



WISCONSIN WORKSITE WELLNESS

v 4.0

Resource Kit	
<i>(To prevent obesity & related chronic diseases)</i>	
Employee Health	
<i>Improve overall fitness and mental alertness</i>	
Overall fitness	100%
Payback on Investments	
<i>An Investment in Good Health, Improved Productivity + Lower healthcare cost</i>	
Improved Morale	100%
Nutrition	100%
Reduced...	
Sudden Illness	
Chronic Health Issues	
6 Steps	
Why have a worksite 16.6%	How to get Started 16.6%
Assessing my Worksite 16.6%	Making Decisions 16.6%
Programming for Worksite 16.6%	Evaluate Worksite 16.6%

**Department of Health Services
Division of Public Health
Wisconsin Chronic Disease Program**

For more information about this resource kit or to obtain a copy contact:

**Wisconsin Chronic Disease Prevention Program
PO Box 2659
Madison, WI 53701-2659**

Phone: **(608) 266-9781**
Fax: **(608) 266-8925**

E-mail: jonathon.morgan@wi.gov or
DHSChronicDiseasePrevention@dhs.wisconsin.gov

Visit our website at <http://dhs.wisconsin.gov/health/physicalactivity/index.htm>

This publication was supported by Cooperative Agreement Number 5458DP004828 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC or the federal government.

This document is in the public domain and may be downloaded from the website, copied and/or reprinted. The Wisconsin Chronic Disease Prevention Program appreciates citation and notification of use.

Suggested citation:

Department of Health Services, Division of Public Health, Chronic Disease Prevention Program, Wisconsin Partnership for Activity and Nutrition. Wisconsin Worksite Resource Kit to Prevent Obesity and Related Chronic Diseases. March 2018.

FOREWORD

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, link to information on how to implement and ways to determine effectiveness. The latest version of the kit incorporates lessons learned from user feedback over the past few years and recent changes in worksite wellness trends.

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.

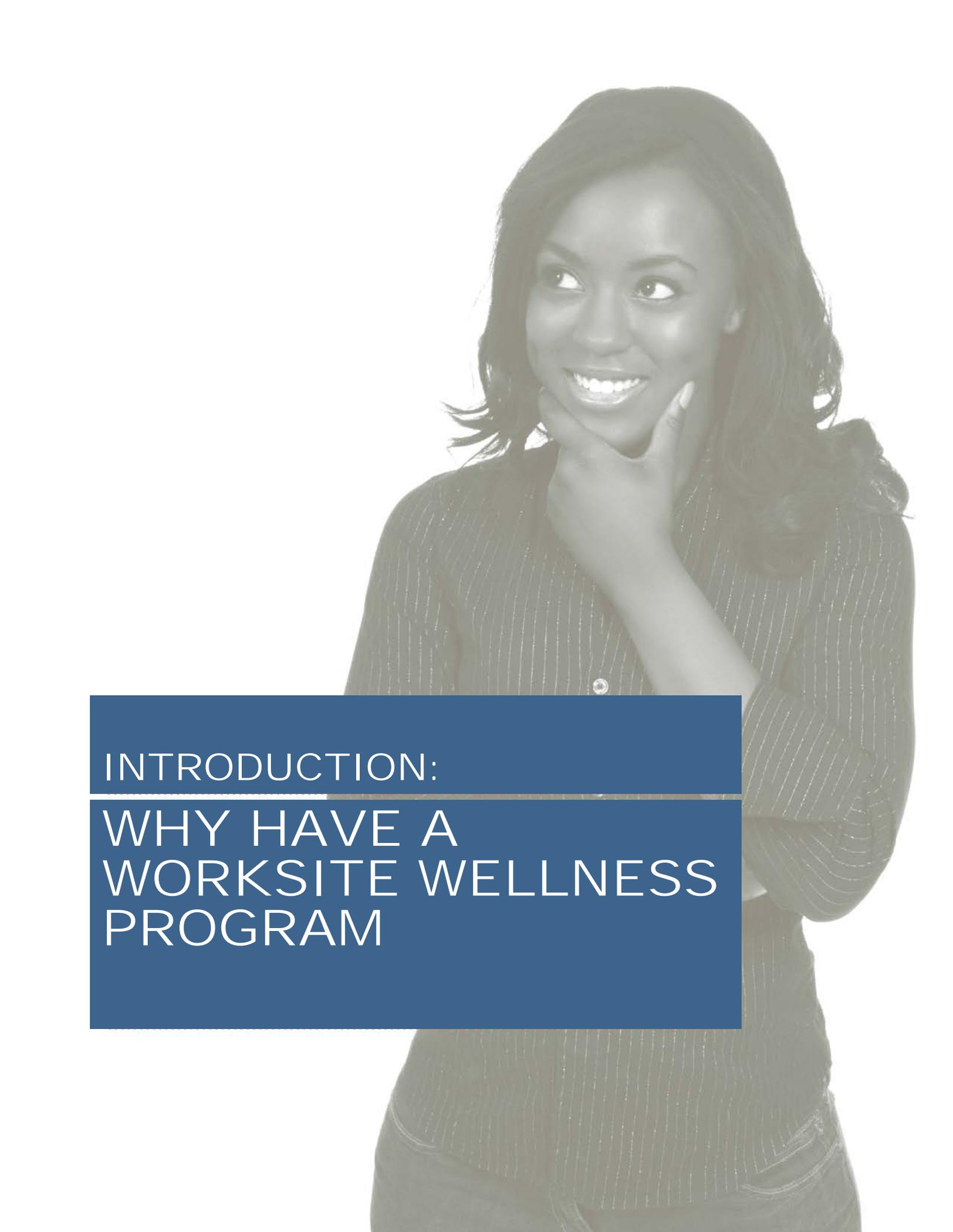
The *Wisconsin Worksite Wellness Resource Kit* also complements the efforts described in [Healthy Wisconsin](#), the Wisconsin State Health Assessment and Health Improvement Plan. The kit provides strategies to address several of the focus areas in Healthy Wisconsin by describing what to do to improve health in the worksite setting.

The Wisconsin Chronic Disease Prevention Program Team

This Worksite Wellness Resource Kit was originally 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.

