WELLNESS PROGRAM
ANNUAL REPORT
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Wellness Program Annual Report

The Cornell University Wellness Program provides employees and retirees with diverse opportunities that foster joy, balance and well-being. Specifically, the Wellness staff interacts with Cornell’s staff, faculty, and retirees to promote positive lifestyle changes; our interactions focus on nutrition, fitness, and general health education. In completing its 24th year, the Cornell University Wellness Program continues to have a positive influence on health behaviors of the staff, faculty, and retiree population.

Following is a summary of the Wellness Program’s activities for the fiscal year 2012-2013.

Wellness Statistics, Metrics & Evaluation

Membership Statistics

- 3,721 staff, faculty, retirees, and their spouses/partners joined as of June 30, 2013. This represented a 10.1% increase over last year.
- 1,816 members joined through the Cornell Program for Healthy Living insurance plan (see CPHL details on p. 4)
- 31 members received scholarships of 50% off which represented a 22.5% decrease over last year. (See Toni McBride Scholarship details on p. 4)
- 2 members received a membership subsidized by Workers Compensation.
- 244 members were retirees and retiree spouses representing an 8.3% increase over last year.
- There were
  - 835 card swipes at Appel (including 260 for classes);
  - 40,006 swipes at Teagle (including 2,858 for classes);
  - 36,146 swipes at Helen Newman (including 6,411 for classes);
  - 4,389 swipes at Noyes (including 1,619 for classes);
  - 2,607 swipes in the Ramin Room for group fitness classes.
  - 83,983 total swipes for fitness centers and fitness classes.
- Attached, please also find demographic data for the Wellness Program (Appendix A).

Membership Breakdown (minus Trustees)

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<td>Spouses/Partners</td>
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</table>

- Staff/Union
- Faculty/Academic
- Retiree
- Spouses/Partners
Cornell Program for Health Living (CPHL)
The Wellness Program completed its fifth year of collaboration with CPHL. Working with Cornell Benefit Services and the Tompkins County Area Physicians, the plan was designed so that doctors put more emphasis on behavioral changes to decrease health risks. To support this initiative, CPHL insurance covered the cost for CPHL members who joined the Wellness Program. CPHL also offered $15 per month off of membership fees to Island Health and Fitness and the Ithaca YMCA. In 2013 the number climbed from 1035 to 1816. This represented a 75% increase in CPHL members most likely due to the elimination of the HealthNowNY endowed insurance option.

![CPHL vs. Non CPHL Memberships Graph]

Toni McBride Scholarship
This scholarship fund continued to support a portion of the approved scholarship recipients. This past year, the fund generated $1,435 and supported 16 scholarships. The Wellness Program was proud to offer this assistance to those who could not afford the full annual membership fee.

Wellness Staff Metrics
Below is documentation of one-on-one appointments and group classes conducted by the Wellness staff to assist members with meeting their wellness goals.

- Total individual contacts (one-on-ones) by CU Wellness staff (including 2 part time personal trainers): 1,044
- Total group classes taught by CU Wellness staff: 795. This number is significantly larger than previous years’ because it included all of the Healthy Aging and other specialty classes offered through the Wellness Program. Previously, only classes taught by the professional staff were included.

Program Planning

Needs Assessment To Determine Program Offerings Included:

- In-person feedback from participants.
- Feedback from post-offering on-line surveys.
- Wellness & Well-being Questionnaire (highlights from 2013 bi-annual survey) (Appendix B).
• Cornell medical data from Cornell Benefit Services (Appendix C).
• Wellness Advisory Committee feedback (Appendix D).
• Wellness Strategic Goals 2013-2016 (Appendix E).
• Healthy People 2020 (Federal Government document released every 10 years) focus areas (Appendix F).

Program Evaluation

The Program was Evaluated Using:

• Feedback from surveys conducted at events and programs.
• Tracking of participation in Wellness outreach and member programming.
• Testimonials and success stories from individuals and departments.
• Wellness & Well-being Questionnaire highlights from 2013 (bi-annual survey) (Appendix B).
Member Programming

Wellness members have access to the fitness centers and group fitness classes managed by the Cornell Fitness Centers. Members are also able to use the pools, Lynah skating rink, Lindseth climbing wall (at a discounted rate), Reis tennis center (at a discounted rate), Merrill Sailing Center (at a discounted rate), RTJ Cornell golf course (at a discounted rate), privilege card services, and have the registration fee for PE classes waived through the Athletics Department. In addition, members are eligible for individual meetings with the Wellness Program's staff (detailed below) and have access to the Healthy Aging group exercise classes.

Healthy Aging Classes – Open to Wellness Program Members Only

These classes are appropriate for individuals who have gone through joint replacement, suffer from arthritis, experience lingering joint pain from injury, want to improve their balance and more. Classes embody our vision of inclusion, offer participants individualized attention to be successful, and promote an environment of camaraderie and personal success. The focus is shifting to ensure the classes are more accessible and meeting the needs of a variety of fitness and ability levels. Class observations and fitness testing show that the majority of class participants are functioning at a “physically fit” level.

- **Better Balance Workshop** – static balance, moving balance, and agility were emphasized. Pre and post-class balance testing was administered.
- **Intro To Meditation** – participants learned the skill of meditation. Over 75% of registrants dropped out. Due to lack of success, was not offered again (offered through summer 2012).
- **Jazzercise Lite** - participants improved cardiovascular strength, coordination, and balance through low-impact aerobic dance.
- **Modified Yoga** – was added (summer 2013). Offered a variety of seated and standing positions to strengthen muscles and improve balance and flexibility. Accessible to all fitness levels.
- **Pilates (Core)** – controlled endurance training that built spinal stability, posture, and core strength.
- **Ripples** – exercise in shallow and deep water kept impact low while muscles and cardiovascular system were strengthened.
- **Strength Training** - resistance training class which helped build bone density, reduced the risk of falling, and strengthened muscles.
- **Strength and Balance** – to encourage more participants to explore and improve their balance and improve strength, the strength and balance classes were combined and offered twice a week starting summer 2013.
- **Yoga (Iyengar, Kripalu)** – class participants explored body alignment and placement within each yoga posture at a slow pace.
- **Zumba Gold** – class was added (summer 2013). Heart health, improved balance and coordination, and having fun were emphasized while moving to the latin rhythms of Zumba.

Group Exercise Class (not part of the Healthy Aging program)

- **Sports Conditioning Class** - provided a high intensity interval style workout through running drills, plyometrics and strength training. Participants built speed, agility, and endurance.
Individual Meetings With Staff

- **Medical Nutrition Therapy** (MNT), conducted by a registered dietitian, was offered to staff and students. MNT typically included a nutrition assessment and follow-up counseling for a variety of problems including but not limited to weight management, sports nutrition, cholesterol reduction, and general health. There were over 130 meetings with a registered dietitian. In addition, the Wellness Program provided a community nutrition placement site in the fall for a dietetic internship offered through Cornell University’s Division of Nutritional Sciences.

- **Consultation and Follow-up Meetings with Personal Trainers** were encouraged. These meetings were complimentary with membership and were intended to empower the member while gently encouraging positive behaviors using coaching techniques. Based on individuals’ needs, meetings may have resulted in personalized exercise prescriptions. The personal trainers on staff provided exercise prescriptions for those wanting to use the fitness centers, take group fitness classes, or exercise at home. A total of 1,044 of these individual meetings occurred between members and the Wellness staff this past year. Evening and early morning appointment options were available.

- **On-going Personal Training** continued to be a success with 10 people who requested the service this past year. This offering was tailored to individuals that wanted the motivation of a trainer on a regular basis to help them reach their goals. People who were lacking internal motivation to exercise benefitted from this new service. Additionally, individuals who had specific goals who wanted continuous guidance found this service helpful.

