending devices on City property, their volumes are lower than soft drink machines, and the profit margins available to the vendors are smaller than are the margins for soft drinks. The City should be pleased if it were able to generate 10% of the revenue from its snack vending devices as from its soft drink sponsorship.

### **Policy Considerations**

The same considerations apply to this category as to soft drinks (see above). In response to rising public criticism of excessively high amounts of sugar or salt in many conventional packaged snacks, marketers are increasingly making available healthier and more nutritious single-serving snack products for vending machines. These include packaged fresh foods (like baby carrots) that may have a high rate of perishability, and that therefore require placement only in installations where very high purchase rates will justify a relatively high rate of restocking frequency. If desired, these kinds of healthy snacks can be mandated in any RFP issued to prospective vendors.

### **Total Beverage and Snack Package Valuation**

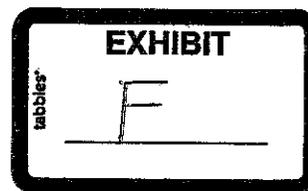
As noted above, Active is recommending that the City of Lincoln offer a package that reflects the aggregation of as many vending locations and pouring opportunities to a potential sponsor for a ten-year term. This will maximize the revenue potential to the City. The benefits of bundling assets allow a major manufacturer (brand) or third-party vendor to become a true partner of the City at multiple levels. This will bring about positive change:

- Eco-friendly technologically advanced machines
- Wider variety of new products (healthier)
- Better service based on efficiencies and being a priority account due to size of agreement

- Access to major brand's marketing departments which have a separate budget and willingness to support key sponsorship initiatives

The estimated revenue figures that Active has provided are based on our experience with other municipalities and market comparables. Our expertise in this area as well as the comparables in other cities that were not negotiated by Active indicates that a ten-year deal is much more profitable to a City. With a ten-year program the revenue potential to the City could be as much as three times the amount of a five-year program. Partners are more willing to put more upfront monies into a program that is longer because they make a huge investment in machines to sustain the program. If a bottler/vendor only puts machines in for five years they may not recoup their investment unless they put fewer machines into only the highest traffic locations.

We have successfully executed numerous beverage/snack and pouring rights agreements across the country (currently 25) and are confident that this category can be executed relatively quickly producing an immediate source of revenue as well as creating incremental revenues through broader access for healthy refreshments for the community.



**City of Lincoln  
Funding Summary**

	1/1/2010 to 12/31/2010	1/1/2011 to 12/31/2011
<b><u>Commissions earned:</u></b>		
Actual (See attachments)	37,645	29,024
Estimated remaining 3 months in calendar year 2011		7,000
	37,645	36,024
<b><u>Other funding provided to the City of Lincoln:</u></b>		
Sponsorship of the Fourth of July Fireworks	36,000	36,000
Can panels	30,000	30,000
Bill board	1,000	1,000
Free soft drink products	3,000	3,000
Free t-shirts and sweatshirts	500	500
Toys and gadgets	500	500
Sporting goods equipment	500	500
Radio remotes	5,000	5,000
Menu boards	750	750
Clocks for swimming pools	750	750
Logoed rainwear for use by pool staff	750	750
Logoed umbrellas	750	750
Printed posters as flyers for special events	500	500
	117,645	116,024
<b><u>Other funding available to the City of Lincoln:</u></b>		
Radio spots	6,000	6,000
Television spots	14,000	14,000
	137,645	136,024