TABLE OF CONTENTS

INTRODUCTION and WHY HAVE A WORKSITE WELLNESS PROGRAM.....	1	STEP 5: MAKING DECISIONS – WHERE TO FOCUS YOUR EFFORTS.....	56
Why the Worksite Setting?	2	What Do I Need to Consider?	57
Wellness with an Employee First Focus.....	3	How to Maximize Impact – Prioritize	58
Resource Kit Overview: 6 Easy Steps to a Worksite Wellness Program	5	Annual Plan Calendar	60
STEP 1: HOW TO GET STARTED.....	6	Action Plan Worksheet.....	61
Management Buy-in	8	STEP 6: EVALUATING YOUR PROGRAM – IS IT DOING ANY GOOD?.....	62
What is it Going to Cost?	9	Sample Evaluation Tools and Measures.....	64
Developing a Worksite Committee	10	Evaluation Measures	65
Other Considerations	11	Sample Scorecard	67
STEP 2: ENGAGING YOUR EMPLOYEES - Communications and Marketing.....	12	APPENDICES:	68
Employee Readiness to Change	14	Appendix A:	
Types of Motivation	15	Disease Specific Resources	69
Incentives.....	16	Arthritis	69
Communication Methods.....	17	Cancer.....	70
Marketing: Key Principles	18	Diabetes	71
Factors Outside the Worksite	19	Heart Disease and Stroke.....	73
STEP 3: ASSESSING YOUR WORKSITE	21	Mental Health	75
Part 1: Assessment Checklist	24	Substance Abuse	76
Checklist (Completed Sample)	25	Appendix B:	
Part 2: How to Get Employee Input	26	Worksite Wellness Assessment Checklist... ..	77
Part 3: Health/Biometric Assessments	27	Appendix C:	
Part 4: Other Available Data	29	Employee Interest Survey	90
Completed Survey Sample.....	30	Appendix D:	
STEP 4: PROGRAMMING FOR YOUR WORKSITE	32	Employee Health Survey Sample 1	93
A 3-Pronged Approach	33	Employee Health Survey Sample 2	95
Sample Strategy Template	36	Appendix E:	
General Components	38	Annual Plan Calendar	96
Physical Activity.....	41	Appendix F:	
Nutrition	43	Action Plan Worksheet.....	97
Emotional Wellbeing	44	Appendix G:	
Drug Prevention and Treatment	49	Wellness Regulations and Rewards.....	98
Tobacco Cessation	52	Appendix H: Coordinator’s guide	105
Financial Wellness	54	What is in it for me?	105
		Coordinator tips.....	106
		Frequently asked questions	109
		Appendix I: Sample Budget.....	111
		Appendix J: Wellness at Home.....	114
		Appendix K: Sample Policies	116
		Acknowledgements	117



INTRODUCTION:

WHY HAVE A
WORKSITE WELLNESS
PROGRAM

Why the Worksite Setting?

The worksite is a controlled environment where policy, environmental and system changes can benefit many employees. In addition, with time being a key commodity, being able to provide opportunities in and around the worksite setting has the potential to significantly influence employee health.



Most Waking Hours are Spent at Work

Provide opportunities at work for employees to be healthy. Many worksites are controlled environments that are modifiable to provide time and opportunities for staff to make healthy choices.



Benefits vs. Costs

↑ Productivity
 ↓ Healthcare \$
 ↓ Absenteeism

vs.

Program \$
 Incentives
 Coordinator salary



Focus on Having Happier, Healthier Employees

Company culture has an effect on employee productivity and happiness. A good employee wellness program can add significantly to a positive culture.

Icon credits: The Noun Project users n.o.o.m. Abraham, icongeek, ProSymbols, Anatolii Babii, Ramesha, Chameleon Design, Trishul, Aneeqe Ahmed, Mello, unlimicon, Bhima, Setyo Ari Wibowow, Vectors Market, myladkings, Nicole Steffan, Muneer A. Safiah, Hea Poh Lin, iconsphere, Severino Ribecca, and Atif Arshad.

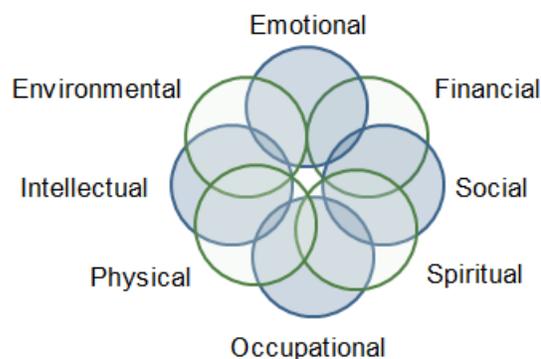
What is Worksite Wellness?

“Workplace health programs are a coordinated and comprehensive set of health promotion and protection strategies implemented at the worksite that includes programs, policies, benefits, environmental supports, and links to the surrounding community designed to encourage the health and safety of all employees.”

Centers for Disease Control and Prevention

You might think of a weight loss program or a fitness challenge as worksite wellness. However, programs like those are only a part of a broader philosophy. Worksite wellness is not really a specific program. A company should consider wellness in their decisions on operations, policies, buildings, environment, benefits, trainings, and services. When you care about wellness, you integrate it as a core factor in everything you do as a business.

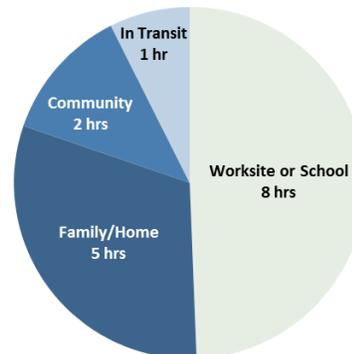
The concept of wellness has expanded beyond just physical health and now takes a more holistic approach. Wellness is the balance of the dimensions that influence our health and wellbeing. The most comprehensive wellness model has eight dimensions, and it was developed by the U.S. Department of Health and Human Services (DHHS) Substance Abuse and Mental Health Services Administration (SAMHSA).



Eight Dimensions of Wellness
 US Department of Health and Humans Service (SAMHSA)

Why Worksite Wellness?

The average person spends half of their waking hours in the worksite. Therefore, any changes you made in that environment can be significant and benefit many employees. How you address worksite wellness will affect the number of participants and the degree of success you will have in developing a culture of wellness. That culture serves as a key component in developing an engaged and productive workplace where the overall goals of the organization embrace employee well-being.



American Time Use Survey – Bureau of Labor Statistics 2016

What is the Goal?

The early worksite wellness field focused on physical health and measuring it with health assessments and biometric screenings (measuring someone's height and weight, body fat, waist circumference, blood pressure, cholesterol, and blood sugar). Based on that information, there was a great deal of work done to try to measure return on investment (ROI) to justify creating wellness programs. As many worksites began regularly demonstrating positive ROI, the focus shifted: first, to value of investment, and, more recently, to terms like 'value of caring' and 'quality of life'. Let us take a brief look at each of these concepts.

Return on Investment (ROI)

The studies done on worksite wellness have found an average of a 3:1 ROI ratio within 3-5 years of starting a program, (meaning for every dollar spent, you get \$3 back). This is a baseline for companies that created very comprehensive wellness initiatives that included multiple areas of the company (programming, benefits, policies, and environmental changes), and that looked at data from many areas (medical claims, pharmacy claims, workers compensation claims, disability claims, absenteeism and turnover rates). There are at least three reasons why many experts now consider ROI less critical:

- ❖ There is now sufficient proof of a positive ROI in enough worksites to be able to project a positive return to other worksites with similar, comprehensive programs.
- ❖ Most worksites likely do not have the time, expertise or access to data that is necessary to generate a true ROI.
- ❖ There are newer, more subjective measures of the benefits of wellness programs that are likely more meaningful than just dollar savings.