- **Physical Fitness Testing** was offered by request to Wellness members. The fitness testing included: blood pressure and resting heart rate measurement; height, weight, and percent body fat measurement; hand grip strength testing; sub maximal treadmill testing; flexibility testing; and sit-up and push-up testing. Upon completion, a six page report with explanation of results was mailed to each participant.

Group Equipment Orientations With Staff

- **Cardio 101**, instructed by Wellness staff, oriented individuals who wanted to use cardio equipment in the fitness centers such as the treadmills, bikes (recumbent & upright), rowers, ellipticals, and the AMTs.

- **Strength Training Machines 101** helped participants learn how to properly adjust the strength training machines in the fitness centers. People were shown at least six different pieces of equipment during these instructional classes.

- **Free Weights 101** instruction provided on the use of Dumbbells, Olympic bars, preacher curl bars, squat racks, collars and more.

Senior Fitness Testing
In FY 11-12 group fitness testing was offered twice to members over the age of 55; 59 members took part. Testing involved a battery of fitness assessments sanctioned by the Senior Fitness Association and the National Academy of Sports Medicine (NASM) that included various strength, aerobic capacity, flexibility, and balance tests. The majority of participants scored average or above average on all tests except BMI (majority of participant’s BMI’s were above recommendations).
Wellness Outreach

Wellness outreach included a broad range of Wellness programming and services that were available to the entire Cornell community. This included staff, faculty, retirees, and their families. A special effort continued to be made to meet with representatives to get to know the needs of staff in individual departments, and to provide programming for staff with less flexibility.

Bike To Work Day

This event was coordinated by a group of volunteers from various parts of the Tompkins County community in conjunction with the American League of Bicyclists. The Wellness Program gladly helped to advertise the event and hosted a food/information table located outside Helen Newman Hall. This annually recognized day was a huge success with over 129 bikers who visited the Wellness table and the table outside of Teagle.

Blood Pressure Machine

An automatic blood pressure machine was available to the Cornell community in the Helen Newman Hall fitness center. 6,188 blood pressure readings were taken this past year.

Blood Pressure Screening/Offerings

Wellness staff continued to facilitate blood pressure screenings, both to groups and individuals, by request.

Classes – Open to the Cornell Community

- **Ethnic Cooking Class** – over 5 sessions, participants learned how to produce meals that provided healthy combinations of food groups while experimenting with various ethnic flavor combinations. 20 participants.
- **Vegetarian Cooking Class** – class was designed for those trying to increase and diversify their vegetarian meal repertoire. 40 participants (2 classes).
- **Walk To Run** – people transitioned from walking to running 3 miles during this 9 week class. The class finale was participating in an optional 5K race. 20 participants.
- **Middle Of The Pack Running Group** – Newly formed running group for people who were interested in running 3-5 miles in a group setting. This group was open to anyone who ran a 9-11 min/mile pace. Suggested weekly running routes were posted on the Wellness Program website. 10 participants.

Lectures, Workshops & Webinars

- **Eat To Lose Weight** – Wellness staff provided this 4-part webinar series on food, calories, food tracking, and behavior change resulting in weight loss. Part 1 – 381 views, part 2 – 181 views, part 3 – 107 views, part 4 – 49 views.
- **From Stock To Soup cooking demo** - Cornell Dining Chef, Kevin Spinner, demonstrated to the audience how to get the most out of the food you purchase by creating stocks from scratch. 60 participants.
- **Pickling And Canning Demonstration – Salsa and Jam** - Cornell Dining Chef, Kevin Spinner, offered his professional expertise on pickling and canning using local neighborhood farm
produce. 50 participants.

- **Celiac Disease And The Gluten Free Craze** - Dr. Karen Kim, gastroenterologist from Guthrie Health, talked about signs, symptoms, and solutions for celiac disease. She also explained gluten sensitivity and shared her recommendations for who should go wheat-free or gluten-free. 30 participants. 191 views.

- **Stress Reduction Workshops – Focus On Guided Relaxation** – Diane Hecht instructed 4-sessions on techniques used to calm our minds and stop persistent worries. 30 participants.

- **Stress Reduction Workshops – Focus On Meditation** – Diane Hecht gave two 4-session workshops that focused on beginning your own personal meditation practice. 40 participants.

- **Pain In Your Neck Lecture** – presented by Gannett Health Services physical therapy staff, Linda Warner and Megan Wagenet. Participants learned some of the risk factors for developing neck pain, why this problem is so common, and what they could do to prevent it. 40 participants.

- **Lower Extremity Pain Due To Training Errors** – presented by Gannett Health Services physical therapy staff, Susan Geisler and Eva Stilwell. This talk focused on pain and problems that may have arisen in the legs due to weakness of the proximal hip musculature and possible training errors. 50 participants.

- **Your Joint Pain** - Dr. Bruce Green, of the Ithaca Orthopaedic Group, discussed diagnoses and treatment plans for osteo and rheumatoid arthritis. 30 participants. 81 views.

- **Strong Bones: 10 Things To Know** – Wellness staff educated attendees on how to have their bone density measured, how life stages affect their bone health, and what treatment options were available if bone loss was present. 20 participants.

- **Basic Evaluations In Fertility And Current Treatment Options** - Dr. Pak Chung, a Reproductive Endocrinologist and an Associate Professor at the Ronald O. Perelman and Claudia Cohen Center for Reproductive Medicine of Weill Medical College of Cornell University, provided an informative lecture for people thinking about having a baby in the future or for those who have been having difficulty conceiving. Dr. Chung discussed the evaluation process for infertility, and various treatment options that included the most updated assisted reproductive technologies available. 61 views.

- **Lyme Disease: You And Your Dog In Ithaca** - Doug MacQueen, MD, Department of Infectious Diseases, Cayuga Medical Center and Dr. Steve Barr, Professor, Cornell Vet School, gave an overview of what the clinical syndrome of Lyme disease looks like in people and in dogs. Attendees learned about which ticks carry Lyme disease and the steps they could take to lessen their chances of themselves or their dogs becoming infected. 60 participants. 214 views.

- **Making Your Home Energy Efficient** - Kevin Posman, the Community Energy Educator at Cornell Cooperative Extension, discussed exciting ways that homeowners could save money, increase the comfort and safety of their homes, use less energy and reduce their carbon footprint. 29 participants. 182 views.

- **Destination Walk: Finding Reliable Health Information** - Wellness staff led a 30 minute walk around central campus that was followed by a lecture in Mann Library provided by Sarah Young, Mann librarian. The lecture covered the topic of finding reliable health information in the computer age. 20 participants.

**Life Coaching**

Half-hour coaching sessions were offered to employees upon request. Wellness staff are trained as Intrinsic Coaches®. Throughout the year about 10 people participated in the coaching sessions either in person or by telephone.
Massage Therapy
Ongoing clinics were successful this year for massage therapy. Cornell community clients paid fees for chair massages offered every Thursday throughout the year by Matty Termotto, LMT. Chair massages were also offered, by request, to individual departments.

No Excuses Weight Loss Contest
This was the second running of the weight loss contest held by the Cornell Wellness Program. The contest was open to all faculty, staff, students, retirees, and spouses/partners. Participation in the contest was voluntary. Wellness staff were available to discuss nutrition, physical activity, goal setting, methods of tracking weight loss progress, and more. In addition, Wellness staff utilized webinars, social media, and videos to share nutrition and health messages. Three optional challenges were offered throughout the contest. These were very popular. In eight weeks 900 people lost 5,800 pounds.

Support Group e-lists
Support group e-lists for diabetes, cancer, weight loss, weight loss surgery, lyme disease, and fibromyalgia continued to be supported by Wellness staff. These e-lists provided an informal setting for people to share their questions, thoughts, and experiences.

