



LAWRENCE UNIVERSITY

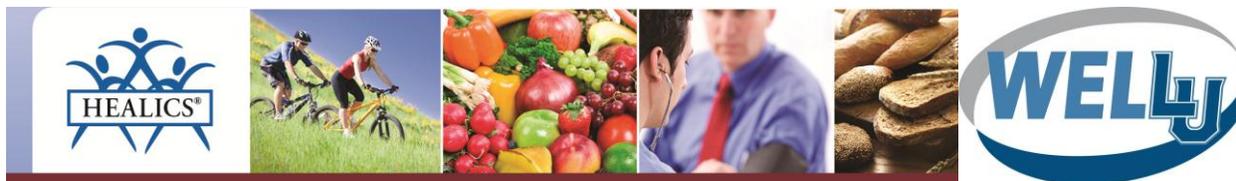
2014 HEALTH RISK ASSESSMENTS

NEW THIS YEAR!

1. **Your HRA report will be mailed to your home** approximately three weeks after your HRA screening. In previous years, your report was handed to you during the report delivery.
2. **The report delivery will not be required this year.** However, you are strongly encouraged to choose one of the following two options to ensure that you thoroughly understand your HRA results and any potential health risks you may have:
 - **Option 1: In-Person Report Delivery on Campus**
When scheduling your HRA screening, you may also schedule a 15-minute appointment to meet privately, face-to-face with a Healics consultant in **Hurvis Center** on either **Thursday, May 8 or on Wednesday, May 14, anytime between 7 am – 5 pm.**
 - **Option 2: Telephonic Report Delivery by Calling Healics**
After receiving your personal report in the mail, you may **call Healics toll-free at 800-432-5427 anytime between 8 am – 4:30 pm, Monday – Friday.** When making this call, you will have up to 15 minutes to discuss your HRA results with a Healics consultant. There is no need to schedule an appointment in advance. This convenient option is available **through Friday, May 30.**

If you are a **first-time HRA participant** through Lawrence University, we especially encourage you to take advantage of one of the above two options. If you are unable to do so before Friday, May 16, a Healics consultant will call you some time during May 19-30, between the hours of 8 am – 4:30 pm, to help you interpret your health risk report so that you fully understand your results.

3. **Points for nicotine use have changed. Nicotine use will be reported based on the nicotine lab result (positive or negative), not based on how the nicotine question is answered.** On June 3, 2013, the Department of Treasury, Department of Labor, and Department of Health and Human Services issued new wellness regulations for employers under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Prior to these new regulations, Healics took into account how the participant answered the nicotine question to determine the points they received if their lab result was negative and they had a quit date between 6 months and 3 years. Healics will no longer use the question to determine points awarded. All scores will be adjusted historically to ensure a smooth transition to the new scoring method for tobacco use.



NEW THIS YEAR! (Continued...)

Former Healics scoring table for Nicotine Use

Minimal	Moderate	Medium	High	Extreme	
Never or Quit 3+ yrs	Quit 2 - 3 yrs	Quit 1 - 2 yrs	Quit 1/2 - 1 yrs	Quit 1 mo- 6 mo's	Now to quit 1 mo
24 pts	18 pts	12 pts	6 pts	0 pts	-6 pts

If self-scored tobacco use and nicotine test results differ, you were given the lowest points.

2014 Healics scoring table for Nicotine Use

Minimal	Moderate	Medium	High	Extreme
Negative	Negative	Negative	Negative	Positive
Never or Quit 24+ months	Quit 18-24 months	Quit 12-18 months	Quit 6-12 months	Quit Now - 6 months
24 points	24 points	24 points	24 points	-6 points

- The minimal risk range for Triglycerides will be changed to 130 or less (this is the level at which a participant will achieve full points and fall into the blue category). This is being done due to the latest medical guidelines regarding triglycerides. In the past, the minimal risk range was 100 or less. This is a positive change for participants and will help to better identify the risk of heart attack and stroke. All scores will be adjusted historically to ensure a smooth transition to the new scoring method for triglycerides.

Former Healics scoring table for Triglycerides

100 or less	101 - 150	151-200	201-250	251-400	400+
8 pts	6 pts	4 pts	2 pts	0 pts	-4 pts

2014 Healics scoring table for Triglycerides

130 or lower	131-150	151-200	201-400	401 or higher
8 points	6 points	4 points	2 points	0 points



Frequently Asked Questions Health Risk Assessment

What is a health risk assessment (HRA)?

