Did you know that more than 66 percent of Wisconsin adults are overweight or obese? The annual obesity-related medical cost is estimated to be $1.5 billion dollars, of which $626 million are Medicaid and Medicare expenditures. Overweight and obesity also increases the risk of many chronic diseases such as diabetes, heart disease, some cancers, arthritis and others. This epidemic is placing a huge burden on our healthcare system and economy.

What can be done? Worksites are an important venue to address nutrition and physical activity issues. The Wisconsin Worksite Wellness Resource Kit was developed to assist businesses in starting, adding to or maintaining a wellness program for their staff. The resource kit is a project of the Nutrition and Physical Activity Program, Diabetes Prevention and Control Program, Heart Disease and Stroke Program, Comprehensive Cancer Program, and Arthritis Program. Unlike other resource kits, the focus is on reducing the risk factors to chronic disease: poor nutrition, inactivity and tobacco use. Worksites will have a step-by-step guide to use in assessing their worksite, identifying what types of activities to implement, links to information on how to implement and ways to determine effectiveness. This toolkit has been piloted with six community-business partnerships throughout the state and was expanded to another 10 pilot communities in 2007 through the National Governor's Association Healthy States grant. Lessons learned from these pilot projects and user feedback over the past few years have been incorporated into this latest version of the kit.

We know it will take the active involvement of many public and private partners to change systems, community and individual behaviors. Worksites are one key environment for that change to take place. By working together, the people of Wisconsin have a great opportunity to create communities that support healthy lifestyles and reduce the health and economic burdens of obesity.

The WI Nutrition, Physical Activity and Obesity Program Team

This Worksite Wellness Resource Kit was developed as a collaborative effort of the Wisconsin Partnership for Activity and Nutrition - Business Subcommittee and the Chronic Disease Programs of the Wisconsin Division of Public Health. The resource kit focuses on strategies to offset risk factors that contribute to obesity and chronic diseases.

References to additional resources are for informational purposes and not an endorsement of organizations or products.
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INTRODUCTION:
WHY HAVE A WORKSITE WELLNESS PROGRAM
Welcome to Worksite Wellness: a way to improve your bottom line and employee morale while decreasing chronic disease.

IF WE KNOW THAT...
- Employees spend approximately 36 percent of their total waking hours at work, and
- More employees are becoming overweight from poor eating habits and physical inactivity, and
- Heart disease, stroke, cancer, and diabetes are all linked by common risk factors associated with poor eating habits, physical inactivity and tobacco use, then …

As employers, it makes sense for us to get the most out of our employees by creating a work environment that supports and encourages good health.

EMPLOYEES WHO IMPROVE THEIR HEALTH CAN…
- Improve their overall fitness and mental alertness
- Enjoy improved morale
- Reduce their absenteeism and presenteeism due to sudden illness or chronic health issues
- Live healthier, longer lives.

THIS WORKSITE WELLNESS RESOURCE KIT WILL HELP YOU…
- Identify the strengths and weaknesses of your wellness and health promotion policies,
- Develop an action plan to implement or improve your worksite wellness program, and
- Provide a multi-faceted payback on your investment.

HERE’S WHAT OTHERS THAT HAVE USED THE TOOLKIT HAVE TO SAY:
- “It’s a great resource with lots of good information!” Linda Lee, LaCrosse County
- “Very well laid out - - especially for those who need more basic assistance with program implementation.” Laura Graney, Sheboygan County
- “As the coordinator, I think the resource kit is very good. It is well organized and easy to read. I appreciate that the surveys, recommendation table, action plan worksheet, and worksite wellness assessment are thorough and easy to use/duplicate if needed.” Alecia Neuroth, Wood County

BUT WILL IT MAKE A DIFFERENCE? HERE ARE SOME STORIES FROM USERS:
- “We were successful in instituting a wellness committee 24 members strong. In addition, we completed the distribution of the wellness survey and the tabulation of responses. Connections are being made and projects are getting rolling. There seems to be a great amount of enthusiasm for this project!” Lori McMillan, Rock County
- “Human resources staff and management are very committed to providing wellness opportunities for their employees. They are open to new ideas and trying new things. Free fresh fruit offered all day long in break room to company employees. Food vendors are providing more nutrition information on products and to display in the break room.” Bev Hall, Waupaca County
- “Staff morale is visibly improved. Staff is accustomed to serving the health needs of program participants, often neglecting their own health and nutrition, to sit at computer terminals for long periods of the day. Staff conservations involve statements such as “I'm going to the YMCA tonight” or “My husband and I are starting an exercise routine/walking plan.” I consider it a great success.” Amanda Kugel, Brown County

If you’re sold, let’s begin!
INTRODUCTION: WHY HAVE A WORKSITE WELLNESS PROGRAM?

What is Worksite Wellness?
For the purposes of this resource kit, worksite wellness refers to the education and activities that a worksite may do to promote healthy lifestyles to employees and their families. This resource kit focuses on risk factors that affect obesity and chronic diseases. Examples of wellness programming include health education classes, subsidized use of fitness facilities, internal policies that promote healthy behavior, and any other activities, policies or environmental changes that affect the health of employees.

Why the Worksite Setting is Key
Worksites are a great place to focus on changing behavior for a variety of reasons. First, people spend more time in the work setting than any other setting in an average day. Second, the work setting lends itself to policy and environmental changes that encourage and support healthy habits. Lastly, combined with incentive programs, worksites provide a rich environment to change behavior and increase the number of employees with good health habits and a lower number of health risk factors. The diagram at the right shows the average number of waking hours spend in various settings.

RETURN ON INVESTMENT:
How Wellness Affects Your Company’s Bottom Line
Here are some key benefits of wellness programs:
- Decreased health care costs
- Provide a return on investment
- Increased productivity
- Reduced absenteeism
- Improve morale and retain key staff
If any or all of these factors are sufficient justification and you already believe they are likely outcomes of a wellness program, skip right to Step Two. If you need more convincing or background information, read on.

Control Healthcare Costs
Rising healthcare benefit costs are a significant concern and poor health habits and unnecessary medical care costs consume portions of our corporate resources as well as the employee paycheck. An investment in your employees' health may lower health care costs or slow the increase in providing that important benefit. In fact, employees with more risk factors, including being overweight, smoking and having diabetes, cost more to insure and pay more for health care than people with fewer risk factors.

Raise Awareness of the Benefits of Good Health and See a Positive Return on Investment
An employee wellness program can raise awareness so employees with fewer risk factors remain in a lower-cost group. A program also can encourage employees with health risk factors to make lifestyle changes, to seek help for mental health programs and to improve their quality of life and lower costs. The payoff in dollars as well as in quality of life can have a big impact on your company’s bottom line. The average cost/benefit ratio for wellness programs based on a summary of 28 articles was $3.48 saved per $1 invested (Aldana, 2001). A good summary analysis of return on investment (ROI) can be found in the issue brief entitled Employee Health Promotion Programs: What is the Return on Investment? http://uwphi.pophealth.wisc.edu/publications/issueBriefs/issueBriefv06n05.pdf

Health related concerns are not only an issue for employees, but for the nation’s employers, too. Health care premiums have doubled for the employee and employer. Employer profits are being consumed by healthcare costs. In 2000, private business expense for health services as a percentage of profit was 40% before tax and 58% after tax (Cowen, 2002).
Increase Productivity
Healthier employees are more productive. This has been demonstrated in factory settings and in office environments in which workers with workplace wellness initiatives miss less work. Presenteeism, in which employees are physically present on the job but are not at their most productive or effective, is reduced in workplaces that have wellness programs.

Reduce Absenteeism
Healthier employees miss less work. Companies that support wellness and healthy decisions have a greater percentage of employees at work every day. Because health frequently carries over into better family choices, your employees may miss less work caring for ill family members as well. The cost savings of providing a wellness program can be measured against reduced overtime to cover absent employees and other aspects of absenteeism.

Improve Morale and Enhance the Organization’s Image
A company that cares about its employees’ health is often seen as a better place to work. Those companies save money by retaining workers who appreciate the benefit of a wellness program and they can attract new employees in a competitive market.

NEED CONVINCING? CHRONIC DISEASE RELATED HEALTHCARE COSTS
The cost to employers of obesity-related health problems in 2003 was $13 billion per year, including $8 billion in medical claims, $2.4 billion in paid sick leave, $1.8 billion in life insurance, and almost $1 billion in disability insurance. In addition, an estimated 39 million workdays are lost to obesity-related illnesses each year (DHHS 2004).

Percent of Adults with Lifestyle Health Risk Factors

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>State of Wisconsin</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obese: Body Mass Index (BMI ≥30)</td>
<td>29%</td>
<td>27%</td>
</tr>
<tr>
<td>Overweight (BMI ≥ 25 &lt; 30)</td>
<td>36%</td>
<td>36%</td>
</tr>
<tr>
<td>Overweight and obese combined</td>
<td>65%</td>
<td>63%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>8%</td>
<td>8%</td>
</tr>
<tr>
<td>Current smoker</td>
<td>19%</td>
<td>18%</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>28%</td>
<td>29%</td>
</tr>
<tr>
<td>High cholesterol</td>
<td>36%</td>
<td>38%</td>
</tr>
<tr>
<td>Lack of physical activity (&lt; recommended level)</td>
<td>47%</td>
<td>49%</td>
</tr>
<tr>
<td>Less than 5 servings of fruits or vegetables</td>
<td>77%</td>
<td>77%</td>
</tr>
</tbody>
</table>

Source: Behavioral Risk Factor Surveillance System (BRFSS) 2009

The relationship between health risks and health costs has been well documented. A major goal of your worksite wellness program is to get employees involved in program activities as well as taking care of themselves outside of company-sponsored activities. One prominent study looking at this issue assigned a relative cost to several risk factors illustrating the large potential costs for each risk factor. Their estimates were:

<table>
<thead>
<tr>
<th>Cost Per Risk Factor</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>$2,413</td>
</tr>
<tr>
<td>High Glucose</td>
<td>$1,450</td>
</tr>
<tr>
<td>Overweight</td>
<td>$1,194</td>
</tr>
<tr>
<td>Stress</td>
<td>$1,132</td>
</tr>
<tr>
<td>Tobacco</td>
<td>$713</td>
</tr>
<tr>
<td>No Exercise</td>
<td>$709</td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td>$650</td>
</tr>
<tr>
<td>High Cholesterol</td>
<td>$454</td>
</tr>
</tbody>
</table>

The reality is that employers are already “paying for” health related issues. On average, a company can expect to pay an estimated $10,000 or more per year for things such as:
- Medical benefits
- Short & long term disability
- Workers compensation
- Disease Management
- Absence Management
- Staff Recruitment and training
- Human Resources

Many of the above costs are related to chronic diseases and many of the chronic diseases are related to obesity. This resource kit will look at health factors and will emphasize strategies that prevent conditions that are chronic disease-related and that lead to higher healthcare costs.

The majority of the risk factors for chronic diseases are both preventable and modifiable. Step 1 will provide information on how to get started at your worksite.

**Need Help Using This Resource Kit**
There is a list of certified trainers that may be available to help you use this kit. Those trainers are listed by five regions in Wisconsin and the list is posted at:

Approved trainers have completed training on the WI Worksite Wellness Resource Kit and have expressed willingness to train worksites on the use of the kit as part of their other outreach activities to worksites. Availability of these trainers is up to the individual trainers and their schedules.

**Looking for a Way to Estimate Your Obesity-related Costs and Potential Cost Savings from a Worksite Wellness Program?**
**CDC’s Obesity Cost and Return on Investment Calculator**

Wellsteps also has an ROI calculator, but it now has an associated cost to use it.
[https://www.wellsteps.com/roi/](https://www.wellsteps.com/roi/)
STEP 1: GETTING STARTED
What’s the hardest part of developing a worksite wellness program: Getting Started! Where do you begin and what do you do? Summarized below is a simple overview of the steps you need to take for a successful program that matches your resources. Take 2 minutes to read this to see that you can do it.

Once an organization decides they want a worksite wellness program, the first question is often “What kinds of things should we do?” Before you have that discussion, you should lay the groundwork and get more manageable information. A summary of what to do would include the following items, all of which are very manageable if you take them one step at a time:

6 EASY STEPS TO A WORKSITE WELLNESS PROGRAM

STEP 1: HOW DO I GET STARTED? I’M CONVINCED, BUT NEED HELP GETTING STARTED.
An overview of how to get started. This includes management buy-in and developing a company wellness committee. The extent of your program will depend on resources, but you could implement some no-cost components of a wellness program tomorrow!

STEP 2: ENGAGING YOUR EMPLOYEES (Communications And Marketing)
Learn about factors to consider in engaging your employees in order to make your program a success. This step will provide background on different ways to communicate with employees and set up incentives that will increase participation.

STEP 3: HOW “HEALTHY” IS MY WORKSITE? DO AN ASSESSMENT.
Before you decide what programming to offer, you should do three things:
   A. Use the assessment tool in Step Three to assess your current worksite environment.
   B. Learn more from your employees: A sample survey and links to health risk assessments (HRAs) can be found in Step Three.
   C. Collect or use other existing data that may be helpful in your decision-making.

STEP 4: WHAT ACTIVITIES CAN I DO? SEE A LIST WITH ADDITIONAL RESOURCES.
There are many activities that you could include in your program. Read Step Four for a listing of program components. The components are split into low, medium and high resource needs, so you can get a quick glance at what you might be able to quickly implement, and what might take more time or be too costly to include.

STEP 5: WHAT DO I DO? WHAT DETERMINES PROGRAM COMPONENTS FOR MY WELLNESS PROGRAM? PICK AREAS WHERE YOU HAVE RESOURCES TO DO WELL.
There are many components that you could include in your program. See the tools in Step Five that will help you determine priorities and set up a plan to make them happen. Step 5 also describes how you can clearly define the goals and objectives of your wellness program. See how policy changes and even small environmental changes can have great impact at little or no cost. Step 5 includes:
   A. Using the assessment results, survey results and other data to prioritize your program components and to set goals and objectives.
   B. Developing an action plan with appropriate strategies to address specified goals. Include a timeline, a budget, and an evaluation plan.
   C. Using your communications and marketing plan from Step 2 to implement your program.

STEP 6: IS IT WORKING? HOW WILL I KNOW IF THE WELLNESS PROGRAM IS WORKING?
THINK ABOUT EVALUATION WHEN YOU START THE PROGRAM.
Evaluation of your program can be very simple to very complex. You will need to evaluate the program at some point, so consider some type of evaluation from the beginning. An overview of what to evaluate and how to do it can be found in Step Six along with a sample evaluation tool. Evaluation will help you measure outcomes and monitor progress so you can make necessary changes to continue to revise the program to maintain a healthy environment for all employees.
DEVELOPING A WELLNESS COMMITTEE

Gain Support from Management
Support from all levels of management is key to the success of your wellness program. To ensure the support of management, inform managers about the program early on and encourage them to participate. Communicate clearly and often the goals and benefits to the company and participants. You need to direct sufficient resources and staff time to developing and implementing your wellness program if you want it to be successful. Consider setting an annual meeting with the executive team and managers to review the wellness program results from the previous year and to preview what the program is going to look like going forward.

If you are an outside coordinator not affiliated with the business, it may be worthwhile to list your responsibilities and the responsibilities of the worksite at the beginning. See Appendix H, the coordinator’s guide, for more information and a sample memorandum of understanding.

Assembling Your Wellness Team – Forming an Onsite Wellness Committee
The Wellness Committee is responsible for promoting the worksite wellness program, planning activities, recruiting team leaders, and conducting the evaluation. The size of the committee will depend on the size of your company and the scope of the program or activities, with many companies having somewhere between 8-15 members. The committee should include staff that represents various employee shifts and departments such as management, union representatives, human resources or administrative assistants. There is no minimum or maximum size, but the committee should be large enough to represent your workforce and should have representation from all locations if you have more than one facility. If you already have a wellness or health promotion committee or other groups interested in taking on this role, involve them on the committee. Committee members can focus on recruitment, activities, events, rewards/incentives, and evaluation.

Designate a Coordinator
Management or the Wellness Committee should identify a Wellness Coordinator to manage the program. Although the Wellness Committee and others can share some of the responsibilities, having the right person coordinating efforts increases the likelihood that the program will be well managed and delivered. The level of success for the wellness program is often linked to the coordinator’s time and ability. It is essential that some or all of the coordinator’s time be dedicated to the wellness program and that those responsibilities are included in their job description. If this isn’t possible, then the company should consider contracting with an outside party to provide programming. Local healthcare organizations and YMCAs often provide this service. Check with your local contacts to see if this is an option.

Committee Meetings
The Wellness Committee should meet on a regular basis, at a minimum on a bimonthly or quarterly basis. The committee may meet more often during peak times when planning or implementing activities or programs. The frequency of meetings will depend on what the committee plans to accomplish.

Revitalizing the Committee
Regularly add new members to the committee and include members of groups that you want to target. Consider term limits for members to allow for new representation and new ideas. If you great committee members, you can always provide an option to reapply. Maintain a connection with management and report successes. Make it fun and rewarding.
Appoint or Recruit Team Leaders

Effective delivery of many wellness initiatives is often dependent on a leader that is close to the participants. Depending on the structure of your organization, you may want to develop smaller teams that have leaders or “captains” to help provide motivation, information, and support to the program participants. Leaders have a major impact on whether the participants have a positive experience. A team leader can be the point of contact or messenger for information shared between the program participants and the Wellness Committee and vice versa.

It is important that team leader is creative, enthusiastic, and committed to the program. The team leaders do not have to be the most active and healthy staff members. However, it is more important that they have the skills to help motivate their team members to success.

WHAT IS IT GOING TO COST?

Staff Time: Building a successful worksite wellness program requires resources, including staff time and finances. Some larger organizations may spend 20 hours per week for three to six months preparing all the steps prior to launching a worksite wellness program. Once the program is up and running, there should be some dedicated staff time to support the activities.

Although many organizations can build a successful wellness program by assigning roles and responsibilities to wellness committee volunteers, having some amount of dedicated staff time will greatly increase your chances for a successful program. When deciding on whether to hire an onsite wellness staff person for your company, consider the following:
- the size of the organization,
- the impact you would like the wellness program to have on employees,
- the type of wellness culture being created by the company; and
- Return on investment (ROI).

Although there is no specific formula for staff resources needed for a set number of employees, a general recommendation (Chapman 2007) is:

<table>
<thead>
<tr>
<th>Number of Employees</th>
<th>Internal Staff (FTEs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 25</td>
<td>0.1 FTE</td>
</tr>
<tr>
<td>≤ 100</td>
<td>0.4 FTE</td>
</tr>
<tr>
<td>≤ 250</td>
<td>0.8 FTE</td>
</tr>
<tr>
<td>≤ 500</td>
<td>1.0 FTE</td>
</tr>
<tr>
<td>≤ 1,000</td>
<td>1.5 FTE</td>
</tr>
<tr>
<td>≤ 5,000</td>
<td>2.5 FTE</td>
</tr>
<tr>
<td>&gt; 5,000</td>
<td>Add staff as needed</td>
</tr>
</tbody>
</table>

Programming Costs: Monetary costs can fluctuate widely, and will depend on whether the employer pays all costs, the employees pay all costs, or the costs are shared. Cost will also be effected by whether the program components are done by staff or through a vendor. In any case, national experts estimate the cost per employee to be between $150 and $300 per year for an effective wellness program that should produce a return on investment of $450 to $900. A sample expenditure for various levels of programs would be:
<table>
<thead>
<tr>
<th>Program Type</th>
<th>Program Characteristics</th>
<th>Cost per Employee/Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education &amp; Awareness</td>
<td>A minimal to moderate program: activity centered, little focus on risk, voluntary, limited resource allocation, unsure employee engagement, no evaluation</td>
<td>&lt;$50</td>
</tr>
<tr>
<td>Traditional Program</td>
<td>A medium to fairly comprehensive program: activity centered and results oriented, some focus on risk, voluntary, reasonable resource allocation, some incentives offered, conducts some outcomes/evaluation</td>
<td>$50-$200</td>
</tr>
<tr>
<td>Comprehensive Health &amp; Productivity Management</td>
<td>A comprehensive program: results oriented, focus on risk and productivity, extensive budget and staffing resources, multi-faceted programming, incentives offered and outcomes driven</td>
<td>$200+</td>
</tr>
</tbody>
</table>


Keep in mind that the return on investment will likely be greater with more comprehensive programs, so the higher cost will also generate a greater return on investment due to lower health care costs and less absenteeism. Ideally, your budget would be based on all the strategies you want to implement in your wellness program. Realistically, your budget will often times be set and you’ll have to figure out what you can do with the amount allotted. A sample budget worksheet is available in Appendix H. The sample will give you ideas on some of the things that you might want to do and set aside budget dollars to implement.

**Other Resources - WELCOA of Wisconsin**

The Wellness Council is the only nonprofit organization in Wisconsin dedicated exclusively to helping employers design results-oriented wellness programs to maximize the health and productivity of their most valuable asset — their employees. The Wellness Council of Wisconsin currently serves over 400 members representing 430,000 employees statewide. The Wellness Council of Wisconsin is the local affiliate of the national organization, Wellness Council of America (WELCOA). WELCOA, [www.welcoa.org](http://www.welcoa.org), is one of the most respected resources for workplace wellness in America. With a membership in excess of 3,200 organizations, WELCOA is dedicated to improving the health and well-being of all working Americans.

When it comes to designing and implementing a worksite wellness program, there are two paths that can be followed: activity-centered or results-oriented. Activity-centered workplace wellness programs are those that make "activities" the central focus of their initiative. If you are currently running an activity-centered workplace wellness program, there’s no reason to feel bad—many people start this way. Indeed, according to a variety of recent national surveys, it is widely understood that the vast majority of workplace wellness programs in the U.S. are activity-centered. However, at the Wellness Council of Wisconsin and WELCOA, we believe that there is a better and more effective way to build workplace wellness programs. Visit [www.wellnesscouncilwi.org](http://www.wellnesscouncilwi.org) to learn more about the Well Workplace process.

**A Final Thought on Start-up**

After you’ve laid the groundwork to develop a wellness program, take the time to plan the components that will result in a quality program. Many people want to jump into programming at this point, but following all the steps will ultimately make your program more successful. By assuring that your programming is geared to your employee needs and interests and that you are using proven strategies, you will greatly increase your likelihood for success.

ENGAGING YOUR EMPLOYEES
STEP 2: HOW TO ENGAGE EMPLOYEES (Focus on Communication & Marketing)

Although you need to walk through all of the planning steps before developing your Communications and Marketing plan, here are some of the key considerations you want to take into account in engaging your employees so they become active participants in your wellness program.

EMPLOYEE READINESS: STAGES OF CHANGE

A major factor to be aware of is that people vary greatly in their readiness to change behavior. You may want to use your survey of employees to identify what percent of employees are at the various stages so that you can gear your program accordingly. The specific survey questions that can identify the levels are identified at the end of this section.

STAGES OF CHANGE. Most people go through five stages in changing behaviors:

- **Pre-contemplation** – At this stage, employees are not thinking about changing their behavior in the near future.
- **Contemplation** – Employees are beginning to seriously think about changing their behavior in the near future (next six months).
- **Preparation** – At this stage, most people have tried to change their behavior at least once in the past year, and they are thinking about trying again within the next month.
- **Action** – Employees are actively taking steps to change their behavior. This is the stage where a slip is most likely to occur.
- **Maintenance** – This stage applies to people who have changed their behavior for over six months and are now maintaining that healthy behavior.

People can move from one stage to another in order, but they can also move back and forth between the various stages before they adopt a behavior for good. Again, a slip is not a failure, but an important part of the learning and behavior change process. Most people may attempt healthy behavior change several times before they succeed and the chance of success increases every time.

The pre-survey of employees (Appendix C) has questions for physical activity (Q #1), nutrition (Q #3) and tobacco use (Q #6) that ask what stage an individual is at. You should look at the results from these questions to better understand where your employees are at and tailor your programming accordingly. As an example, if the majority of employees are over 50 years of age and are only moderately active, a graduated walking program might be a good place to start for physical activity programming.
Effective employee communication is a vital aspect of any wellness initiative and the programs that support the initiative. Proper communication shows employees that the company values them. Conversely, lack of communication can make them feel underappreciated, fostering discontentment and low morale. When strategizing on how your company will carry out the communication and marketing that supports the wellness initiative take into consideration the following strategies.

WAYS TO COMMUNICATE YOUR WELLNESS INITIATIVE

There are an endless number of ways to communicate to your employees in today’s technology age. However, it’s important to know the demographics of your workforce. This includes most used communication style. Once this is understood your company may require using several different types of marketing strategies and communication for one program. It is also important to balance technological communication with face-to-face contact when carrying out a successful wellness initiative.

Ways to market and communicate wellness to your employees:

- E-mail
- Videos (online or broadcast on televisions around the building)
- Blogs (written by CEOs, other executives and managers)
- Podcasts
- Intranet
- Hotline telephone number for wellness information or important announcements
- Newsletters
- Bulletin boards (online or physical)
- Companywide meetings
- Lunch and Learns
- Department-wide meetings
- CEOs or executives walking around chatting with employees
- One-on-one meetings between employees and wellness advisor
- Getting employee input – use online surveys
- Library of resources: online or hard copy

Several tips will help make sure your wellness efforts are successful.

Know your audience. Successful campaigns get that way because marketers know their audience. They fully understand their needs, how to help meet those needs and how to create demand. This will help create a successful program.