Tobacco Cessation Options
Wellness staff coordinated smoking cessation offerings which included one-on-one counseling, tele-counseling, and group counseling upon request. Two to three people contacted Wellness staff throughout the year to consult on smoking cessation.

Weight Watchers
Two chapters were offered on Cornell’s campus through sponsorship by the Wellness Program. The one off-campus chapter at Seneca Place was discontinued due to low enrollment.

Wellness Incentive Fund
In an effort to encourage the healthy behaviors of Cornell’s faculty and staff, funding was secured a few years ago that allowed individual departments and units, with the Wellness Program’s oversight, to create and implement programming that would meet the needs of its staff. The creation of the incentive fund allowed the departments and units with employees working off-campus to feel more included in wellness offerings. This year’s funding projects included:

1. Pedagogy and Pedometers through the Center for Teaching Excellence: Faculty were encouraged to take a break from the office, reduce stress, and talk about teaching with other faculty members, all during monthly half hour walks. The Center for Teaching Excellence (CTE), in association with the Wellness Program, was pleased to offer the Pedagogy and Pedometers series which included free pedometers for participants.

2. Pedometer Walking Program with Anatomical Pathology: In collaboration with the Wellness Program, the Anatomical Pathology department instituted a walking challenge with 30 participants. Wellness staff assisted with a kickoff event where pedometers were distributed.
Each month, a new challenge was presented by a core leader group from Anatomical Pathology. At monthly staff meetings, winners of the challenges were announced.

Work By Request
All of the Wellness staff worked equally to fulfill special requests from individual departments. Departments who requested special offerings are listed below.

- **Workday Group (Human Resources)** – provided instruction and demonstration of strength training exercises using resistance tubing. Provided make ahead lunch wrap demo.
- **Benefits Department & HRSSVP/DIWD** – make ahead lunch wrap demo and de-stress discussion.
- **Career Services** – self management in times of stress lecture.
- **Office Professionals Program** – conducted stress management workshop.
- **Environmental Health & Safety Monthly Meeting** - spoke about taking care of yourself and others and what the Wellness Program has to offer.
- **Facilities** – Wellness staff and DIWD staff discussed Wellbeing program offerings.
- **Facilities - Combined Heat and Power Plant Division** – food cooking demonstration.
- **CU Police Fitness Testing** – assisted with annual fitness testing for monetary physical fitness incentive program. And, assisted with administration of mandatory fitness tests to top applicant pool prior to job offers.
- **New Supervisor Orientation Program** – lead discussion on Wellness Program offerings for employees and answered questions supervisors had on release/flex requests and implementation. NSOP training occurs about 4 times per year.
- **Staff Education Exploration Day** – tabled at annual event.
- **Benefair** – tabled at annual event.
- **BTI Monthly Meeting** – spoke about upcoming outreach programming and Wellness membership.
- **BTI Benefair** – tabled at annual event.
- **Vet School Benefair** – tabled at annual event.
- **Vet School** – seasonal vegetables – 2 cooking demos.
- **Vet School** – interactive food demo in atrium.
- **Vet School – Biomedical Sciences** – gave cooking demo.
- **Welcome To Cornell** – tabled at monthly event.
- **Watkins Glenn Middle School** – provided food/calorie interactive workshop and physical activity interactive workshop to 7th and 8th graders for a career day event.

Collaborations
- **Athletics Department Collaborations**
  - Equestrian Center – advertised pony rides fund raiser
  - Reis Tennis Center – discounted membership
  - Robert Trent Jones Cornell Golf Course – golf lessons and discounted membership
  - Merrill Sailing center – sailing lessons and discounted membership
  - Outdoor Education – Wellness rock climbing class and discounted wall pass
  - Cornell Lacrosse – advertised blood drive
• **Community Collaborations**
  
  o The Gym at East Hill Plaza. Continued relationship with owner with understanding that many members may also be Cornell employees who value the gym's convenient location at East Hill Plaza. Worked out a deal for employees to be able to utilize the facility at a reduced cost during Cornell’s winter break period.
  
  o Island Health and Fitness at both locations. Continued deal for employees to be able to utilize either of the facilities at reduced cost during Cornell’s winter break period.
Professional Development/Committee Work/National Recognition

The Wellness Program valued the importance of continuing education for our staff members. Wellness core competencies include the abilities to listen, teach, coach, educate, and serve. Professional development keeps our staff current on new trends, best practices and research as well as keeps us connected with a network of colleagues nationwide. Below is a list of professional development completed by our staff this past fiscal year.

Beth McKinney

- Chair of CARE Fund (Cornellians Aiding and Responding to Employees)
- Chair of Employee Survey Team committee
- Chair of Personal Policy committee
- Taught NS4250, Nutrition Counseling and Communications to Division of Nutritional Sciences upperclassmen, Spring 2013
- Certified in AED, CPR, and First Aid through the American Red Cross

Kerry Howell

- Served as Veterans Colleague Network Group Community Relations leader
- Member of the SAS Communicators group
- Certified in AED, CPR, and First Aid through the American Red Cross

Ruth Merle-Doyle

- Co-chair of CARE Fund Auction, Fall 2012
- Certified in AED, CPR, and First Aid through the American Red Cross
- Completed two Excel 2010 Pivot Tables and Chart classes

Jenn Bennett

- Started Certified Intrinsic Coaching course, May 2013
- Unconscious Gender Bias Lecture
- 2 Online Diversity Webinars
- Certified American Red Cross First Aid, CPR, AED Instructor
- Aqua Zumba License, February 2013
- ICAA Webinar Series: Creative Aquatics Programming to Improve Balance & Mobility
Response to the Employee Survey
The Cornell Employee Survey was administered from October 25 to November 18, 2011 by Institutional Research and Planning (IRP) for the senior staff. The Employee Survey asked employees about their jobs, career development, respect and fairness, leadership and direction, and life outside of Cornell. All full-time and benefits eligible part-time employees (excluding tenure and tenure track faculty) were invited to complete the survey resulting in a 70 percent response rate.

Four areas of concern emerged, and an Employee Survey Team (EST) was appointed to develop responses to these concerns. EST formed and oversaw 7 staff subcommittees with representation from across campus to review and assess the feedback related to the areas of concern and to develop recommendations to address the concerns. The subcommittees developed proposals for each of the following areas:

- Workload Balance - comprised of 4 subcommittees:
  - 1.a. Personal Development
  - 1.b. Energy Project
  - 1.c. Position Evaluation and Analysis
  - 1.d. Alignment and Change Tools
- Career Development and Growth
- Supervisory Feedback
- Recognition of Excellent Work

1.a. Personal Development Committee was co-lead by Beth McKinney, CU Wellness and Leslie Morris, Employee Assembly

The committee was charged to research and recommend a wellness policy and/or personal and professional development policy that incorporates buy-in from diverse units across the university ensuring consistency across campus. This was completed in May, 2013. Following is the recommendation.

The committee recommends that the Time Away From Work Policy 6.9 be amended to include up to 2.5 hours of paid release time per week (not to exceed 2.5 per week or 120 hours per year) for employees to pursue personal development (further defined in attached document and includes wellness activities). This time would be in addition to time provided for meal breaks, which may also be used (and/or combined with specific personal development time) for purposes of personal development.

Supplementary Option:

The committee further recommends considering an alternative option for special situations where a department absolutely cannot release an employee to pursue personal development opportunities as described above. This option could include reimbursement to employees of up to an established amount for their participation in approved personal development opportunities that they are not able to pursue
during work hours. This option needs to be further researched; it is included in the recommendations because the committee received feedback from a number of supervisors who understand the value of supporting their employees in their personal development, but are concerned about the ability to provide release time.

