

**Strong Rural Communities Initiative**  
**Annual Face-to-Face Steering Committee Meeting**  
**August 5, 2008**  
**Stevens Point, WI**  
**Meeting Notes**

In Attendance:

**Sayed Ahmed** (Medical College of WI by phone), **Connie Abert**, Waupaca County, **Randi Arneson**, Black River Memorial Hospital; **Linda Bishop**, Sauk Prairie Memorial Hospital; **Byron Crouse**, UW School of Medicine and Public Health; **Sue Duffy**, Energy at Work-Hayward; **John Eich**, Wisconsin Office of Rural Health; **Eric Gass**, Medical College of Wisconsin; **Karen Hegranes**, Langlade County; **Jessica Kerner**, Langlade County; **Liz Lund**, Black River Memorial Hospital; **Linda McFarlin**, Adams County Public Health; **Sandy Scola**, Sauk Prairie Memorial Hospital; **Annie Short**, Waupaca County; **Tim Size**, Rural Wisconsin Health Cooperative; **Amy Wergin**, Healthiest Manitowoc 2010; **Kevin Jacobson**, Wisconsin Office of Rural Health (took these notes)

Tim Size convened the meeting at 10:15. Each project provided an update:

Sauk Prairie: They are continuing to work with the police department, have added a small manufacturer and will begin working with the Village of Sauk City. A local volunteer fire department has contacted them about conducting health risk assessments (HRAs); this will be the first employer to pay for their services. One lesson they've learned is that to improve employee buy-in to worksite programs, it seems to work better if an employee group takes responsibility to communicate with other staff, rather than coming from Sauk Prairie staff or consultants. A worksite wellness committee can increase the likelihood of sustainability after their program ends. The Hospital is beginning a wellness program and offering insurance premium reductions as an incentive. The program has recently purchased a web-based software package, [BSDI](#), where participants can enter and track their own health stats. There was discussion about confidentiality and concerns about employers and insurance companies learning about employee health status. Participants weren't concerned about confidentiality, but there is a general concern about how information may be used. Could a person be flagged with a pre-existing condition (blood pressure, smoker, etc.) that could impact insurance coverage? Also, attitudes and awareness of health issues could change over time and HRA results and answers could then be a problem.

Black River Falls: Worksites have included the school district (for multiple programs), several small manufacturing firms and the Ho-Chunk Casino; a mix of white and blue collar and education levels. The Casino has been challenging, getting participants to stay engaged. They hosted the second Healthy Taste of Jackson County in May, attended by 450 (350 first year). Local restaurants provided healthy food samples. There were also lectures, door prizes, and a magician. Black River Hospital is becoming a regional

resource for HRAs (they charge \$65/person). In January the Hospital developed a wellness services catalog for employers as a business development tool. This will allow the SRCI program to become sustainable.

Manitowoc: Their initial goal, which they've met, was to complete HRAs for seven employers each grant year. They cover half the HRA cost and provide additional funds for wellness programs, using John Morgan's Worksite Wellness Toolkit. They created a Wiki for all their wellness groups to share information and discuss issues. They plan on opening it up to the County Chamber of Commerce so any businesses can use it. This forum allows employers to share ideas on what works for them, rather than simply relying on programs given to them. They've begun working with the uninsured population, farmers and small employers.

Waupaca: They are encouraging employers to complete HRAs for their employees and to implement wellness programs using the Worksite Wellness Toolkit. They're hearing from the medical community that people are going to their providers with their HRA results. Employers are seeing results and the benefits of wellness programs. One employer has said that employees can either complete a HRA or their insurance premiums will increase \$100. The program has discovered that they can market themselves as a resource to HR staff. Employers they've worked with are their best promotion tool. They've also learned that to be effective, activities (HRAs, smoking cessation) must take place at the worksite. It's very hard to include farmers and small businesses. They won't come to participate in group activities. Maybe UW Extension could become involved to reach farmers.

Langlade: The hospital provides HRAs for free. Employers are required to establish a wellness committee to identify what activities employees are willing to participate in. They've seen some real significant changes with some employers, such as going smoke free, HRA improvement and insurance premium reductions. The hospital has seen the potential for revenue generating programs, e.g., some employers are interested in ergonomics. Their collaboration with community partners has increased, such as writing grants together.

Hayward: They just completed their second series of programs with an employer whose insurance carrier was going to raise premiums if they didn't implement a wellness program. These programs have been very effective. The employer went smoke free (chewing increased and that's now addressed in the program). All participants have lost weight. The program was during work hours; a previous series was on the employee's personal time and wasn't very well attended. They will begin a hospital wellness program next.

The academic partners (MCW and UW-SMPH/ORH) reported. Kevin Jacobson summarized the UW Center for Health Systems Research & Analysis SRCI evaluation. John Eich reminded the group that the grant will end next spring—what will be this group's role in the future? The Office can help to facilitate that discussion. Byron Crouse said he's struck by the lack of wellness programs in hospitals. This could be an opportunity for the Flex Program (ORH) to work with Critical Access Hospitals. John commented that hospitals and public health departments aren't necessarily working together on this. Tim Size said that leadership in this area can come from another source

besides hospitals or public health. Linda McFarlin said public health may be concerned about appearing to favor one hospital over another, if there's more than one hospital in a county. Eric Gass gave [a presentation](#) on the results of a survey on partnerships and the SRCI collaborative process.

The meeting concluded with a discussion of sustainability. Connie Abert said they're convening a meeting of business partners involved in wellness programs to identify how/whether they would like to continue the programs and how to reach uninsured. John Eich said it's important to consider a business model if anyone wants to continue: which HRA should they use? Should it be online? Who will pick up the cost? Liz Lund said marketing is important. One employer that has contracted with the hospital for wellness services is working on promotion that shows they're a good place to work because they're committed to employee health. Wellness can become a symbol of the type of employer they are. Employer's see that there's a benefit to wellness programs—that's not a problem. It's important to get management involved in the program so they can see just what's going on.