Never work alone. The most creative ideas come from working with other creative people. Utilize your wellness committee communicate and market wellness ideas effectively.

Consistent messaging. Consider the entire user experience before you launch a campaign. From email to website to offer, is the prospect having a consistent user experience? If they are, your campaigns stand above 98% of others.

Create value for the program. To engage your employees in wellness you will need to show them how and why it is valuable for them to participate.

Lead by example. Make sure that there is consistent messaging in actions and words from the executive team through the managers to workers. The best marketing comes from leaders acting out wellness by participating and vocalizing their interest, appreciation and importance of the program.

Placing your marketing. Strategically place informational flyers, promotional posters and other written or graphic material in areas where employees will see the information. Unusual, but great target areas include bathroom stalls, bulletin boards next to microwaves or time clocks, table tents in lunch and break areas, stairwells, etc.
Once you start a program, you will have a range of employee participants. Some will already be very engaged in being active, eating well and doing stress management and your program will only reinforce and enhance their health. On the other end of the spectrum will be people who may not engage no matter what you do. The remaining group is probably the largest group in most organizations: people who are various stages of readiness to improve their health given the right type of programming and motivation. Summarized below are some tips you may want to employ once your program is up and running.

**Key Factors**

In today’s society, many key factors influence people’s health behaviors. Consider the following list in maintaining participation in your program:

1. **TIME.** People are busy, so the more you can work activity and healthy eating into their existing schedules, the better your chances for success. Example: A walk at lunch doesn’t take away from existing time, it just uses it differently. Also, look at the time of the day and length of any activity you might be promoting, since both time components may be factors.

2. **ACCESS.** How accessible is your programming. Is it onsite or at a nearby site? Do you offer access at breaks or outside of normal work hours?

3. **KNOWLEDGE.** People need to know “Why” they are participating (the benefits) and also will need information about the “How to” in areas that are not commonly known. There is a wealth of information available on many wellness topics that can be found in the resource sections in Step Four.

4. **COST.** Being able to provide no cost or reduced cost programs will help participation rates. Coupled with incentives for participation, rates of participation will likely increase dramatically.

5. **INCENTIVES.** Some people need incentives to get started in a wellness program. A full list of incentive options can be found on the next page.

**Key Time Periods**

Good habits are often difficult to develop. There tends to be some critical times when people drop out or fall off a physical activity or diet program. The first key time zone seems to be around **6 weeks**. If people can start and stay consistent with a program through the first 6 weeks, they have made a fairly serious commitment to incorporate the habits into their lifestyle. The second key time is at about **6 months**. Those who made it past 6 weeks may get bored and/or distracted from their program after several months. If people can get past 6 months and sustain behavior through a full set of weather seasons, they have a very good chance of making the changes permanent.

Consider these time periods and think about how you can “boost” your employees to get them past these critical time markers. Promoting individual or group “challenges”, using incentives, or increased publicity/marketing are a few of the things you can do to help get your employees through these key time periods.

**Goal Setting**

Setting goals leads to better participation and more people making a strong commitment. Whether it be a team goal of walking the equivalent of once around Wisconsin or an individual goal of so many miles or minutes of activity, the fact that there is something concrete to shoot for increases the likelihood people will stick with the program. An example of a simple goal setting form can be found at [http://www.americanheart.org/downloadable/heart/1118082632055ActivityGoals.pdf](http://www.americanheart.org/downloadable/heart/1118082632055ActivityGoals.pdf)
Buddy Systems or Team Goals
The social aspects of improving one’s health cannot be underestimated. Many studies point to tight social groups being the backbone for a successful campaign because each individual has a commitment to something bigger than themselves and besides, it’s just more fun for most people. Build your program around some type of teams or partners and see what happens.

Team “Campaigns”
Some people like competition and others do not. Nevertheless, a worksite wide campaign has the advantage of keeping the message more visible and alive. Encourage campaign participation, but make it voluntary so that those who prefer that type of motivation can join while others can participate in their own way and at their own pace. If the idea of a campaign seems like too much work, consider tapping into existing campaigns where someone else provides resources for you. Lighten Up Wisconsin is one example where you can enroll employee teams and let Lighten Up do the work for a nominal registration fee. Find out more information at: [http://www.lightenupwisconsin.com/](http://www.lightenupwisconsin.com/)

A special consideration for campaigns is whether you do one long (several month) campaign per year or do several shorter (6-8 weeks) campaigns during the course of the year. There are advantages to both, but multiple, shorter campaigns have the following benefits:
- keeping programming fresh
- being able to target different health habits
- keeping people interested and motivated
- recruiting participants more often as new health habits are targeted over the course of the year
Incentives are often helpful in maintaining or raising interest. Significant incentives such as cash or health insurance rebates have proven to be very strong motivators for employee participation. However, even smaller incentives can be beneficial. Listed below are some sample incentives that will support your wellness program vision:

- **Achievement awards.** Verbal praise and a pat on the back are motivational to some, but a token of recognition of achievement may offer more. A colorful certificate to congratulate an employee for achieving a health-related goal is one example.
- **Public recognition.** Announced recognition at campaign mid-point or wrap-up festivities.
- **Food.** Include some healthy foods to kick-off, revitalize or wrap up a wellness campaign.
- **Entertainment.** Events serve a purpose in jump-starting, reenergizing or wrapping up a campaign. Having entertainment of any kind can boost morale.
- **Merchandise.** There is a long list of merchandise incentives, including sports equipment and small gift certificates to use at local merchants.
- **Monetary rewards.** Nothing says incentive better than cash. Worksites that have used cash or rebates as an incentive have shown much higher participation rates.
- **Time off.** Time off is maybe the next best incentive to cash, or for some people even better. This type of incentive makes good business sense if the number of absences drops significantly and attendance is used as one of the criteria.

Here’s a list of incentives and the associated general participation rates:

<table>
<thead>
<tr>
<th>Item</th>
<th>Participation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trinkets and T-Shirts</td>
<td>10-20%</td>
</tr>
<tr>
<td>Merchandise and Gift Certificates</td>
<td>40%</td>
</tr>
<tr>
<td>Tax-Advantaged Cash Incentives</td>
<td>50%</td>
</tr>
<tr>
<td>Benefit Plan Redesign</td>
<td>90-100%</td>
</tr>
</tbody>
</table>

WELCOA Absolute Advantage Magazine 2007

At a minimum, you should look at your current benefits package and see if there are wellness components that are already covered by your healthcare provider. If you have reimbursement opportunities for things like fitness classes or club memberships, you should have a plan to promote them so most employees take advantage of a benefit that is already covered by your benefits package.

Make sure that you understand the legal ramifications for incentives. See the specific document in Appendix F that summarizes HIPAA regulations for a Standards-Based Program.
Worksite information and programming is what many people associate with worksite wellness programs. It is certainly a major part of a program and many of the ideas for engaging employees will revolve around this aspect. Nevertheless, your program should use several methods to get your employees involved and not just focus on the information and programming piece.

SELF-CARE, FAMILY AND HEALTHCARE PROVIDER INVOLVEMENT

Self-care, family involvement and healthcare provider involvement have been shown to improve a person’s success in adopting and maintaining good health habits. Anything you can do to encourage employees, their families and their healthcare provider to be actively involved in the employee’s personal health will complement your efforts at the worksite.

Regardless of what strategies you use at work for wellness, some of your success will depend on an employee’s self-motivation, family involvement and their tie-in with their medical provider. Although the work environment is a key site for wellness, extending your efforts beyond that setting will increase success and make it easier to maintain a high percentage of healthy, low risk employees that will add productivity and decrease healthcare costs. Here are a few suggestions for those three areas:

**Self Care** or personal interest in one’s health is very important because you want employees to be proactive in taking care of their personal health. Examples of self-care would include seeking more healthcare information, exercising, and diet monitoring or following medical instructions to best deal with a health condition. Through self-care, you are empowering employees to take charge of their own health and to make better decisions, which in turn will make it easier to get them involved in your wellness program activities. To encourage self-care, make sure that you provide good information and resources to employees who are looking for additional resources. Some examples are:

- **Agency for Healthcare Research and Quality** has a list of key screening exams and information about interacting with healthcare providers. Key resources include:
  - Women: Stay Healthy at Any Age [http://www.ahrq.gov/ppip/healthywom.htm](http://www.ahrq.gov/ppip/healthywom.htm)
  - “Questions are the Answer” for ideas on talking with health care providers. [http://www.ahrq.gov/questionsaretheanswer/index.html](http://www.ahrq.gov/questionsaretheanswer/index.html)

- **HealthFinder.gov** is an excellent source of health information for employees. Resources include:
  - General resources: [www.healthfinder.gov](http://www.healthfinder.gov)
  - Calculators for individual health topics (e.g. Alcohol and Drugs | Caregiving | Diseases and Conditions | Men’s Health | Nutrition | Prevention and Wellness | Smoking | Women’s Health [http://www.healthfinder.gov/HealthTools/Calculators.aspx](http://www.healthfinder.gov/HealthTools/Calculators.aspx)

- **WebMD** is a good source for individuals to find general medical information [www.webmd.com](http://www.webmd.com)
Family Involvement can often make a difference because of the social support and encouragement it provides. Parent ↔ Child and Parent ↔ Parent behavior can be influenced or reinforced by good family member health habits and that reinforcement and encouragement works both ways. The healthier all family members are the more likely your employee will be healthy.

It is also a smart business decision because:

- Healthcare costs/insurance often includes spouse and kids.
- Sick children can result in increased work tardiness, early departures from work and absenteeism among parents who must provide transportation or care for their child.
- Today’s kids are tomorrow’s workforce
  - They can walk in the door with healthy habits that may last a lifetime or
  - They can walk in the door with bad habits that start costing the employer immediately and continue for the length of their employment (up to 40 years!)

Connecting With a Healthcare Provider
Coordination with the healthcare provider should be a major part of your wellness program. There are many aspects of “wellness” that need to be addressed in the healthcare setting, so working closely with the healthcare provider is essential. Encouraging participants to establish a solid relationship with their healthcare provider will enhance the results of your wellness program.

Keep in mind that your wellness program is only one part of what contributes to healthy employees. The healthcare provider is another part, and you want the treatment piece of wellness to be well coordinated with your program. In addition the healthcare provider can help reinforce your wellness program’s focus on preventive steps. As a starting point, a follow-up plan for HRAs and biometric screenings should actively involve the employee’s healthcare provider. A systematic referral plan for screening results that require medical follow-up is key to addressing high-risk health factors.
STEP 3: ASSESSING YOUR WORKSITE
STEP 3: INITIAL ASSESSMENT

Your worksite assessment should contain four main components:

Part 1: An assessment of the current worksite wellness programming, environment and policies.
Part 2: An employee survey and/or other means for employee input to identify interests and the types of programming that might be used.
Part 4: Gathering of other existing data that might be helpful in your decision-making.

HOW TO ASSESS THE WORKSITE WELLNESS ENVIRONMENT?

Why do an assessment?
The purpose of completing the assessment is to identify your worksite’s strengths and areas in need of improvement. The assessment will lead your committee to recommend actions for changes to make the worksite more supportive of healthy behaviors (i.e. healthy food choices in vending machines, policies to enforce no smoking on worksite grounds or encouraging walking during break times). You may find some of the actions for supporting healthy behaviors are easy to do and others may not be feasible or efficient in your worksite. The assessment results can also be used as a baseline measure for evaluation. The initial assessment can later be compared with a follow-up assessment several months later to note progress.

What do I need?
- An assessment workgroup
- The worksite assessment tool (part 1)
- The employee survey tool (part 2)
- Knowledge of and access to other data that might be helpful (part 3)
- Some time
- Someone to collate and summarize the results

Who should do the assessment?
Identify a workgroup (at least 4-5 people) who will be responsible for completing the assessment. This may be a subset of your wellness committee. Forming a diverse group from all areas and levels of your organization is important for meaningful assessment and successful planning and implementation. Suggested participants include human resources, employees from various departments, administrators, supervisors and wellness staff.

When should the assessment be done?
Use the assessment as a starting point for your wellness initiative. Once you have completed the assessment, determine which areas the committee will focus on (i.e. healthy eating, physical activity, general health, etc.). Establish a time for the committee to meet and monitor the progress. Also, determine a schedule for annual assessments, so that the assessment can serve as a tool for continuous improvement and accountability over time. How to use the annual assessment as part of your program evaluation plan is covered in Step 6.

Where can I get HELP?
You may be able to complete the assessment checklist and employee survey without any help. Both documents are ready to use, but if you would like more detail, or want to tailor the assessment more to your worksite, you can contact Jon Morgan at (608) 266-9781 or jonathon.morgan@wi.gov
PART 1: WORKSITE WELLNESS ASSESSMENT CHECKLIST

Complete the Worksite Wellness Assessment Checklist to determine what wellness components you currently have at your worksite. This can be done with the full committee or you may want a few key personnel (such as the Human Resources lead, Wellness Coordinator or Committee Coordinator) to do a preliminary scan based on information they gather and then let the full committee react to their findings. A sample of an abridged completed checklist can be found on the next page. A complete version of the checklist can be found in Appendix B.

Completion of the checklist provides a reference point of the wellness policies, environmental supports and program activities that are currently in place or in process and it provides an overview of some of the items that should be considered for a comprehensive Wellness Program.

CHECKLIST COMPONENTS:

Categories. There are seven major categories: General Worksite Components, Health Screening and Disease Prevention and Management, Physical Activity, Nutrition, Mental Health and Stress Management, Tobacco Use, and Emergency Medical Response Plan. Each category has several questions that address what you currently have in place at your worksite.

Current Status. Initially, list whether you have the component (Yes), are in the process of instituting the component or you are planning for the component (In Process) or don’t have the component at all (No). At the end of each category, sub-total the number in each column and then total all of the categories at the end of the checklist to get an overview of where your worksite wellness program currently rates (A sample can be found on the next page). You should also use this baseline measure as a benchmark for later evaluation. By evaluating where your worksite is on each wellness component, you will be able to get a general idea of your status across each category and all 68 items.

Potential Priorities. After you have completed the assessment, the employee interest survey and reviewed available data, you can use the potential priority column to indicate what components you might want to focus on that are either currently in process or don’t exist. This can serve as a first screening of possible areas to focus on as you develop your action plan, which is described in Step Five.

<table>
<thead>
<tr>
<th>#</th>
<th>Wellness Component</th>
<th>Yes</th>
<th>In Process</th>
<th>No</th>
<th>Potential Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Do you have a commitment from key stakeholders such as senior management, human resource managers, safety officers, staff members, etc.?</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>#</td>
<td>Wellness Component</td>
<td>Yes</td>
<td>In Process</td>
<td>No</td>
<td>Potential Priority</td>
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<tr>
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<td>------------------------------------------------------------------------------------</td>
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<tr>
<td></td>
<td><strong>Infrastructure</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Do you have a commitment from key stakeholders such as senior management, human</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>resource managers, safety officers, staff members, etc.?</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>2</td>
<td>Does the worksite have a representative committee that meets at least quarterly to</td>
<td></td>
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<tr>
<td></td>
<td>oversee worksite wellness programs?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Does the worksite have a worksite wellness plan in place that addresses the purpose,</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>nature, duration, resources required, participants involved, and expected results of</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a worksite wellness program?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Does the worksite have a mission statement, clearly defined goals and an action plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>to implement the program?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Does the worksite have at least part-time dedicated staff time to implement a</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>wellness program?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Is there a worksite budget for employee health promotion that includes some funds</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>for programming?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

General area totals (# of Yes, In Process and No items) | 1 | 3 | 2 | 2 |

### FULL WORKSITE SCORECARD (Sample) (Totals for all categories)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>In Process</th>
<th>No</th>
<th>Potential Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infrastructure (6)</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Program Components (9)</td>
<td>4</td>
<td>1</td>
<td>4</td>
<td>1</td>
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<tr>
<td>Health Screening and Disease</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Prevention (4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Activity (16)</td>
<td>5</td>
<td>4</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Nutrition (20)</td>
<td>7</td>
<td>2</td>
<td>11</td>
<td>3</td>
</tr>
<tr>
<td>Mental Health (6)</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Tobacco Use (5)</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Alcohol and Drug Abuse (5)</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Emergency Medical Response Plan</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment and Evaluation (4)</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Worksite Total (78) | 28 | 14 | 36 | 13 |
PART 2: HOW TO GET EMPLOYEE INPUT

Why do an employee survey?
You should conduct an employee survey to get a better understanding of your target audience (your company’s employees) and get an initial idea of their current health habits and interest areas. The survey can be tailored to your worksite and can be done in paper form or using survey instruments on the internet. Using a computer survey instrument has the added advantage of being able to collect and analyze data automatically. There are software packages available for under $100 to collect basic information. (There are also free versions of some survey software, but make sure the software has the features you need before you use it). Many free versions have limited access to certain types of questions, little or no analysis capabilities and may only leave the survey “live” for a small number of days before it closes the survey link.)

As was the case with the worksite environmental assessment, the employee survey results can also be used as a baseline measure for later evaluation. The initial survey results can later be compared with a follow-up survey several months later to note progress.

You should also consider engaging employees in focus groups or informal interviews to gather information on their wants and needs. This can be done either before or after the survey, or if you don’t have the resources to survey employees, you could use this method to gather information in place of the survey.

Whatever method you use to gather information, make it as easy as possible for employees to complete and submit the information so you get a high return rate. Consider offering an incentive or prize for people who complete the survey.

Listed on the next page are sample results of questions answered as part of a survey and how you might use the information. The full sample survey can be found in Appendix C. You should modify the survey to meet your needs.

Other sample surveys can be found at:
1. Healthy Workforce 2010: Essential Health Promotion Sourcebook for Employers, Large and Small (pages 62-64)
2. Wellness Council of America
Employee Habits & Interest Survey (completed sample):

**Wellness Questions**

1. **Current physical activity level.**
   - 12% I don’t exercise or walk regularly now, and I don’t plan to start in the near future.
   - 29% I don’t exercise or walk regularly, but I’ve been thinking about starting.
   - 36% I’m doing moderate or vigorous physical activities for at least 30 minutes on some days, but fewer than 5 days a week.
   - 11% I’ve been doing moderate or vigorous physical activities for at least 30 minutes in a day, on five or more days a week, and have been doing it for the last 1 to 6 months.
   - 12% I’ve been doing moderate or vigorous physical activities for at least 30 minutes in a day, on five or more days a week, and have been doing it for 7 months or longer.

2. **When do you get most of your physical activity each day?**
   - 9% Before work
   - 20% During work hours on break and lunch times
   - 66% After work
   - 6% None of the above. I am not physically active or am only active on weekends.

**Demographics**

1. **Gender**
   - 28% Male
   - 72% Female

2. **Age**
   - 0% <20
   - 6% 20-29
   - 16% 30-39
   - 26% 40-49
   - 45% 50-59
   - 7% 60+

(A blank Employee Survey can be found in Appendix C)

**How do my survey results compare to other groups?**
Survey return rates will vary depending on a number of factors: ease and time to complete the survey, survey audience, audience interest, etc. Keep in mind that voluntary survey completion tends to attract those that are most interested in the topic, so your survey results may not be representative of all your employees. Using incentives to increase participation in the survey may give you a better idea of the interests and current health habits of your employees. Survey participation rates above 30 percent are good and rates over 50 percent are excellent. Average return rates from worksites participating in a recent pilot project were in the 40 to 50 percent range.

How do your employees compare on certain key health indicators? Average numbers for Wisconsin adults on key health indicators are:
- 53 percent of adults participate in 30+ minutes of moderate physical activity five or more days per week, or vigorous physical activity for 20+ minutes three or more days per week
- 23 percent of adults consume 5 or more fruits and vegetables per day
- 81 percent of adults are non-smokers

**What can you do with this data? – Some examples.**
The activity information from Question #1 shows that 41 percent of employees are not active at all and that an additional 36 percent are not active at least five times per week. This suggests that any physical activity program proposed will have to start out slowly to engage participants at a relatively low level and build their stamina.

The demographic information in question 15 & 16 shows a largely female workforce (72 percent), and an older work force with 78 percent over age 40 and 52 percent over age 50. This should greatly influence the type and intensity of any physical activity programming you might do that would have mass appeal.
PART 3: HEALTH RISK ASSESSMENTS

What does it mean to complete an HRA?
Workplace health promotion programs in most settings conventionally ask participants to complete a brief questionnaire that summarizes key health information, which can then generate a statistical estimate of one’s overall health risk status at the beginning of program participation. These questionnaires (or surveys) are often referred to as “health risk assessments”. Health risk assessments help identify health issues and should provide a feedback mechanism or follow-up plan to help employees to understand the results and what they should do with the information. Biometric Screenings, such as blood pressure readings or blood analysis, may be part of a health risk assessment or may be done separately. In either case, like HRAs, there should be a follow-up plan to make good use of the results.

Most would agree that completion of an HRA alone will not likely result in a significant change in one’s overall health risk profile. Most experts recommend is that all HRAs should be followed by specific risk-factor counseling and opportunities to participate in health promotion strategies (like nutrition counseling, organized physical activity, or smoking cessation programs) relevant to the significant modifiable risk factors identified through the completion of an HRA. HRA results, when aggregated in a confidential manner across multiple members of a workplace population, and where HRA results are periodically available from the same respondents, can provide useful and powerful means of tracking the impact of workplace health promotion and wellness programs over time. For this reason, most experts in the field recommend that HRAs be the fundamental starting point in any workplace health promotion effort and that these measures serve as the primary measuring gauge of program impact and effectiveness.

How do you choose an HRA?
- Set the goals and objectives of using the HRA (i.e. identify high-risk individuals and strategies to help them, improve the health of high-risk individuals, monitor health changes over time, evaluate the effectiveness of strategies over time).
- Decide the specific follow-up actions to be taken (i.e. programming).
- Determine whether or not you would like to process your own HRA.
- Create a short list of possible vendors and select a vendor.

What are the different types of HRAs?
- Self-reported - individual focused. Only self-reported lifestyle information is collected. This type of HRA generates a computer printout to an individual and is only as reliable as the information reported.
- Self-reported and medical data – Individual and aggregate focused. Self-reported lifestyle information and medical data are collected. This “comprehensive” HRA outputs individual health scores, aggregate data for employers, and educational support materials. It allows individuals to see the cumulative effects of certain lifestyle risk factors. Biometric data included are the following: cholesterol, blood pressure, percent body fat, BMI, blood sugar, resting heart rate, frame size, height and weight, carbon monoxide testing, prostate specific antigen.

How does an HRA work?
HRAs calculate the probability that a person with certain risk factors will acquire various chronic diseases or die in a given time period. This probability is calculated by comparing your lifestyle information, medical data, and health and family history to people with similar demographics.

As an organization, you can decide what factors you want to assess and how often you want to do assessments. Your ultimate goal is to reduce individual risk factors and the number of employees that have multiple risk factors, since “high risk” employees will generally result in higher healthcare costs. As an example, here are some key health risk factors and the criteria for classifying someone as having that risk factor:
### Key Risk Factors

<table>
<thead>
<tr>
<th>Health Risk Measure</th>
<th>Health Risk Criteria</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>More than 14 drinks/week</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>Systolic &gt;139 or Diastolic &gt;89 mmHg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Body Weight</td>
<td>BMI ≥ 27.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cholesterol</td>
<td>Greater than 239 mg/dl</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HDL</td>
<td>Less than 35 mg/dl</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Existing Medical Problem</td>
<td>Heart, Cancer, Diabetes, Stroke</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Illness Days</td>
<td>&gt;5 days last year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life Satisfaction</td>
<td>Partly or not satisfied</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perception of Health</td>
<td>Fair or poor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Activity</td>
<td>Less than one time/week</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety Belt Usage</td>
<td>Using safety belt &lt; 100% of time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoking</td>
<td>Current smoker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stress</td>
<td>High</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Number of Yes Answers**

One use of the risk factor analysis would be to see what percent of your employees have multiple risk factors and then try to decrease the number that fall into the medium and high-risk groups over time.

An analysis in one report showed the following distribution:

<table>
<thead>
<tr>
<th>Risk Level</th>
<th># of Risks</th>
<th>Average cost/employee</th>
<th>Average Work Site</th>
<th>Employee % Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Risk</td>
<td>0 to 2 risks</td>
<td>$2,199</td>
<td>55%*</td>
<td>70%</td>
</tr>
<tr>
<td>Medium Risk</td>
<td>3 to 4 risks</td>
<td>$3,460</td>
<td>28%</td>
<td></td>
</tr>
<tr>
<td>High Risk</td>
<td>5 or more risks</td>
<td>$5,520</td>
<td>17%</td>
<td></td>
</tr>
</tbody>
</table>

* Average number with zero risk factors = 14%

Edington: From the UM-HMRC Medical Economics Report

Estimates based on the age-gender distribution of a specific corporate employee population

There are lots of HRA examples and vendors available. One free option that can serve as an individual self-directed assessment and provide anonymous feedback to employees can be found at [Realage.com](http://Realage.com).
PART 4: USING OTHER AVAILABLE DATA

You may be able to access other key data that already exists for your worksite. If your company is large enough to have human resources and/or information technology staff, check with them to see what information they may already have available. Your health insurer is also a good source for utilization data based on health claims and pharmacy purchases. Viewing this data as an aggregate for your company’s employees will also help focus your efforts. Examples of existing data might include:

- Demographic data about your employees
- Absentee rate
- Workers compensation claims
- Health claims data
- Pharmaceutical use data

Identifying this data will serve two purposes:
1) It will help you decide what the big health issues are for your employees and it will allow you to better target those issues.
2) It will serve as “baseline” data to compare against later to see if your programming has made a difference. Building this evaluation measure in at the beginning will help you prove the value of your wellness program.
STEP 4: PROGRAMMING FOR YOUR WORKSITE
STEP 4: STRATEGIES FOR MY WORKSITE

Step Four will provide you with background information for specific program strategies that you should consider. After reading through this chapter, you should go through the prioritizing exercise in Step Five to narrow your focus and put your written action plan in place. DON’T PRIORITIZE YET – wait until you have a good idea of what programming options are available and then walk through the process in Step 5 to choose the best options for your worksite.