It is further recommended that a concurrent study be implemented to track usage, survey supervisors and/or employees, collect other metrics, and determine impact. Ideally, Cornell HR professionals would determine the optimal way to do this. Ultimately, the results of this study would corroborate the business case and lead to a further positive shift, embracing personal development both on and off the Ithaca campus.

The Employee Survey Team is awaiting a response from the president about each of the proposals including the one above and expects to hear by September, 2013.

Health Initiatives
The current CU Wellness structure has remained unchanged for over 20 years. This 2-prong approach, including a membership area and an outreach area, has served us well. Membership provides the opportunity to work out in a fitness center, class, or pool setting. The outreach efforts offer “something for everyone” as programming has expanded over the years and includes lectures, webinars, cooking classes and demos, and outdoor fitness classes such as running and walking.

In addition, wellness is an expanding component of Cornell’s health care plans as they work to meet the national health care guidelines. And what better way to expand wellness than to utilize a program that is already successful? The Wellness Program staff in collaboration with other areas across campus are working to create a new paradigm, (and perhaps a new personal development policy as noted above) that will ultimately serve all Cornell employees more equitably.

Wellness, Benefits Services, and Environmental Health and Safety met every two weeks in an effort to create a new collaboration the improves return-to-work efforts, injury reduction, and increased wellness and fitness. These plans are still under construction, however, CU Wellness is ready to move forward when the time is right – this may result in shifting staff duties, locations, and focus areas.

Strategic Plan
The 2010-2013 Wellness Program Strategic Plan has guided our direction for the past 3 year. The 2013-2016 plan has been developed incorporating some new focus as we move forward to provide best practices to our constituents. See Appendix E for strategic goals.

This past year, we focused on reaching the employees least likely to participate. These included non-exempt workers who have positions with little or no flexibility. Our staff reached out and provided programming to individual departments/units for groups as small as six people to groups as large as 100 people. This is a growing area which we feel greatly promoted a culture of wellness on the campus. In addition to bringing programs to people, this provided Wellness staff the opportunity to meet and talk with a wide range of individuals.
Our connections to each of the University’s Colleague Network Groups have generated ideas that we have incorporated into our programming. This connection continues to be actively maintained.

The Wellness Advisory Committee continued to provide valuable feedback and challenge us to strive for excellence. See Appendix D for notes from the FY 11-12 meetings.

Finally, we have been contacted by organizations both locally and nationally looking for information on best practices and advice on how to improve their wellness programs. These include Tufts, University of Virginia, Syracuse University, Montana State University, UC Berkeley, UC Riverside, Washington University St. Louis, and Cedarville University.

**Staff Changes**
Our staff has been intact for over 6 years. Jenn Bennett was hired to replace Sage Marie as a Health and Fitness Specialist directing the Healthy Aging Program and serving members with chronic diseases and musculoskeletal concerns.

The nutrition counseling vacancy left by Michele Wilbur was covered in-house this year by Beth McKinney. A new registered dietitian has been hired for next fiscal year. Lauren Nickerson, RD will begin in July, 2013.

**Wellness Advisory Committee**
The Wellness Advisory Committee continued to provide input to the Wellness Program on future topics of interest and ideas for programming improvements. Members were tasked with being our eyes and ears in the Cornell community. In addition, the committee helped ensure programming was meeting the needs of a Cornell population that encompassed faculty, staff, spouses/partners, and retirees. This committee was comprised of approximately 20 members that represented views from a diverse demographic population. The committee continued to meet in FY 12-13, with about 50% of its members re-committing to another 1-year term and 50% new members. The Wellness Advisory Committee has been very valuable this past year with feedback on the Wellness Program’s website re-design and providing advice on meeting the unique needs of young professionals. See Appendix D for notes from the FY 12-13 meetings.

**Technology**
Providing health information through Webinars, Facebook, Videos, and WebEx was a priority this past year. In order to meet the needs of a population who work at many different locations and during different shifts, deploying several modes of communication has been necessary. The efforts were well received.

**Health Information**
The Wellness Program used national, local, and bi-annual survey data to assess the needs of its population. In addition to national health statistics, research, and other data, the Wellness Program was able to access aggregate information about our endowed employee population. This information, provided by the Benefit Services, helped to target wellness programming in areas where Cornell either spends the most healthcare dollars or for medical issues that affect many Cornell staff and faculty.
## Appendix A

### Demographic Data 2013

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<td>81.87%</td>
<td>9380</td>
<td>81.33%</td>
</tr>
<tr>
<td>Endowed</td>
<td>2463</td>
<td>74.66%</td>
<td>7340</td>
<td>63.64%</td>
</tr>
<tr>
<td>Statutory</td>
<td>836</td>
<td>25.34%</td>
<td>4193</td>
<td>36.36%</td>
</tr>
<tr>
<td>Exempt</td>
<td>2326</td>
<td>70.51%</td>
<td>7623</td>
<td>66.10%</td>
</tr>
<tr>
<td>Nonexempt</td>
<td>973</td>
<td>29.49%</td>
<td>3910</td>
<td>33.90%</td>
</tr>
<tr>
<td>Female</td>
<td>1789</td>
<td>54.23%</td>
<td>5737</td>
<td>49.74%</td>
</tr>
<tr>
<td>Male</td>
<td>1510</td>
<td>45.77%</td>
<td>5789</td>
<td>50.20%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0%</td>
<td>7</td>
<td>0.06%</td>
</tr>
<tr>
<td>Faculty</td>
<td>406</td>
<td>10.91%</td>
<td>1619</td>
<td>14.04%</td>
</tr>
<tr>
<td>Non-Faculty Academic</td>
<td>658</td>
<td>17.68%</td>
<td>2659</td>
<td>23.06%</td>
</tr>
<tr>
<td>Retiree</td>
<td>244</td>
<td>6.56%</td>
<td>5922</td>
<td>51.35%</td>
</tr>
<tr>
<td>Staff</td>
<td>1916</td>
<td>51.49%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Union</td>
<td>210</td>
<td>5.64%</td>
<td>1333</td>
<td>11.56%</td>
</tr>
<tr>
<td>Spouses/Trustees</td>
<td>287</td>
<td>7.71%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Indicates adjusted percentage where retiree/retiree spouses and spouses/trustees were removed from total so that percentages can be compared with University percentages.
Appendix B

Wellness & Well-being Questionnaire Highlights

More than 50% of people were very interested or somewhat interested in the following topics:

- Healthy Eating (84.7%)
- Healthy Cooking (84.6%)
- Making Your Home More Energy Efficient (73.9%)
- Retirement Planning (70.4%)
- Composting (68.4%)
- Going Green in Your Home (68.4%)
- Workspace Ergonomic Assessment Information (67.6%)
- Musculoskeletal Topics (65.1%)
- Creating a Will (65.0%)
- Environmentally Friendly Cleaning Products (64.8%)
- Volunteer Opportunities in the Community (63.7%)
- Wellbeing Opportunities in Your Community (Tompkins & surrounding counties) (63.7%)
- Environmentally Friendly Health Care Products (62.2%)
- Stress Reduction (61.7%)
- Weight Management Education (61.4%)
- Sleep Education (61.1%)
- Going Green in Your Workplace (60.9%)
- Back Pain Management (60.4%)
- Sustaining a Positive Attitude (59.5%)
- Balancing Work and Life (59.5%)
- Career Building Resources at Cornell (57.8%)
- Anxiety (56.7%)
- Flexible Work Options (53.2%)
- Heart Disease Education (52.6%)
- Accessing Health Information on the Internet (51.1%)
- Lyme Disease Education (50.7%)
- Cholesterol Education (50.6%)
- Budgeting Basics (50.3%)
## Appendix C
### Medical Data From Cornell Benefits Office