It's a health screen, performed at your work site, during working hours and a report that provides you with the results of the health screen including information about your health risks (high blood pressure, high cholesterol, high glucose, etc.), so that you are in a better position to prevent future problems and/or get treatment for existing problems early on.

Why should I participate?

- It's free to you - your employer pays for it. If you were to have the same services done in a physician's office, it could cost more than \$200.
- It's convenient.
- It's confidential. No personal test results go to your employer. Your employer receives and will share with you an aggregate report.
- Knowledge. You will learn how well you are doing on a variety of factors that can affect your health.
- Becoming aware of your health risks enables you to treat health problems at an early stage. Diabetes, for example, can lead to the future loss of limbs if the disease isn't treated early on.
- Annual comparisons. Individual reports show data for all the years you participated in the HRA. You will be able to compare your current results with past years.

What benefit do I gain by participating in the HRA when I have a physical exam each year?

Bringing your HRA results with you to your physical exam will save you and your physician time and will share important information with your physician about any potential health risks you may have. It will also save you and your health plan money since it is free to you, and having the same services done in a physician's office could cost more than \$200. With the HRA, you will also receive a personal, confidential report of your results that will include a history of results from any past HRA's that you have participated in. The HRA also includes the opportunity for you to meet with a Healics health examiner who will personally review your results, help you set personal goals for improvement, and provide you with tips on how to achieve any goals you set.

What is involved?

1. You complete a questionnaire and lab consent form in advance and bring the forms with you to your scheduled work site health screen.
2. You participate in a work site health screen - an examiner takes physical measurements for blood pressure, height, weight, wrist, and waist and hip size. The examiner will take a blood sample from a vein in your arm. The blood sample is tested by a lab for:
 - Total cholesterol, HDL and LDL - fats found in the blood
 - Triglycerides - fatty substances found in the blood
 - Glucose - sugar found in the blood
 - Nicotine - present in the blood of tobacco users or those routinely exposed to second-hand smoke
 - Various liver function tests - the liver filters harmful substances from the blood (such as alcohol).
3. Your completed questionnaire and blood sample results are sent to Healics. The data is entered into the Healics computer system. Individual reports are printed and mailed to your home.
4. To help you interpret your health risk report so that you fully understand your results, you have the option of participating in a confidential, in-person meeting in Hurvis Center with a Healics consultant on May 8 or 14, or calling a Healics consultant on or before May 30, at toll-free at 800-432-5427 anytime between 8 am - 4:30 pm, Monday - Friday.

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5. Healics provides your employer with an aggregate group report (the employer does not receive your individual HRA report) that indicates your company's overall health risks (such as high cholesterol) and employee interests. This enables your employer to offer programs that work to improve the health of the entire company.

How do I know I can trust Healics to keep my information confidential?

Healics has 20+ years of demonstrated reliability. HIPAA (Health Insurance Portability and Accountability Act), a government enacted set of laws, mandates that personal health information be kept confidential unless you give written permission for this information to be shared. As required by HIPAA, Healics is in compliance with these laws.

Do I need to participate in the report delivery (either in-person or via telephone with Healics), in order to receive the health insurance premium credit?

No, you do not need to do this, however, we highly encourage you to choose one of these options to ensure that you fully understand your results.

Is my spouse/domestic partner required to participate in the HRA in order for me to get the premium discount?

No, in order to get the premium discount, only the employee is required to participate. However, we highly encourage spouses/domestic partners to take advantage of this potential life-saving opportunity.

Should I still participate if I am pregnant?

Since some of your results may be altered due to your pregnancy, you may decide not to participate at this time. If you are a faculty or staff member on the Lawrence health plan and you choose not to participate, please notify Patty Leiker or Xai Xiong in Human Resources and they will ensure that you receive the discounted health insurance premium for the plan year effective July 1 2014.

How do I prepare for the health screen?