Program Strategies
Now that you’ve completed the worksite assessment, employee survey, reviewed other available data and compiled the results, it’s time to look at the program strategies that have been proven to work or are best practices from other worksites. This chapter lists a number of strategies to consider for your wellness program. You should be able to use the Worksite Scorecard at the end of the Worksite Assessment Checklist to get an overview of your current worksite wellness programs or strategies. For those programs or strategies that were checked as either in process or not existing at your worksite, you will have the opportunity to get an overview of the relative resource costs needed to implement the strategy and see what reference or resource materials are available to help with implementation.

What About Small Businesses?
The question of whether there is a separate resource kit or section for small businesses has been asked at training classes and through email requests. The decision to not have a separate kit or specific section of strategies for small businesses was done for two main reasons:

1. Although small businesses may not have the resources available to larger businesses, they do have 2 distinct advantages. First, because of their size, it’s easier and simpler to make policy or environmental changes. They don’t have a large bureaucracy that needs to approve changes. Secondly, it’s easier to implement smaller initiatives that can affect the majority of the employees in a small business setting.

2. The strategies in the kit are split into low, medium and high resource commitments. If small businesses are looking for easy and inexpensive strategies they can concentrate their efforts in the low and medium listings. However, they may find that some of the high resource items are really not that hard to implement because of their small staff numbers. The strategies are all presented together, so any size worksite can determine for themselves which ones they want to pursue or ignore.

A 3-PRONGED APPROACH
An important concept to include in your programming is to combine individual strategies with environmental and policy changes as a way to increase impact by making it easier to achieve the behavioral change. Rather than pick unrelated strategies, think about having strategies that build off of, or complement, each other. Here’s one example for a physical activity focus:

**Individual** - conduct a six-week walking campaign that tracks steps or mileage
**Environment** - map distances and routes for walking near the worksite.
**Policy** – implement a written policy that allows and encourages staff to walk over the noon hour.
This type of 3-way approach is likely to be more successful because it addresses the issue from multiple perspectives. A more detailed example of a nutrition initiative is illustrated below.

**Focus Areas**
Wellness programming can include many components and activities. This resource kit focuses on prevention and behavior change to reduce chronic diseases. The following areas are highlighted, using specific activities or strategies to address each area:

- Health risk assessment (HRA), Medical care and Self-care
- General health education for disease risk factors
- Physical activity
- Nutrition
- Mental health and stress management
- Alcohol and other drug abuse
- Tobacco cessation
- Maintaining interest and motivation

Each focus area has its own distinct section that contains strategies on the first page and references to additional resources on the second page. The resources are highlighted by a shaded color to distinguish them. By looking at the first page of each focus area, you will get an overview of things that can be done in the workplace. If you need additional information or resources to implement a strategy, look to the second page for more detailed information. Examples of the strategy page and the resource page are shown on the following two pages.
PROGRAMMING STRATEGIES: SAMPLE OF PAGE ONE
Illustrated below is a sample of what you will find in the six focus areas that follow this introduction.

**Strategies arranged by resource level.** This provides a summary of programming that you can do at your worksite. The components have been split into low, medium and high resource needs, so you can get a quick glance at what you might be able to quickly implement, and what might take more time or be too costly to include at this time. The three levels indicate the relative amount of staff and financial resources that will be needed to implement the program.

**Influencing change on a variety of levels.** The options are further classified by the level where change takes place. In Step Five, there is a summary of the need for change to occur at the individual, environmental and policy levels. The tables that follow will indicate which level is being influenced for the related activity.

1. List of strategies arranged by level of resources (Low, Medium, High) needed.
2. Box indicating at what level change takes place.

### First Page Sample of Strategies

<table>
<thead>
<tr>
<th>LOW RESOURCES</th>
<th>I</th>
<th>E/O</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Offer flexible work hours to allow for physical activity during the day.</td>
<td></td>
<td></td>
<td>★</td>
</tr>
<tr>
<td>2. Support physical activity breaks during the workday, such as stretching or walking.</td>
<td></td>
<td>★</td>
<td></td>
</tr>
<tr>
<td>3. Map out on-site trails or nearby walking routes.</td>
<td>★</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MEDIUM RESOURCES</th>
<th>Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Provide shower and/or changing facilities on-site.</td>
<td></td>
</tr>
<tr>
<td>2. Implement incentive-based programs to encourage physical activity, such as pedometer walking challenges.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HIGH RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Provide an on-site exercise facility.</td>
</tr>
</tbody>
</table>

### PROGRAMMING STRATEGY RESOURCES: SAMPLE OF PAGE TWO

Page one provides a sample of how strategies for each of the six focus areas (general wellness components for disease risk factors, health risk assessments, physical activity, nutrition, mental health and tobacco cessation) are shown. This page provides a sample of what the second page looks like. The second page will repeat the strategy list, but it will also provide:
- links to additional resources;
- examples or links to examples, and;
- greater details for each of the program areas listed.

By looking at the first page of each program area, you will get an overview of things that can be done in the workplace. If you need additional information or resources to implement a strategy, look to the second page for more detailed information. An example of the second page is shown on the next page.
PHYSICAL ACTIVITY RESOURCES FOR THE RECOMMENDED STRATEGIES

LOW RESOURCES
1. Offer flexible work hours to allow for physical activity during the day. *Supervisors will support this as a standard work practice.*
2. Support physical activity breaks during the workday. *Supervisors will support this as a standard work practice.*

MEDIUM RESOURCES
1. Provide shower and/or changing facilities on-site.

HIGH RESOURCES

TWO FINAL REMINDERS:

1) Communication is Key
Regardless of what programming you choose to do, communication is essential to make your program more successful. It is likely that there are some employees that are very experienced in communications and marketing. Make sure you recruit them to be on the wellness committee.

There are many ways to get the word out about your program, including:
- Place information in the company newsletter
- Announce the wellness program through company-wide email
- Announce program information at staff meetings and electronically
- Promote monthly topics and screenings
- Provide educational/awareness trainings using local speakers or providers
- Place informational posters in the hallways or common areas
- Place information in payroll envelopes
- Organize a kick-off event or health fair as part of a larger initiative

2) Wellness Coordinator
This was highlighted in Step Two, but it bears repeating. The level of success for the wellness program is often linked to the coordinator’s time and ability. It is essential that some or all of the coordinator’s time be dedicated to the wellness program. If this isn’t possible, then the company should consider contracting with an outside party to provide programming. Outside parties that may provide selected wellness programming or complete wellness services include:
- Local healthcare organizations
- Health insurance agencies
- Hospital educational outreach
- YMCAs
- Local health coalitions – check with your health department or UW Extension Office
- Independent contractors or consultants

Check with your local contacts to see if any of these sources might be an option.
**WHAT:** A well-defined program with management support is essential to be successful. Including educational efforts that address knowledge, attitude and behavior change and that are assisted by skill building sessions and social support set the groundwork for a wellness program.

**WHY:** Organizations that have well-defined worksite wellness programs and policies in place will have a greater chance of being successful. Creating a company culture where wellness is encouraged will reinforce healthy behavior.

**HOW:** ……..

<table>
<thead>
<tr>
<th>TABLE KEY</th>
<th>I = Individual level</th>
<th>E/O = Environmental / Organizational level</th>
<th>P = Policy level</th>
</tr>
</thead>
</table>

### LOW RESOURCES

1. Have a current policy outlining the requirements and functions of a comprehensive worksite wellness program.
2. Have a worksite wellness plan in place that addresses the purpose, nature, needed resources, participants, and expected results of your wellness program.
3. Orient employees to the wellness program and give them copies of the physical activity, nutrition, and tobacco use policies.
4. Promote and encourage employee participation in its physical activity/fitness and nutrition education/weight management program.
5. Provide health education information through newsletters, publications, websites, email, libraries, and other company communications.
6. Provide specific information and resources to employees who are looking for additional resources to be involved in self-care.

### MEDIUM RESOURCES

1. Have a representative committee that meets at least once a month to oversee worksite wellness program.
2. Offer regular health education presentations on various physical activity, nutrition, and wellness-related topics. Ask voluntary health associations, health care providers, and/or public health agencies to offer onsite education classes.
3. Host a health fair as a kick-off event or as a celebration for completion of a wellness campaign.
4. Designate specific areas to support employees such as diabetics and nursing mothers.
5. Conduct preventive wellness screenings for blood pressure, body composition, blood cholesterol, and diabetes.
7. Offer on-site weight management/maintenance programs for employees.

### HIGH RESOURCES

1. Have a worksite budget for employee health promotion that includes some funds for programming and/or a portion of a salary for a coordinator.
2. Provide adequate healthcare coverage for employees and their families for prevention of and rehabilitation of chronic disease.
3. Provide wellness programming to employee family members (spouse & children).
4. Add employee counseling as a member benefit in health insurance contracts.

(See next page for more information and additional resources)
Resources for the Wellness Component Recommended Strategies

BEST RESOURCES: Wellness Council of America (WELCOA) for a variety of general wellness information:  http://www.welcoa.org/freeresources/index.php?category=12
WELCOA - WI Affiliate:  http://www.wellnesscouncilwi.org/

LOW RESOURCES
1. Policies outlining the functions of a comprehensive worksite wellness program.
2. Worksite wellness plan summary.
3. Employee orientation to the wellness program and wellness policies.
4. Promotional materials.
5. Health education and information samples.
6. Self-care resources. See the section on Self-care (page 15) for resources.

MEDIUM RESOURCES
1. Representative wellness committee.
   http://www.tompkins-co.org/wellness/worksite/workwell/wellcomm.html
2. Health education presentation resources.
3. Health fair as a kick-off or celebration event or an on-line health fair planning guide:
   http://fcs.tamu.edu/HEALTH/health_fair_planning_guide/health_fair_planning_guide.pdf
4. Designate specific areas to support employees such as diabetics and nursing mothers.
   Nursing mothers:  
5. Preventive wellness screenings for blood pressure, body composition, blood cholesterol, and diabetes. Screening list:
   http://www.cdphe.state.co.us/pp/copan/resourcekits/WorksiteWEllinessResourceKit.pdf (pages 8-9)
7. On-site weight management/maintenance programs at a convenient time for employees. Lighten Up Wisconsin – an employee wellness campaign:

HIGH RESOURCES
1. Worksite wellness budget considerations.
2. Providing healthcare coverage for prevention of and rehabilitation of chronic disease.
3. Provide wellness programming for family members. See ideas in Appendix I.
4. Adding weight management/maintenance, nutrition, and physical activity counseling as a member benefit in health insurance contracts.

👉 Looking for Sample Lessons and Materials?
   See pages 13-16 and pages 54-57 in the Arkansas Worksite Wellness tool kit:
WHY:
A Health Risk Assessment (HRA) is a technique for determining the presence of disease and estimating the risk that someone with certain characteristics will develop disease within a given time span. Employers and their employees can use the HRA to identify people at risk and target specific strategies that will keep them well and reduce health care costs.

WHAT:
The three components of a Health Risk Assessment are: 1) questionnaire, 2) risk calculation, and 3) educational reports. Normally individual clients will receive confidential reports and the employer will receive an aggregate report with grouped statistics from all employees. On average, a Health Risk Assessment costs $15-$50 per employee.

Health Risk Assessments are appealing for several reasons:
- They are easy to complete and are popular with employees.
- They may increase individual motivation and participation in health promotion programs because of risks that are identified.
- They provide group data that can be used by the employer to identify major health problems and risk factors that can be addressed in wellness programming.

Depending on the type of assessment, data may be available just for the individual or the company may receive aggregate data to guide programming and evaluation. Online individual assessments are fast and often free, but most do not provide the employer with aggregate results. See Step 6 Evaluation for a more detailed description of how you can use HRAs.

HOW: ……..
Assessments can be done with paper and pencil surveys or on a computer. Electronic assessments are usually less expensive and provide faster, electronic feedback of results.

### TABLE KEY

<table>
<thead>
<tr>
<th>I</th>
<th>E/O</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual level</td>
<td>Environmental / Organizational level</td>
<td>Policy level</td>
</tr>
</tbody>
</table>

### LOW RESOURCES

1. Web based assessments for individuals:
   - Provide individuals with an assessment of their current and future health
   - Provide individual assessments and suggest specific strategies to improve health.

### MEDIUM RESOURCES

1. Send employees to a physician as part of annual physical
   - Monitor the health of an individual over time and note any changes as the result of specific strategies.
2. Have a follow-up plan for HRAs and biometric screenings that actively involves the employee’s healthcare provider.

### HIGH RESOURCES

1. Hire organization to do worksite wellness assessments on-site
   - Provide aggregate data to the company to determine wellness programming.
   - Provide aggregate assessment data over time to determine the effectiveness of wellness programming.
Where can I get HELP?
Many local health plans and health care systems have health risk assessment or assessment programs for
worksites. Contact your local health plan or health care provider to see what services they offer. Online
resources are another source for health risk assessments. Several online HRAs are listed below.

Health Assessment Resources for the Recommended Strategies

LOW RESOURCES
1. Web based assessments.
   http://www.asnwellness.com/hra.php
   http://www.healthstatus.com/index.html
   http://www.hmrc.umich.edu/content.aspx?pageid=19&fname=hra.txt

MEDIUM RESOURCES
1. Send employees to a physician as part of annual physical. As part of the HRA, have each
   employee identify a primary care physician that they can follow-up with to discuss the results and
   any follow-up steps they should take to reduce risk.
2. Have a follow-up plan for HRAs and biometric screenings that actively involves the employee’s
   healthcare provider. Work with your healthcare insurer, healthcare provider(s) and your employees
   to integrate results with follow-up visits with the healthcare provider for further education,
   medication or treatment.

HIGH RESOURCES
1. Hire an organization to do worksite wellness assessments on-site.
   There are a number of online companies that provide HRAs as part of their consulting services.
   Check with local health insurance companies and healthcare providers to see if they provide this
   service.

Looking for Tips on Picking the Right HRA?
❖ How Health Risk Assessments Can Take Your Program To The Next Level
   http://www.welcoa.org/freeresources/pdf/Edington_INTERVIEW_2.pdf
PHYSICAL ACTIVITY

WHAT:
People who are physically active reduce their risk for heart disease, diabetes and some cancers and reduce their stress levels. The recommended level of physical activity to produce some health benefits is 30 minutes of moderate activity, at least five times per week. Only 55 percent of Wisconsin adults are meeting that recommendation. Even fewer meet the 60-90 minutes of activity recommendation to lose weight or maintain weight loss.

WHY:
People who stay fit will cost the organization less, affecting the bottom line and ultimately saving the company money through their benefits and compensation plan. It can also reduce absenteeism and create a more productive workforce.

HOW: ……..

<table>
<thead>
<tr>
<th>LOW RESOURCES</th>
<th>I</th>
<th>E/O</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Create a company culture that discourages sedentary behavior, such as TV viewing on breaks and sitting for long periods of time.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Offer flexible work hours to allow for physical activity during the day.</td>
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<tr>
<td>3. Support physical activity breaks (i.e. walking, stretching) during the workday.</td>
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<tr>
<td>4. Map out on-site trails or nearby walking routes.</td>
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</tr>
<tr>
<td>5. Host walk-and-talk meetings.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>6. Post motivational signs at elevators &amp; escalators to encourage stair use.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>7. Provide exercise/physical fitness messages and information to employees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Have employees map their own biking or walking route to and from work.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>9. Provide bicycle racks in safe, convenient, and accessible locations.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>MEDIUM RESOURCES</th>
<th>I</th>
<th>E/O</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Provide shower and/or changing facilities on-site.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Provide outdoor exercise areas such as fields and trails for employee use.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Provide or support recreation leagues and other physical activity events (on-site or in the community).</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>4. Start employee activity clubs (e.g., walking, bicycling).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Explore discounted or subsidized memberships at local health clubs, recreation centers, or YMCAs.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Implement incentive-based programs to encourage physical activity, such as pedometer walking challenges.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Promote active commuting to work and biking and walking while at work by offering commuters and employees special assistance.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HIGH RESOURCES</th>
<th>I</th>
<th>E/O</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Offer on-site fitness opportunities, such as group classes or personal training.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Provide an on-site exercise facility.</td>
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<td></td>
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<tr>
<td>3. Provide incentives for participation in physical activity and/or weight management/maintenance activities.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Allow for use of facilities outside of normal work hours (before/after work).</td>
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</tr>
<tr>
<td>5. Provide on-site childcare facilities to facilitate physical activity.</td>
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<td></td>
</tr>
</tbody>
</table>

(See next page for more information and additional resources)
Resources for the Recommended Physical Activity Strategies

LOW RESOURCES
1. Company culture that discourages sedentary behavior.
2. Offer flexible work hours to allow for physical activity during the day. Supervisors will support this as a standard work practice. http://physicalfitness.org/nehf.html
3. Support physical activity breaks during the workday. Supervisors will support this as a standard work practice. http://possibility.com/PowerPause/
5. Host walk-and-talk meetings. Employees are encouraged to participate in “walking” meetings for short check-ins with other staff and supervisors. Rather than sit in an office for a quick discussion, go for a walk in the hallway or on a short outside route to cover the same content, but in a nicer environment with the added benefit of a little physical activity. Supervisors will support this as a standard work practice. http://www.cdc.gov/women/planning/walk.htm
8. Have employees map their own biking route to and from work. http://walkingguide.mapmyrun.com/

MEDIUM RESOURCES
1. Provide shower and/or changing facilities on-site.
2. Provide outdoor exercise areas such as fields and trails for employee use.
3. Support recreation leagues and other physical activity events (on-site or in the community).
   Pedometer walking program http://dhs.wisconsin.gov/forms/F4/F40075.pdf
5. Explore discounted or subsidized memberships at local health clubs. Contact your local YMCA, fitness centers or other health groups to discuss reduced group rates.
6. Implement incentive-based programs to encourage physical activity, such as pedometer walking challenges. Lighten Up WI - http://www.lightenupwisconsin.com/
7. Promote active commuting to work and biking and walking while at work by offering commuters and employees special assistance. Consider: “pool bikes” for local travel near the worksite, information and maps on routes, distance and time to/from common destinations, umbrellas for walkers, emergency back-up travel/ taxi services for cyclists and walkers, access to bike repair and equipment at the worksite and flexible spending accounts for bikers. http://www.workplacetravelplans.ie/SUSTAINABLE_TRAVEL/SUSTAINABLE_TRAVEL/ACTIVE_COMMUTING.html

HIGH RESOURCES
1. Offer on-site fitness opportunities, such as group classes or personal training. http://www.acefitness.org
3. Provide incentives for participation in physical activity and/or weight management/maintenance activities. http://www.wellnesscouncilwi.org
4. Allow for use of facilities outside of normal work hours (before or after work).
5.Provide on-site childcare facilities to facilitate physical activity.

Looking for Sample Lessons and Materials?
- See the Eat Smart, Move More...North Carolina in the Worksite site: http://www.eatsmartmovemorenc.com/NCHealthSmartTkt/WorksiteTkt.html
WHAT:
Both healthy eating and physical activity are associated with the prevention and management of overweight and obesity and other chronic diseases. Healthy eating includes eating a variety of foods and beverages such as fruits and vegetables, whole grains, lean meats and low-fat dairy products. It also means limiting the amount of sweetened beverages consumed and to choose the portion size of foods carefully.

Worksites that support healthy food choices also support employee efforts to achieve and maintain a healthy weight. Having fresh fruits and vegetables available in the workplace helps to improve access, which ultimately can help people consume more fruits and vegetables. Worksite cafeterias or vending machines can be stocked with healthier alternatives for employees. Moreover, pricing healthier foods lower than non-nutritious foods and promoting healthier choices can encourage employees to make better decisions.

Supporting breastfeeding employees by reducing worksite barriers is essential, as workplace barriers can create added stress for a woman who is trying to do her best for both her employer and family.

Many women choose not to breastfeed or to discontinue breastfeeding because of workplace constraints.

WHY:
Employees are likely to eat or drink snacks and meals at work. Thus, offering appealing, low-cost, healthful food options at the worksite is one way to promote healthful eating. Vending machines or cafeterias are a quick and convenient way for employees to purchase these types of food.

By offering healthful food choices at company meetings and functions, employees have increased opportunities for making healthy food choices at work, that in turn, benefit their health. By increasing opportunities for employees to store and prepare food at work, the less likely they are to choose to eat out.

Women who breastfeed after returning to work miss less time caring for sick children and their family health care costs are less. Women whose breastfeeding is supported at work are happier, more productive and less likely to resign. Breastfeeding also promotes weight loss and a quicker return to pre-pregnancy weight. A new federal law requires employers with 50 employees or more to provide an accommodation for breastfeeding mothers.

HOW: ………

### LOW RESOURCES

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<tr>
<td>1.</td>
<td>Send healthy food messages to employees via multiple means (i.e. email, posters, payroll stuffers, etc.).</td>
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<td>2.</td>
<td>Promote the consumption of fruit &amp; vegetables in catering/cafeteria through motivational signs, posters, etc.</td>
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<td>3.</td>
<td>Provide protected time and dedicated space away from the work area for breaks and lunch.</td>
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<td>4.</td>
<td>Offer appealing, low-cost, healthful food options, such as fruits and vegetables, juices, and low-fat dairy products in vending machines, snack bars and break rooms.</td>
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<td>☐ Increasing the percentage of healthy options that are available</td>
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<td>☐ Using competitive pricing to make healthier choices more economical</td>
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<td>☐ Advertise or mark healthy options so that they stand out</td>
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<td>6.</td>
<td>Have on-site cafeterias follow healthy cooking practices.</td>
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7. Have on-site cafeterias follow nutritional standards that align with dietary guidelines for Americans.

8. Provide appropriate portion sizes and provide portion size information via labeling food to show serving size and calories and by using food models and pictures or portable food scales for weighing portion sizes.

9. Offer healthful food alternatives at meetings, company functions, and health education events.

10. Make water available throughout the day.

11. Track or log food intake

MEDIUM RESOURCES

1. Make kitchen equipment (refrigerators, microwaves, stoves, etc) available for employee food storage and preparation.

2. Offer local fruits and vegetables at the worksite (i.e. farmer’s market or a community-supported agriculture drop-off point.)

3. Provide on-site gardening.

4. Provide interactive food opportunities such as taste testing and food preparation skills.

5. Provide opportunities for peer-to-peer modeling of healthy eating.

6. Establish workplace policies and programs that promote and support breastfeeding.

7. Provide an appropriate place for breastfeeding/pumping.

HIGH RESOURCES

1. Provide incentives for participation in nutrition and/or weight management/maintenance activities (these can range from inexpensive low resource items (water bottles) to high resource items (health insurance rebates).

2. Include the employees’ family members in campaign promoting fruit and vegetable consumption (worksite plus family strategy).

3. Provide lactation education programs.

**Resources for the Recommended Nutritional Strategies**

LOW RESOURCES

1. Send healthy food messages to employees via multiple means (i.e. email, posters, payroll stuffers, etc.). [http://health.nih.gov/NC: Eating Smart Posters and Handouts](http://health.nih.gov/NC: Eating Smart Posters and Handouts)

2. Promote the consumption of fruit & vegetables in catering/cafeteria through motivational signs, posters, etc.

3. Provide protected time and dedicated space away from the work area for breaks and lunch.

4. Offer appealing, low-cost, healthful food options, such as fruits and vegetables, juices, and low-fat dairy products in vending machines and snack bars and break rooms.


5. Promote healthy choices by:
   - Increasing the percent of healthy options that are available [http://www.eatsmartmovemorenc.com/NCHealthSmartTlkt/EatSmartWrkBk.html](http://www.eatsmartmovemorenc.com/NCHealthSmartTlkt/EatSmartWrkBk.html)
   - Using competitive pricing to make healthier choices more economical [http://www.tompkins-co.org/wellness/worksite/workwell/snackbowl.html](http://www.tompkins-co.org/wellness/worksite/workwell/snackbowl.html)
   - Advertise or mark healthy options so that they stand out [CA: Healthy Menu Dining Guidelines](http://www.cdph.ca.gov/programs/cpns/Documents/Network-FV-WP-HealthyDiningMenuGuidelines.pdf)
6. Have on-site cafeterias follow healthy cooking practices. [www.gsa.gov/portal/content/104429](http://www.gsa.gov/portal/content/104429)
8. Provide appropriate portion sizes and provide portion size information via labeling food to show serving size and calories and by using food models and pictures or portable food scales for weighing portion sizes.
    [http://www.cdphe.state.co.us/pp/copan/resourcekits/WorksiteWellnessResourceKit.pdf](http://www.cdphe.state.co.us/pp/copan/resourcekits/WorksiteWellnessResourceKit.pdf) (page 34)  

**MEDIUM RESOURCES**

1. Make kitchen equipment (refrigerators, microwaves, stoves, etc) available for employee food storage and preparation.
2. Offer local fruits and vegetables at the worksite (i.e. farmer’s market or a community-supported agriculture drop-off point)  
4. Provide interactive food opportunities such as taste testing and food preparation skills.  
   *Taste testing and food preparation skills increase the likelihood for trying and continuing to eat new foods.*
5. Provide opportunities for peer-to-peer modeling of healthy eating.  
   *Provide opportunities during lunch time to have employees share how they’ve adopted healthy eating habits and show what they’re eating and any changes they had to make to change their diet.*
6. Establish workplace policies & programs that promote breastfeeding.  
   [http://dhfs.wisconsin.gov/health/Nutrition/Breastfeeding/bffriendlycomm.htm](http://dhfs.wisconsin.gov/health/Nutrition/Breastfeeding/bffriendlycomm.htm)

**HIGH RESOURCES**

1. Provide incentives for participation in nutrition and/or weight management/maintenance activities (these can range from inexpensive low resource items (water bottles) to high resource items (health insurance rebate).  
   *(See page 16 for incentive information)*
2. Include the employees’ family members in campaign promoting fruit and vegetable consumption (worksite plus family strategy).
3. Provide lactation education programs.