### Endowed Health Plans Leading Aggregate Cost Contributors, January 2012 - December 2012

<table>
<thead>
<tr>
<th>Condition/Reason for Visit</th>
<th>Active Employee Plans</th>
<th>Retiree Under 65 Plans</th>
<th>Retiree Over 65 Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cornell Pay Aggregate</td>
<td>Number Patients</td>
<td>Cornell Pay Aggregate</td>
</tr>
<tr>
<td>Prevent/Admn Hth Encounters</td>
<td>$3,798,526</td>
<td>7,030</td>
<td>$255,539</td>
</tr>
<tr>
<td>Cancer - Breast</td>
<td>$2,320,422</td>
<td>97</td>
<td>$230,700</td>
</tr>
<tr>
<td>Diabetes</td>
<td>$1,260,652</td>
<td>439</td>
<td>$12,500</td>
</tr>
<tr>
<td>Osteoarthritis</td>
<td>$1,057,968</td>
<td>314</td>
<td>$102,037</td>
</tr>
<tr>
<td>Cancer - Colon</td>
<td>$1,048,356</td>
<td>21</td>
<td>$189,469</td>
</tr>
<tr>
<td>Newborns, w/ complications</td>
<td>$1,024,573</td>
<td>116</td>
<td>$197,002</td>
</tr>
<tr>
<td>Mental Hth - Depression</td>
<td>$342,764</td>
<td>479</td>
<td>$134,273</td>
</tr>
<tr>
<td>Condition Rel to Tx - Med/Surg</td>
<td>$392,743</td>
<td>76</td>
<td>$107,065</td>
</tr>
<tr>
<td>Splint/Brac, Dis. Low Back</td>
<td>$379,830</td>
<td>822</td>
<td>$94,097</td>
</tr>
<tr>
<td>Arthritides/Joint Disord NEC</td>
<td>$770,630</td>
<td>1,168</td>
<td>$73,116</td>
</tr>
<tr>
<td>Multiple Sclerosis</td>
<td>$760,492</td>
<td>19</td>
<td>$67,065</td>
</tr>
<tr>
<td>Infections - ENT Ex Oths Med</td>
<td>$765,104</td>
<td>420</td>
<td>$60,456</td>
</tr>
<tr>
<td>Infect/Infmm - Skin/Subcu Tiss</td>
<td>$720,645</td>
<td>1,510</td>
<td>$60,124</td>
</tr>
<tr>
<td>Pregnancy w/ Vaginal Delivery</td>
<td>$515,907</td>
<td>79</td>
<td>$313,530</td>
</tr>
<tr>
<td>Gastric Disord, NEC</td>
<td>$673,907</td>
<td>615</td>
<td>$60,692</td>
</tr>
<tr>
<td>Cancer - Skin</td>
<td>$616,517</td>
<td>298</td>
<td>$60,124</td>
</tr>
<tr>
<td>Asthma</td>
<td>$562,632</td>
<td>341</td>
<td>$53,780</td>
</tr>
<tr>
<td>Injury - Knee</td>
<td>$565,698</td>
<td>301</td>
<td>$53,153</td>
</tr>
<tr>
<td>Crohn's Disease</td>
<td>$553,511</td>
<td>25</td>
<td>$48,314</td>
</tr>
<tr>
<td>Cardiac Arrhythmias</td>
<td>$531,742</td>
<td>148</td>
<td>$40,477</td>
</tr>
<tr>
<td>Top 20 Leading Contributors</td>
<td>$2,437,747</td>
<td>3</td>
<td>$2,247,792</td>
</tr>
<tr>
<td><strong>Total Plan Expenditures</strong></td>
<td>$5,335,647</td>
<td>37.9%</td>
<td>$4,037,004</td>
</tr>
</tbody>
</table>

Data Source: Cornell University, Office of Benefit Services

Note: Figures are calculated and presented on a calendar year basis. Data reflect assignment of costs based on claim date of service and do not reflect the effect of Rx rebates.

### Endowed Health Plans Leading Cost Contributors per Patient, January 2012 - December 2012

<table>
<thead>
<tr>
<th>Condition/Reason for Visit</th>
<th>Active Employee Plans</th>
<th>Retiree Under 65 Plans</th>
<th>Retiree Over 65 Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cornell Pay per Patient</td>
<td>Number Patients</td>
<td>Cornell Pay per Patient</td>
</tr>
<tr>
<td>Cancer - Pancreas</td>
<td>$155,397</td>
<td>2</td>
<td>Cancer - Oral Cavity/Mandible</td>
</tr>
<tr>
<td>Cancer - Colon</td>
<td>$49,022</td>
<td>21</td>
<td>Cancer - ENT</td>
</tr>
<tr>
<td>Cancer - Uterine</td>
<td>$47,080</td>
<td>7</td>
<td>Hepatitis, Viral</td>
</tr>
<tr>
<td>Multiple Sclerosis</td>
<td>$40,980</td>
<td>10</td>
<td>Cardiac Arrhythmias</td>
</tr>
<tr>
<td>Hematologic Disord, Congenital</td>
<td>$374,330</td>
<td>212</td>
<td>Rheumatoid Arthritis</td>
</tr>
<tr>
<td>Cancer - Gastrint Ex Colon</td>
<td>$37,034</td>
<td>4</td>
<td>Urinary Tract Inj</td>
</tr>
<tr>
<td>Cancer - Lung</td>
<td>$28,672</td>
<td>10</td>
<td>Renal Function Failure</td>
</tr>
<tr>
<td>Injuries of the Liver</td>
<td>$32,062</td>
<td>13</td>
<td>Retina</td>
</tr>
<tr>
<td>Cancer - Breast</td>
<td>$23,922</td>
<td>97</td>
<td>Renal Function Failure</td>
</tr>
<tr>
<td>Crohn's Disease</td>
<td>$22,140</td>
<td>25</td>
<td>Renal Function Failure</td>
</tr>
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<td>Chemotherapy Encounters</td>
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<td>Vascular Disorders</td>
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<td>Cancer - Oral Cavity/Mandible</td>
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<td>Condition Rel to Tx - Med/Surg</td>
</tr>
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<td>Cancer - Lymphoma</td>
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<td>Pulmonary/Oesophagial</td>
</tr>
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<td>Pregnancy w/ Cesarion Section</td>
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</tr>
<tr>
<td>Decubitus Ulcers</td>
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<td>Tumors - Central Nerv Sys</td>
<td>$15,753</td>
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<td>Osteoarthritis, Acute</td>
</tr>
<tr>
<td>Cancer - Leukemia</td>
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<td>Fatigue and Fatigue</td>
</tr>
<tr>
<td>Ureteric Collitis</td>
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<td>Cardiac Disord, NEC</td>
</tr>
<tr>
<td>Renal Function Failure</td>
<td>$12,142</td>
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<td>Fatigue and Fatigue</td>
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<tr>
<td>Top 20 Leading Contributors</td>
<td>$8,971,304</td>
<td>3</td>
<td>Top 20 Leading Contributors</td>
</tr>
<tr>
<td><strong>Total Plan Expenditures</strong></td>
<td>$5,335,647</td>
<td>37.9%</td>
<td><strong>Total Plan Expenditures</strong></td>
</tr>
<tr>
<td><strong>Percentage of Total Expenditures</strong></td>
<td>16.5%</td>
<td><strong>Percentage of Total Expenditures</strong></td>
<td>32.8%</td>
</tr>
</tbody>
</table>

Data Source: Cornell University, Office of Benefit Services

Note: Figures are calculated and presented on a calendar year basis. Data reflect assignment of costs based on claim date of service and do not reflect the effect of Rx rebates.
## Endowed Health Plans Leading Episodes Ranked by Incidence, January 2012 - December 2012