Step 1 will look at wellness costs vs. benefits in more detail, but the key takeaway message is that a quality wellness program will pay dividends.

Value of Investment (VOI)

Value on Investment (VOI) has replaced the emphasis on ROI in some circles. It expresses that the value of wellness goes beyond just financial gain. For employees, the value extends beyond physical health and can positively affect their emotional health, relationships, jobs, hobbies, and their overall quality-of-life. For employers, the value of wellness initiatives can do things like improve company image, attract and retain talent, improve employee engagement, satisfaction, morale, and improve its culture. This improvement also then can positively affect things like production, creativity, innovation, customer service, and quality. In addition, in the end, the company may even make more money because of the quality of everything has improved.

Value of Caring (VOC) and Quality of Life (QOL) – Creating a Positive Company Culture

A recent focus of employee wellness is to look at wellness as less of a program and more of a philosophy or common value for a company. The question then becomes, when we care about people, what return do we get? How does the company benefit?

Advances in the fields of psychology, sociology, neuroscience, epigenetics, business and organizational development has recently helped us understand that as one person benefits, everyone benefits. We are

socially connected. A strong, bi-directional relationship exists between employee wellbeing and organizational wellbeing.

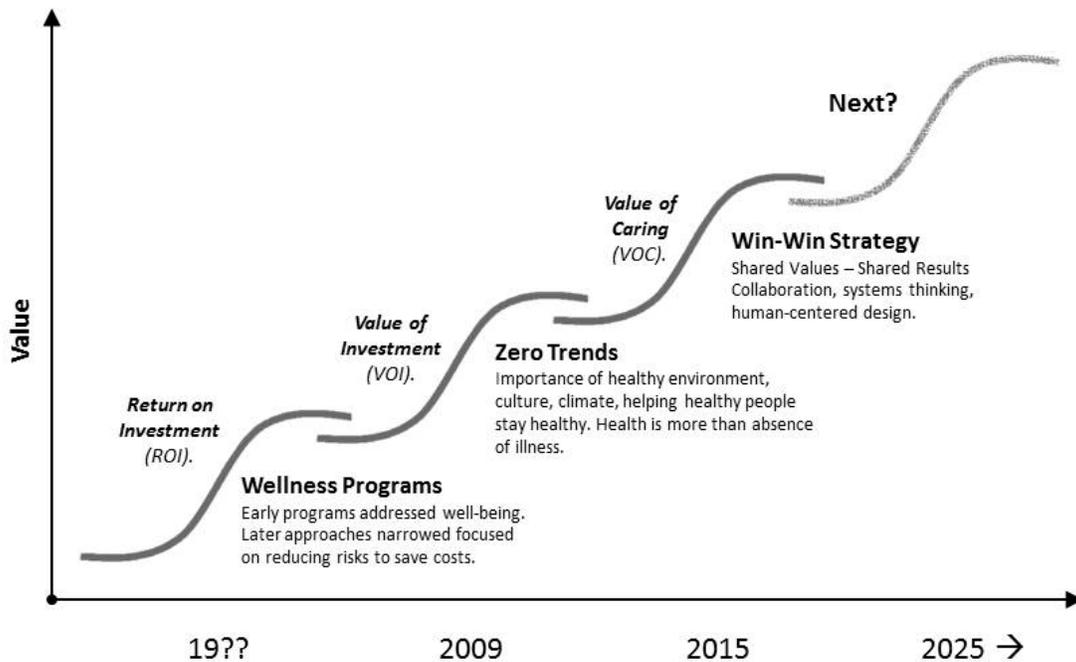
What is also interesting is that experts are finding that businesses that have a VOC and/or QOL approach tend to make more money in the end. Creating a positive company culture has benefits for everyone.

Employee First

Remember that the employee's quality of life should be the driving force and messaging you use when developing and promoting your wellness program. By putting the employee first in decision-making, you will have higher participation rates and more engaged employees because they will view the wellness program as a benefit to them and not as a cost control benefit to the company (although the employee benefit will result in lower costs).

So, Why do Worksite Wellness?

Because everyone benefits. Wellness is about the whole person, and the whole community. It is about helping everyone thrive.



(Reprinted with permission from Shared Values Shared Results, Dee W. Edington, PhD and Jennifer S. Pitts, PhD)

Summarized on the next page is a simple overview of the steps you need to take for a successful program that matches your resources. Take a few minutes to look at this quick summary to see that you can do it and then proceed through the steps in the kit to make it happen.

WISCONSIN WORKSITE WELLNESS TOOLKIT OVERVIEW

INTRO: WHY HAVE A WORKSITE WELLNESS PROGRAM?



Most hours are at work



Cost savings



Happier, healthier employees

STEP 1: HOW TO GET STARTED (Page 6)



Get senior-level support



Gather a wellness committee



Focus on employee wellbeing

STEP 2: MOTIVATION AND ENGAGEMENT (Page 12)



Employee motivation and engagement



Incentives



Communication and marketing

STEP 3: ASSESSING YOUR WORKSITE (Page 21)



Assess your company



Survey employees



Check biometrics



Gather other data

STEP 4: WELLNESS PROGRAMMING AND STRATEGIES (Page 32)



Three-pronged approach



Strategies that match resources



Materials for each

STEP 5: MAKING DECISIONS: WHERE TO FOCUS YOUR EFFORTS (Page 56)



Review data



Select impact-based strategies



Create annual action plan

STEP 6: EVALUATING YOUR PROGRAM: IS IT DOING ANY GOOD? (Page 62)



Review progress, participation, engagement, quality, and costs.



Develop a scorecard.



STEP 1:

HOW TO GET
STARTED

MANAGEMENT BUY-IN

Management Buy-in

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.

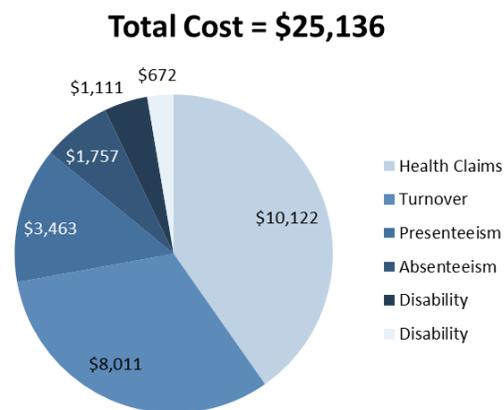
Management will likely want to talk cost. The take home message that will be emphasized throughout this kit is that happy, healthy employees will be more productive and will have less need to utilize healthcare. However, to address the cost issue, here is additional background to address cost savings and a summary of potential costs of establishing and maintaining a wellness program.