🔍 **Looking for Sample Lessons and Materials?**

- See pages 46-53 in the Arkansas Worksite Wellness tool kit:  
- See the Eat Smart, Move More...North Carolina in the Worksite site:  
  [http://www.eatsmartmovemorenc.com/NCHealthSmartTkkt/WorksiteTkkt.html](http://www.eatsmartmovemorenc.com/NCHealthSmartTkkt/WorksiteTkkt.html)
- Wisconsin: Building Breastfeeding-Friendly Communities (sample policies)  
  [http://dhfs.wisconsin.gov/health/Nutrition/Breastfeeding/bffriendlycomm.htm](http://dhfs.wisconsin.gov/health/Nutrition/Breastfeeding/bffriendlycomm.htm)
WHAT:
Mental health is a state of well-being in which a person realizes their own abilities, can cope with the normal stresses of life, can work productively, and is able to contribute to his or her own community. Mental health is the foundation for well-being and effective functioning for an individual and community (Healthiest WI 2020). Addressing mental health and physical health as interlinked, is key to overall health and wellness. Mental health issues such as stress, anxiety, depression and other conditions are routinely listed as top concerns in employee health surveys.

WHY:
Mental health conditions are the second leading cause of worksite absenteeism. Estimated costs for untreated and mistreated mental illness total approximately $150 billion in lost productivity each year in the U.S. and businesses pay up to $44 billion of this bill. Additionally there are indirect costs to employers such as absenteeism, work impairment, and disability benefits. However, the total health care costs for workers who receive treatment for depression are two-thirds less than the medical costs of untreated individuals (JOEM, 2005). Effective treatment potentially can save direct and indirect costs for employers and can improve quality of life for all employees.

More than 90 percent of employees agree that their mental and personal problems spill over into their professional lives, and have a direct impact on their job performance. Even moderate levels of depressive or anxiety symptoms can affect work performance and productivity. It is in the employer’s best interest to address mental health as part of a worksite wellness program.

A positive work environment decreases stress, improves overall health, and boosts productivity (NMHA 2006). Most mental illnesses are highly treatable at 70-90 percent; however, untreated mental illness can increase the risk for possible suicide.

Employers can do more to promote integrated mental and physical health care by creating supportive workplaces that destigmatize mental illness, encourage self-screening, and connect employees to resources. These successful businesses will not only generate cost savings seen in improved employee engagement and well-being, results will be shown in higher product quality, better cost control, greater employee loyalty, and healthier workplaces.

HOW ……..

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<th>LOW RESOURCES</th>
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<tr>
<td>1. Provide materials and messages about mental health, mental illnesses, suicide prevention, substance use, trauma, and health promotion through various means: brochures, fact sheets, paycheck stuffers, intranet, etc.</td>
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<tr>
<td>2. Provide resources for confidential screenings for depression, anxiety, post-traumatic stress disorder, etc. (personal, on-line, print)</td>
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<td>3. Encourage the use of telephone help lines - 800 numbers</td>
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<td>4. Provide a variety of mental health presentations and trainings with an emphasis on prevention, treatment, and recovery messages for all staff including supervisors/managers, and executive leadership.</td>
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<tr>
<td>5. Offer stress reduction presentations on varied topics: conflict resolution, managing multiple priorities, project planning, personal finance planning, parenting, etc.</td>
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<td>6. Provide flexible scheduling during work for lunch and learn and other trainings such (yoga, meditation, physical activity, self-help groups, etc.)</td>
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<td>7. Provide a quiet room or stress reduction room at the worksite.</td>
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TABLE KEY

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<td>Environmental / Organizational level</td>
<td>Policy level</td>
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42
### MEDIUM RESOURCES

1. Create and sustain a mental health-friendly workplace that provides support and accommodations for employees who are returning to work after receiving or are in mental health/alcohol treatment and recovery. Provide family/employee flexibility allowing schedule accommodations for medical/treatments, sessions, and appointments, as needed.  

2. Provide trainings specific to educating managers/supervisors in recognizing mental health as a factor in performance issues and offer interactive training components and information for supervisors/managers on how to engage EAP, HR and other resources. Provide targeted mental health support for supervisors/managers and executive leadership addressing mental health issues specific to their needs and stressors.

3. Create policies and practices that provide guidance to supervisors/managers on how to address performance issues, which include offering consultation, accommodation, and information through EAP or include the HR staff.

4. Review policies and practices concerning employee privacy and confidentiality, return to work and HIPAA, accommodation and ADA guidelines.

5. Evaluate or reevaluate the workplace environment, the organization, and its culture with a focus on reducing workplace stress, workload issues, performance reviews, address employee engagement and concerns.

### HIGH RESOURCES

1. Provide onsite or off-site Employee Assistance Program (EAP).

2. Provide confidential Employee Assistance Coordinators (EACs) to help staff obtain information about supportive resources in their community.

3. Provide and maintain comprehensive health insurance coverage, which includes mental health as part of employee benefits packages. Include screening, brief intervention and referral (SBIRT) as a covered evidence-based benefit.

4. Provide and maintain comprehensive health insurance coverage with referral mechanisms to connect employees easily to mental health treatment services.

5. Become a workplace that is able to provide assistance to serious mental illnesses and major traumatic events.

### BEST GENERAL RESOURCES:

**Calculators:**

Log on to these free calculators to find out how depression and alcoholism are affecting your organization’s bottom line:

- [www.depressioncalculator.org](http://www.depressioncalculator.org)

- Partnership for Workplace Mental Health. A program of the American Psychiatric Foundation, which advances effective employer, approaches to mental health by combining the knowledge and experience of the American Psychiatric Association and employer partners. The quarterly journal is: Mental Health Works. [www.workplacementalhealth.org](http://www.workplacementalhealth.org)

- Mental Health America of Wisconsin (affiliated with National Mental Health America): [http://www.mhawisconsin.org/Content](http://www.mhawisconsin.org/Content) Offers a Milwaukee MH Provider Guide and provides mental health resources, fact sheets, MH and AODA online screenings. MHA created a collaborative effort between MHA and the business community. The “Healthy Mind Connection” addresses mental health in the workplace-includes links, and mental health friendly workplace resources.


### LOW RESOURCES

1. Provide mental health and mental illness materials through various means - brochures, fact sheets, paycheck stuffers, intranet, health fairs, etc.
Mental Health America: http://www.nmha.org
This link will take employers directly to a comprehensive site offering fact sheets on mental illnesses and other mental health information and stress. Site offers Mental Health in the Workplace toolkit and other helpful information provided by Mental Health America to businesses/employers.

American Psychiatric Association: www.healthyminds.org
Resources and information on mental illness/mental disorders across the life span.

National Institute on Mental Health: www.nimh.nih.gov

Current health information, articles, and research. www.webmd.com

2. Offer confidential screenings: depression, bipolar disorder, generalized anxiety, post-traumatic stress disorder, eating disorder, alcohol abuse (on-line / print)

Screening for Mental Health (SMH): http://www.mentalhealthscreening.org/
Offers six mental health screening tools (assessment) with telephone and online interactive screening. SMH is the largest provider of evidence-based health screening tools.

Wisconsin United for Mental Health: Provides a direct link to screening tools www.wimentalhealth.org

2. Encourage the use of telephone help lines - 800 numbers

Wisconsin has a partial system of 2-1-1 information and referral lines. 2-1-1 in some communities, United Way in other communities.

National Suicide Prevention Lifeline: 1-800-273-TALK  www.suicidepreventionlifeline.org


Referrals to services and county specific resources

Wisconsin Mental Health or Substance Abuse Services: 267-7792 or 267-2717
Local mental health departments/crisis numbers: http://dhfs.wisconsin.gov/MH_BCMH/index.htm

4. Provide a variety of mental health presentations and trainings with an emphasis on prevention, treatment, and recovery messages for all staff including supervisors and management.

Check with local health insurance providers to see if they offer classes and resources.

5. Offer stress reduction presentations on varied topics: conflict resolution, managing multiple priorities, project planning, personal finance planning, etc.

Check with local health insurance providers to see if they offer classes and resources.

A local listing of stress management programs can be found at: www.yellowbook.com/category/stress_management_programs/Wisconsin

Mindfulness-based Stress Reduction www.sharpbrains.com


6. Provide flexible scheduling for access to classes during work or childcare after work for yoga, meditation, physical activity, etc. Need supervisory buy-in and encouragement.

7. Provide a quiet room or stress reduction room at the worksite. Set aside a room in a quiet place to provide short stress breaks for employees.

MEDIUM RESOURCES
1. Create and support a mental health friendly work environment that provides family/employee friendly accommodations for medical appointments when needed.


Mental Health Association of Minnesota (MHAM) offers a toolkit and mental health resources/links for employers for mentally healthy workplaces. http://www.mentalhealthmn.org

The Healthy Mind Connection, a collaborative effort between Mental Health America of Wisconsin and the business community, provides education, tools and resources to address mental health in the workplace. This site offers fact sheets, links, and mental health friendly workplace resources for employers nationally and in Wisconsin.

Mental Health America of Wisconsin: http://www.mhawisconsin.org/Content/

2. Provide mental health friendly presentations and mental health trainings for supervisors, business leadership team or management. Check with EAP, local health providers for speakers or trainers.

3. Create policies that provide guidance to supervisors on mental health consultation and information, and improve their skills to intervene or supervise an employee with mental health issues.


Employers and educators need practical information about reasonable accommodations for

4. Review policies and practices concerning employee privacy and confidentiality, return to work and HIPAA, accommodation and ADA guidelines.
   - www.mhawisconsin.org
   - www.NAMI.org
   - www.wimentalhealth.org
   - Department of Labor, Office of Disability Employment Policy. A robust site with comprehensive information for employers on accommodation and workplace information.  www.dol.gov/odep

5. Evaluate or reevaluate the workplace environment, the organization, and its culture with a focus on reducing workplace stress, workload issues, performance reviews, address employee engagement and concerns.

HIGH RESOURCES
1. Provide onsite or off-site Employee Assistance Program (EAP)
   Employee Assistance Professionals Association www.eapassn.org
2. Provide Employee Assistance Coordinators (EACs) to help staff obtain information about treatment and recovery resources in their community.  http://www.eac.org
3. Provide and maintain comprehensive health insurance coverage, which includes mental health and substance abuse as part of the employee benefits package
   - Information about federal health care requirements and resources: http://www.healthcare.gov
   - Health Insurance-Provision of Mental Health and Substance Abuse Frequently asked questions at: http://www.mentalhealth.samhsa.gov
4. Offer health insurance coverage with referral mechanisms to connect employees easily to mental health services. Include Screening and Brief Intervention and Referral to Treatment (SBIRT) for substance abuse as a covered benefit service for your employees. WI Initiative for Promoting Healthy Lifestyles http://www.WIPHL.org
5. Become a workplace that is able to provide assistance to serious mental illnesses and major traumatic events.
   Trauma can have a significant impact on a person’s well-being, mental health, and use of substances. The website for the National Center for Trauma-Informed Care includes information about the effects of trauma and how workplaces can create trauma sensitive and informed environments: http://mmentalhealth.samhsa.gov/nctic
   - Supported Employment: Workplace Accommodations and Supports. Provides information to employers on how to help persons with mental illnesses in the workplace who require a more structured strategy for assistance for persons who have more serious mental illnesses to obtain and maintain employment through the provision of ongoing support. http://www.disability.gov/employment/.../supported_employment
   - http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/employedment
WHAT:
Substance abuse is the unhealthy use of alcohol, drugs, or other substances that negatively interfere with a person’s functioning or well-being. A person could experience negative effects in one or many parts of his or her life, including his or her physical or emotional well-being; significant relationships; spiritual beliefs or connectedness; educational achievements; vocational, financial, or legal issues; or in his or her role as a caregiver or homemaker. Alcohol-related problems also affect worker productivity, workplace safety, and health care costs.

Nationally, Wisconsin ranks high in its alcohol consumption compared to other states. According to the Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2008, rates of alcohol dependence, alcohol abuse, and alcohol-related motor vehicle fatalities are higher in Wisconsin than in the United States as a whole. Wisconsin’s employers can play an important role in lowering the social and financial burden of substance abuse and guiding the development of a healthy and productive workforce.

WHY:
Individual alcohol use is influenced by employers’ expectations. Employers should consider whether official policy, sanctioned activities, or common practice creates a culture that condones or contributes to alcohol or drug abuse or creates an environment that embraces prevention messages, encourages alternatives to substance abuse, and supports healthy lifestyles.

Substance abuse is both preventable and treatable, with recovery rates comparable to other chronic health problems like diabetes and asthma. If employers incorporate prevention messages and activities, assist employee access to treatment, and support employee recovery from substance abuse, they can help create healthier and more productive employees, workplaces, and communities.

LOW RESOURCES

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MEDIUM RESOURCES

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3. Create policies that provide guidance to supervisors on signs or indicators of substance abuse issues and improve their skills to intervene or supervise an employee who is experiencing or in recovery from substance abuse.

4. Provide presentations and trainings that support prevention, treatment and recovery messages for supervisors, business leadership team, or management.

5. Review policies and practices concerning employee privacy, return to work and HIPAA, accommodation, ADA guidelines.

**HIGH RESOURCES**

1. Provide an onsite or off-site Employee Assistance Program (EAP).

2. Provide confidential Employee Assistance Coordinators (EACs) to help staff obtain information about supportive resources in their community.

3. Provide and maintain comprehensive health insurance coverage, which includes substance abuse treatment resources as part of the employee benefits package.

4. Offer health insurance coverage with referral mechanisms to connect employees easily to substance abuse treatment services.

**BEST GENERAL RESOURCES:**

Calculators:
The Business calculator: Log on to these free calculators to find out how alcoholism may be affecting your organization’s bottom line: [www.alcoholcostcalculator.org](http://www.alcoholcostcalculator.org)

National Resources:
National Institute on Alcohol Abuse and Alcoholism (NIAAA) [http://www.niaaa.nih.gov](http://www.niaaa.nih.gov)
Legal Action Center. *Helping people rebuild their lives with dignity.* [http://www.lac.org](http://www.lac.org)

Wisconsin Resources:

**LOW RESOURCES**

1. Provide substance abuse prevention, treatment, and recovery materials through various means - brochures, fact sheets, paycheck stuffers, intranet, health fairs, etc.

   - *The list below includes a variety of sources for information about substance abuse prevention, treatment, and recovery messages.*
   - Alcohol Awareness Month [http://ncadi.samhsa.gov/seasonal/aprilalcohol](http://ncadi.samhsa.gov/seasonal/aprilalcohol)
   - Substance Abuse and Mental Health Services Administration (SAMHSA) [http://www.samhsa.gov](http://www.samhsa.gov)
   - Faces and Voices of Recovery [http://www.facesandvoicesofrecovery.org](http://www.facesandvoicesofrecovery.org)
   - Join Together [http://www.jointogether.org](http://www.jointogether.org)
   - Alcohol, Culture and the Environment Workgroup Recommendations: Changing Wisconsin’s Alcohol Environment to Promote Safe and Healthy Lives [http://www.scaoda.state.wi.us/docs/ace/ace040110.pdf](http://www.scaoda.state.wi.us/docs/ace/ace040110.pdf)
   - Current health information, articles, and research. [www.webmd.com](http://www.webmd.com)

2. Provide resources for alcohol use self-screening (online/print)

   - *The website below connects people to a free alcohol screening service provided by Join Together, a project of the Boston University School of Public Health. AlcoholScreening.org helps individuals assess their own alcohol consumption patterns to determine if their drinking is likely to be harming their health or increasing their risk for future harm.*
   - [www.alcoholscreening.org](http://www.alcoholscreening.org)

3. Encourage the use of telephone help lines - 800 numbers.

   - *Wisconsin has a partial system of 2-1-1 information and referral lines.* It is 2-1-1 in some communities, and United Way in other communities.
   - Wisconsin Mental Health or Substance Abuse Services: (608) 266-2717
4. Offer stress reduction presentations on varied topics: conflict resolution, managing multiple priorities, project planning, personal finance planning, etc.
   - Health insurance plans such as UW-Physician’s Plus, Group Health, etc. offer stress reduction classes and resources. www.uwhealth.org
   - A local listing of stress management programs can be found at: www.yellowbook.com/category/stress_management_programs/Wisconsin
   - Mindfulness-based Stress Reduction www.sharpbrains.com

5. Provide flexible scheduling during work for training, yoga, meditation, physical activity, treatment sessions, or self-help groups.

6. Provide information about the appropriate use and disposal of prescription medications, including publication of prescription drug disposal drop-off locations and times in your community. The local county agency or public health department should know of drop off locations in your community.

7. Evaluate or reevaluate the workplace alcohol environment. Examine agencies policies related to alcohol and drug use such as: prohibit serving alcohol to anyone under the age of 21 at company events, provide a variety of nonalcoholic beverage choices, amend company personnel policies to suggest respect for those who chose not to drink alcohol for any reason, adopt policy requiring absolute sobriety for employees during business hours, and ask supervisors to model appropriate alcohol use.

MEDIUM RESOURCES
1. Create and support a substance abuse prevention, treatment, and recovery friendly work environment that provides family/employee friendly accommodations for medical or therapy appointments or other meetings when needed.

2. Advocate for insurance companies to provide screening, brief intervention, and referral to treatment (SBIRT) services. More information about SBIRT is available on the SAMHSA web site at the following link: http://sbirt.samhsa.gov

3. Create policies that provide guidance to supervisors on signs or indicators of substance abuse issues and improve their skills to intervene or supervise an employee who is experiencing or in recovery from substance abuse. These policies should emphasize that employees may access different types of treatment and recovery services that are appropriate with their cultural background, beliefs, and practices.

4. Provide presentations and trainings that support prevention, treatment and recovery messages for supervisors, business leadership team, or management. Check with local health providers for speakers or trainers.

5. Review policies and practices concerning employee privacy, return to work and HIPAA, accommodation, ADA guidelines.

HIGH RESOURCES
1. Provide an onsite or off-site Employee Assistance Program (EAP). Employee Assistance Professionals Association www.eapassn.org

2. Provide confidential Employee Assistance Coordinators (EACs) to help staff obtain information about treatment and recovery resources in their community. EACs provide employees and their family members confidential consultation about personal and work-related concerns, and help find resources to deal with those issues. They participate in a two-day training course to learn how to conduct interviews, assess problems, find community resources and make referrals. EACs are held to strict standards of confidentiality and must sign and adhere to the Employee Assistance Code of Ethics.

3. Provide and maintain comprehensive health insurance coverage, which includes substance abuse treatment resources as part of the employee benefits package.
   - Information about federal health care requirements and resources: http://www.healthcare.gov
   - Health Insurance-Provision of Mental Health and Substance Abuse Frequently asked questions www.mentalhealth.samhsa.gov

4. Offer health insurance coverage with referral mechanisms to connect employees easily to substance abuse treatment services.
What:
The negative health effects of smoking are well known. Smoking is the leading cause of preventable death each year in the United States and the associated diseases and health care costs are significant. Smokers tend to require more medical costs, see physicians more often and be admitted to hospitals for longer periods than nonsmokers. More Wisconsin insurers and employers are realizing the value of covering quit smoking treatments. Coverage of smoking cessation medications has increased so that 74 percent of insured Wisconsin residents have coverage for at least one stop smoking medication through their health plans. In addition to direct health effects to tobacco users, other employees are impacted by second-hand smoke. So tobacco cessation in your workplace will positively affect all employees.

To have a successful tobacco free facility and campus companies need to provide information and support that allows employees to be successful with ceasing all forms of tobacco usage. This includes smokeless tobacco use.

Why:
The business case for covering tobacco cessation is clear. According to the Centers for Disease Control, smoking costs the nation $193 billion a year in healthcare costs and lost worker productivity. The CDC estimates each employee that smokes costs your company $3,856 per year -- including lost productivity and excess medical expenses. Smoking cessation programs have shown some immediate return on investment and a significant return on investment in a relatively short time (as little as two years).

How ……..

<table>
<thead>
<tr>
<th>TABLE KEY</th>
</tr>
</thead>
<tbody>
<tr>
<td>I = Individual level</td>
</tr>
<tr>
<td>E/O = Environmental / Organizational level</td>
</tr>
<tr>
<td>P = Policy level</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LOW RESOURCES</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Policy prohibiting tobacco use anywhere on property</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Provide prompts/posters to support no tobacco use policy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Promote the Wisconsin Tobacco Quit Line (800-QUIT-NOW)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MEDIUM RESOURCES</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Policy supporting participation in smoking cessation activities during duty time (flex-time)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HIGH RESOURCES</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Provide counseling through an individual, group, or telephone counseling program on-site.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Provide counseling through a health plan sponsored individual, group, or telephone counseling program.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Provide cessation medications through health insurance.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(See next page for more information and additional resources)
BEST GENERAL RESOURCES:
“Make it Your Business: Strategies for a Tobacco-Free Workplace in Wisconsin”
This Employer Toolkit is a first of its kind resource specifically for Wisconsin businesses and is a comprehensive guide for:
- helping your business/worksite go tobacco-free
- helping interested employees quit using tobacco
  http://www.tobwis.org/employers/index.php

University of Wisconsin Center for Tobacco Research and Intervention
http://www.ctri.wisc.edu/Employers/employers.htm

Employer Tools & Resources Index page
http://www.ctri.wisc.edu/Employers/employers_Tools_&_Resources.htm

Professional Assisted Cessation Therapy (PACT) resource guide

Wisconsin Tobacco Quit Line resources order form

Resources for the Recommended Tobacco Cessation Strategies

LOW RESOURCES
1. Policy prohibiting tobacco use anywhere on property.
   http://www.cdc.gov/tobacco/research_data/environmental/etsguide.htm
2. Provide prompts and posters to support a no tobacco use policy.
   http://www.wellnessproposals.com/tobacco/tobacco-cessation-posters.htm
3. Promote the Wisconsin Tobacco Quit Line (1-800-QUIT NOW).

MEDIUM RESOURCES
1. Policy that supports participation in smoking cessation activities during duty time (flex-time).

HIGH RESOURCES
1. Provide counseling through an individual, group, or telephone counseling program on-site.
2. Provide counseling through a health plan sponsored individual, group, or telephone counseling program.
3. Provide cessation medications through health insurance.

Looking for Sample Lessons and Materials?
- See pages 17-26 in the Arkansas Worksite Wellness tool kit:
One other resource available to you are program favorites submitted by other worksites. On the “Favorites” web page, you will find links to wellness initiatives that are taking place in worksites throughout Wisconsin. These include a variety of activities ranging from worksite campaigns to policy and environmental changes that have been used in other worksites to try and improve employee health. Although not all of these initiatives are scientifically proven, they have been practically applied in real work settings. Consider using these in conjunction with proven strategies in the WI Worksite Wellness Resource Kit to augment your wellness program.

“Favorites” can be found at:
http://www.dhs.wisconsin.gov/health/physicalactivity/Sites/WorksiteFavorites.htm

If you have a program “Favorite” that you’d like to share with other worksites, just download and complete the “Favorites” fillable form at the bottom of the web page and submit it to the email address listed on the form.

“Favorites” Example:

**Wisconsin Wellness Program Favorites**

**Worksite Name:** Gunderson Lutheran

**Brief Description (1000 character maximum):** We worked with Stansfield Vending, our local vending machine vendor, to stock all the vending machines in our facilities with additional healthier snack options. We believed it was imperative that employees were part of the decision making, so we hosted a sampling day in which employees could sample the foods and vote on the options they wanted to see in the vending machines. Employees enjoyed sampling 10 different 500 Club-approved snack choices and selecting their top five favorites. We then worked with Stansfield Vending to implement a dual pricing structure where the top five employee-chosen snacks are available for only 50 cents. While we still offer higher fat and calorie items in the machine, they come at a higher price.

**Evaluation:**

**Why was this initiative successful?**

Early sales results show that when offered affordably priced healthier snacks, employees made the better choice.

**What did employees like/not like about this initiative or receive from this initiative?**

Prior to this initiative, 30% of the top 10 snacks purchased were 500 Club-approved choices. After implementing these changes, that number has risen to 60%. Employees enjoyed sampling 10 different 500 Club-approved snack choices and selecting their top five favorites. We then worked with Stansfield Vending to implement a dual pricing structure where the top five employee-chosen snacks are available for only 50 cents. While we still offer higher fat and calorie items in the machine, they come at a higher price.