### Active Employee Plans

<table>
<thead>
<tr>
<th>Condition/Reason for Visit</th>
<th>Cornell Pay Aggregate</th>
<th>Number of Patients</th>
<th>Condition/Reason for Visit</th>
<th>Cornell Pay Aggregate</th>
<th>Number of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevent/Adm Hlth Encounters</td>
<td>$3,768,528</td>
<td>7,030</td>
<td>Prevent/Adm Hlth Encounters</td>
<td>$187,822</td>
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<tr>
<td>Infections - ENT Ex Otis Med</td>
<td>$706,104</td>
<td>2,424</td>
<td>Hypertension, Essential</td>
<td>$213,953</td>
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</tr>
<tr>
<td>Infections - ENT Ex Otis Med</td>
<td>$720,645</td>
<td>1,510</td>
<td>Infections - ENT Ex Otis Med</td>
<td>$30,256</td>
<td>85</td>
</tr>
<tr>
<td>Infections - ENT Ex Otis Med</td>
<td>$770,636</td>
<td>1,166</td>
<td>Infections - ENT Ex Otis Med</td>
<td>$60,124</td>
<td>74</td>
</tr>
<tr>
<td>Infections - NEC</td>
<td>$464,976</td>
<td>1,013</td>
<td>Infections - Joint Disease NEC</td>
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</tr>
<tr>
<td>Infections - Respiratory, NEC</td>
<td>$265,994</td>
<td>986</td>
<td>Diabetes</td>
<td>$134,273</td>
<td>58</td>
</tr>
<tr>
<td>Eye Disorders, NEC</td>
<td>$242,266</td>
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<td>Eye Disorders</td>
<td>$199,406</td>
<td>55</td>
</tr>
<tr>
<td>Spinal/Back Disord, Low Back</td>
<td>$794,830</td>
<td>825</td>
<td>Tumors - Skin, Benign</td>
<td>$23,023</td>
<td>55</td>
</tr>
<tr>
<td>Tumors - Skin, Benign</td>
<td>$358,767</td>
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<td>ENT Disorders, NEC</td>
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</tr>
<tr>
<td>Injury - Musculoskeletal, NEC</td>
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<td>Spinal/Back Disord, Low Back</td>
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</tr>
<tr>
<td>Signs/Symptoms/Oth Cond, NEC</td>
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<td>ENT Disorders, NEC</td>
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</tr>
<tr>
<td>Spinal/Back Disord, Ex Low</td>
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<td>621</td>
<td>Renal/Urinary Disord, NEC</td>
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</tr>
<tr>
<td>Gastrointest Dis, NEC</td>
<td>$673,997</td>
<td>615</td>
<td>Eye Disorders, NEC</td>
<td>$8,123</td>
<td>37</td>
</tr>
<tr>
<td>Infections, NEC</td>
<td>$363,220</td>
<td>615</td>
<td>Eye Disorders, Degenerative</td>
<td>$107,096</td>
<td>38</td>
</tr>
<tr>
<td>Hypertension, Essential</td>
<td>$515,972</td>
<td>593</td>
<td>Inguery - Musculoskeletal, NEC</td>
<td>$22,528</td>
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</tr>
<tr>
<td>Renal/Urinary Dis, NEC</td>
<td>$280,912</td>
<td>570</td>
<td>Infections - Respiratory, NEC</td>
<td>$10,652</td>
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</tr>
<tr>
<td>Osteo Media</td>
<td>$216,993</td>
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<td>Infections - Respiratory, NEC</td>
<td>$12,352</td>
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</tr>
<tr>
<td>Mental Hlth - Depression</td>
<td>$546,736</td>
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<td>Infections - Respiratory, NEC</td>
<td>$10,743</td>
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<td>Lipid Disorders</td>
<td>$245,829</td>
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<td>Infections - ENT Ex Otis Med</td>
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</tr>
<tr>
<td>Infections - Eye</td>
<td>$184,313</td>
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<td>Mental Hlth - Depression</td>
<td>$34,149</td>
<td>28</td>
</tr>
<tr>
<td>Top 20 Leading Episodes</td>
<td>$12,479,910</td>
<td>Top 20 Leading Episodes</td>
<td>$1,516,592</td>
<td>Top 20 Leading Episodes</td>
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</tr>
<tr>
<td>Percentage of Total Expenditures</td>
<td>23.0%</td>
<td>Percentage of Total Expenditures</td>
<td>37.6%</td>
<td>Percentage of Total Expenditures</td>
<td>33.3%</td>
</tr>
</tbody>
</table>

### Data Source
- Cornell University, Office of Benefits Services
- Note: Figures are calculated and presented on a calendar year basis.
- Group episode data reflects assignment of costs based on claim date of service and does not reflect the effect of Rx rebates.
- Figures for the top 20 leading episodes reflect aggregate Rx net payments before Rx rebates for top 20 most expensive drug class categories.
- Figures for total plan expenditures reflect the effect of Rx rebates.

## Endowed Health Plans Leading Aggregate Drug Cost Contributors, January 2012 - December 2012

### Active Employee Plans

<table>
<thead>
<tr>
<th>Therapeutic Class Intermediate</th>
<th>Cornell Rx Pay Aggregate</th>
<th>Number Rx Patients</th>
<th>Therapeutic Class Intermediate</th>
<th>Cornell Rx Pay Aggregate</th>
<th>Number Rx Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biological Response Modifiers</td>
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<td>Biological Response Modifiers</td>
<td>$821,269</td>
<td>123</td>
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<tr>
<td>Immunosuppressants, NEC</td>
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<td>46</td>
<td>Immunosuppressants, NEC</td>
<td>$705,369</td>
<td>46</td>
</tr>
<tr>
<td>Antihypertensive Drugs, NEC</td>
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<td>1,202</td>
<td>Antihypertensive Drugs, NEC</td>
<td>$574,936</td>
<td>1,202</td>
</tr>
<tr>
<td>Antivirals, NEC</td>
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<td>Antivirals, NEC</td>
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</tr>
<tr>
<td>Psychother, Antidepressants</td>
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<td>Psychother, Antidepressants</td>
<td>$658,222</td>
<td>1,706</td>
</tr>
<tr>
<td>Gastrointestinal Drug Misc,Nec</td>
<td>$537,380</td>
<td>1,043</td>
<td>Gastrointestinal Drug Misc,Nec</td>
<td>$537,380</td>
<td>1,043</td>
</tr>
<tr>
<td>Antiepileptic Agents, Misc</td>
<td>$514,234</td>
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<td>Antiepileptic Agents, Misc</td>
<td>$514,234</td>
<td>1,240</td>
</tr>
<tr>
<td>Antineoplastic Agents, NEC</td>
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<td>130</td>
<td>Antineoplastic Agents, NEC</td>
<td>$648,581</td>
<td>130</td>
</tr>
<tr>
<td>Stimulant, Amphetamine Type</td>
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<td>345</td>
<td>Stimulant, Amphetamine Type</td>
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<td>345</td>
</tr>
<tr>
<td>Coag/Anticoag, Hemostatics</td>
<td>$356,750</td>
<td>128</td>
<td>Coag/Anticoag, Hemostatics</td>
<td>$356,750</td>
<td>128</td>
</tr>
<tr>
<td>Antidepressant, Insulins, Ions</td>
<td>$335,916</td>
<td>137</td>
<td>Antidepressant, Insulins, Ions</td>
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</tr>
<tr>
<td>Psychother,Trans/Anipsychotic</td>
<td>$262,012</td>
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<td>Psychother,Trans/Anipsychotic</td>
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<td>134</td>
</tr>
<tr>
<td>Antineoplastic Agents, Misc</td>
<td>$259,456</td>
<td>370</td>
<td>Antineoplastic Agents, Misc</td>
<td>$259,456</td>
<td>370</td>
</tr>
<tr>
<td>Cardio Drugs, Nec</td>
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<td>377</td>
<td>Cardio Drugs, Nec</td>
<td>$230,091</td>
<td>377</td>
</tr>
<tr>
<td>Contraceptive, Oral Comb, NEC</td>
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<td>Contraceptive, Oral Comb, NEC</td>
<td>$222,878</td>
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</tr>
<tr>
<td>Leukotitein Modifiers</td>
<td>$203,371</td>
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<td>Leukotitein Modifiers</td>
<td>$203,371</td>
<td>334</td>
</tr>
<tr>
<td>Misc Therapeutic Agents, NEC</td>
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<td>374</td>
<td>Misc Therapeutic Agents, NEC</td>
<td>$162,469</td>
<td>374</td>
</tr>
<tr>
<td>Antiinflam Agents, ENHC, NEC</td>
<td>$160,722</td>
<td>1,141</td>
<td>Antiinflam Agents, ENHC, NEC</td>
<td>$160,722</td>
<td>1,141</td>
</tr>
<tr>
<td>Top 20 Leading Contributors</td>
<td>$7,704,280</td>
<td>Top 20 Leading Contributors</td>
<td>$768,727</td>
<td>Top 20 Leading Contributors</td>
<td>$4,019,420</td>
</tr>
<tr>
<td>Percentage of Total Expenditures</td>
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### Data Source
- Cornell University, Office of Benefits Services
- Note: Drug class figures are calculated and presented on a calendar year basis.
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- Figures for total plan expenditures reflect the effect of Rx rebates.
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**Top 20 Leading Contributors**