- Follow the HRA participant instructions and bring the completed questionnaire and laboratory consent form with you to your health screen appointment.
- Fast for 8-12 hours - no food or drink other than water.
- Drink plenty of water before your screening so your body isn't dehydrated.
- Don't exercise vigorously before your screening. Sweating will reduce the water content in your blood and can make the blood draw more difficult.
- Continue to take any medications that your doctor has prescribed, especially insulin. Let the examiner know about those medications.
- Don't drink alcohol for at least 24 hours. Alcohol dehydrates the blood and can make the blood draw more difficult.
- Avoid caffeine and smoking for at least 30 minutes prior to your screening.
- Wear shoes that are easy to remove.
- Wear a shirt that is short-sleeved, sleeveless or easy to roll up over the elbow.
- Avoid wearing pleats or anything that bunches at the waist or hips.

What if I am on prescription medication?

Continue taking your prescription medications so that your test results reflect this medical treatment. Most medications do not affect test results. It is especially important that you continue to take insulin if you are on that medication.

What should I bring with me to the HRA screening?

You need to bring the completed questionnaire and signed laboratory consent form.

Who will be notified of my results?

Only you (unless you have authorized in writing the release of your results to anyone else).

Who do I contact if I have any additional questions?

Contact Patty Leiker at (920) 832-6543 or Xai Xiong at (920) 832-7136 in Human Resources.



Scheduling Your Confidential 2014 HRA Screening

- 1) Go to www.healics.com.
- 2) Click on "Participant Login".
- 3) Click on "Schedule Your Worksite HRA Appointment"
- 4) Type in the following **access code: LawrenceU**
- 5) Click "Login." Select "Create New Appointment" from the "Exam Scheduling Menu"
- 6) Select the **HRA screening** appointment date/time you will be attending by using the drop down list.

The confidential **HRA Screening** takes approximately 10 minutes. These screenings are being offered between **6:30am-10am in the Warch Campus Center, 4th Floor** on:

Thursday, April 3
Friday, April 4
Saturday, April 5 (*option for spouses/domestic partners*)
Monday, April 7
Tuesday, April 8
Wednesday, April 9
Thursday, April 10

- 7) After selecting an available appointment time from the drop down list, click "Continue"
- 8) Complete the requested information (name, date of birth, etc.). Click "Continue"
- 9) Print your appointment confirmation.
- 10) Click "Add Next Appt/Spouse Appointment" to schedule an appointment for your spouse/domestic partner or click "Log off" in the bottom, left corner if you are finished.
- 11) On the reverse side of this document, review the options that are available to you for "Scheduling Your Confidential HRA Report Delivery Appointment".

Additional Reminders

- *The cut-off time to sign up for or change your appointment time is 48 hours prior to when the session begins.*
- *If you need to look up your appointment time or change it, repeat steps 1 - 4. Click "Login" and select your preferred option. Complete the information requested.*
- *If you are having trouble locating your appointment information or if you need to cancel your appointment, please contact Patty Leiker at 920-832-6543, or Xai Xiong at 920-832-7136.*



Scheduling Your Confidential HRA Report Delivery Appointment

Option 1: In-Person Report Delivery

These 15-minute sessions are being offered between 7am - 5pm in Hurvis Center on:
Thursday, May 8
Wednesday, May 14

- 1) Go to www.healics.com
- 2) Click on "Participant Login"
- 3) Click on "Schedule Your Worksite HRA Appointment"
- 4) Type in the following **access code: LawrUnivRD**
- 5) Click "Login." Select "Create New Appointment" from the "Exam Scheduling Menu"
- 6) Select the **Report Delivery** session you will be attending from the drop down list. Then click "Continue"
- 7) Complete the requested information (name, date of birth, etc.). Click "Continue"
- 8) Print your appointment confirmation
- 9) Click "Add Next Appt/Spouse Appointment" to schedule an appointment for your spouse/domestic partner or click "Log off" in the bottom, left corner if you are finished.

Option 2: Telephonic Report Delivery

After receiving your personal report in the mail, and **no later than Friday, May 30**, you may **call Healics toll-free at 800-432-5427 anytime between 8 am – 4:30 pm, Monday – Friday.**

When making this call, you will have up to 15 minutes to discuss your HRA results with a Healics consultant. There is no need to schedule an appointment in advance.

First-Time HRA Participants

We especially encourage you to take advantage of one of the above two options. If you are unable to do so before Friday, May 16, a Healics consultant will call you some time during May 19-30, between the hours of 8 am – 4:30 pm, to help you interpret your health risk report so that you fully understand your results.