Rationale

The cost of doing nothing may be more expensive than funding a wellness program

Worksites tend to focus on healthcare costs as their primary reason to start or enhance a wellness program. Although those costs are a significant factor, that misses the potential cost savings that having healthy, happy employees can contribute to an employer. The lost productivity "cost" related to turnover of personnel alone is almost as great as healthcare costs when you consider how long it takes to hire and then train staff to reach the level of the former employee. Employees tend to stay longer when they feel appreciated, which is one of the auxiliary effects of a good wellness program.

Worker health care costs are more than health plan costs.



Source: Goetzel, JOEM, data with presenteeism added to Mercer Employer Survey results

COST

WHAT IS IT GOING TO COST?

Worksite wellness programs do have a cost. However, when you look at all the related costs, the return of \$3.27 on medical costs for every dollar spent on wellness programs and that absenteeism costs fall by about \$2.73 for every dollar spent, it is really an investment in reducing costs (Baicker 2010). Here are some of the costs and an estimate of their 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 employee 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
- ❖ The value that a well-run wellness program will bring to employees and the organization.

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

<u>Number of Employees</u>	<u>Internal Staff (FTEs)</u>
≤ 25	0.1 FTE
≤100	0.4 FTE
≤250	0.8 FTE
≤500	1.0 FTE
≤1,000	1.5 FTE
≤5,000	2.5 FTE
≥5,000	Add staff as needed

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 is affected 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 each employee for an effective wellness program that should produce a return on investment of \$450 to \$900. A sample of expenditures for various levels of programs would be:

Program Type	Program Characteristics	Cost per Employee/Year
Education and Awareness	A minimal to moderate program: activity centered, little focus on risk, voluntary, limited resource allocation, unsure employee engagement, no evaluation	<\$50
Traditional Program	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	\$50-\$200

Comprehensive Health and Productivity Management	A comprehensive program: results oriented, focus on risk and productivity, extensive budget and staffing resources, multi-faceted programming, incentives offered and outcomes driven	\$200+
--	---	--------

The program costs above do not include the cost of biometric screening, health coaching or benefits based incentives. These are not automatically included because they are the most expensive parts of any wellness program. An estimated cost for those options is:

Wellness Options:	Cost per Employee/Year
Biometric screening (blood draw and analysis)	40-\$75
Health coaching (6 sessions)	\$140-\$165
Benefits-based incentives	\$200-\$800 per employee per year

<https://www.wellsteps.com/blog/2017/08/08/employee-wellness-program-cost/>

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 greater productivity. Ideally, your budget is based on all the strategies you want to implement in your wellness program. Realistically, your budget will often times be set and you will 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.



DEVELOPING A WELLNESS COMMITTEE

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 the diversity of your workforce (age, gender, race, etc.) 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 coordinator’s time and ability will affect the level of success for the wellness program. 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 is not 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 have 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 the 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.

OTHER CONSIDERATIONS

Small Businesses

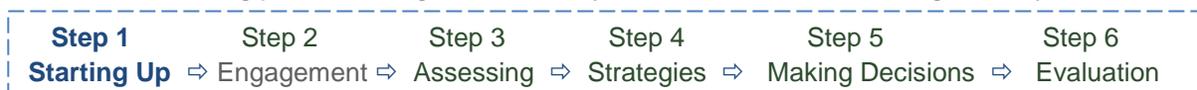
You do not have to be a large company and your wellness program does not have to cost a lot (although more spending on some key strategies may be worthwhile). There are ways to get significant impact from low-cost strategies, particularly in smaller companies. There is a misconception that small businesses cannot really do much to improve worksite wellness. The truth is smaller businesses have an advantage in implementing some of the easy policy and environmental strategies that large companies struggle with because of a larger bureaucracy and perceived legal issues. Small businesses have the ability to be more nimble and can often achieve quick implementation of key strategies because only one person has to make the decision to make it happen. For a full list of strategies that may fit best in smaller worksite settings, go to the [Small Business Worksite Wellness Strategies](#) document

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, 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. Visit www.wellnesscouncilwi.org to learn more about the Well Workplace process.

A Final Thought on Start-up

After you have 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. Taking into account your employee needs and interests and using proven strategies increases your likelihood for success significantly.





STEP 2:

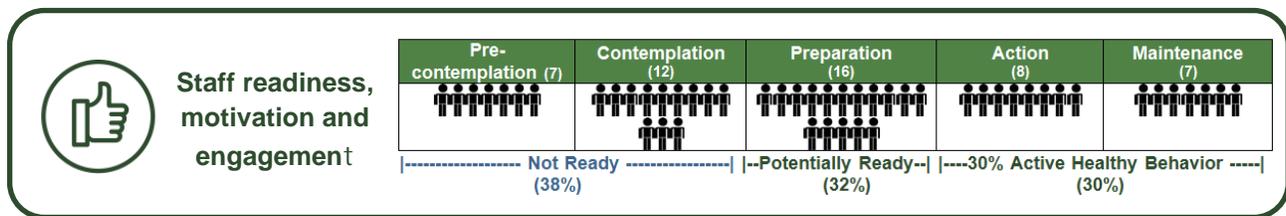
ENGAGING YOUR EMPLOYEES

MOTIVATION AND ENGAGEMENT

STEP 2: ENGAGING YOUR EMPLOYEES

One of the top issues in implementing a wellness program is engaging employees. The introduction touched on one key ingredient: focusing the program on the employee's wellbeing. That focus will definitely help participation rates, but there are other key components you should also focus on.

Understanding how and why people become motivated and engaged in activities is a key to program development and success. In this section, we will review a few key concepts about motivation and engagement.



Focus on intrinsic motivation for long-term change

<p>Intrinsic Motivation</p> <ul style="list-style-type: none"> ❖ Joy ❖ Identity ❖ Social connection ❖ Importance, value, meaning ❖ Helping others 	<p>Extrinsic Motivation</p> <ul style="list-style-type: none"> ❖ Weight ❖ Grades or scores ❖ Money ❖ Prizes, medals or trophies ❖ Titles, praise or social recognition
---	--

Communication and marketing

<ul style="list-style-type: none"> ❖ Send the right message ❖ Give employees what they want ❖ Recognize accomplishments ❖ Create a social component and commitment 	<ul style="list-style-type: none"> ❖ Create a culture ❖ Make it fun ❖ Make it easy ❖ Get the family involved
--	--

EMPLOYEE READINESS

The Stages of Change model is one way to explain that people go through a series of steps in changing behavior. Understanding that these steps exist can help you set up your wellness program to help target people at the various stages. Here is a summary of the five stages:

STAGES OF CHANGE.