**Attachments?** Please check here if you have attachments that further describe your initiative and what you are willing to share.
TOOLS & CALCULATORS

Tools & Calculators – Listed below are a variety of calculators you can use in conjunction with your wellness program. On the following page is a summary of free or low-cost campaigns you can use with your program.

General Calculators
- *Make Your Calories Count*—Interactive Learning Program from FDA: http://www.fda.gov/Food/LabelingNutrition/ConsumerInformation/ucm114022.htm
- BMI, BMR, Body Fat, Waist to Hip Ratio: www.bmi-calculator.net

Alcohol Misuse
- George Washington University Alcohol Treatment ROI Calculator http://www.alcoholcostcalculator.org/roi/

Depression

Diabetes
- Diabetes at Work, Conducting a Diabetes Assessment. General Assessment Tool http://www.diabetesatwork.org

Mental Health
- Partnership for Workplace Mental Health: Employer Resources http://www.depressioncalculator.com/Welcome.asp

Obesity and Physical Activity
- CDC’s LEAN Works Obesity Cost Calculator http://www.cdc.gov/leanworks/
- Quantifying the Cost of Physical Inactivity http://www.ecu.edu/picostcalc

Return on Investment of Wellness Programs
- Blueprint for Health: A Framework for Total Cost Impact https://secure.hhcfoundation.org/dframe/
- CDC’s Chronic Disease Cost Calculator http://www.cdc.gov/nccdphp/resources/calculator.htm

Tobacco
- America’s Health Insurance Plans (AHIP) and Center for Health Research, Kaiser Permanente Tobacco ROI calculator http://www.businesscaseroi.org/roi/default.aspx
## NO COST OR LOW COST TRACKING CAMPAIGNS  
*(Covers both activity & nutrition)*

<table>
<thead>
<tr>
<th>Campaign Title / Website</th>
<th>Individual or Group</th>
<th>Types of Tracking</th>
<th>Campaign Timeframe</th>
<th>Cost</th>
<th>Description or key features</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>“START -” American Heart Association</strong></td>
<td>Individual or Group</td>
<td>Distance walked, Dietary intake</td>
<td>Open all year</td>
<td>$0</td>
<td></td>
</tr>
</tbody>
</table>
- Log times/distance in activity diary  
- Weekly summary of progress  
- Plot walking routes on personal map  
- Enter foods in diary  
- Corporate/group component  
| | | | | |**MyPyramid Tracker** | Individual | Activity, Nutrition | Open all year | $0 |  
- Track and assess diet and dietary needs  
- Track and assess physical activity (Note: use condensed option)  
- Links to nutrient & physical activity information  
- Has tutorial  
| **Fit Day** | Individual | Activity, Nutrition, Weight | Open all year | $0 |  
- Track food, exercise, weight, BMI and other goals  
- Nutrition detail for 1,000's of foods  
- Long term diet analysis  
- View calories, nutrition, weight loss & more  
- Personal calendar feature  
| **The Fitness Journal** | Individual or Group | Activity, Nutrition, Weight, Other | Open all year | $40/yr fee. Free, 30-day trial |  
- Comprehensive tracking, reports and journals available  
- Corporate wellness packages available  
- Also tracks smoking & other health factors  
- Has guided tour on web site  

### Campaigns that Covers Physical Activity & Weight Only

<table>
<thead>
<tr>
<th>Campaign</th>
<th>Individual or Group</th>
<th>Types of Tracking</th>
<th>Campaign Timeframe</th>
<th>Cost</th>
<th>Description or key features</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>America On the Move</strong></td>
<td>Individual or Group</td>
<td>Individual or Group progress</td>
<td>6-week</td>
<td>$0</td>
<td></td>
</tr>
</tbody>
</table>
- Monitor weight  
- Activity levels by individual & team  
- T-shirt  
| **Lighten Up Wisconsin** | Group | Weight, Activity | 100 days | $15/ person |  
- Monitor weight  
- Activity levels by individual & team  
- T-shirt  
| **Traineo** | Individual or Group | Activity, Calories, Weight | Open all year | $0 |  
- Online tour  
- Motivation based  
- Group forums (Avoid advice from lay people)  

### Physical Activity and Nutrition Campaigns:

- Fit Day - [http://fitday.com/](http://fitday.com/)

### Physical Activity and Weight Loss Campaigns Only:


### Step 1 - Why?  
Step 2 - Starting Up  
Step 3 - Assessing  
Step 4 - Strategies  
Step 5 - Making Decisions  
Step 6 - Evaluation
STEP 5: MAKING DECISIONS WHERE TO FOCUS YOUR EFFORTS
STEP 5: MAKING DECISIONS - WHERE TO FOCUS YOUR EFFORTS?

Now that you’ve completed the analysis of the worksite assessment, employee survey and other available data (Step 3) and looked at the array of program strategies to be considered (Step 4), it’s time to narrow your focus. This can be a very simple process or can be done in a very structured manner – it’s up to you.

Here’s a summary of what to consider:

- Review Your Assessment Checklist
- Identify Potential Priority Strategies
- Check Your Employee Survey Data to See if the Potential Priority Items are Consistent with Employee Interests and Habits
- Consider Other Data: HRA, Health Claims, Pharmaceutical Use
- Quantify and Compare Priority Strategies by Using the Recommendation Scoring Table

Start with the Worksite Assessment Checklist (Appendix B) that you completed in Step 3. Do a “first cut” by looking at the strategies that you placed in each category (Yes, In Process and No) and determine ones that are potential priorities to improve or implement as new strategies. Now take what you’ve learned from the employee survey and see if that information changes the list at all. If you have other data from sources such as health risk assessments, health claims information, or pharmaceutical utilization, use those sources as additional background in making your decisions.

At this point, you might be able to decide where to focus your efforts. However, an additional step can help you decide where you’ll get the most impact, by comparing the relative value of implementing each strategy. Use the following factors to place a point value on each strategy:

- importance
- cost
- time
- effort
- reach or number of employees likely to participate or be impacted

This may be helpful in coming up with a manageable number of strategies. An explanation of this recommendation scoring table is found later in this section and a blank form can be found in Appendix D.

By looking at your current programming, you should be able to see the gaps in areas where there are additional strategies that could be implemented. By identifying those gaps and comparing them with the current health habits and interests of your employees that were gathered in the employee survey, you should be able to match high priority gaps with high priority employee needs or interests. Finally, by answering questions about the importance, cost, time, effort and potential number of employees that will be reached by your program strategies, you will be ready to select what will be included in your wellness program. A model to walk you through this process is included later in this chapter in the form of a Recommendation Table.

TYPES OF PROGRAMMING

As you make plans on where to focus your wellness efforts, consider that some efforts may have greater impact than others may. Your wellness programming can include many components, such as:

- Health screening and assessment
- Education through presentations, printed materials and web resources
- Program activities, including “campaigns” over a specified time period
- Environmental change
- Policy change

CONSIDER THE ENVIRONMENT AND POLICY CHANGES

All of your programming should involve creation of a supportive social and physical environment where healthy decisions are the norm. Part of creating this environment is to clearly define the organization’s expectations regarding healthy behaviors, and implementation of policies that promote health and reduce risk of disease.

All of the components listed above have merit, but changing the environment and changing
Policy is crucial to affecting change in most health habits. Policies create the opportunity for widespread behavioral change because they change the existing “rules,” which can have a powerful effect on employee behavior and habits. Environmental changes, both physical and cultural, provide options or opportunities to adopt healthier habits and can result in widespread change.

Company policies and changes in the work environment will affect or influence the behavior of all of your employees, which may also lead to changes outside of work. In many cases, policy and environmental changes make it easier to make the better health choice. Here are some examples:

Formal written policies:
- Guidelines for ordering food for company events
- No smoking on company property
- Company cost-sharing for health club memberships

Environmental changes or cues:
- Outdoor bike racks
- Labeling or highlighting healthy food choices
- Areas for relaxation can stress reduction (quiet rooms)

Listed in the program section (Step Four) were a number of policy or environmental changes that you could make. You should use the planning tools in this section to determine which changes you want to make first. Think about addressing some of the easy changes first to get a taste of success and show that your wellness program is working. As your program develops, you can always tackle some of the more difficult issues.

3-Pronged Approach
Remember to try to tie all three components into any focus areas you work on in your program.

SCOPE OF IMPACT
Unlike trying to impact change at an individual level, environmental and policy changes have the ability to impact large groups of people and will likely provide the most “bang for the buck.” The following diagram further illustrates why changes in the environment or changes in policy are so important.

As you can see from the diagram, individual behavior change takes a great deal of resources and affects only one person at a time. Policy and higher-level strategies targeting communities and organizations have a much greater potential impact. Although your wellness strategies should address as many levels as possible, it’s also important to focus on areas where the greatest potential benefit could occur.

Another way to look at this when making decisions, is to ask the question how much impact will there be with a selected strategy? Although you can’t answer this question specifically, you can estimate the impact by looking at the “reach” and “dose” of the strategy. Reach would be the number of employees who would likely be participating and dose would be how often they participate in the strategy.
Physical Activity Example: Worksite with 100 Employees

For purposes of this physical activity example, 1 dose of activity is equal to 10 minutes. The adult goal is at least 30 minutes per day or 3 doses

1 dose = 10 minutes. Adult goal is 30 minutes per day or 3 doses. Reach = number participating

<table>
<thead>
<tr>
<th>Scenario 1 - Worksite holds a 1-day event where staff walk for 30 minutes (3 doses).</th>
<th>Scenario 2 – Worksite institutes a new policy that encourages daily 20 minute “walk breaks” at lunch.</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ 50% of staff participate</td>
<td>▪ 30% of staff participate regularly (3+ days/week)</td>
</tr>
<tr>
<td>▪ Impact is 3 doses x 50% = 150</td>
<td>▪ Impact is 2 doses x 30% = 60 x 150 days = 9,000</td>
</tr>
<tr>
<td>Total impact = 150</td>
<td>Total impact = 9000</td>
</tr>
</tbody>
</table>

This concept has been included in the Recommendation Table described on the next page and in the blank worksheet in Appendix D.

“PACKAGING“

One way to organize your efforts might be to pick a quarterly topic focus. As an example, the spring quarter from April to June might be a good time to focus on physical activity. Knowing that physical activity is the focus would mean that you could look for ways to incorporate that into your programming and strategies. If you have a well-developed wellness program, that might mean looking for programming through a variety of ways. A starter list of possibilities might consist of a Kick-off promotion, Education materials, Presentations, Training/Class opportunities, Tracking campaigns, Policy changes and Environmental changes. A sample is provided below.

Sample Wellness Plan for the 2nd Quarter 2010

<table>
<thead>
<tr>
<th>Topic Area</th>
<th>PHYSICAL ACTIVITY</th>
<th>Who</th>
<th>What</th>
<th>Apr</th>
<th>May</th>
<th>June</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kick – off week:</td>
<td>April 5-9</td>
<td>Karen/Sue</td>
<td>Email &amp; post</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monday: Promotional message &amp; flyer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday: Fitness logs to track activity</td>
<td>Jon</td>
<td>Short write-up / directions</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education: HMO reimbursement programs for physical activity</td>
<td>Jon</td>
<td>Email</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Highlighted web site of the Month: Real Age</td>
<td>Don</td>
<td>Email &amp; post</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Presentations: Lunch &amp; Learn topic on Physical Activity (web cast)</td>
<td>Sue et. al.</td>
<td>Meeting content &amp; logistics</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bike to work: basics and routes</td>
<td></td>
<td>Meeting content &amp; logistics</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trainings: Yoga classes (weekly)</td>
<td>Sue</td>
<td>Highlight/send out reminders</td>
<td>✓✓</td>
<td>✓✓</td>
<td>✓✓</td>
<td></td>
</tr>
<tr>
<td>Pilates classes (weekly)</td>
<td>Sue</td>
<td>Highlight/send out reminders</td>
<td>✓✓</td>
<td>✓✓</td>
<td>✓✓</td>
<td></td>
</tr>
<tr>
<td>Campaigns: Walk with a Buddy Month</td>
<td>Jon/Sue</td>
<td>Short write-up / directions</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Bike to Work week (June 6-11)</td>
<td>Sue</td>
<td>Short write-up / directions</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Policy: Encourage walk on break and lunch time</td>
<td>Gina</td>
<td>Message to supervisors on their role and specific things to support + Short write-up</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walk &amp; Talk meeting</td>
<td>Jon</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environment: Develop &amp; promote walking route maps from the worksite</td>
<td>Jon</td>
<td>Short write-up / directions</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Develop related internal web pages</td>
<td>Don</td>
<td>Consolidate key information in 1 place</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

The above sample illustrates one way to think about tying your potential programming together in a focused way. By “packaging” your strategies on a specific focus area, the activities build off each other rather than presenting a variety of unconnected activities. This coordinated mix of program strategies can provide a multiplier effect that is greater than the effect of adding up individual activities. “Packaging” related strategies will lead to greater participation and long-term success. For instance, having a policy that encourages physical activity on break time, coupled with using pedometers as incentives and then providing maps or on-site trails to get staff out walking will lead to greater success than any one of these strategies down in isolation. One warning about packaging: Keep in mind that it’s better to take on less and do a great job with high participation rates than try and do too much and have a poorer response.
RECOMMENDATIONS – QUESTIONS YOU SHOULD ASK YOURSELF

Another way to develop your program activities is to take your worksite assessment checklist and evaluate the areas where no policy or program exists or areas where some policy or program exists, but can be improved. For each of these items, ask the following questions:

- How important is the item?
- How much will it cost to implement the item?
- How much time and effort is needed to implement the item?
- How great is the potential “reach” and “dose” or how many employees may be affected?
- How well does the item match employee’s interests and other relevant data? Use the survey results to help answer this question.

You can use the Recommendation Table below to help narrow the scope of your wellness program. Once you’ve identified possible areas to focus on, asking the questions about importance, cost, time, effort and reach should get you to a very specific set of activities to implement.

### RECOMMENDATION TABLE - SAMPLE

<table>
<thead>
<tr>
<th>Item #</th>
<th>Recommendations</th>
<th>Importance</th>
<th>Cost</th>
<th>Time</th>
<th>Commitment</th>
<th>Reach / Dose</th>
<th>Points / Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>Create policy for use of break &amp; lunchtime to be active</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>23</td>
</tr>
<tr>
<td>26</td>
<td>Install bike racks to encourage biking to work</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>18</td>
</tr>
<tr>
<td>30</td>
<td>Provide an on-site exercise facility</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>45</td>
<td>Make microwaves available to heat meals</td>
<td>4</td>
<td>3</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>21</td>
</tr>
<tr>
<td>61</td>
<td>Policy to prohibit smoking on property</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td>5</td>
<td>23</td>
</tr>
</tbody>
</table>

(A blank Recommendation Table can be found in Appendix D)

What can you do with this data? – Some examples.

If you have limited resources and can’t implement all of your company’s recommendations, you should look at total score and category scores to help select priorities. The policy items (#20 & #61) have low cost and great reach so they might be the items to implement first. On the other end of the spectrum, an on-site fitness facility (item #30) might be problematic because of cost. A less expensive alternative might be to help subsidize local fitness club memberships for employees.
Be realistic!
Limit your initial set of activities so you can focus your efforts and have some early successes. You can always expand your program as it matures, but a realistic set of objectives to begin with will require fewer resources and will keep you from being overwhelmed.

Once you’ve decided on your priorities, you should develop a specific action plan to implement the programming you’ve selected. The action plan would include:

- The overall goals and objectives of your wellness program.
- Specific recommendations on strategies to implement. These need to be clearly stated and measurable or your evaluation won’t be meaningful;
- The chosen activities;
- The staff, resources and materials needed to make it happen;
- The time frame for completion;
- The evaluation plan to measure results.

The action plan can also be used as part of a presentation to give to management to sell them on your wellness program and get buy-in for the specific strategies and activities you plan to implement for the program. A sample action plan is shown below.

### ACTION PLAN WORKSHEET - SAMPLE

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Activities</th>
<th>Materials, Resources &amp; Personnel</th>
<th>Time Frame</th>
<th>Evaluation Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Provide incentive based programs to encourage activity (i.e. pedometer walking campaigns).</td>
<td>Walking “Challenge”</td>
<td>Walking teams, Team Captains Pedometers, Recording sheets</td>
<td>3 months May- July</td>
<td>Pre/Post survey of activity levels</td>
</tr>
<tr>
<td>2. Offer appealing, low-cost, healthful worksite food options, (fruits, vegetables, juices, low-fat dairy products) in vending machines, snack bars and break rooms.</td>
<td>Inventory current options Increase healthy vending options</td>
<td>Sample Mary Smith</td>
<td>4 months Jan - April</td>
<td>Count of healthy food options before and after the initiative</td>
</tr>
<tr>
<td>3. Support physical activity during duty time (flex-time)</td>
<td>Draft and implement company policy on use of break &amp; lunch time for activity</td>
<td>Wellness committee and staff input Management OK</td>
<td>1 month January</td>
<td>Policy in place. Include in annual survey.</td>
</tr>
</tbody>
</table>

(A blank Action Plan can be found in Appendix E)
STEP 6:
EVALUATING YOUR PROGRAM: IS IT DOING ANY GOOD
STEP 6: EVALUATING MY PROGRAM, IS IT DOING ANY GOOD?

At the beginning of this resource kit, we listed reasons for having a worksite wellness program. That list included reduced health care costs, increased productivity, decreased absenteeism and improved employee health and morale. In setting up your wellness program, you need to also think about how you are going to evaluate your program. Evaluation will provide you with information to modify your program to better meet your employee needs and to measure whether employee’s attitudes, behaviors and health indicators have changed as a result of your program.

Types of Evaluation – Process and Outcome Measures

You can measure process and you can measure outcome (or impact). Both are important and should be used. Process indicators will be easier to measure and will give you quicker feedback on how well your program is being accepted by employees. Examples of process measures are:

- Number of staff enrolled and participating (participation rates).
- Web site hits
- Observation or counts (ex. track number walking at noon)
- Participant satisfaction (via survey, focus groups, interviews, stakeholder survey, etc.)
- Policy or environmental changes/tracking (compare list of policy or environmental changes from initial site assessment using Worksite Wellness Assessment Checklist with later follow-up at 1 year, 2 years, etc.)

**SAMPLE PROCESS OBJECTIVES**

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2010</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of staff enrolled and participating (participation rates).</td>
<td>200</td>
<td>220</td>
<td>↑10%</td>
</tr>
<tr>
<td>Company wellness web site hits</td>
<td>10,620</td>
<td>22,000</td>
<td>↑107%</td>
</tr>
<tr>
<td>Observation or counts (ex. track number walking at noon)</td>
<td>60</td>
<td>75</td>
<td>↑25%</td>
</tr>
<tr>
<td>Participant satisfaction (via survey, focus groups, interviews, stakeholder survey, etc.)</td>
<td>72%</td>
<td>80%</td>
<td>↑8%</td>
</tr>
<tr>
<td>Policy or environmental changes/tracking (Use Worksite Wellness Assessment Checklist and compare list of policy or environmental changes from initial site assessment with later follow-up at 1 year, 2 years, etc.)</td>
<td>10 in place</td>
<td>15 in place</td>
<td>↑50%</td>
</tr>
</tbody>
</table>

Outcome evaluation can be more difficult and takes longer to show up in your data. Examples of outcome measures are:

- Pre/Post test surveys – Can measure changes in attitude, knowledge and current eating, physical activity and mental health status from an initial assessment to completion of a specified program or campaign
- Quizzes
- Physical activity and diet log sheets
- Vending items being chosen (arrange with vendor to track selections/sales)
- Cafeteria menu options
- Health Indicators / reduced risk factors. Comparison of company aggregate screening measures such as blood pressure, cholesterol, body weight, BMI, stress or anxiety/depression, etc. before and after a specified program or campaign.
- Corporate costs and return on investment. The expense side, or what it costs to run your wellness program, can be fairly easy to quantify. However, computing savings from reduced health care claims, lost work days or absenteeism may be harder to calculate. Work with your human resources and benefits contacts to determine what can be measured and then set a “baseline” figure to compare against later.
Outcome or impact evaluation needs to clearly identify the marker being addressed and have the baseline data for comparison to determine the impact or outcome. One example would be to compare last year’s absentee rate with the rate after the wellness program is in place or compare the absentee rate for employees actively participating in the program with those that are not. This could also be done with health care claims.

<table>
<thead>
<tr>
<th>SAMPLE OUTCOME OBJECTIVES</th>
<th>2009</th>
<th>2010</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre/Post test surveys – Can measure changes in attitude, knowledge and current eating, physical activity and mental health status from an initial assessment to completion of a specified program or campaign.</td>
<td>Average score = 65</td>
<td>Average score = 80</td>
<td>↑ 15%</td>
</tr>
<tr>
<td>Quizzes – test of knowledge on various topics</td>
<td>78%</td>
<td>85%</td>
<td>↑ 7%</td>
</tr>
<tr>
<td>Vending items being chosen (arrange with vendor to track selections)</td>
<td>25% Healthy choice</td>
<td>35% Healthy choice</td>
<td>↑ 10%</td>
</tr>
<tr>
<td>Cafeteria menu options</td>
<td>35% Healthy choice</td>
<td>40% Healthy choice</td>
<td>↑ 5%</td>
</tr>
<tr>
<td>Health Indicators / reduced risk factors. Comparison of company aggregate screening measures such as blood pressure, cholesterol, body weight, BMI, etc. before and after a specified program or campaign.</td>
<td>BP =140/100 Chol = 225 BMI = 30%</td>
<td>BP = 130/90 Chol = 212 BMI = 29%</td>
<td>↓ BP</td>
</tr>
<tr>
<td>Corporate costs and return on investment. The expense side, or what it costs to run your wellness program, can be fairly easy to quantify. However, computing savings from reduced health care claims, lost work days or absenteeism may be harder to calculate. Work with your human resources and benefits contacts to determine what can be measured and then set a “baseline” figure to compare against later.</td>
<td>Sick days = 662 Health Care Claims = $864,000</td>
<td>Sick days = 604 Health Care Claims = $789,000</td>
<td>↓ 9% 58 days</td>
</tr>
</tbody>
</table>

Regardless of what measures you plan to track, you need to identify them when you start your program so you know what you want to collect and report out. For the Wellness Coordinator and Wellness Committee, you may want detailed information on most of the activities or strategies you implement. For management, the list will be much shorter and should include only the key markers that show you’re making a difference.

WELLNESS PROGRAM SCORECARD
A general breakdown of evaluation measures might include these six key markers:
1. High-Risk To Low-Risk (Employee Risk Factor Status)
2. Healthcare Costs
3. Assessment Checklist
4. Policy and Environmental Changes to Encourage Wellness
5. Participation Rates
6. Participant Satisfaction

Whether you collect all of the “Scorecard” markers or some of them is up to you and what data or information you are able to access and report out. You can also adjust the type of information for each marker to best match your program. The point is you should have some high level markers that can provide a snapshot of your program to management and other interested parties.

1. High-Risk To Low-Risk (Employee Risk Factor Status)
If you collect employee data through a HRA, survey or biometric screening, you can select key criteria and develop a worksite profile that would be an overview of your employee population considered to be at high-risk, moderate-risk, and low-risk. Using the risk factor illustration on page 26 as an example, you could pick some or all of the risk factors that you are able to collect and see what percent of your employee population is in each group annually. This will also assist you with focusing your programming efforts based on key risk factors and will allow you to track the progress of your wellness program in reducing health risks.
2. Healthcare or Workforce Costs
A second section of your Scorecard could be a summary of the healthcare costs your organization is incurring. You may be able to get an annual analysis or your existing medical and pharmaceutical care claims from your healthcare provider or insurer. Your human resources department may also have access to cost indicators such as health care claims, lost work days or absenteeism. Work with your human resources and benefits contacts to determine what can be measured and then set some annual cost indicators to measure.

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2010</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare Insurance: Cost per Employee</td>
<td>$9,324</td>
<td>$9,287</td>
<td>-37</td>
</tr>
<tr>
<td>Average Healthcare Claims</td>
<td>$4,330</td>
<td>$4,368</td>
<td>+ $38</td>
</tr>
<tr>
<td>Average Pharmaceutical Claims</td>
<td>$1,200</td>
<td>$1,098</td>
<td>-$102</td>
</tr>
<tr>
<td>Average Sick Days</td>
<td>8.7</td>
<td>6.2</td>
<td>-2.5</td>
</tr>
<tr>
<td>Workers Compensation Claims</td>
<td>$22,343</td>
<td>$21,221</td>
<td>- $1,122</td>
</tr>
<tr>
<td>Other “Cost” Indicators</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Assessment Checklist
A third section of your Scorecard could be a summary of your worksite assessment checklist (Appendix C) from one year to the next. How many additional strategies are you using compared to last year.

<table>
<thead>
<tr>
<th>FULL WORKSITE SCORECARD (Totals for all categories)</th>
<th>Yes</th>
<th>In Process</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>12</td>
<td>4</td>
<td>58</td>
</tr>
<tr>
<td>2010</td>
<td>16</td>
<td>10</td>
<td>48</td>
</tr>
<tr>
<td>Worksite Total (70)</td>
<td>+4</td>
<td>+6</td>
<td></td>
</tr>
</tbody>
</table>

4. Policy and Environmental Changes to Encourage Wellness
A fourth section could include any new policy or environmental changes that occurred during the past year. That could be easily pulled out of the assessment checklist totals and listed in the Scorecard.