Detail Vending Sales by Customer

Customer Number	Name	Commission Rate	1/1/2010 to 12/31/2010			1/1/2011 to 09/30/2011		
			Sales	Commissions	# of Machines	Sales	Commissions	# of Machines
<b>First Choice Vending Company</b>								
101539	PUBLIC BUILDING COMM	17.50%	80,999.05	13,182.60	24	58,784.07	9,567.11	22
101568	CARRIAGE PARK GARAGE	17.50%	1,063.65	173.11	1	426.15	69.36	1
101570	CORNHUSKER SQ GARAGE	17.50%	493.30	80.28	1	504.35	82.08	1
101572	Q PLACE GARAGE	17.50%	1,577.05	256.66	1	897.30	146.04	1
101573	UNIVERSITY SQ GARAGE	17.50%	2,764.65	449.95	1	1,829.82	297.80	1
101574	HAYMARKET PARK GARAGE	17.50%	1,675.21	272.64	1	1,264.17	205.74	1
101607	BENNETT MARTIN LIBRARY	0.00%	5,874.71	-	3	4,583.06	-	3
101684	LIN/LNCSTER CTY HLTH	0.00%	9,279.91	-	4	6,961.97	-	4
101694	PR-INDOOR PLAY 9036	17.50%	2,221.55	361.56	1	1,568.95	255.35	1
101696	PR-AIRPARK REC 9030	17.50%	1,635.05	266.10	1	868.55	141.36	1
101697	PR-EASTERDAY 9034	17.50%	2,189.36	356.32	1	2,451.60	399.00	1
101698	PR-AULD PAVILION 9002	17.50%	1,583.68	257.74	1	945.36	153.86	1
101699	PR-IRVING REC 9037	17.50%	7,579.46	1,233.56	2	8,297.12	1,350.36	4
101700	PR-CALVERT REC 9033	17.50%	4,669.75	760.00	1	4,108.41	668.64	3
101701	PR-BELMONT REC 9032	17.50%	5,402.16	879.20	1	4,389.00	714.31	3
101702	PR-ADMIN OFFICE 9001	0.00%	234.75	-	1	154.25	-	1
101703	PR-CENTRAL SHOP 9002	0.00%	633.85	-	1	437.15	-	1
101704	PR-CARPENTRY SHOP 9002	0.00%	555.15	-	1	410.90	-	1
101717	PR-PIONEER MAINT 9013	0.00%	891.40	-	1	493.70	-	1
101946	LOREN C EISELEY LBRY	17.50%	16,045.30	2,611.37	4	11,827.92	1,924.99	4
102207	STAR TRAN/PBLC WORKS	0.00%	14,261.47	-	6	9,487.62	-	5
102460	WALT BRANCH LIBRARY	17.50%	13,135.02	2,137.72	3	9,924.56	1,615.22	3
102465	ANDERSON BRANCH LIB	17.50%	1,293.90	210.58	1	996.45	162.17	1
102532	GERE BRANCH LIBRARY	17.50%	12,259.66	1,995.26	3	10,347.56	1,684.07	3
102541	PUBLIC WORKS MAINT	0.00%	3,917.49	-	2	2,528.40	-	2
102581	LINCOLN POLICE DEPT	17.50%	3,580.85	582.78	2	2,521.90	410.44	2
102674	LANCASTER CO ENGINEER	0.00%	3,099.45	-	2	2,346.95	-	2
103250	LINC ASHLAND WATER	0.00%	763.10	-	2	1,544.70	-	2
103251	LINC S. STREET SHOP	0.00%	947.71	-	2	2,605.95	-	2
103252	LINC NORTHEAST SHOP	0.00%	577.75	-	2	938.91	-	2
103253	LINC WASTE WTR ADMIN	0.00%	309.35	-	2	544.80	-	2
103254	LIN WASTE WTR CONSTR	0.00%	1,181.65	-	2	3,435.30	-	2
103268	LIN WEST DST MAINT SHP	0.00%	948.65	-	1	1,980.15	-	1
103475	PR-F STREET REC 9035	17.50%	-	-	-	1,331.45	216.69	2
113195	CAPITAL HUMANE SOCIETY	0.00%	2,538.57	-	1	1,880.95	-	1
129002	LANCASTER CO SHOP	0.00%	2,696.27	-	2	1,807.05	-	2
400002	PR-BALLARD POOL	17.50%	4,016.65	653.71	1	3,435.36	559.10	1
<b>Subtotal</b>			<b>212,896.53</b>	<b>26,721.16</b>	<b>86</b>	<b>168,861.86</b>	<b>20,623.69</b>	<b>91</b>

Pepsi-Cola of Lincoln

101073	PR-MAHONEY BALL 9043	45.00%	1,291.24	540.38	1	937.90	392.51	1
101292	PR-MOPAC TRAIL 9002	45.00%	89.62	37.51	1	436.75	182.78	1
101293	PR-ANTELOPE PARK	45.00%	3,110.28	1,301.65	2	1,781.97	745.75	1
101549	PR-HOLMES GOLF MNT 9014	45.00%	235.50	98.56	1	222.10	92.95	1
101728	PR-OAK LAKE 9002	45.00%	705.31	295.17	1	917.89	384.14	1
107112	PR-MAHONEY GOLF 9016	45.00%	264.15	110.55	1	315.30	131.95	1
110309	PR-STAR CITY SHORES 9026	45.00%	6,185.85	2,588.78	1	4,973.46	2,081.39	1
113049	PR-PIONEERS PARK 9013	45.00%	3,267.91	1,367.62	4	2,623.70	1,098.02	4

Detail Vending Sales by Customer

Customer Number	Name	Commission Rate	1/1/2010 to 12/31/2010			1/1/2011 to 09/30/2011		
			Sales	Commissions	# of Machines	Sales	Commissions	# of Machines
117046	PR-N.WEST DIST SH 9002	45.00%	462.15	193.41	1	393.96	164.87	1
117303	PR-HIGHLANDS GOLF 9017	45.00%	359.51	150.45	1	346.00	144.80	1
126054	PR-S. DIST SHOP 9002	45.00%	1,189.05	497.62	1	520.85	217.98	1
128096	PR-CARPENTRY MAIN 9002	45.00%	986.20	412.72	1	607.80	254.36	1
128185	PR-INDOOR PLAY 9036	45.00%	1,588.40	664.75	1	1,067.30	446.67	1
129013	PR-CENT DIST SHOP 9002	45.00%	767.91	321.37	1	597.95	250.24	1
129089	PR-AULD PAVILLION	45.00%	1,586.73	664.05	1	1,418.15	593.50	1
129124	PR-ADMIN OFFICE 9001	45.00%	320.58	134.16	1	214.75	89.87	1
130077	PR-EASTERDAY REC 9034	45.00%	3,691.20	1,544.77	1	2,697.50	1,128.90	1
<b>Subtotal</b>			<b>26,101.59</b>	<b>10,923.52</b>	<b>21</b>	<b>20,073.33</b>	<b>8,400.69</b>	<b>20</b>
<b>Total</b>			<b>238,998.12</b>	<b>37,644.67</b>	<b>107</b>	<b>188,935.19</b>	<b>29,024.38</b>	<b>111</b>

\*\*Commissions are calculated net of sales tax paid.

EXHIBIT  
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