Pre-contemplation	Contemplation	Preparation	Action	Maintenance
Not thinking about changing	Considering changing within 6 months, but are still uncertain	Decided to change and are now preparing to change within a month	Actively changing	Successfully changed, and have maintained for 6 months or longer



HELP YOUR EMPLOYEES CHANGE

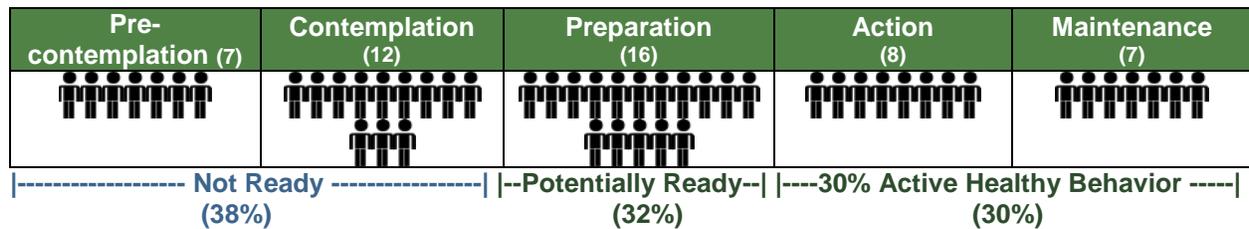
In order for people to progress through the stages, they need:

- ❖ Information on why they should change.
- ❖ Personal reasons why it's important for them to change.
- ❖ More reasons to change than reasons for not changing.
- ❖ A positive mindset about changing.
- ❖ A belief in themselves and confidence in their ability to change.
- ❖ The knowledge and skills to change (or the resources to find these things).
- ❖ The social support and encouragement to change.
- ❖ An environment that supports the change.
- ❖ Practice, practice, practice!

READINESS TO CHANGE

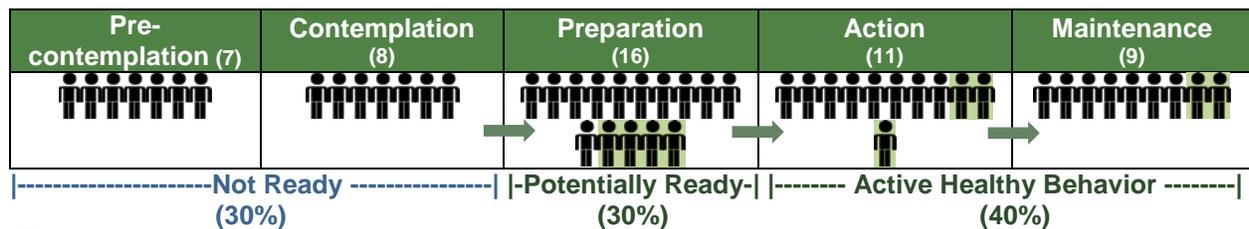
When you are planning your programs, consider how ready your employees are for change, based on the stages of change. To assess and monitor progress, you can do before and after surveys with your employees. See Appendix C for a pre-survey, and notice the readiness-to-change questions. You could do this once a year to assess movement across the stages.

For example, an average workforce for a business of 50 employees might look like this:



The groups on either end of the spectrum likely will not move much because the pre-contemplation group is not ready yet, and the maintenance group will likely continue their positive behavior even without your wellness program. However, you can help employees progress through the middle three stages (contemplation, preparation and action), and possibly from action to maintenance.

Your program is having an impact if you see your employees move along the continuum (progressing one or two stages to the right). For example:



employee who has shifted to a new group

A similar concept came out of a recent survey that grouped employees into three categories:

- ❖ **Resistant**—Do not support the role of employers in employee health and well-being and are very uncomfortable with targeted messages
- ❖ **Persuadable**—Open to some employer involvement but skeptical about its extent
- ❖ **Onboard**—Support the role of the employer in encouraging employee health improvement and are comfortable with targeted messages



Willis Tower Watson: Improving workforce health and productivity - 2015/2016

Why is this important? Every worksite will have employees who are more likely to participate than others are. Moving employees towards a healthier lifestyle is a “win” even if they do not make it to the outcome goal that would best improve their health. In addition, if employees already know why they should change, but are still not changing, they may need help with mindset, skills, or social or environmental support.

One more note: It is important to know that even if a person changes, they can relapse at any time. Often people start and stop behavior changes a number of times before ultimately succeeding and maintaining the new behavior.



INTRINSIC and EXTRINSIC MOTIVATION

There are two types of motivation: intrinsic and extrinsic:

Intrinsic motivation is when a person wants to reach a goal because it is important to them.

Extrinsic motivation is when a person wants to reach a goal because it gets them a material reward like cash or a prize.

Intrinsic	Extrinsic
Meeting goals provides an emotional reward of: <ul style="list-style-type: none"> ❖ Joy ❖ Identity ❖ Social connection ❖ Importance, value, meaning or purpose ❖ Helping others 	Meeting goals provides a type of prize: <ul style="list-style-type: none"> ❖ Grades or scores ❖ Money ❖ Prizes, medals or trophies ❖ Certificates or degrees ❖ Titles, praise or social recognition
Long-term behavior change and continued engagement are more likely with intrinsic motivation.	Extrinsic motivation works for short-term actions. It does not work for continued engagement and long-term behavior change.
Pros <ul style="list-style-type: none"> ❖ More likely to lead to lasting changes ❖ Can create intrinsic motivation by having the right company culture and promoting factors such as social connections 	Pros <ul style="list-style-type: none"> ❖ Increases participation for specific tasks like a health assessment ❖ Random drawings give everyone a chance
Cons <ul style="list-style-type: none"> ❖ Need to identify meaningful triggers that would motivate individuals to change ❖ Basic needs must be met for people to be ready and open to intrinsic motivation to change behavior 	Cons <ul style="list-style-type: none"> ❖ May be seen as punishment if it has a potential cost to the employee if a goal isn't met ❖ May take a lot of time to track “points” to meet goals

Why is this important for wellness programming? In addition to providing extrinsic rewards for short-term achievements, like money or prizes for participating in wellness activities, employers can also help employees with developing intrinsic motivation, so that their lifestyle behaviors continue long-term.