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<tr>
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<th>Top 20 Leading Contributors $2,902,988</th>
<th>Top 20 Leading Contributors $559,021</th>
<th>Top 20 Leading Contributors $2,577,870</th>
<th>Top 20 Leading Contributors $2,902,988</th>
<th>Top 20 Leading Contributors $559,021</th>
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<td>Total Rx Expenditures</td>
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**Percentage of Total Expenditures:**

- 38.9% Percentage of Total Expenditures
- 58.9% Percentage of Total Expenditures
- 45.7% Percentage of Total Expenditures

Data Source: Cornell University, Office of Donor Services

Note: Drug class figures are calculated and reported on a calendar year basis. Data reflect assignment of costs on a claim date of service and do not reflect the effect of Rx rebates. Figures for the top 20 leading contributors reflect per patient Rx net payments before Rx rebates for top 20 most expensive drug class categories. Figures for total Rx expenditures reflect the effect of Rx rebates. Figures for the sum of the top 20 drug class categories' net payments reflect the sum of the associated aggregate Rx net payments.
Appendix D

Wellness Advisory Committee Meeting Notes

Below is a summary of discussion/contributions to the Advisory meetings in November 2012 and June 2013. The notes were transcribed from a recorder.

November 2012

In Attendance: Kerry, Beth, Ruth, Iris, TJ, Lesli, Divya, Andrea, Rod, Saba, Sunny, Jim

Reflections - Review from previous meeting (May 2012):

Notes:
Increase marketing to send a message that WP is for ALL age ranges – more photos to tell story
Misconception that not everyone can join the WP – increase concept that physical activity is more than just fitness membership
Making WP easier to access by exempt and non exempt
Response to Climate survey – Wellness aspect
Social Networking – how it is being used and how it can be used
Webinar technology – available 24/7
WebEx – use or not?

Website Discussion - www.wellness.cornell.edu
Newer features of Home Page
• Re-loading pictures
Mock-ups of Home Page shared – key concepts of several mock-ups
• “image capsules” to replace topic lists, and have a few bulleted lists
• condensing lists into categories
• constrained for number of columns by number of pixels of older computers on campus
• banner similar to all CU pages

May 2013

In Attendance: Kerry, Nimat, Beth, Jenn, Ting, TJ, Karyn, Todd, Bruce, LaWanda, Saba, Curtis, Chris, Bert, Ruth, Rod, Mark, Trey, Annemarie

Notes:
• Purpose of Advisory Committee reviewed
• 7 ways Wellness Program determines its member and outreach programming
  • Advisory Committee feedback
  • Wellness & Well-being Survey
  • Medical data
  • Strategic Plan 3 yr
  • Healthy People 2020 – Federal document
  • In-person feedback
  • Surveys after classes & lectures offered
• A few Highlights for past 6 months
  o Improving accessibility for facilities
    ▪ HNH - ladder exchanged for pool stairs, grab bars in shower stalls to be installed
    ▪ The ladder may be causing a problem with decreasing the number of people using Lane 1 and flow/safety in that lane. Wellness is going to be monitoring this situation.
    ▪ Discussion with Andrea Haenlin-Mott, Facilities manager ADA compliance, about accessibility in Teagle – possibly dividing up showers in open shower area
  • Q – Where is HNH on topic of building renovation? A – With financial crash a few years ago and its impact on Cornell’s building development procedures there is no longer a plan for renovating HNH. HNH upgrades to ventilation, heating, cooling etc. have reached their max for upgrades. HNH is now slated to be demolished in 20 years.
  • Can CPHL improve facilities? If they want people to be healthy it would make sense.
  • Wellness’ new website re-design launched – Thank you for all of your feedback
  • No Excuses contest – big success. Wellness used more social media during the contest. Facebook page, webinars, video
  • Facebook No excuses page will be transitioned into a spot where anyone can market anything having to do with health & wellness going on in their communities and at Cornell. Anyone will be able to post items such as foot races, bike events, Ithaca Streets Alive, and more)
  • Employee Survey Response & Personal Development Policy – The recommendations for a Personal Development Policy (expansion of current policy 6.9) developed by the Personal Development Policy committee (chaired by Beth) are on the President’s desk for review.
    o Policy would allow 2.5 hours of release time for Personal development per week.
    o Does allow for an alternative arrangement if job absolutely does not allow for flexibility
    o Wellness participation is a main component of Personal development.
    o Personal development is mostly defined in the proposal and is very Cornell centric. It does leave a little bit of room for interpretation by employee and supervisor.
    o President will respond by the end of June.
  • Wellness & Wellbeing survey 2013
    o Over 1,000 responses from Wellness members and non-members
    o Survey is a combined effort between the Wellness Program, Faculty Staff Assistance Program, and the Department of Inclusion and Workforce Diversity
    o 9 Dimensions of Wellness plus more
    o Q – Can the results be separated into results by age group? A – Yes, and we will share those results with the Advisory Committee
    o Q – Can you share the top comment themes with us? A – Yes, when we read through all of them and condense them, we will share them with the Advisory Committee
    o Q – Who did the survey reach? How was it advertised? What were the demographics of the respondents? What percentage of total Cornell populations responded? A – Survey was advertised to the entire Cornell community through PawPrint, the Wellness e-list, and the Worklife e-list. Demographics are reported at the end of the survey results. Our
staff will run further metrics to break down results by additional demographic components such as percentage of total Cornell populations and results by age groups.