Additional Reminders

- *The cut-off time to sign-up for or change your appointment time is 48 hours prior to when the session begins.*
- *If you need to look up your appointment time or change it, repeat steps 1 - 4. Click "Login" and select your preferred option. Complete the information requested.*
- *If you are having trouble locating your appointment information or if you need to cancel your appointment, contact Patty Leiker at 920-832-6543 or Xai Xiong at (920) 832-7136.*



HRA SCREENING INSTRUCTIONS



The screening will take approximately 10 minutes and includes height, weight, waist, hip (for women only), blood pressure measurements and a blood draw. The screening is being held in the **Warch Campus Center, 4th floor.**

PRIOR TO your health screening appointment:

- Complete and sign the Health Risk Questionnaire. **Bring this with you to the HRA screening.**
- Complete and sign the Lab Consent Form printed on the reverse side of these instructions (the lab will not release your results without a signature). **Bring this with you to the HRA screening.**
- **Drink at least 24 ounces of water within 2 hours of your blood draw.** The blood draw will be easier if your blood vessels are hydrated.
- **Continue taking prescribed medication**, including insulin.
- **Fast (don't eat or drink anything other than plain water) for 8-12 hours** prior to your screening appointment to get the most accurate results. If you chew gum, make sure it is sugar free. If you are diabetic, follow your physician's dietary guidelines.
- **Avoid vigorous exercise** for at least 12 hours (this may cause you to be dehydrated).
- **Avoid alcohol** for at least 24 hours. Drinking alcohol may affect your blood results.
- **Avoid nicotine** (tobacco use) for at least 30 minutes.

ON THE DAY OF the health screening appointment:

- **Bring your completed and signed Health Risk Questionnaire and Lab Consent** with you to the screening. **These are the STAPLED sheets in your packet.**
- Wear a shirt that is short-sleeved, sleeveless or easy to roll up over the elbow.
- Wear shoes that are easy to remove.
- Avoid wearing pleats or anything that bunches at the waist or hips.
- Your height and wrist will be measured; however the result will remain the same as your first year of testing unless you request a recheck at your appointment.
- Review the weight, waist and hip measurements recorded by the examiner. If you do not feel they are accurate, request a recheck at your appointment. You will be asked to initial the form (indicating you agree with the measurements recorded).

AFTER your blood draw:

- Apply pressure to the venipuncture site for at least 4 minutes.
- Do not lift anything heavy until you have stopped bleeding.
- Bruising may occur, so do not be alarmed. The discoloration will go away within a few days.
- Help yourself to **complimentary snacks and beverages** provided by your employer.

Record your appointment information on this form:

HRA Screening:

Warch Campus Center, 4th Floor **Appointment Date:** _____ **Time:** _____

HRA Report Delivery Options:

- I prefer in-person at **Hurvis Center** (circle one): **Thurs, May 8** **Wed, May 14** **Time:** _____
- I prefer to call Healics **toll-free** at **800-432-5427** anytime between 8 am-4:30 pm, M-F, no later than May 30.
- I am not a first-time HRA participant and I prefer not to participate in the Report Delivery at this time. I understand that I have until May 30 to call Healics if I would like to have my results explained to me.



HEALTH RISK QUESTIONNAIRE / CONSENT AND AUTHORIZATION

Barcode

The purpose of this voluntary health-screening program offered through the sponsor employer is to gather sufficient information so you can receive an informative *confidential* Healics™ Health Risk Report from Healics Inc. ("Healics"), on behalf of such employer. This report provides Protected Health Information (PHI).

Sponsor Employer: *Lawrence University*

Your Social Security Number (SSN*): _____ - _____ - _____ Have you completed a Healics health risk assessment before? () Yes () No

**Your SSN is kept confidential and is used by Healics and the lab for identification purposes only and will not show up on any HRA scorecards or mailings.*

Are you covered under the Lawrence University health plan? () Yes, () No

Please Print: _____ Date of Birth: _____ / _____ / _____ (mm/dd/yyyy)
(Last Name) (First) (MI)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Best Contact Number: () _____ Work phone number: () _____

Gender: () Male () Female Regarding the sponsor employer, are you the: () Employee () Spouse/Domestic Partner of employee () Retiree

If you are a spouse, what is the employee's name? _____ SSN: _____

I wish to participate in this voluntary health-screening / health risk assessment offered by the sponsor employer and conducted by Healics Inc (Healics). I understand that Healics is the program vendor and it subcontracts with others, such as examiners (to take measurements and to draw blood via venipuncture) and Clinical Reference Laboratory (CRL) to analyze the blood sample. I consent to the taking of blood from me by a qualified examiner.