For a more detailed description of incentives as extrinsic motivation, read this article:
Wall Street Journal - A look at the pros and cons of the most popular wellness programs used by companies. <https://www.wsj.com/articles/SB10001424127887323393304578360252284151378>

EVENT-BASED PROMOTIONAL INCENTIVES

Incentives are given to employees to attract them to participate in programs. There are many kinds of incentives. The simplest forms of incentives are those that are free give away items and attract people to your event. Some ideas include:

- ❖ **Free food or drink** (preferably healthy)
- ❖ **Free entertainment** (music or performers)
- ❖ **Free gifts:**
 - T-Shirt or clothing
 - Water bottle or stadium cup
 - Key chain or fob or lanyard
 - Chip clip
 - Pen or pencil or stylus
 - Notepad
 - Lunch bag or Tote bag
 - Rubber wristbands
 - Stress squeeze balls
 - Frisbees
 - Lip balm, mints, sunblock, etc.
 - Coupons for local stores or products
 - Gift cards
 - Other merchandise (i.e., “prizes”)

ANNUAL WELLNESS PROGRAM INCENTIVES

If you have a comprehensive wellness program that consists of completing many things during the year, you may want to consider other types of incentives in addition to the free give away ones. Some ideas include:

- ❖ **Money as reimbursement**—reimbursing employees for money they spent on wellness related items throughout the year:
 - **Example:** Gym membership, fitness/yoga classes, or personal training sessions
- ❖ **Money as reward** – rewarding employees for doing activities during the year:
 - **Example:** Participating in an annual biometric screening and health assessment
- ❖ **Benefit-based incentives (For example, health insurance premiums)** – instead of cash, another option is to provide a difference in health insurance payments that employees pay out of their paycheck. These are often known as “a carrot” or “a stick” approach.
 - Carrot (reward)**—where the employee receives a reward for participating
 - **Example:** employee gets \$20 per month reimbursement or is provided a \$20 per month discount for health insurance, if they do participate
 - Stick (punishment)**—where the employee receives a penalty for not participating
 - **Example:** employee pays \$20 more for health insurance per month, if they don’t participate
- ❖ **Other Creative Incentives**
 - **Sick, personal, or vacation days**—give employees extra days off as their reward.
 - **Parking spot (or discounts)**—give employees a good parking space for the day, week, month or longer (or provide them with a discount, if they have to pay for parking).
 - **Flex spending accounts**—give money for flex spending
 - **Cafeteria bucks**—give them a gift card to use at the company cafeteria
 - **Volunteer or charity**—give employees a day off to do volunteer/charity service, if they get a monetary reward, to allow them to give it to a charity instead

A Cautionary Note:

Extrinsic rewards can either help or hurt employee morale and motivation

Consider things carefully before you decide what to offer employees. The carrot or reward approach tends to improve employee morale, whereas the stick or punishment type of approach tends to decrease employee morale.

Some may say that the stick or punishment approach tends to get higher participation because people are more afraid to lose money than interested in getting money. That may be true, but if employees feel forced into participating in wellness (especially out of fear of losing money), then their feelings about the company, employee morale, productivity or engagement in their work, and their intrinsic motivation for participating in the wellness program or its recommended healthy behaviors tend to decrease.

LEGAL REGULATIONS AND TAXES FOR INCENTIVES

Depending on what kind of incentives you use, in what way you provide them, and how much you provide, legal regulations and tax laws may apply. For more information about this, (including the difference between participatory programs, and health contingent or outcomes-based programs), see Appendix G on “Wellness Regulations and Rewards” for guidance.

COMMUNICATION and MARKETING

Communication and marketing may be the second most important piece of your wellness program after creating a culture that focuses on the well-being of your employees.

WAYS TO COMMUNICATE

Before you select how you will communicate, it is helpful to assess (1) your employee demographics (who your employees are); (2) what media they use; (3) what media your company has and can use; and (4) the time, money, and resources you have to develop communications. Once you figure those things out, you can create your messages and select your media.

You have a number of options to consider for ways to communicate:

- ❖ In-person
- ❖ Meeting announcements
- ❖ Overhead speaker announcement
- ❖ TV and video monitor announcements
- ❖ E-mail
- ❖ Intranet web pages
- ❖ Social media posts
- ❖ Blogs
- ❖ Newsletters
- ❖ Brochures
- ❖ Flyers or posters on bulletin boards
- ❖ Table tents
- ❖ Signage or announcements on sandwich boards or portable easels
- ❖ Phone or text message reminders

WHAT TO COMMUNICATE

When developing communication, make sure your employees can easily identify:

- ❖ **Who** the program is for
- ❖ **What** the program is about
- ❖ **Where** the program is
- ❖ **When** the program is
- ❖ **Why** the program is being offered
- ❖ **How** to sign up or participate
- ❖ **Who** to contact for more information—name, title, location, phone number, and email address.

COMMUNICATION and MARKETING PLAN

You will want to plan out how you will communicate and market your overall wellness program and each of your events throughout the year, including who will design materials, who is needed to help with the dissemination, and when and where things will be placed. A description of how to incorporate your communication and marketing plan into your action plan is in Step 5. If you have marketing staff or just creative people, talk with them about your communication and marketing plans. If possible, see if they can create items for you, or with you.

You should also “brand” your initiatives so employees immediately recognize materials that are part of the wellness program. That can be a logo, a color design or just something that sets the materials apart from what they see every day in the organization. Here is one example with key types of messages that should be part of your communication for all of your initiatives.

SAMPLE MARKETING/COMMUNICATION FLYER:

Walk with a “Buddy” program

**Be active with a friend!
Walking has never been more fun.**



**You will feel and look better and
have more energy!**

All participants will be enrolled in a random
drawing for a gift card.

Join us to “Walk with a buddy”. Sign up at our internal online
registration site www.getthehealthy.org

1

Create compelling
messages

2

Promote something of
value to the employee

3

Create a “call to action”

Other thoughts to keep in mind

As you plan your strategies for the year, plan your marketing and communications as well. You want to engage as many employees as possible, so keep in mind these pieces that should be part of your plan.

Components	What does it look like or why does it work?
Send the Right Message	Appeal to participants' core values of what really matters in their life: better health, lower weight, fewer medications, less stress, happiness and hope.
Give Employees What They Want	Invite employee input regarding wellness program offerings through surveys, interviews, or working groups. Be realistic and do not over promise things you cannot deliver.
Make it Fun	Infuse wellness programming with intrigue, fun, and excitement — so workers will not want to miss out. Can you create a “buzz”? Can you create curiosity?
Create a Social Component and Commitment	Include a team or partner element in your program design, where the objective is to help colleagues succeed.
Recognize Accomplishments	Ask employees to submit their wellness success stories for publication on your internal website. Have visible recognition of participants.
Make it Easy	Provide easy access and opportunities for healthy behavior throughout the year so people can rotate into new offerings as they become available. Make the goals attainable for everyone, not just the healthiest staff. Make it easy for participants to track and view their wellness progress.
Get the Family Involved	Reach out to spouses and children in addition to employees. Get the whole family involved.
Create a Culture	There is a clear link between employee engagement and well-being. Managers are a conduit between those components and can make or break a wellness program.

FACTORS OUTSIDE THE WORKSITE

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 at your worksite.