List of new policy or environmental changes in 2010:
- Bike racks installed
- Flex time for lunch physical activity put in place
- Increased healthy vending options

5. Participation Rates
A fifth section of your Scorecard could present the participation levels as it relates to your company’s health promotion initiatives. A simple tracking count for each initiative could be done and a cumulative given at the end of the year. You may want to track all initiatives, or perhaps pick a few key initiatives that are important markers for your program. HRA participation and high profile incentive programs or campaigns might be key rates to track.
### Participation Rates

<table>
<thead>
<tr>
<th></th>
<th>Participation Rates 2009</th>
<th>Participation Rates 2010</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Risk Assessments</td>
<td>62%</td>
<td>73%</td>
<td>+11</td>
</tr>
<tr>
<td>Incentive Program</td>
<td>51%</td>
<td>52%</td>
<td>+1</td>
</tr>
<tr>
<td>Campaigns</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Biggest loser</td>
<td>20%</td>
<td>24%</td>
<td>+4</td>
</tr>
<tr>
<td>• Spring walking challenge</td>
<td>35%</td>
<td>43%</td>
<td>+8</td>
</tr>
<tr>
<td>• Etc., etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lunch &amp; Learns</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Physical Activity</td>
<td>24%</td>
<td>19%</td>
<td>-5</td>
</tr>
<tr>
<td>• Nutrition</td>
<td>30%</td>
<td>48%</td>
<td>+18</td>
</tr>
<tr>
<td>• Etc., etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Campaign/Presentation Average</td>
<td>27%</td>
<td>34%</td>
<td>+7</td>
</tr>
</tbody>
</table>

### 6. Participant Satisfaction

A final section of your Scorecard could communicate the percentage of employees who are very satisfied and/or satisfied with your company’s wellness program offerings. Similar to participation rates, a simple tracking count for each initiative could be done and a cumulative given at the end of the year. As an example, asking for a satisfaction rating on a 1-5 option scale [Not all satisfied (1) ➔ Very Satisfied (5)], you could use the percentage that answer satisfied (4) or very satisfied (5) as “positive” responses.

#### Positive Rating

| Campaign/Presentation Average | 59% |

#### SCORECARD SAMPLE

A total summary scorecard could be completed using the information above and might look something like this:

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2010</th>
<th>Change</th>
<th>Goal</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. High Risk to Low Risk Status</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>15%</td>
<td>13%</td>
<td>-2</td>
<td>&lt;15%</td>
<td>✓</td>
</tr>
<tr>
<td>Medium</td>
<td>35%</td>
<td>32%</td>
<td>-3</td>
<td>&lt;35%</td>
<td>✓</td>
</tr>
<tr>
<td>Low</td>
<td>50%</td>
<td>55%</td>
<td>+5</td>
<td>&gt;50%</td>
<td>✓</td>
</tr>
<tr>
<td>2. Healthcare Costs</td>
<td>9324</td>
<td>9287</td>
<td>-37</td>
<td>-100</td>
<td>O</td>
</tr>
<tr>
<td>3. Assessment Checklist</td>
<td>16</td>
<td>26</td>
<td>+10</td>
<td>21</td>
<td>✓</td>
</tr>
<tr>
<td>4. New Policy &amp; Environmental Changes</td>
<td>-</td>
<td>3</td>
<td>+3</td>
<td>+3</td>
<td>✓</td>
</tr>
<tr>
<td>5. Participation Rates</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Risk Assessments</td>
<td>62%</td>
<td>73%</td>
<td>+11</td>
<td>65%</td>
<td>✓</td>
</tr>
<tr>
<td>Incentive Program</td>
<td>51%</td>
<td>52%</td>
<td>+1</td>
<td>65%</td>
<td>O</td>
</tr>
<tr>
<td>Campaign/Presentation Totals</td>
<td>27%</td>
<td>34%</td>
<td>+7</td>
<td>33%</td>
<td>✓</td>
</tr>
<tr>
<td>6. Participant Satisfaction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>59%</td>
<td>67%</td>
<td>O</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The previous examples are an illustration of some of the ways you can evaluate your wellness program and then present it in a simple report to key stakeholder groups, including management. You should adapt these examples to reflect the types of data and available resources you have at your worksite. The key thing to keep in mind is to consider what you want to report out as you design your program so you have a mechanism to collect evaluation results from the beginning.

**Resource:**
For additional information on a similar topic, read this article by WELCOA that describes how to put together a Data Dashboard (an easy way of displaying the results/data of a wellness program) by David Hunnicutt, PhD http://www.welcoa.org/contentdelivery/pdf/data_dashboard.pdf
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  ❖ Cancer
  ❖ Diabetes
  ❖ Heart Disease & Stroke
  ❖ Mental Health
  ❖ Substance Abuse

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Arthritis has become a challenging public health problem due to the aging of the population and the dramatic increase in overweight and obesity. There are over 100 different conditions that are considered an arthritis diagnosis. The most common are osteoarthritis, gout, rheumatoid arthritis, and fibromyalgia. In Wisconsin 27 percent, or about one in four, of adults, have doctor-diagnosed arthritis. This amounts to approximately 1.1 million persons with arthritis. Overall, 21 percent of working age adults have arthritis (34 percent of adults 45-64 years, and 13 percent of those 18-44 years). In Wisconsin, arthritis is a leading cause of disability, limiting about 36 percent of Wisconsin’s adults in some way.

There are effective ways to prevent arthritis; to reduce the symptoms; lessen the disability; and improve the quality of life for people with arthritis:

- Weight control and injury prevention can lower risk. Adults with arthritis are more likely to be obese (30 percent) than persons without arthritis (19 percent).
- Early diagnosis and appropriate management, including self-management, such as weight management and regular physical activity may decrease the pain and disability that accompany arthritis.

Resources:

**Wisconsin Arthritis Program**
Wisconsin Department of Health and Family Services, Milwaukee Area Health Education Center (AHEC), (414)-384-8575, website: http://dhfs.wisconsin.gov/health/arthritis/
The Wisconsin Arthritis Program joins with many public and private partners to focus on increasing awareness of arthritis as a common condition; and to promote primary and secondary prevention of arthritis with evidence-based strategies.

**National Arthritis Program**
Centers for Disease Control and Prevention (CDC), website: http://www.cdc.gov/arthritis/
The CDC Arthritis Program works to improve the quality of life for people affected by arthritis and other rheumatic conditions by working with states and other partners to increase awareness about appropriate arthritis self management activities and expanding the reach of programs proven to improve the quality of life for people with arthritis.

**Arthritis Foundation**
The national Arthritis Foundation is a voluntary health organization dedicated to helping people with arthritis, educating patients and the public about arthritis, and supporting arthritis advocacy and research. 1-800-568-4045, website: www.arthritis.org
CANCER

WHAT:
Cancer is the second leading cause of death in Wisconsin. In 2003, approximately 25,800 Wisconsin residents were diagnosed with cancer and almost 11,000 died from the disease. Cancer is caused by both external factors (tobacco, chemicals, radiation and infectious organisms) and internal factors (inherited mutations, hormones, immune conditions and mutations that occur from metabolism). Even though residents of Wisconsin are still getting and dying from cancer, it is not the death sentence it once was. With improved prevention, detection and treatment of cancer, more than half of those who have cancer will survive and each year the number of cancer survivors grows.

WHY:

- About 1/3 of cancer deaths are preventable by healthy lifestyle behaviors such as regular exercise, weight control and limiting alcohol consumption.
- In Wisconsin, nearly one of every four adults is obese and almost two-thirds are either overweight or obese. Obesity increases the risk of many chronic diseases, including cancer.

RESOURCES:

WISCONSIN'S COMPREHENSIVE CANCER CONTROL PROGRAM & WISCONSIN CANCER COUNCIL
Wisconsin Department of Health & Family Services & UW Comprehensive Cancer Center (608) 265-9322. www.wicancer.org
The Wisconsin Comprehensive Cancer Control Program will serve as a common framework for action in cancer prevention and control in Wisconsin. Its mission is to create a consortium of public and private partners empowered to develop, implement, and promote a statewide coordinated approach to cancer control.

NATIONAL COMPREHENSIVE CANCER CONTROL PROGRAM
Centers for Disease Control, Cancer Prevention and Control. www.cdc.gov/cancer
CDC is a leader in nationwide cancer prevention and control, working with national organizations, state health agencies and other key groups to develop, implement, and promote effective cancer prevention and control practices.

NATIONAL CANCER INSTITUTE
1-800-4-CANCER. www.cancer.gov
The National Cancer Institute conducts and supports research, training, health information dissemination, and other programs with respect to the cause, diagnosis, prevention, and treatment of cancer, rehabilitation from cancer, and the continuing care of cancer patients and the families of cancer patients.

AMERICAN CANCER SOCIETY
1-800-ACS-2345. www.cancer.org
The American Cancer Society is at work in communities all across the country providing programs aimed at reducing the risk of cancer, detecting cancer as early as possible, ensuring proper treatment, and empowering people facing cancer to cope and maintain the highest possible quality of life.
**DIABETES**

**WHAT:**
An estimated 329,000 Wisconsin adults (8 percent) have diabetes (94,000 undiagnosed). That's two of every 25 adults you meet. When a person has diabetes, his or her body cannot properly use the energy it gets from the food eaten. This is because the body either is no longer producing insulin, is not producing enough insulin, or the insulin is not working. Insulin is a natural hormone produced by the pancreas and its job is to keep blood sugar levels normal.

People control their blood sugar levels by eating healthy foods, engaging in regular physical activity, taking their medications (by mouth or injection), and monitoring their blood sugar levels. People who have diabetes, as well as people at risk for developing diabetes, need information on making lifestyle changes. The goal of diabetes management is to keep blood sugar levels as normal as possible to prevent complications. If appropriate blood sugar levels are not maintained, there is increased risk for complications such as: high blood pressure, heart disease, stroke, eye disease/blindness, kidney disease, foot problems and amputations, dental disease and complications of pregnancy.

**WHY:**
- Many people are at increased risk for developing type 2 diabetes because of risk factors such as age, weight, and sedentary lifestyle.
- People with diabetes are 2 to 4 times more likely to develop heart disease and stroke than people without the disease.
- Nationally, estimated total medical expenditures in 2002 incurred by persons with type 1 or type 2 diabetes were $13,243 per capita per year versus $2,560 for persons without diabetes (American Diabetes Association, 2003).

**RESOURCES:**

**Diabetes At Work Program**
Centers for Disease Control, Division of Diabetes Translation [www.DiabetesAtWork.org](http://www.DiabetesAtWork.org)
This online diabetes and health resource kit can help your company assess the impact of diabetes in the workplace and provide easy-to-use information for your wellness program. Resources contained on the DiabetesAtWork.org web site include: a planning guide, assessment tools, lesson plans, fact sheets, resources, and frequently asked questions (FAQ's).

**Diabetes Toolbox**
The Alliance [www.alliancehealthcoop.com/diabetes](http://www.alliancehealthcoop.com/diabetes)
The Diabetes Toolbox was designed to help employers improve employee wellness and reduce the burden of diabetes. The Toolbox contains detailed information on specific workplace strategies: Diabetes Overview, Early Detection, Education, Supportive Work Environment, and Tools to Assist Individuals with Diabetes.

**Diabetes Prevention and Control Program**
Wisconsin Department of Health & Family Services [www.dhfs.state.wi.us/health/diabetes](http://www.dhfs.state.wi.us/health/diabetes)
(608) 261-6855

**National Diabetes Education Program**
The National Diabetes Education Program develops and implements ongoing diabetes awareness and education materials and activities for people with diabetes and those at risk for developing diabetes, including materials that address the needs of special populations.

**American Diabetes Association**

1-800-DIABETES (342-2383)       [www.diabetes.org](http://www.diabetes.org)

To fulfill its mission to prevent and cure diabetes and to improve the lives of all people affected by diabetes, the American Diabetes Association funds research, publishes scientific findings, provides information and other services to people with diabetes, their families, health professionals and the public.
HEART DISEASE AND STROKE

WHAT:
Heart disease is the number one cause of death in Wisconsin and stroke is the third leading cause. In 2004, more than 16,000 Wisconsin deaths (about 35 percent) were due to heart disease, stroke, or other forms of cardiovascular disease. An estimated 280,000 Wisconsin adults (8 percent of adult population) suffered from heart disease and 74,000 adults (2 percent of adult population) suffered from stroke in 2004, a major cause of disability.

Nationally, the 2006 estimated total medical expenditures incurred by persons with heart disease will be $148 billion and for stroke approximately $37 billion (Heart Disease and Stroke Statistics—2006 Update, American Heart Association, 2006).

WHY:
- Many of the risk factors of heart disease and stroke, such as high blood pressure, high cholesterol, excess weight or obesity, can be prevented, modified or controlled by adopting a healthy lifestyle with adequate physical activity and appropriate nutrition.
- To reduce your risk factors, it is also important to know the warning signs and know how to respond quickly and properly if warning signs occur. Calling 9-1-1 is almost always the fastest way to get lifesaving treatment and prevent disability.

Heart Attack Warning Signs
- Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes, or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain. However, women are somewhat more likely than men to experience some of the other common symptoms, particularly shortness of breath, nausea/vomiting, and back or jaw pain.
- Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw or stomach.
- Shortness of breath may occur with or without chest discomfort.
- Other signs may include breaking out in a cold sweat, nausea or lightheadedness

Stroke Warning Signs
- Sudden numbness or weakness of the face, arm/leg, especially on one side of the body.
- Sudden confusion, trouble speaking or understanding.
- Sudden trouble seeing in one or both eyes.
- Sudden trouble walking, dizziness, loss of balance or coordination.
- Sudden, severe headache with no known cause.

RESOURCES:
Resources:
Heart Disease & Stroke Prevention Program
Wisconsin Department of Health & Family Services
(608) 266-3702. www.dhfs.state.wi.us/health/cardiovascular/ResouceandLinks.htm

American Heart Association/ American Stroke Association
1-800-AHA-USA-1 (242-8721). www.americanheart.org
1-800-4-STROKE (478-4653). www.strokeassociation.org
Resources on research, statistics, tips for healthy lifestyle and other services to people with cardiovascular disease, their families, health professionals and the public. Specific worksite information can be found at Heart at Work
http://www.americanheart.org/presenter.jhtml?identifier=3040778
MENTAL HEALTH

WHAT:
Mental health and mental wellness refer to the overall way people successfully meet the demands of life through positive mental, psychological and emotional functioning which result in productive activities, fulfilling relationships, and the ability to adapt to change, recover, and cope with adversity. Everyone experiences occasional mental health problems, but when they affect mental health balance is determined by risk and protective factors. Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are health conditions that are characterized by alterations in thinking, mood, or behavior or some combination thereof, which are associated with distress and impaired functioning and result in problems that may include decreased daily functioning, disability, pain, or death.

Mental wellness and mental illness can be pictured as two points on a continuum with a range of conditions or mental health problems in the middle. When the conditions are serious they are referred to as mental illnesses and include affective disorders as major depression and bipolar disorder, anxiety disorders, and other diagnosable illnesses that most often benefit from treatment and support. These health conditions can affect anyone at any age from infants to adults of all ethnic and racial groups, gender, educational, and socioeconomic level. Approximately one in four Americans aged 18 to 64 years had a diagnosis of a mental disorder alone (19 percent) or co-occurring with an addictive disorder (3 percent) in the past year.

Forty-three percent of all adults have health effects from stress, and stress is linked to the six leading causes of death: heart disease, cancer, lung ailments, accidents, cirrhosis of the liver and suicide. In fact, chronic stress doubles a person’s risk of having a heart attack. Both untreated depression and chronic stress can weaken the immune system and make people vulnerable to a host of physical illness. Prolonged, uninterrupted, unexpected, and unmanageable stressors are the most damaging. Seventy-five percent of visits to doctors’ offices concern stress-related ailments.

WHY:
Workplace stress causes about 1 million employees to miss work each day and is the second leading cause of absenteeism. One in four people report they have missed work because of work-related stress. Research indicates that the amount of stress employees experience on the job adversely affects a company’s bottom line. People who have untreated mental health issues use more general health services than those who seek mental health care when they need it (APA, 2004). The total health care costs for workers who receive treatment for depression and have remission of symptoms are two-thirds less than the medical costs of untreated individuals (JOEM, 2005). Effective treatment has the potential to save both direct and indirect costs for employers and to improve the quality of life for all employees.

Two of three adult workers with a diagnosed mental disorder do not receive or seek treatment due to stigma, concerns about confidentiality, fear, lack self-awareness, have minimal information about accessing services, and variable insurance coverage. Individuals who have untreated mental disorders are at increased risk of possible suicide.

As with cancer, diabetes, and heart disease, mental illnesses may have causes which are physical and/or biochemical, as well as social-emotional and psychological in nature. Mental health problems and mental illness can be related to several risk factors including excessive stress due to a traumatic event, psychological or physical abuse, reaction to environmental stressors or triggers at home or work or school, genetic or heredity factors, biochemical imbalances, or any combination of these. Symptoms may include changes in mood, affect, thinking, personality, personal habits, and/or social withdrawal. With appropriate treatment
options, often a combination of talk therapy and/or medication and support, individuals recover and incorporate coping and other skills in the recovery process to live full and productive lives.

**Mental Health / Stress Management**
The best coping strategies involve finding and maintaining balanced lifestyle choices, so that a person incorporates regular practices of health enhancing and health promotional activities. The goal of a mentally and physically healthy lifestyle is achieved when an employee is encouraged and educated to improving their own self-awareness and in determining what works best for them. Employers who create and sustain healthy workplaces are actually improving their return on investment through promotion of stress management and wellness opportunities, by making changes to policies, environment, and culture that engage employees, increasing education about the importance of mental health, and reducing associated stigma. Ultimately, a healthy workplace is good for business and good for employees.

**RESOURCES:**

**Mental Health**
Note: Mental illnesses present as mental disorders with distinct and different signs and symptoms. The presentation of a mental disorder is unique to each individual’s personality, including their heredity, biochemistry, affect, emotion, coping, resiliency, environment, early and ongoing relationships, and other risk factors. Several websites provide comprehensive information about signs and symptoms for all mental illnesses/mental disorders. Examples: [http://www.healthyminds.org](http://www.healthyminds.org) (American Psychiatric Association)

**Wisconsin Department of Health Services, Bureau of Mental Health and Substance Abuse Services**
P: 608-266-1865  
TTY: 888-701-1251  

**Wisconsin United for Mental Health**
*Education and awareness of mental health and mental illnesses and stigma elimination*
P: 866-948-6483  
P: 800-448-5148 (Toll-free)  
[www.wimentalhealth.org](http://www.wimentalhealth.org)

**WorkSource Wisconsin**
*The Employer’s Guide on Disability and Employment*
P: 1-866-460-9602 (Toll-free)  
[www.WorkSourceWI.com](http://www.WorkSourceWI.com)

**Partnership for Workplace Mental Health**
A program of the APA Foundation  
[www.workplacementalhealth.org](http://www.workplacementalhealth.org)  
P: 703-907-8561

**Great West Life for Mental Health in the Workplace**
Offers a robust web site that provides concerned employers with information and evidence-based strategies to address the psychological health of the workplace.  
[http://www.gwlcentreformentalhealth.com](http://www.gwlcentreformentalhealth.com)

**Guarding Minds @ Work-A Workplace Guide to Psychological Safety and Health**
Available also on the Great West Life website at: [http://www.guardingmindsatwork.ca](http://www.guardingmindsatwork.ca)
SUBSTANCE ABUSE

WHAT:
Substance abuse has a tremendous cost for individuals, families, communities, and workplaces. Estimates of the total overall costs of substance abuse in the United States, including health and crime related costs and losses in productivity, exceed half a trillion dollars annually (WAAODA). The cost in Wisconsin is especially high considering that our state leads the country in many negative indicators related to alcohol and other drug abuse such as adult binge drinking, percentage of current drinkers in the population, and people who driving under the influence.

Substance abuse is a chronic disease similar to other chronic diseases such as type II diabetes, cancer, and cardiovascular disease. Substance abuse shares many features with other chronic illnesses, and no single factor can predict whether a person will become addicted to drugs. Risk for addiction is influenced by a person’s biology, social environment, and age or stage of development. However, like other chronic diseases, substance abuse can be managed successfully with appropriate treatment and a supportive recovery community.

Prolonged substance abuse leads to changes in a person’s brain and affects his or her ability to make logical, rational decisions. A person struggling with alcohol or drug abuse may make decisions that put alcohol or drugs above other things that previously seemed important. Treatment can help someone with a substance abuse problem stop using alcohol or drugs and give their brain time to heal so that the person can make rational life choices again.

Drug addiction is a preventable disease, but often stigma prevents people from getting help. By creating a workplace that encourages healthy living, good self-care, and confidential assistance programs, employers can create an environment in which employees feel safe to access help and supported in their recovery.

WHY:
Substance abuse affects many facets of a person’s life from personal relationships to finances to legal issues. An employee’s performance at work can be impacted by his or her own struggle with substance abuse or affected by a loved one’s substance abuse. Productivity may be reduced, concentration may be affected, or he or she may report sick more often. Employers have a significant interest in supporting their employees to gain access to services, help them live healthy lifestyles, and fully contribute to their work environment.

Employers are in a unique position to have a positive impact on employees or family members who may be struggling with substance abuse. Through the use of Employee Assistance Programs, flexible work environments, and supportive messages about prevention, treatment, and recovery, the workplace can encourage employees to examine their alcohol and substance abuse, obtain treatment if necessary, and successfully live out their recovery. Prevention messages work, treatment is effective, and people do recover.

The resources listed below provide more information about the dynamics of substance abuse and provide links to state resources.

RESOURCES:
Wisconsin Department of Health Services, Bureau of Mental Health and Substance Abuse Services
http://www.dhs.wisconsin.gov/substabuse/index.htm
P: 608-266-2717
TTY: 888-701-1251
Wisconsin Association of Alcohol and Other Drug Abuse (WAAODA)
WAAODA’s mission is to assure that the people of Wisconsin know and believe that alcohol and drug addiction prevention, treatment and recovery work.
WAAODA, Inc.
6601 Grand Teton Plaza, Suite A
Madison, WI 53719
Phone: 608-829-1032
Fax: 608-829-3473
E-mail: waaoda@tds.net
http://www.waaoda.org

Substance Abuse and Mental Health Services Association
“A life in the community for everyone.”
1 Choke Cherry Road
Rockville, MD 20857
http://www.samhsa.gov

WorkSource Wisconsin
The Employer’s Guide on Disability and Employment
P: 1-866-460-9602 (Toll-free)
Email: www.WorkSourceWI.com
<table>
<thead>
<tr>
<th>#</th>
<th>Wellness Component</th>
<th>Yes</th>
<th>In Process</th>
<th>No</th>
<th>Potential Priority</th>
<th>Comments</th>
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<tbody>
<tr>
<td><strong>INFRASTRUCTURE</strong></td>
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<tr>
<td>1</td>
<td>Does the worksite have a commitment from key stakeholders such as senior management, human resource managers, safety officers, staff members, etc.?</td>
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<td>Does the worksite have a mission statement, clearly defined goals and an action plan to implement the program?</td>
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<td>3</td>
<td>Does the worksite have a worksite wellness plan in place that addresses the purpose, nature, duration, resources required, participants involved, budget and expected results of a worksite wellness program?</td>
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<td>4</td>
<td>Does the worksite have a representative committee that meets at least quarterly to oversee worksite wellness program operations?</td>
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<td>5</td>
<td>Does the worksite have at least part-time dedicated staff to implement a wellness program?</td>
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<td>6</td>
<td>Is there a worksite budget for employee health promotion that includes some funds for programming?</td>
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<tr>
<td><strong>Infrastructure area totals (# of Yes, In Process and No items)</strong></td>
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<td><strong>PROGRAM COMPONENTS</strong></td>
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<td>7</td>
<td>Does the worksite offer educational programs for health areas, such as physical activity, nutrition, weight management, breastfeeding, stress management and tobacco cessation?</td>
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<td>8</td>
<td>Communications: Does the worksite have a variety of ways to regularly communicate wellness programming and information to employees? Examples of ways to “promote and encourage employee participation” include: &lt;ul&gt;&lt;li&gt;Information at new employee orientation&lt;/li&gt;&lt;li&gt;Information on programs provided within paychecks or email&lt;/li&gt;&lt;li&gt;Flyers on the wall, bulletin boards or resource tables&lt;/li&gt;&lt;/ul&gt;</td>
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<td>#</td>
<td>Wellness Component</td>
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<td></td>
<td>Letters mailed directly to employees</td>
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<td></td>
<td>Announcements at employee meetings</td>
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<td></td>
<td>Employee newsletter articles</td>
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<td></td>
<td>Incentive/reward programs</td>
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<td>Public recognition</td>
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<td>Health insurance discounts</td>
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<td></td>
<td>Sponsor employee sports teams</td>
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<td>9</td>
<td>Does the worksite promote employee self-care and provide resources for interested employees to use.</td>
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<td>10</td>
<td>Does the worksite provide or arrange for health counseling, employee assistance programs or other support mechanisms to modify behavior?</td>
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| 11 | Does the worksite provide incentives to encourage participation in worksite wellness activities? Examples include:  
   - Small merchandise (i.e. water bottles, pedometers)  
   - Gift certificates  
   - Monetary awards  
   - Reimbursement for the cost of participation in certain wellness programs  
   - Health insurance rebates or discounts | | | | | |
| 12 | Does the worksite offer or provide healthcare coverage for employees and their families for screening, prevention of and rehabilitation of chronic disease? | | | | | |
| 13 | Does the worksite offer wellness programming to family members (spouses and children) of employees? | | | | | |
| 14 | Does the worksite provide on-site childcare to facilitate participation in wellness programs and activities? | | | | | |
| 15 | Does the worksite offer an annual needs and interests survey to employees as a means to check-in with the wellness program target audience? | | | | | |