I authorize Healics to release my name as a participant to sponsor employer for the purpose of creating a list of participants and to create group reports and annual comparisons of health risks with health care costs that protect individual confidentiality. In the event sponsor employer offers a bonus or incentive related to the program, I authorize Healics to disclose to the employer information needed for the program (for example, my score or nicotine result). In addition, certain other entities may receive PHI (for example, those who are hired by Healics or the sponsor employer to assist with disease management, incentive programs or related services offered by Healics or the sponsor employer). All other PHI resulting from the health risk assessments will not be shared with sponsor employer. Healics does not condition treatment, enrollment in a health plan or eligibility for benefits upon my executing this Consent and Authorization, but I understand that my sponsor employer may impose such a condition.

If my sponsor employer has paid for confidential personal delivery of my results, follow-up counseling or disease management follow-up, I authorize the release of my PHI to a professional representative or on-site nurse for that purpose. **I understand the program including any possible consultation or follow-up is not a substitute for a full examination by my own physician. I will arrange any appropriate follow-up examinations.**

The health coaching process that may be included is a support system which utilizes goal setting, identification of obstacles and action planning to improve physical health. All information provided in the coaching sessions are suggestions. All suggestions should be cleared with a medical doctor before implementing. I understand that there are possible risks associated with venipuncture including, but not limited to, risk of infection, discomfort, bruising and, in unusual situations, more serious risks (including death). I agree that Healics is not liable for such risks when Healics is acting properly and that I will assume the full risk of any injuries, including death, damages or loss which I may sustain as a result of my participation in the assessment.

The information I received is sufficient for me to consent to the items noted herein and to agree to the following:

- This Consent and Authorization is meant to comply with all state and federal laws regulating medical information, including, but not limited to, the medical privacy provisions of the Health Insurance Portability and Accountability Act ("HIPAA").
- This Consent and Authorization is effective until the earlier of: (1) the date it is revoked or superceded; or (2) one year after the date I signed it.
- That I may revoke this Consent and Authorization at any time, in writing provided to Healics. Such a revocation would not affect or apply to action already taken in reliance on this Consent and Authorization.
- That I may refuse to sign this Consent and Authorization.
- That I may not make any strikeouts to this Consent and Authorization or otherwise make any changes to it.
- That I have the right to request access to all medical records that are used or disclosed pursuant to this Consent and Authorization.
- That information disclosed pursuant to the Consent and Authorization may be subject to redisclosure and no longer be protected by HIPAA.
- That a photocopy of this Consent and Authorization will be as valid as the original.
- If a disclosure is required by law (e.g., pursuant to a judge's written order), Healics or its representative may be required to make the disclosure.
- That I may request a copy of this Consent and Authorization.

Signature: _____ Date: _____

This page constitutes a stand-alone document that is an authorization under HIPAA. Any other documents which are attached to this document are done so for your convenience, in order to ensure that the documents are not misplaced. For HIPAA purposes they constitute separate documents.

Please proceed to the attached or following documents and complete the questions. Bring the completed questionnaire to the health screening.

If your doctor has prescribed any medication, you must stay on that medication for the health screen. 03/2013 © Healics Inc.