SELF-CARE, FAMILY AND HEALTHCARE PROVIDER INVOLVEMENT

Self-care, family involvement and healthcare provider involvement can 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. 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:
 - Men: Stay Healthy at Any Age <https://www.ahrq.gov/sites/default/files/wysiwyg/patients-consumers/patient-involvement/healthy-men/healthy-men.pdf>
 - Women: Stay Healthy at Any Age <https://www.ahrq.gov/sites/default/files/publications/files/healthy-women.pdf>
 - "Questions are the Answer" for ideas on talking with health care providers. <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
 - Calculators for individual health topics <https://www.cdc.gov/chronicdisease/calculator>
- ❖ **WebMD** is a good source for individuals to find general medical information 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 health assessments (HA) 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

ASSESSING YOUR WORKSITE

STEP 3: INITIAL ASSESSMENT

Assessing your worksite is essential to providing high-level programs to your employees. Matching the wants (interest survey) and needs (biometric screenings/health assessments) of your employees will only help to increase the participation and engagement of your workforce. Getting a snapshot of the work environment and employee health and developing a wellness program based on the information will help build the value of your program in the eyes of both key stakeholders as well as employees. Thinking about what data to collect and how to use the data at the start of developing your program will pay off in the end. Here are the key steps:



Assess Your Worksite Environment

#	Wellness Component	Yes	In Process	No	Potential Priority
6	Does the worksite orient new employees to the wellness program and give them copies of the wellness policies (nutrition, tobacco, etc.)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



Survey Your Employees

Please rate your interest in any of the following nutrition resources that might be available?	Very Low	Low	Neutral	High	Very High
a. Attending regular presentations on nutrition topics	<input type="checkbox"/>				



Check Biometric Measures or Have Employee Visit their MD

Biometric measures	Blood Pressure	Cholesterol	Glucose	BMI
Date _____	124/76	188	102	26.4



Gather Your Other Relevant Data

Gather any other information or data that might be available and use it to help develop or expand your wellness program

Your worksite assessment could 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 potential programs to provide.
- Part 3: Biometric measures (blood pressure, cholesterol, etc.) and a health assessment (HA) or a primary care provider (PCP) office visit.
- Part 4: Gathering of other existing information that might be helpful in your decision-making (ex. healthcare costs, absenteeism, etc.)

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 for possible improvement and provide an opportunity for your employees to have their health evaluated. The information collected as part of the assessment will lead your committee to recommend actions for changes to make the worksite 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. It is also possible to use assessment results as a baseline measure for later evaluation. The initial assessment becomes the baseline for a follow-up assessment several months later or annually to measure progress.

What do I need?

- ❖ An assessment workgroup (this could be the Wellness Committee or a separate group just for assessment?)
- ❖ The worksite assessment tool (part 1)
- ❖ The employee survey tool (part 2)
- ❖ Knowledge of and access to other data that might be helpful (parts 3 and 4)
- ❖ Time
- ❖ Someone to collate and summarize the results

Who should decide what is included in 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 employees from various departments, administrators, supervisors, vendors and wellness staff. Keep in mind what you learned about incentives in Step 2 – It is not about checking off boxes and you cannot “buy” good health behaviors. Sell your assessment process as a way to improve employee health for their sake.

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. The program evaluation plan in Step 6 shows you how to use the annual assessment as part of your overall program evaluation plan.

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 or DHSChronicDiseasePrevention@dhs.wisconsin.gov.

ASSESSMENT CHECKLIST

PART 1: WORKSITE ENVIRONMENTAL ASSESSMENT CHECKLIST

Complete the Worksite Wellness Environmental 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.

The next page contains a sample of an abridged completed checklist.

Appendix B contains a complete version of the checklist.

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:

- 1 **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, Financial Wellness and Emergency Medical Response Plan. Each category has several questions that address what you currently have in place at your worksite.
- 2 **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 do not 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.
- 3 **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 do not 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 5.

#	Wellness Component	2			3
		1	Yes	In Process	
General					
6	Does the worksite orient employees to the wellness program and give them copies of the worksite policies (ex. physical activity, nutrition, and tobacco use).			✓	

Worksite Assessment Checklist (Completed sample)

#	Wellness Component	Yes	In Process	No	Potential Priority
Infrastructure					
1	Does the worksite provide the following the following key infrastructure components: <ul style="list-style-type: none"> ❖ a commitment from key stakeholders such as senior management, human resource managers, safety officers, staff members, etc. ❖ a champion(s) who is a strong advocate for the wellness program ❖ a representative committee that meets at least quarterly to oversee worksite wellness program operations 	✓	Sample		
2	Does the worksite have a written statement that includes: <ul style="list-style-type: none"> ❖ a mission statement ❖ clearly defined goals ❖ an action plan to implement the program? ❖ 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? 		✓		
3	What percent of a full-time employee (FTE) is dedicated to implement a wellness program at the worksite?		✓		
4	What is the worksite budget for employee health promotion that includes some funds for programming? (\$ per employee)			✓	✓
General area totals (# of Yes, In Process and No items)		1	2	1	1

FULL WORKSITE SCORECARD (Sample) (Totals for all categories)		Yes	In Process	No	Potential Priority
Infrastructure (4)		2	0	2	1
General Program Components (9)		4	1	4	1
Health Assessment and Insurance Coverage (7)		4	1	2	0
Physical Activity (19)		7	1	11	1
Nutrition (16)		7	2	7	1
Emotional Wellbeing (15)		5	1	9	1
Alcohol and Drug Abuse (7)		2	2	3	0
Tobacco Use (5)		2	1	2	0
Emergency Medical Response Plan (3)		2	0	1	0
Financial Wellbeing (8)		2	2	4	1
Assessment and Evaluation (4)		1	1	2	1
Worksite Total (97)		38	12	47	7



EMPLOYEE INPUT

PART 2: HOW TO GET EMPLOYEE INPUT

Why do an employee survey?

Conducting an employee survey gives you a better understanding of your target audience (your company's employees) and an understanding of their current interest areas. You can tailor the survey to your worksite and it 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 survey 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.)

Also, consider engaging employees in focus groups or informal interviews to gather information on their wants and needs. You can 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.

The two sample interest surveys below contain questions about:

- ❖ Health topic areas of interest
- ❖ Types of training that might be available
- ❖ Preferred methods of communication
- ❖ Demographic information
- ❖ Open-ended questions about preferences and barriers to participation

Sample interest surveys are available at:

- ❖ Health Alliance Plan Employer Interest Survey
<https://www.hap.org/~media/files/hap/for-employer/sample-employee-interest-survey.pdf>
- ❖ Healthy Workforce 2010: Essential Health Promotion Sourcebook for Employers, Large and Small (pages 58-60)
http://www.acsworkplacesolutions.com/documents/Healthy_Workforce_2010.pdf

HEALTH/BIOMETRIC ASSESSMENTS

PART 3: HEALTH/BIOMETRIC ASSESSMENTS

What does it mean to complete a Health Assessment (HA)?