Component area totals (# of Yes, In Process and No items)
<table>
<thead>
<tr>
<th>#</th>
<th>Wellness Component</th>
<th>Yes</th>
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<th>No</th>
<th>Potential Priority</th>
<th>Comments</th>
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<tbody>
<tr>
<td>16</td>
<td>Does the worksite offer health risk assessments on a regular basis (at least every other year)?</td>
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<td>17</td>
<td>Does the worksite offer or provide easy access to free or reasonably priced annual biometric health screenings (height and weight measurements, blood pressure checks, cholesterol screening, diabetes/blood sugar screening, stress or anxiety/depression screening, etc.)?</td>
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<td>18</td>
<td>Does the worksite use health risk assessments, biometric health screenings and employee interest surveys as tools for planning their wellness program?</td>
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<td>19</td>
<td>Does the worksite have a plan to use health risk assessments or screenings and connect higher risk employees with their healthcare provider for follow-up?</td>
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**Screening area totals (# of Yes, In Process and No items)**

**PHYSICAL ACTIVITY**

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<tr>
<td>20</td>
<td>Does the worksite support physical activity during work time (flex-time)?</td>
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<td>21</td>
<td>Are employees provided with breaks during working hours and are employees encouraged to be active during break time?</td>
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<td>22</td>
<td>Does the worksite allow for “walk &amp; talk” meetings instead of conference room meetings to encourage smaller amounts of activity?</td>
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<td>23</td>
<td>Can all employees use the worksite’s indoor/outdoor physical activity facilities outside of work hours?</td>
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<td>24</td>
<td>Does the worksite provide free, discounted, or employer subsidized memberships to fitness centers?</td>
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<td>25</td>
<td>Does the worksite map out on-site trails or nearby walking routes or encourage employees to map their own biking or walking route to and from work?</td>
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<td>26</td>
<td>Does the worksite provide bike racks in safe and convenient locations and are employees made aware of where they are located?</td>
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<td>#</td>
<td>Wellness Component</td>
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<td>27</td>
<td>Does the worksite provide prompts to promote physical activity near each stairwell or elevator and other key locations?</td>
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<td>28</td>
<td>Does the worksite provide outdoor exercise areas, playing fields, or walking trails for employee use?</td>
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<td>29</td>
<td>Does the worksite provide showers and/or changing facilities?</td>
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<td>30</td>
<td>Does the worksite promote active commuting to work and biking and walking while at work by offering commuters and employees special assistance (e.g. “pool bikes” for local travel near the worksite, umbrellas for walkers, emergency back-up travel/ taxi services for cyclists and walkers, etc.)</td>
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<td>31</td>
<td>Does the worksite provide an on-site exercise facility?</td>
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<td>32</td>
<td>Does the worksite provide or contract for assessments such as cardiovascular fitness, % body fat, strength tests, etc.?</td>
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<td>33</td>
<td>Does the worksite offer company sponsored fitness oriented programs or clubs for employees other than at an exercise facility?</td>
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<td>34</td>
<td>Does the worksite provide on-site physical activity classes such as aerobics, kick-boxing, dancing, yoga, etc.? (Does not have to be a fitness facility or all-day designated space)</td>
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<td>35</td>
<td>Does the worksite hold long-term (several weeks) physical activity campaigns?</td>
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<td></td>
<td><strong>Activity area totals (# of Yes, In Process and No items)</strong></td>
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<td></td>
<td><strong>NUTRITION</strong></td>
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<td>36</td>
<td>Does the worksite on-site cafeteria follow nutritional standards that align with Dietary Guidelines for Americans and follow healthy cooking practices?</td>
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<td>37</td>
<td>Does the worksite offer appealing, low-cost, healthful food options, such as fruits and vegetables, juices, whole grains, lean meats and low-fat dairy products in vending machines and snack bars and break rooms?</td>
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<td>38</td>
<td>Does the worksite provide nutritional labeling of foods?</td>
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<td>#</td>
<td>Wellness Component</td>
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<td>Potential Priority</td>
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<td>39</td>
<td>Does the worksite advertise or mark healthy options so that they stand out and limit advertising of less nutrition foods?</td>
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<td>40</td>
<td>Does the worksite provide appropriate portion sizes or options for smaller portion sizes?</td>
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<td>41</td>
<td>Does the worksite provide protected time and dedicated space away from the work area for breaks and lunch?</td>
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<td>42</td>
<td>Does the worksite offer healthful food alternatives at meetings, company functions and health events?</td>
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<td>43</td>
<td>Does the worksite promote healthy choices by modifying vending contracts to:</td>
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<td>- Increase the percent of healthy options that are available (devote more space to healthy items)</td>
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<td>- Use competitive pricing to make healthier choices more economical</td>
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<td>44</td>
<td>Does the worksite promote the consumption of healthy foods in catering/cafeteria policies through signs, posters, etc.?</td>
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<td>45</td>
<td>Does the worksite make water available and promote drinking water throughout the day?</td>
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<tr>
<td>46</td>
<td>Does the worksite make kitchen equipment (refrigerators, microwaves, stoves, etc) available for employee food storage and cooking?</td>
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<td>47</td>
<td>Does the worksite offer local fruits and vegetables at the worksite (i.e. farmer’s market or a community-supported agriculture drop-off point)?</td>
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<td>48</td>
<td>Does the worksite provide on-site gardening?</td>
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<td>49</td>
<td>Does the worksite provide interactive food opportunities such as taste testing and food preparation?</td>
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<td>50</td>
<td>Does the worksite provide opportunities for peer-to-peer modeling of healthy eating?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>51</td>
<td>Does the worksite have activities or long-term (several week) campaigns that focus on healthy eating and weight management?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>#</td>
<td>Wellness Component</td>
<td>Yes</td>
<td>In Process</td>
<td>No</td>
<td>Potential Priority</td>
<td>Comments</td>
</tr>
<tr>
<td>----</td>
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</tr>
<tr>
<td>52</td>
<td>Does the worksite provide an appropriate place for breastfeeding/pumping (Mother’s Room)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>53</td>
<td>Does the worksite provide refrigerated space for breast milk storage?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>54</td>
<td>Does the worksite provide flex-time opportunities for breastfeeding employees to pump or breastfeed during the work day?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>55</td>
<td>Does the worksite insurance coverage include employee benefits that cover lactation visits and breast pumps?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Nutrition area totals (# of Yes, In Process and No items)**

**MENTAL HEALTH / STRESS MANAGEMENT**

<table>
<thead>
<tr>
<th>#</th>
<th>Wellness Component</th>
<th>Yes</th>
<th>In Process</th>
<th>No</th>
<th>Potential Priority</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>56</td>
<td>Does the worksite provide flexible scheduling to attend or participate in mental health activities offered at work or to allow for medical appointments related to mental health?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>57</td>
<td>Does the worksite train supervisors to understand mental health issues and better assist employees?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>58</td>
<td>Does the worksite insurance coverage include mental health as part of the employee benefits?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>59</td>
<td>Does the worksite provide or contract for an Employee Assistance Program?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60</td>
<td>Does the worksite promote mental health and stress management resources (i.e. EAP, insurance carrier, local resources, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>61</td>
<td>Does the worksite provide stress reduction through “quiet rooms”, relaxation classes and proper lighting and sound reduction measures?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Mental Health area totals (# of Yes, In Process and No items)**

**ALCOHOL and OTHER DRUG ABUSE (AODA)**

<table>
<thead>
<tr>
<th>#</th>
<th>Wellness Component</th>
<th>Yes</th>
<th>In Process</th>
<th>No</th>
<th>Potential Priority</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>62</td>
<td>Does the worksite provide flexible scheduling to attend or participate in AODA related activities offered at work or to allow for medical appointments related to AODA?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>#</td>
<td>Wellness Component</td>
<td>Yes</td>
<td>In Process</td>
<td>No</td>
<td>Potential Priority</td>
<td>Comments</td>
</tr>
<tr>
<td>----</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----</td>
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<td>----</td>
<td>--------------------</td>
<td>----------</td>
</tr>
<tr>
<td>63</td>
<td>Does the worksite train supervisors to understand AODA issues and better assist employees?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64</td>
<td>Does the worksite insurance coverage include AODA as part of the employee benefits?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65</td>
<td>Does the worksite provide or contract for an Employee Assistance Program?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>66</td>
<td>Does the worksite promote AODA resources (i.e. EAP, insurance carrier, local resources, etc.)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**AODA area totals (# of Yes, In Process and No items)**

<table>
<thead>
<tr>
<th>#</th>
<th>Tobacco Component</th>
<th>Yes</th>
<th>In Process</th>
<th>No</th>
<th>Potential Priority</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>67</td>
<td>Does the worksite policy prohibit tobacco use anywhere on the property?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>68</td>
<td>Does the worksite promote the Wisconsin Tobacco Quit Line (800-QUIT-NOW) or similar tobacco cessation resources?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>69</td>
<td>Does the worksite policy support participation in smoking cessation activities during duty time (flex-time)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>70</td>
<td>Does the worksite provide cessation medications through health insurance at low cost or no cost?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>71</td>
<td>Does the worksite provide counseling through an individual, group, or telephone counseling program on-site or through a health plan?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Tobacco area totals (# of Yes, In Process and No items)**

<table>
<thead>
<tr>
<th>#</th>
<th>Emergency Medical Component</th>
<th>Yes</th>
<th>In Process</th>
<th>No</th>
<th>Potential Priority</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>72</td>
<td>Does the worksite have a written plan for emergency response to medical events at their facility?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>73</td>
<td>Does the Worksite provide emergency training in Cardiopulmonary Resuscitation (CPR) and/or Automated External Defibrillators (AEDs) for response to cardiac events in the facility?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>74</td>
<td>Does the worksite have trained medical responders or equipment such as a defibrillator on-site?</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Emergency Medical Response Plan**
## Wellness Component Evaluation

<table>
<thead>
<tr>
<th>#</th>
<th>Wellness Component</th>
<th>Yes</th>
<th>In Process</th>
<th>No</th>
<th>Potential Priority</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>75</td>
<td>Within the past year, has your worksite used the information from an employee wellness interest survey and/or participant satisfaction survey to reassess program initiatives?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>76</td>
<td>Has your worksite completed a worksite wellness assessment (such as this checklist) within the past year?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>77</td>
<td>Does your worksite have a formal evaluation process in place to evaluate its worksite wellness program? (Evaluation examples may range from participant counts for various campaigns to the return on investment of money spent on wellness vs. cost savings)</td>
<td></td>
<td></td>
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<tr>
<td>78</td>
<td>Does your worksite do an annual wellness program review and report significant results to management?</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### Worksite Assessment - Results Summary

<table>
<thead>
<tr>
<th>Worksite Scorecard (Totals for all categories)</th>
<th>Yes</th>
<th>In Process</th>
<th>No</th>
<th>Potential Priority</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infrastructure (6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Program Components (9)</td>
<td></td>
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<tr>
<td>Health Screening and Disease Prevention (4)</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Physical Activity (16)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutrition (20)</td>
<td></td>
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<td></td>
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<tr>
<td>Mental Health (6)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol and Other Drug Abuse (AODA) (5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco Use (5)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Medical Response Plan (3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment and Evaluation (4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Worksite Total (78)                          | | | | | |
## Wellness Questions

### 1. Current physical activity level.
Please read the statements below. Select the number of the statement that best describes your current level of physical activity. When considering time spent being active, count any time you are active for at least 10 minutes at a time. In other words, if you have three 10 minute “bouts” of activity in a day, record that as 30 minutes in a day. "Vigorous" exercise includes activities like jogging, running, fast cycling, aerobics classes, swimming laps, singles tennis and racquetball. These types of activities make you sweat and make you feel out of breath. "Moderate" exercise includes activities such as brisk walking, gardening, slow cycling, dancing, doubles tennis or hard work around the house.

- I don't exercise or walk regularly now, and I don't plan to start in the near future.
- I don't exercise or walk regularly, but I've been thinking about starting.
- I'm doing moderate or vigorous physical activities for at least 30 minutes on some days, but fewer than 5 days a week.
- I've been doing moderate or vigorous physical activities for at least 30 minutes in a day, on five or more days a week, and have been doing it for the last 1 to 6 months.
- I've been doing moderate or vigorous physical activities for at least 30 minutes in a day, on five or more days a week, and have been doing it for 7 months or longer.

### 2. When do you get most of your physical activity each day?

- Before work
- During work hours on break and lunch times
- After work
- None of the above. I am not physically active or am only active on weekends.

### 3. Fruits and Vegetables.
Please read the statements below. Select the statement that best describes your current intake of 100% juices and fresh, frozen and/or dried fruits and vegetables. A serving is ½ cup or 1 medium piece of most fresh or frozen fruits and vegetables, 6 ounces of 100% juice and ¼ cup of dried fruits or vegetables.

- I don't eat fruits and vegetables regularly now, and I don't plan to start in the near future.
- I don't eat fruits and vegetables regularly, but I've been thinking about starting.
- I'm eating some fruits and vegetables a day (total of 2 servings or less)
- I've been eating fruits and vegetables every day (total of 3 or more servings), for the last 0 to 6 months.
- I've been eating 5 or more servings of fruits and vegetables every day, for more than 6 months.

### 4. Fat in Foods.
Please read the statement below. Select the statement that best describes your current intake of low fat foods.

- I don't worry about the fat content of the food I eat & I don't plan to in the near future.
- I eat high fat foods daily, but I've been thinking about trying to reduce my intake.
- I limit my intake of high fat foods to 1-3 times/week.
- I eat high fat foods less than once/week and have been for the past 6 months.
- I eat high fat foods less than once/week and have been for more than 6 months.
5. **Whole grains.**
Please read the statements below. Select the statement that best describes your current intake of whole grain foods. The serving size for whole grains is one ounce (ex. 1 slice of bread, 1 oz. of cereal, ½ cup of cooked rice or pasta.

- I don't cook, eat or purchase whole grain foods now, and I don't plan to start in the near future.
- I don't cook, eat or purchase whole grain foods regularly, but I've been thinking about starting.
- I'm cooking, eating or purchasing whole grain foods 3-4 times a week.
- I've been cooking, eating or purchasing whole grain foods every day, for the past 1 to 6 months.
- I've been cooking, eating or purchasing at least 3 servings of whole grain foods every day, for 7 months or longer.

6. **Tobacco Use.**
Please read the statements below. Select the statement that best describes your current tobacco use.

- I don't smoke
- I'm not thinking about quitting, at least not in the next six months.
- I'm thinking about quitting someday, but not right now.
- I want to quit within the next month or two, and I want to know more about how to do it.
- I have just quit and I am going through withdrawal. (Action)
- I have quit smoking and I want to know more about how to never smoke again.

7. **Anxiety.**
About how often during the past 30 days did you feel nervous or anxious: would you say all of the time, most of the time, some of the time, a little of the time or none of the time?

- All
- Most
- Some
- A little
- None
- Don’t know/not sure

8. **Depression.**
About how often during the past 30 days did you feel sad, blue or depressed- would you say all of the time, most of the time, some of the time, a little of the time or none of the time?

- All
- Most
- Some
- A little
- None
- Don’t know/not sure

---

**PARTICIPANT INTEREST AREAS**
(can be done in conjunction with the wellness survey above or as a separate survey)

<table>
<thead>
<tr>
<th>1. Please rate your interest in any of the following individual physical activity resources for that might be available.</th>
<th>Very Low</th>
<th>Low</th>
<th>Neutral</th>
<th>High</th>
<th>Very High</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Attending regular presentations on physical activity topics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Receiving regular physical activity tips via email</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2. What physical activity topics are you interested in learning more about?

3. Please rate your interest in any of the following group physical activity resources for that might be available.

<table>
<thead>
<tr>
<th>Very Low</th>
<th>Low</th>
<th>Neutral</th>
<th>High</th>
<th>Very High</th>
</tr>
</thead>
</table>
   a. Joining small groups for regular activity (walking groups, yoga class) |       |       |        |        |           |
   b. Forming clubs for particular physical activities |       |       |        |        |           |
   c. Discounted memberships at local health clubs, recreation centers, etc. |       |       |        |        |           |
   d. Participating in a division-wide fitness program initiative with friendly competition between groups |       |       |        |        |           |

4. Please rate your interest in any of the following nutrition resources that might be available?

<table>
<thead>
<tr>
<th>Very Low</th>
<th>Low</th>
<th>Neutral</th>
<th>High</th>
<th>Very High</th>
</tr>
</thead>
</table>
   a. Attending regular presentations on nutrition topics |       |       |        |        |           |
   b. Receiving regular healthy eating tips via email |       |       |        |        |           |
   c. Having access to web resources on nutrition/healthy eating |       |       |        |        |           |
   d. Getting information on existing food/diet groups in the area |       |       |        |        |           |
   e. Recipes/healthy meal ideas |       |       |        |        |           |
   f. Point of decision prompts to help you eat well (i.e. strategically placed healthy eating reminders) |       |       |        |        |           |
   g. Joining small groups for regular information on diet (ex. Weight Watchers) |       |       |        |        |           |

5. What nutrition topics are you interested in learning more about?

6. Please rate your support for any of the following policy or environmental worksite changes.

<table>
<thead>
<tr>
<th>Very Low</th>
<th>Low</th>
<th>Neutral</th>
<th>High</th>
<th>Very High</th>
</tr>
</thead>
</table>
   a. Review healthy food options for the cafeteria & vending machines; healthy food options labeled |       |       |        |        |           |
b. Develop an organization recommendation on food choices for meetings and conferences

c. Not schedule meetings within the organization on a specific day/time to allow for open time for wellness activities

d. Provide preventive wellness screenings (blood pressure, body composition, blood cholesterol, diabetes)

e. Provide Health Risk Appraisals

f. Provide incentives for participation

g. Develop policies to support breastfeeding women

| 7. Please rate your interest in any of the following mental health resources that might be available? |
|---|---|---|---|---|
| a. Attending regular presentations on mental topics | Very Low | Low | Neutral | High | Very High |
| b. Receiving regular mental health tips via email | | | | |
| c. Having access to web resources on mental health | | | | |
| d. Getting information on existing mental health groups in the area | | | | |
| e. Joining small groups for regular stress reduction classes (relaxation or yoga classes) | | | | |

<table>
<thead>
<tr>
<th>8. If more opportunities were available for wellness at the worksite, when would be the best time for you? Check all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Before work</td>
</tr>
<tr>
<td>□ During the workday on break and lunch times.</td>
</tr>
<tr>
<td>□ After work.</td>
</tr>
<tr>
<td>□ None of the above. I’m not interested in any physical activity or nutrition programming at work.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. What other things could be done in the worksite to help promote wellness? What would you like to see?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographics. We would like to get some demographic information as background. The following questions are optional, but will really help tailor programs and potentially group areas of common interest.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Male</td>
</tr>
<tr>
<td>□ Female</td>
</tr>
</tbody>
</table>
11. Age
☐ <20
☐ 20-29
☐ 30-39
☐ 40-49
☐ 50-59
☐ 60+

12. Work Unit (customize if units are defined in the organization)
☐ Administration
☐ Regional staff
☐ 1st shift

Note: Questions #1 (Physical Activity), #3 (Fruit and Vegetable Consumption) and #6 (Tobacco Use) all have answers corresponding to employee “readiness” and the stages of change described in Step 2 on page 12. You may want to see how many employees are at the various levels in deciding how to address the health behavior you want to improve.

Core Wording from questions 1, 3 and 6:
❖ I don’t ........ regularly now, and I don’t plan to start in the near future. (Precontemplation)
❖ I don’t ........ regularly, but I’ve been thinking about starting. (Contemplation)
❖ I’m ........ a day (x / week, but not daily) (Preparation)
❖ I’ve been ...... every day for the last 0 to 6 months. (Action)
❖ I’ve been ...... every day, for 6 months or longer. (Maintenance)

Remove this section prior to using this survey tool.
**APPENDIX D - RECOMMENDATION TABLE**

**Instructions:** Rate each of the recommendations identified in the Worksite Wellness Assessment on the following aspects: importance, cost, time and commitment. Rate each on a scale of 1-5 (low-high) using the chart below. Higher scores should indicate priority items to implement.

<table>
<thead>
<tr>
<th>Importance</th>
<th>How important is the recommendation?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 = Not at all important</td>
</tr>
<tr>
<td></td>
<td>3 = Somewhat important</td>
</tr>
<tr>
<td></td>
<td>5 = Very important</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cost</th>
<th>How expensive would it be to plan and implement the recommendation?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 = Very expensive</td>
</tr>
<tr>
<td></td>
<td>3 = Moderately expensive</td>
</tr>
<tr>
<td></td>
<td>5 = Not expensive</td>
</tr>
</tbody>
</table>

*NOTE: You can get an idea of relative cost by looking at the strategies in Step 4, which are arranged by low, medium and high resource needs.*

<table>
<thead>
<tr>
<th>Time</th>
<th>How much time and effort would be needed to implement the recommendation?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 = Extensive time &amp; effort</td>
</tr>
<tr>
<td></td>
<td>3 = Moderate time &amp; effort</td>
</tr>
<tr>
<td></td>
<td>5 = Low time &amp; effort</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Commitment</th>
<th>How enthusiastic would employees be about implementing the recommendation?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 = Not enthusiastic</td>
</tr>
<tr>
<td></td>
<td>3 = Moderately enthusiastic</td>
</tr>
<tr>
<td></td>
<td>5 = Very enthusiastic</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Impact Reach x Dose</th>
<th>How many employees will likely be affected by this recommendation?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 = Very few employees</td>
</tr>
<tr>
<td></td>
<td>3 = Some employees</td>
</tr>
<tr>
<td></td>
<td>5 = Most or all employees</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item #</th>
<th>Recommendations</th>
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## Action Plan Worksheet

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Standards-Based Wellness Program

Wellness is a term that has been around awhile, but has been gaining popularity again due to the rising cost associated with health care. A “Standards-Based Wellness Program” is a program that must comply with HIPAA Nondiscrimination rules.

What is a Standards-Based Wellness Program?
The requirements for Standards-Based Wellness Programs apply only to a wellness program that provides a reward based on the ability of an individual to meet a standard that is related to a health factor, such as a reward conditioned on the outcome of a Health Risk Assessment Questionnaire or Biometric Screening, or the results of a specific screening (i.e. cholesterol, blood pressure, glucose).

HIPAA Nondiscrimination rules generally prohibit a plan or issuer from establishing rules for eligibility based on a health factor and from charging similarly situated individuals different premiums or contributions based on a health factor. Setting up a Standards-Based Wellness Program is an exception to this general rule. A plan or issuer may establish discounts, rebates, modifying co-payments or deductibles in return for adherence to programs of health promotion and disease prevention without meeting the requirements of a Standards-Based Wellness Program.

HIPAA Nondiscrimination Rules
The five basic requirements imposed on wellness programs that provide rewards based on a health factor are as follows:

First – The total reward for all wellness programs that require satisfaction of a standard related to a health factor is limited. The reward must not exceed 20 percent of the cost of employee-only coverage under the plan.*

Second – The wellness program must be reasonably designed to promote good health or prevent disease for the individuals in the program.

Third – The program must allow participants to re-qualify for the reward under the program at least once per year.

Fourth – The reward under the program must be available to all similarly situated individuals. The program must allow any individual for whom it is unreasonably difficult due to a medical condition (or for whom it is medically inadvisable to attempt) to satisfy the initial program standard an opportunity to satisfy a reasonable alternative. It is permissible to establish a reasonable alternative once a participant informs the plan that it is unreasonable for him or her.
Fifth – Any written plan materials that describe the health standard that must be met in order to qualify for the reward, also must disclose the availability of a reasonable alternative standard. However, if the material does not relate to the standards-based component of your program, it is not necessary to disclose a reasonable alternative. For example, if your program includes rewards for non-tobacco use and participation in a 10,000 Steps program, you only need to disclose the availability of a reasonable alternative standard in the materials that mention the non-tobacco use program.

Wellness programs come in a variety of forms. Results-oriented wellness plans that reward employees for maintaining healthy lifestyles can have a significant impact on employees’ quality of life and your organization’s bottom line. However, a compliant Standards-Based Wellness Program must be implemented for this type of plan under HIPAA Nondiscrimination regulations.

For more on nondiscrimination see the FAQ on the Department of Labor website:

Below are examples of several wellness programs.

Non Standards-Based Wellness Program (no reward given based on a health factor)

- Encourage preventive care through the waiver of co-payments or deductible costs for routine yearly exams or well baby visits.
- Reimburse employees for the cost of health club memberships.
- Reimburse employees for the cost of a tobacco cessation classes or weight-loss classes regardless of if they actually stop using tobacco or lose weight.

Standards-Based Wellness Program (reward given based on a health factor)

- Give employees a $10 reduction in premium amount if they score a certain number of points on a health risk assessment.
- Waive deductible amount for employees who improve their health risk assessment score by a certain number of points per year.
- Charge employees who do not use tobacco a lesser health insurance premium than those employees who do use tobacco.

Examples of a Reasonable Alternative

- Offer the benefit to the employees without requiring the attainment of a certain score on a health risk assessment.