1. **Immediate family history:** Question removed due to Federal Regulations regarding the collection of family history data.
2. **Your personal history:** Have you had any of the following?
 Asthma Chronic lung disease, bronchitis, or emphysema
 Diabetes Congestive heart failure, heart failure, weak heart
 Stroke Coronary artery disease, angina, chest pain
 Allergies/hay fever Heart attack Chronic heart burn
 Heart disease Kidney disease Liver disease
 Thyroid disease Fibromyalgia None of these
3. **Cardiovascular Risks:** Did a doctor ever tell you that you had?
 High blood pressure High cholesterol
 Obesity (overweight) High Chol/HDL ratio None of these
4. **In the last six months have you been diagnosed with or treated for any of the following:**
 Back pain Cancer, not skin
 Depression Migraine headaches
 Osteoarthritis Rheumatoid arthritis None of these
5. **Current Medications:** Do you take prescription medicine for?
 Arthritis Asthma, incl. inhaler Blood pressure
 Cholesterol Depression Digestive probs
 Heart problems Diabetes Lung/respiratory
 Sleeping Stress/Anxiety Thyroid
 Weight Other None

How many meds do you take a day? (Enter zero if none) _____
 If on meds, how often do you take according to directions?
 100% 75% 50% 25% Never
6. **If you are female, are you pregnant?**
 no yes Pre-pregnancy weight _____ I don't know
 If yes, which term: 1st 2nd 3rd
 Are you 0-6 months post-partum? no yes
 If yes, indicate your delivery date: _____
7. **Tobacco Use:**
 Have you ever smoked, chewed tobacco or used snuff?
 No, I have never used tobacco
 I did, but I don't now and I quit: _____/_____/_____ (mm/dd/yr)
 Yes, I currently use tobacco.
 I currently use: Cigarettes Cigars Pipe Other
 If yes, number per day _____ or per week _____
8. **Vehicle Safety:** How often do you wear seat belts when driving/riding in a vehicle?
 Always Usually Frequently
 Occasionally Never
9. **Alcohol Use:** Do you normally have at least 1 or more beers, glasses of wine or mixed drinks each week? No Yes
 If yes, what is the highest number of drinks any given day?
 1 2 3 4 5+
 If yes, what is the average number of drinks per week?
 1-7 8-14 15-21 22-28 29+
10. **Weekly Exercise:** How much moderate exercise such as walking, swimming, dancing, bicycling, jogging, exercise machine, or equivalent, have you done on a weekly basis over the last six months?
 More than 3 hours 2 to 3 hours 1 to 2 hours
 ½ to 1 hour Less than ½ hour

11. **Readiness to change:** Rate the six health habits below using the following statements:

- ① I don't have a problem. I'm doing well in this area.
- ② I've begun making a positive change, but need to maintain.
- ③ I'm ready to start and want more information.
- ④ I would like to start but concerns are holding me back.
- ⑤ I have a problem but I am not ready to make a positive change.

1. Tobacco use: How do you feel about quitting? ① ② ③ ④ ⑤
2. Alcohol use: How do you feel about quitting? ① ② ③ ④ ⑤
3. Exercise: How do you feel about improving? ① ② ③ ④ ⑤
4. Eating habits: How do you feel about improving? ① ② ③ ④ ⑤
5. Stress: How do you feel about improving? ① ② ③ ④ ⑤
6. Weight: How ready are you to lose/gain permanently? ① ② ③ ④ ⑤

12. **Interest Survey:** Indicate the top three wellness programs you would be interested in attending:

- Aerobics to music Alcohol/drug educ CPR
 Stress management First aid Men's health
 Blood pressure educ Healthy back Stop smoking
 Cancer risk reduction Lunch seminars Walking group
 Cholesterol reduction Medical self care Weight control
 Nutrition educ Women's health None of these

13. **Self-reported health measurements:**

Height: _____ feet _____ inches Weight: _____ lbs

HEALTH MEASUREMENTS

The following to be completed by health examiner at a health screen.

 Name of Participant (please print)

Blood Sample: Yes No If yes, hours fasted: _____

If no blood sample, what was the reason?

1. Height (without shoes): _____ feet _____ inches
2. Weight (fully clothed without shoes): _____ pounds
3. **MEN & WOMEN:** Inches around wrist between wrist bone & hand to nearest ¼": _____
4. **MEN & WOMEN:** Inches around waist at belly button over clothes to nearest ¼": _____
5. **WOMEN:** Inches around hips at widest point over clothes to nearest ¼": _____
6. Blood pressure: _____ / _____
 (repeat BP if 140/90 or higher): _____ / _____
 Name of examiner: _____
 Date of health screen: _____

7. *HRA participant* – by initialing here, I am indicating that the blood pressure, weight, waist, and hip measurements recorded by the examiner are accurate.

_____ (HRA participant's initials)