- Q – Can you share the results with the Cornell Retirees Association? A – Yes

- Results seem to be similar to climate survey responses. Career development, financial planning were seen as important topics in both surveys.
- HR has a great financial planning website
  https://www.hr.cornell.edu/benefits/financial_planning/
- Financial Fitness program is excellent – advertised through PawPrint and WorkLife list servs.
- Q - Can Wellness do something for people wanting basic grocery shopping skills? Many young people do not know how to cook or even how to buy produce.
- Q - Younger generation wanting short-duration series classes offered in the evenings or on the weekends. Can this happen?
- Q - Can Wellness sponsor tri class? Or Ironman class? Half Ironman class?
- Q – Can a Healthy Recipe be sent out once per week? A – CFC tried this a few years ago and had very negative feedback. Many different thoughts on what a healthy recipe should include. May offer this again in future, but hesitate to right now.
- Q – Can a facility/group fitness/wellness offering specific survey be sent out? A – Wellness used to send out a survey of this kind several years ago. The responses didn’t change over about a 3 year period so we stopped pushing that survey out. However, with 4 different generations in the workplace we will consider bringing it back. It has probably been a long enough period since we last offered it.
- Q - The campus is deficient in bicycle parking. In particular covered bike parking. Can this be changed?
- Think about a system of commuting to and around campus – expand Big Red Bike program
- Combine new initiatives we want with other current initiatives. For example President’s sustainable campus committee - Transportation sub-committee.
- Faculty do not take TCAT. Encourage people to walk, bike, and ride the bus.
- Really liked No Excuses challenge – brought co-workers closer together. Really liked the small challenges. Maybe can be expanded throughout the year.
- Q – Any update on Trans topics related to fitness facilities?
  - A - Discussed with Andrea Haenlin- Mott about a gender free changing area in Teagle
  - A - Discussion in HNH for creating a gender free area has stalled
  - A – We have been told that future fitness centers will have gender free changing/showering design
  - Refer to Oberlin College for models. Oberlin changed their design in current buildings. Ohio state did cabana style design.
- HNH men’s locker room locker replacement
  - Lockers have already been ordered. More long lockers will be installed than are currently there.
- Q - Water fountain is broken inside HNH fitness center. Can you find out what’s going on with it? A- yes, our staff will ask about this
• Water is cold in the women’s locker room – not sure what happened, but it’s good
• Q – Can we get a swimsuit dryer in the men’s locker room in HNH?
• There’s a water fountain in the women’s locker room in HNH but not the men’s
• No Excuses Facebook page changing into page for anyone to post community opportunities on
• Q – Is there a place to advertise or a group that works to coordinate disaster relief volunteer efforts by Cornell staff? (ex. for a disaster such as the devastating tornado in Oklahoma)
• There are a lot of opportunities for students but the opportunities are not perceived as available to staff/faculty
• Maybe that type of opportunity should be embedded into the Personal Development Policy as a volunteer opportunity piece. Maybe it should fall under the Cornell Wellness heading – 3 week relief volunteering
• Plantations Natural Areas opportunities
  o 3400 acres, 45 miles of hiking trails
  o Plantations maps on their website, can overlap accessibility features
  o Links to swimming locations, high noon group runs
  o All of Cornell gardens will be added
  o Increase peoples knowledge of the offerings
• Would be nice to have a central place for information for staff/faculty (info is scattered right now) – info on library access, community events, volunteering, and more
Appendix E

Wellness Strategic Goals 2013-2016

Goal 1: To provide best practices

1. Internal processes
   a. Tracking usage
      i. Track usage of fitness classes by Wellness members (Ruth)
      ii. Track usage of Healthy Agers by class (Jenn)
   b. Tracking consultations
      i. Explore software programs (Staff)

2. University-wide strategic collaborations
   a. Access to flex/release time
      i. Proceed based on president’s response to proposal (Beth)
   b. Bicycle initiatives
      i. Gather information on existing initiatives (Kerry)
   c. Health initiatives work with Benefits/EHS
      i. Proceed based on work with Paul, Christine, Patti (Beth)

3. Collaborate with Cornell departments and local medical providers to improve services
   a. Provide health screenings for employees at work (Gannett)
   b. Promoting CPHL enhanced wellness visit. (Benefits)
      i. In collaboration with Benefits/Paul (staff)
      ii. Have people bring us their report.
      iii. Become providers of cholesterol counseling, HTN counseling?
      iv. Possible tracking/feedback
      v. Increase number of docs referring to Wellness.
   c. Promote pre and post natal Wellness services.(OBGYN offices) (Ruth)

4. Older Adults/Healthy Aging Program
   a. Shorty classes: information and exercise based ie arthritis, osteo, chronic back, cvd, etc.
      i. One shorty during Active Aging week (Jenn)
      ii. At least one shorty each semester (Jenn, Kerry)
   b. Reach lower functioning (frail and independent) in addition to the physically fit.
      i. Offer more, progressive classes ie modified yoga, ripples
         1. Add one class in addition to modified yoga (Jenn)
      ii. Work with current instructors to notice people who need more assistance (Jenn)
      iii. Add one article to retirees CRA newsletter in fall 2013 (Jenn)
   c. Address large class sizes (reaching maximum)
      i. Assess room availability, Appel
      ii. Creative classes – ie in weight room
      iii. Social angle, potlucks
      iv. Active Aging Week = September start 2014 with activities
5. Underserved populations
   a. 18-35 years, Younger Generation
      i. Grocery skills/tour – Bert???
      ii. Short duration, evenings, weekends.
      1. Offer 2 evening shorty classes in collaboration with others ie AM Morse, M Admunson (Beth, Kerry)
      iii. Volunteer efforts
   b. 55+ years
   c. Non-Exempt staff  Offer 2 webinars intentionally serving B through E (staff)
   d. Faculty
   e. CNGs
   f. Search for programming grants to increase innovative programming
      i. Research program grant opportunities (Jenn)

Goal 2: Evaluate our program’s effectiveness

1. Increase membership and participation by underserved populations
   a. Run GoogleDocs metrics from registrations for past 3 years (Kerry)
   b. Develop diversity goals if indicated (staff)

2. Surveys
   a. Bi-annual
      i. Include questions about facilities, social media, and method of delivery
      ii. Include questions specifically for employees in supervisor role
   b. Short polls on website
      i. Find poll that can be embedded into website (Kerry)
      ii. Try at least one poll (staff)

3. Five year benchmarking
   a. Complete in fiscal year 15/16 (Beth/Kerry)

Goal 3: Gain national/international recognition

1. Identify opportunities to speak/present at conferences, write articles, and apply for awards

Goal 4: Continuous development and training

1. Cultural competency
   a. Invite Namit to do in-service for Wellness staff (Ruth)
   b. Have intern do in-service on related topic (Beth)
2. Diabetes
3. Certified Inclusive Fitness Training
Goal 5: Communications Strategy to reach broad and diverse audience. Leverage multifaceted approach.

1. Address diversity
   a. Photos, stories
   b. Communicate programming directly to CNGs (Kerry)

2. Modalities
   a. In person
   b. Videos/podcasts: 2 for fy14 (staff)
   c. Vary time of day and length of programming
   d. Leverage social networking
      i. Run a focus group with young adults or do an on-line poll possibly asking about twitter (staff)

3. Web
   a. Redefine as needed - Membership capsule, Healthy Aging capsule
   b. Calendar – to sync with phones, need more stuff for calendar.
   c. Re-launch webinars, add them to monthly themes

Goal 6: Programming Topics Based on Needs Assessment

- Diabetes, Cancer, Support groups
- Genetic testing information
- Accessing health information
- Heart attack/stroke/aspirin information/cholesterol
- Pre/Post Natal
- No Excuses/change focus
- Grocery tour
- Volunteering
- Health fair idea – screening hearing, eyes, etc.
- Worry/Gabriel
- More webinars ie Talk with the Exercise Physiologist
Appendix F

Healthy People 2020 Focus Areas

- Physical Activity
- Nutrition
- Weight Status
- Iron Deficiency
- Older Adults
- Arthritis
- Osteoporosis
- Chronic Back Conditions
- Diabetes
- Genetic Counseling
- Health
- Hypertension
- Cholesterol
- CVD/Heart/Stroke
- Smoking