  - If the program gives employees a 10% discount in premium amount if they score a certain level or below (200 for example) on a cholesterol test, a reasonable alternative may be to give the 10% discount to employees who can show they are complying with doctor’s requirements to lower cholesterol, even though their cholesterol level may still be above the number required for the reward (201+).

  - If the program gives tobacco-free employees a 15% premium discount, a reasonable alternative might be to give tobacco users the 15% discount if they complete an approved tobacco cessation course, regardless of whether they actually quit using tobacco.

Note that an employer does not have to state what reasonable alternative it will require, only that a reasonable alternative will be made available. The following language can be used on all materials relating to attaining a health standard (this regulatory language meets the requirements of the fifth rule, above):
If it is unreasonably difficult due to a medical condition for you to achieve the standards for a reward under this program, or if it is medically inadvisable for you to attempt to achieve the standards for the reward under this program, call us at XXX-XXXX and we will work with you to develop another way to qualify for the reward.

**Additional Compliance Issues to Consider When Designing Your Wellness Program:**

- **American with Disabilities Act (ADA)**
  - As it relates to health and disability related inquiries and their voluntariness
  - [http://www.ada.gov/](http://www.ada.gov/)

- **The US Equal Employment Opportunity Commission (EEOC)**
  - As it relates to the ADA’s stance on voluntariness
  - [http://www.eeoc.gov/](http://www.eeoc.gov/)

- **Employee Retirement Income Security Act (ERISA)**
  - Wellness programs may be “group health plans” and subject to ERISA
  - [http://www.dol.gov/dol/topic/health-plans/erisa.htm](http://www.dol.gov/dol/topic/health-plans/erisa.htm)

- **Genetic Information Non-Discrimination Act (GINA)**
  - As it relates to obtaining family health history in conjunction with incentives
  - [http://www.genome.gov/24519851](http://www.genome.gov/24519851)

*Under the Patient Protection and Affordable Care Act (PPACA), HIPAA Nondiscrimination rule number one may be affected, increasing the maximum incentive amount to 30%. The preliminary effective date for this increase is for plan years beginning on or after January 1, 2014.

The illustrations apply only to the HIPAA Nondiscrimination rules for Standards-Based Programs. Other legal and tax issues may arise when implementing a wellness program. This bulletin provides brief, general information, not legal advice. Employers are encouraged to consult with their legal counsel regarding wellness program compliance.
This Section is designed to help “Coordinators” that might be providing facilitation, technical assistance or leadership to a worksite that wants to develop or expand a worksite wellness program. Coordinators might be employed directly by the worksite, providing contracted services for the worksite or assisting the worksite as part of a broader mission. Some examples of coordinators from outside the worksite would be healthcare provider staff, insurance provider staff, local health departments or local chambers of commerce.

This appendix contains three resources
1. An overview of how you can use the kit to your advantage: What’s in it for me?
2. Coordinator tips based on feedback from coordinators that have used the kit.
3. A frequently asked questions section with answers to common issues related to worksite wellness programs.

**WI Worksite Wellness Resource Kit:**
**What’s In It For Me?**

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<th>Advantages</th>
<th>How Can I Use The “Kit” - <em>Examples of Integration</em> -</th>
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<td>Trainers – why would you want to use the kit, particularly if you’re happy with the outreach services that you’re currently providing?</td>
<td>❖ Order copies of the Kit and handout to interested clients as an additional free resource.</td>
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<td>• It’s a potential foot in the door.</td>
<td>❖ Use the “Coordinators Guide” found in Appendix H in the first meeting with the client so that they understand what your roles and responsibilities are in assisting them in the development of their program. A sample memorandum of understanding is located at the end of Appendix H.</td>
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<td>• It’s an additional tool to add to your list of services.</td>
<td>❖ At an initial meeting (kick off) - Offer the Worksite Assessment Checklist (Appendix C) as something you do for your clients/with your clients.</td>
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<td>• The “Toolkit” is based on proven practices, which leads to a higher success rate.</td>
<td>❖ Use the Employee Survey (Appendix B) or modify the questions to meet your client’s needs.</td>
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<td>• It can easily be integrated into what you’re already doing, for example (see list to the right)</td>
<td>❖ Suggest programming strategies in Step 4 for your clients to take advantage of - walk them through some of the links.</td>
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<td>• Just because….. it’s the right thing to do!</td>
<td>❖ Walk through the Recommendation Table (Appendix D) with your clients to assist them in focusing their efforts.</td>
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Wrap Up—Complete the sample evaluation measures with your client at the end of the year. By doing this every year you are staying in tune with your clients program and it is assisting both you and the client to be accountable for the program.
6 EASY STEPS TO A WORKSITE WELLNESS PROGRAM:
Coordinator Tips

STEP 1: WHY? CONVINCE ME I NEED A WELLNESS PROGRAM.
The extent of your program will depend on resources, but you could implement some no-cost components of a wellness program tomorrow! In fact, small businesses may be at an advantage in making simple policy and environmental changes because the business owner or boss can make the decision without other corporate input.

STEP 2: HOW DO I GET STARTED? I'M CONVINCED, BUT NEED HELP GETTING STARTED.
It's essential in starting out that management is fully supportive of developing or enhancing a worksite wellness program. If you are an outside coordinator not affiliated with the business, it may be worth while to list your responsibilities and the responsibilities of the business at the beginning. A sample memorandum of understanding is at the end of this appendix. Ideally the business will approach the coordinator with an interest for a wellness program, but regardless of who initiates the idea, senior management buy-in is essential. If that buy-in isn’t apparent from the beginning, save everyone some time and effort and look to help somewhere else.

If you are an outside coordinator, make sure that you have solid worksite contacts. Factors to consider in evaluating your worksite contacts include available time, their enthusiasm for wellness programming, and their potential for reallocating some of their time to devote to a worksite wellness program. Many workers that aid in wellness programming often have other duties. It is important to differentiate between workers that want to help and workers that have the time available so that they really can help.

Developing a solid committee is crucial. Cross-sectional representation, for example members from senior management, human resources, and cafeteria management, makes it easier to implement wellness programming later. It is also important to have all members of the committee actively participate. Do not try to bring everyone in at this point. A few committed members during the planning process can accomplish much more than a larger committee with some uncommitted members.

STEP 3: HOW “HEALTHY” IS MY WORKSITE? DO AN ASSESSMENT.
1. Use the assessment tool in Step Three to assess your current worksite environment. DON’T SKIP THIS STEP! This step ensures that the worksite at least understands and considers the varied aspects of a worksite wellness program and doesn’t just focus on activities.
2. Learn more from your employees: A sample survey can be found in Step Three.
3. Use health risk appraisals (HRA) and other data as tools providing specific information about your worksite. Establishing an effective HRA evaluation system can give you more information about your workforce and suggest specific strategies, which is extremely useful in defining target areas. HRAs can also monitor health changes over time and aid in determining the effectiveness of wellness programming. Bottom line: tailor your wellness program based on everything you know about employees at your worksite because “one size does not fit all” when it comes to worksite wellness programs.

Once you finish the assessment, be practical is choosing priorities. More is not better, if it spreads resources so thin that the program is ineffective. Look first at the assessment for wellness components that your worksite already has in place or are in process. If you have
sufficient resources to complete or improve those components, then look at the list of components that your worksite does not have and prioritize them using the tools in Step 5.

**STEP 4: WHAT ACTIVITIES CAN I DO? SEE A LIST WITH ADDITIONAL RESOURCES.**
There are many activities that you could include in your program. Read Step Four for a listing of program components. The components have been split into low, medium and high resource needs, so you can get a quick glance at what you might be able to quickly implement, and what might take more time or be too costly to include.

**SHARING IDEAS:** Consider developing a local meeting group to exchange information and ideas and to aid one another in initiating wellness programming. Example: Heart Healthy Waukesha County (HHWC) created a Learning Circle on Workplace Wellness that used the Wisconsin Worksite Resource Kit both as a toolkit and as an organizing framework for the educational portion of the group’s meetings. Part support group, part study circle, part leadership roundtable, the Learning Circle was developed by community, healthcare and business members from the local area. Heart Healthy Waukesha County and its partners provide circle members with process advisors, expert speakers and information specifically tailored to the needs of circle members. Circle members make a commitment to share data, as well as their personal knowledge and expertise, and to develop and implement a wellness action plan for their organizations. The circle has held monthly breakfast meetings since its inception.

**STEP 5: WHAT DO I DO? WHAT DETERMINES PROGRAM COMPONENTS FOR MY WELLNESS PROGRAM? PICK AREAS OF INTEREST WHERE YOU HAVE RESOURCES TO DO WELL.**
There are many components that you could include in your program. See the tools in Step Five that will help you determine priorities and set up a plan to make them happen. It also describes how you can clearly define the goals and objectives of your wellness program.

Try to incorporate more long-term components in your wellness programming. Environmental and policy changes have the potential to initiate considerable change with little or no cost and no ongoing resource needs. Try to stay away from one-time events such as health fairs, which are fun but have less lasting significance. Often doing one long-term event well is better than doing several short-term events.

If you are working with several worksites, consider using the same campaign or programming at multiple sites to lower cost and increase the number of employees impacted.

**STEP 6: IS IT WORKING? HOW WILL I KNOW IF THE WELLNESS PROGRAM IS WORKING? THINK ABOUT EVALUATION WHEN YOU START THE PROGRAM.**
Evaluation of your program can be very simple to very complex. You will need to evaluate the program at some point, so consider some type of evaluation from the beginning. An overview of what to evaluate and how to do it can be found in Step Six along with a sample evaluation. A comprehensive Health Risk Assessment system that is already in place is very useful in the evaluation process.
SAMPLE MEMORANDUM OF UNDERSTANDING BETWEEN THE WORKSITE AND THE WELLNESS COORDINATOR

Worksite Wellness Program Responsibilities of Wood County Health Department (Coordinator)

1. Partner with business representatives to develop a job site employee wellness program.
2. Serve as a communication link between participating businesses; promote sharing and successful program development.
3. Encourage business to partner with their respective insurance plans for available health promotion programs.
4. Serve as a link to community resources, speaker’s bureaus, grant opportunities, and opportunities through the Community Health Improvement Plan.
5. Assist business with problem solving as the worksite wellness program develops.
6. Serve as a supporting partner for grant applications.
7. Help to keep business abreast on new ideas and programs relating to worksite wellness health topics.

Worksite Wellness Program Responsibilities of Business Partners

1. Develop a worksite plan or policy that encourages and supports healthy lifestyles.
2. Commitment from management in:
   - Recognizing the value of employer-based worksite wellness initiatives
   - Allocating resources to develop and sustain a worksite wellness program
   - Developing incentives to encourage participation from employees
   - Evolving the worksite to support wellness activities
   - Ongoing awareness of the evolving needs of employees
   - Supporting and developing a pattern of communication between the program leader and the individual employees
3. Commitment to participate with other local businesses to share a common goal of worksite wellness development in Wood County.
4. Commitment to create a sustainable program that develops into a comprehensive promotion of healthy lifestyles in the workforce.

Wood County Health Department, Chronic Disease Team
**Frequently Asked Questions About Workplace Wellness**

**Q:** I know we can’t do a comprehensive program right now, so is it still worth doing anything?

**A:** Absolutely. Even a small activity can plant the seeds of success for your program to grow. Engage in some of the easier things – like providing a health and wellness bulletin board or newsletter. Or coordinate walking groups. Or try a salad bar lunch day. You might want to avoid some of the activities that are perceived as invasive, like HRA’s or health screenings, until you are able to offer those in the context of a larger program that includes education and skill building around modifying lifestyle habits.

**Q:** There is so much we could do in terms of programs, where do we start?

**A:** Of course, following the toolkit framework is the best way to start. Then, after you have gathered a lot of information about employee health needs, start by planning programs to meet employee interests because they will be an easier “sell” to the employees and likely to gain more participation. Make sure your first programs – whatever the topic – are fun and interactive because they will become the first impression of your program. Start with programs that have broad appeal vs. those that might only be of interest to a smaller more targeted group. Another thing to keep in mind is that most adult learners don’t want a lot of information; they want to learn and practice new skills. They probably know a little about what to do, they just aren’t sure how to do it. You want them to walk away from your program or activity equipped with the tools for successful change.

**Q:** We’ve tried some health and lifestyle programs but participation is small. What do we do?

**A:** First of all, keep trying. You have to crawl before you can walk or run and it takes some time for your program efforts to get their legs. Be patient. It is also helpful to remember that ultimately, you are trying to change the workplace culture and that is a slow evolutionary process that happens over time.

A common approach is to offer incentives for attendance and that can be effective in getting people in the room. It doesn’t take a lot, just a few simple freebies or a light snack. Another approach to growing your programs is to intentionally invite, and get a commitment to attend, from key people in the organization that are liked, respected, and followed – opinion leaders. Others may attend because Jane is attending. After Bob participates and talks about the positive experience, others who respect him will be more likely to attend. So stack the deck as you launch new classes or programs.

**Q:** We have a lot of work to do in the area of nutrition, so how can employee wellness avoid getting the reputation of being the food police?

**A:** Focus your messaging, in programs, policies and practices, around adding more good food. Don’t make it all about the unhealthier food. In educational sessions, you will talk about the health issues around fats, simple sugars and portion sizes, but focus the skill building and support on choosing healthy food. Part of the psychology is that as you eat more good food, you will usually start eating less of the unhealthier choices. Adding more good food is a much more upbeat and positive message as well. We already have enough guilt around the food we eat! Employees will always joke about the office donuts, so in the beginning especially, make your policies about having choices. Later on as your culture shifts toward healthier behaviors, you can strengthen policies to be more restrictive.
Q: **CEO and leadership support is important, but they will probably never come to lunch and learn or walking groups. How can their support become obvious to employees?**
A: Some of the best support your leadership can provide is human and financial resources for the program. Endorsing policy change that supports wellness is another important high level support. Those are key starting points - but what comes next? Plan a program kick off or re-launch and have leadership visibly present and participatory. National Employee Health and Fitness day occurs every year in May. Get on their calendar early and have them involved in something that day. Even if they don’t participate directly in all of your programs, they can communicate about their own wellness journey. All-staff communication about the wellness program can include a little information about what some key leaders are facing in terms of wellness challenges and successes. It’s a great way to say, “I’m trying my best too – and I’m committed.” Just a little self-disclosure goes a long way.

**Q: Some employees are very suspicious about the motives of the program. How did that come about and what can we do about it?**
A: A little suspicion happens within just about every program. It can probably be attributed in part to human nature, part related to the management non-management relationship and perhaps the economic environment. For example, if downsizing is part of the work landscape and you launch a new wellness program, rumors might spread that selection is based on health status. Timing can be significant. Before you do anything, check the current pulse of the organization.

What has the biggest positive impact in curtailing suspicion is honest, open communication. Tell the employees not only what you are planning, but also why you are doing it. Discuss the benefits to the company and to the employee as a win-win. Talk about the high cost of healthcare but also the value of employee wellbeing – the hard and the soft of it. Promise that you will ensure that no vendors (HRA or screening) share individual information – only grouped aggregate data. Addressing suspicion simply and directly, before it even arises, will work to your advantage.
Two budget samples are posted here. The first sample is a list of categories that you might want to consider as you’re putting a budget together. The list of categories serves as “prompts” for you to consider as you think about what your program might do to implement strategies.

The second sample provides a longer list of line items and is best suited for established programs with a larger budget.

### HIGH LEVEL CATEGORY LIST

*(This budget sample provides a list of categories to consider regardless of the size of your budget)*

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## Detailed Budget

*(This budget sample provides a more detailed list of line items to consider for your budget)*

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<td>Table Cloth for Events</td>
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APPENDIX I - SAMPLE POLICIES

GENERAL POLICIES
California Sample Policies http://www.cdph.ca.gov/programs/cpns/Pages/WorksiteFitBusinessKit.aspx

FLEXIBLE WORK TIME
Alternative Work Schedules - Centers for Disease Control and Prevention

PHYSICAL ACTIVITY POLICIES
Policy Supporting Physical Activity

Physical Activity and Healthy Eating Policy - North Carolina Division of Public Health
http://www.eatsmartmovemorenc.com/PhysicalActivityAndHealthyEatingPolicy/PhysicalActivityAndHealthyEatingPolicy.html

Food and Physical Activity Worksite Policies - San Bernardino-Riverside Counties Health Collaborative Netcom III
http://www.co.san-bernardino.ca.us/eatwell/desert_sierra_health_network/worksite_wellness_toolkit_policies.htm

NUTRITION POLICIES
CA Healthy Meeting Policies – Snacks, Meals and Physical Activity Breaks

MN: University of Minnesota School of Public Health: Guideline for offering healthy foods at meetings, seminars, and catered events
http://www.sph.umn.edu/assets/9103/Nutrition_guide.pdf

CO: Guidelines for offering healthful food alternatives at meetings, company functions, and health education events (Page 34)
http://www.cdphe.state.co.us/pp/copan/resourcekits/WorksiteWellnessResourceKit.pdf

NC: Eat Smart Move More North Carolina: Guidelines for Healthy Foods and Beverages at Meetings, Gatherings, and Events
http://www.eatsmartmovemorenc.com/HealthyMeetingGuide/HealthyMeetingGuide.html

CA Vending Machine Food and Beverage Standards

Sample Vending Standards
http://www.welcoa.org/pdf/vendingcriteria.pdf

CA Healthy Dining Menu Guidelines

Physical Activity and Healthy Eating Policy - North Carolina Division of Public Health
Sample Healthy Foods Policy - Eat Smart, Move More North Carolina

Food and Physical Activity Worksite Policies - San Bernardino-Riverside Counties Health Collaborative Netcom III
http://www.co.san-bernardino.ca.us/eatwell/desert_sierra_health_network/worksite_wellness_toolkit_policies.htm

Choosing Foods and Beverages for Healthy Meetings, Conferences and Events
Centers for Disease Control and Prevention

Healthy Vending: Recommended Beverages and Snacks
The Alabama Department of Health Nutrition and Physical Activity Unit
http://www.wbgh.org/pdfs/healthy_vending.pdf

LAUSD Healthy Beverage Resolution-Approved Beverage List - No Junk Food Organization
http://www.nojunkfood.org/vendors/healthy_bev_list.html

TOBACCO POLICIES
Policy prohibiting tobacco use anywhere on property.
http://www.cdc.gov/tobacco/research_data/environmental/etsguide.htm

100 percent Smoke-Free Workplace
http://www.mihealthtools.org/work/100_PERCENT_SMOKEFREE_POLICY.PDF

Smoke-Free Workplace with Designated Outside Smoking Areas
http://www.mihealthtools.org/work/Designated_Outside_Smoking_Areas_Policy.pdf

CDC Tobacco-Free Campus Policy - Centers for Disease Control and Prevention

BREASTFEEDING
Establish workplace policies & programs that promote breastfeeding:

Developing a Breast Feeding Workplace Policy
California WIC Program

Lactation Support Program
Centers for Disease Control and Prevention

Sample Mother-Friendly Worksite Program
Texas Department of State Health Services
http://www.dshs.state.tx.us/wichd/lactate/mother.shtm
How can you get greater effects from your worksite wellness initiatives? – extend them into the home setting. There are several things that people can do individually or together as a family to improve eating habits and increase physical activity levels. Below is a short list of “what works”. Studies show that if families choose to work towards healthier lifestyles together, they will have a better chance for succeeding.

**GENERAL SUGGESTIONS:**

1. **Involve family members in your worksite wellness programming.** In many cases, the additional costs are minimal, but the likelihood of ongoing, increased participation rates of employees is a result because of the social effect when family members are involved.

2. **Turn off or limit TV and “screen” time (computer, videogames, etc.)** or at least ensure physical activity time minimums are met prior to allowing large amount of screen time. The general recommendation is to limit screen to 2 hours per day. Limiting TV leads to increased physical activity, and decreased exposure to food ads for high calorie, non-nutrition foods and beverages.

3. **Eat family meals together with the TV off while eating.** If you are at the dinner table, you are less likely to be watching TV while you are eating.

4. **Be a good role model:** eat healthy and be active. Parents serve as role models for their children. This assists with development of healthy eating and activity behaviors. Parents can motivate their children to change when many others factors fail and children can have the same influence with parents.

5. **See your medical provider regularly.** Check with your physician about healthy weight for adults and children. Medical check-ups provide an opportunity to evaluate body weight and receive counseling and treatment if necessary. Early identification increase likelihood of maintaining a healthy weight.

**PHYSICAL ACTIVITY SUGGESTIONS:**

1. **Sit down as a family and identify nearby destinations that you can visit regularly to promote physical activity:** walk to the store, bike to the park. Integrate activity into your daily routine. Most people’s base physical activity is walking. If there are “destinations” nearby that you visit or could visit on a regular basis, look to make that trip on foot, by bike, by skates or any other means that requires you to be physically active. Use the “Activity Zone” to measure nearby destinations: [http://dhfs.wisconsin.gov/forms/DPH/dph40092.pdf](http://dhfs.wisconsin.gov/forms/DPH/dph40092.pdf)

2. **Walk or bike to school with your children.** One way to guarantee regular activity in to walk or bike to school with your children. Currently only about 10 percent of children walk to school on a regular basis compared to 66 percent in 1970.

3. **Be active together.** Being active together appeals to people who need the extra motivation that only direct interaction can provide.

4. **Track or log your activity.** Recording and tracking activity increases the likelihood for long-term success. Make it a friendly competition between parent and child.

5. **Schedule your activity time.** Plan ahead. Make physical activity a regular part of your daily or weekly schedule and write it in on your calendar.

6. **Vary your activities.** Give yourself different opportunities to be active as a family.

7. **Make your yard or nearby park a recreation site.** Play outdoor games that require only a few participants and very little organization. Most activity is done in the immediate neighborhood. By using your yard or nearby park as a recreation site you provide regular opportunities for physical activity.
### NUTRITION SUGGESTIONS:

1. **Choose exclusive breastfeeding as the method for feeding infants for the first 6 months of life.** There is a known link to decreased obesity later in life.

2. **Try to eat at least one meal together as a family per day.** Make family meal times a priority. Eating meals together increases the chances that children will eat healthier and consume less calories. It also increases children’s self esteem because of interest shown by parents in discussing how everyone’s day went.

3. If your family consumes whole or reduced fat (2%) milk, together make the **switch to low fat (1%) or fat-free (skim) milk.** If your family collectively decides to try something new, having the support of each other will increase the likelihood that you’ll stick to it.

4. **Plan Family Meals Ahead of time.** If you spend time prior to the start of the workweek planning meals, your family will be less likely to visit a fast-food restaurant. Make a Sunday shopping list with all the ingredients you will need. Make an extra batch so your family can have leftovers another night.

5. **Parents should provide healthful food and beverages choices for children.** Providing children with limits while allowing them to choose from healthier options assists them with healthy eating behaviors.

6. **Provide opportunities for children and adolescents to participate in meal preparation.** Increase the likelihood that child or teen will try new foods.

7. **Use lower fat substitutions in cooking and baking** (i.e. apple sauce for oil, etc). **Lowers total calories and fat intake.**

### MENTAL HEALTH SUGGESTIONS:

1. **Easy does it.** This means taking care not to over-react to challenges. It means compromising with others who may not agree with you by cooperating with them.

2. **Learn safe ways to express your feelings.** Pent-up feelings can explode in inappropriate ways. If you feel angry and tense, try to figure out why and find a friend, family member, or professional counselor who will listen while you express your feelings as calmly as possible.

3. **Don’t brood.** Often, a simple change of pace is a constructive way to “get away from it all.” This means doing something positive and useful about a problem instead of dwelling on it.

4. **Take one step at a time.** Working toward a solution can relieve tension and help you avoid feeling trapped. By diverting your tensions and anger to worthwhile, tangible goals, you will see how much control you have over your life.

### TOBACCO CESSATION SUGGESTIONS: (from UW-Center for Tobacco Research & Intervention)

1. **Make an appointment with your healthcare provider.** Your doctor can recommend medications that will help you through the process of quitting.

2. **Call the Wisconsin Tobacco Quit Line at 1-800-QUIT-NOW to get started.** *(800-784-8669)*

3. **Get support.** Tell your friends and family that you are going to quit smoking. If they smoke, ask them not to smoke around you or to quit with you.

4. **Clear the decks.** Get rid of the things that remind you of smoking. Throw away all cigarettes, lighters and ashtrays.

5. **Dangle the financial carrot.** Give yourself a financial incentive to quit by putting the money you would have spent on tobacco products in a glass jar. For pack-a-day smokers, this can be $1,500 a year or more! Watch your savings – and your resolve – grow.

6. **Make a plan and set a quit date.** Give yourself some time to prepare before launching into your quit attempt. Make a list of all your reasons for quitting and put this list where you will see it often. Think about reasons you smoke or chew, including routines that trigger tobacco use, and brainstorm how to change those routines and avoid cues that prompt you to light up or dip. Mark your quit date on your calendar and get mentally prepared.

7. **Keep busy on your quit day.** Change your routine. Plan a full day with enjoyable activities. Avoid alcohol because it can weaken your resolve. At the end of the day, do something (other than smoking) to celebrate.

8. **Replace cigarettes with alternatives.** Alternatives like gum, cinnamon sticks, suckers, toothpicks or low-calorie snacks like carrots, celery and apples wedges.

9. **Start an exercise program.** Taking a walk, doing aerobics or playing sports can take your mind off urges and remind you that quitting helps improve your lung capacity and overall health.
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