Workplace health promotion programs in most settings conventionally ask individual participants to complete a brief questionnaire that summarizes key health information, which can then generate a statistical estimate of one's overall health status at the beginning of program participation. These assessments (or surveys) are often referred to as "health assessments". **Health assessments** (HA, also known as health risk assessments: HRAs) 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 assessment or may be done separately. In either case, like HAs, there should be a follow-up plan to make good use of the results.

Most would agree that completion of a HA alone will not likely result in a significant change in one's overall health profile. What most experts recommend is that all HAs should be followed by specific counseling and opportunities to participate in health promotion strategies (like nutrition counseling, organized physical activity, or tobacco cessation programs) relevant to the significant modifiable health behaviors identified through the completion of an HA. HA results, when aggregated in a confidential manner across multiple members of a workplace population, and where HA 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 HAs 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 HA?

- ❖ Set the goals and objectives of using the HA (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 you want to take (i.e. programming).
- ❖ Determine whether you would like to process your own HA.
- ❖ Create a short list of possible vendors and select a vendor.

What are the different types of HAs?

- ❖ Self-reported - individual focused. Only self-reported lifestyle information is collected. This type of HA 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" HA 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 a Health Assessment (HA) work?

HAs calculate the probability that a person with certain health behaviors will acquire various chronic diseases or die in a given time period. This probability calculation compares 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

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

Risk Level	# of Risks	Average cost/employee	Average Work Site	Employee % Goals
Low Risk	0 to 2 risks	\$2,199	55%*	70%
Medium Risk	3 to 4 risks	\$3,460	28%	20%
High Risk	5 or more risks	\$5,520	17%	10%

* 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 <https://www.sharecare.com/static/realage>.

Primary Care Physician Visit vs. Health Assessment (or both)

As an organization, you can decide what factors you want to assess and how often you want to do assessments. Traditional worksite wellness has focused on online assessments and biometric screenings. A different approach is to encourage employees to schedule an annual wellness check-in with their Primary Care Provider (PCP). There are pluses and minuses to both these approaches and some worksites alternate between the options, with a physician visit one year and a health assessment and biometric screening the next year.

Preventive visits can be a great option as they are usually covered under your health plan and they allow your members to establish a relationship with their primary care provider. In return, this can also encourage your employee to become a better health care consumer by using their PCP versus urgent care or the emergency room for what could be a routine visit. Your ultimate goal is to have happy, healthy and productive employees. You should decide which employee health assessment and follow-up method would best achieve that goal.

Health Assessment and Biometric Screening vs. Primary Care Provider Office Visit

Health Assessment and Biometric Screening	Primary Care Provider Office Visit
Limited # of biometric measures collected	Covers all preventive screenings
Employee walks out the door with some biometric “numbers”, but no concrete follow-up plan.	Employee walks out the door with a specific follow-up plan <ul style="list-style-type: none"> ❖ Possible Rx ❖ Possible follow-up/referral
Employer knows: <ul style="list-style-type: none"> ❖ Some of their employees were screened ❖ That he may get aggregate data from a subset of his employees 	Employer knows the employee: <ul style="list-style-type: none"> ❖ Had a medical visit (signed form as part of an incentive package) ❖ Talked with their PCP ❖ Discussed their biometrics with their PCP and they are okay or are being treated ❖ Is up-to-date on all prevention screenings
Employer <u>doesn't</u> know if the employee <ul style="list-style-type: none"> ❖ Will see their PCP ❖ Get needed prescriptions ❖ Set up follow-up appointments 	Employer <u>doesn't</u> know if the employee <ul style="list-style-type: none"> ❖ Data can be aggregated and reported back to the employer (likely not)

There are lots of HA examples and vendors available. One free option that can serve as an individual self-directed assessment and provide anonymous feedback to employees is available at <https://www.sharecare.com/static/realage>.

OTHER AVAILABLE INFORMATION

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. Data may be available for you from your health care provider if you have a population size of 100 or more employees. 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.

A Quick Look at the Health of Your Employees

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.

Listed here are sample results of questions answered as part of a survey and how you might use the information. The full sample survey is available in Appendix D. You should modify the survey to meet your needs.

Employee Health Survey (completed sample of Employee Health Survey 1):

Demographics	
1. Gender	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 60%;"> <p>28% Male</p> <p>72% Female</p> </div> <div style="border: 1px solid black; padding: 10px; text-align: center; width: 30%;">Sample</div> </div>
2. Age	<p>0% <20</p> <p>6% 20-29</p> <p>16% 30-39</p> <p>26% 40-49</p> <p>45% 50-59</p> <p>7% 60+</p>
Wellness Questions	
3. Current physical activity level.	<p>12% I do not exercise or walk regularly now, and I do not plan to start in the near future.</p> <p>29% I do not exercise or walk regularly, but I have been thinking about starting.</p> <p>36% I am doing moderate or vigorous physical activities for at least 30 minutes on some days, but fewer than 5 days a week.</p> <p>11% I have 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.</p> <p>12% I have 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.</p>

(A blank Employee Health Survey 1 is available in Appendix D)

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 as well as different delivery methods of the survey (internet based or paper), 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 demographic information in questions one and two show 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. The activity information from question eight and nine 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.

One other example of a quick survey that can provide a high-level indicator of health is the four-question Healthy Days Core Module. The survey asks a question about general health and then three questions about the number of days in the past month that someone did not feel good about their physical health, mental health and days when they were limited from their usual activities. A hard copy of the survey is available in Appendix D.

This survey can give you a baseline snapshot of your worksite's aggregate employee health and be used in the future for comparison purposes to evaluate your wellness program.

Employee Health Survey 2

Healthy Days Core Module questions. See Appendix D (example 2) for full content.

1. Would you say that in general your health is: Excellent – Poor scale
2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?
3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?
4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

There is a close link between assessment (Step 3) and evaluation (Step 6). Collecting information up front provides both an insight of current health status of your workplace and a baseline for a later comparison to evaluate progress.



A man in a white lab coat is the central focus, looking directly at the camera. He is holding a dark clipboard. In the background, two other people, a man and a woman, are visible but out of focus. The overall image has a light, slightly desaturated tone.

STEP 4:

PROGRAMMING FOR
YOUR WORKSITE

PROGRAMMING

STEP 4: STRATEGIES FOR MY WORKSITE



3-Pronged Approach

Address worksite wellness issues three ways (I + E + P):

1. I = Individual programming
2. E = Environmental supports
3. P = Policy changes



Pick Strategies to Match Your Resources

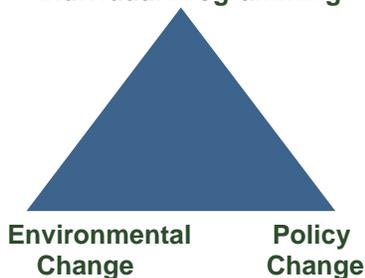
Low resource—map nearby walking routes
Medium resource—start noontime yoga classes
High resource—provide on-site recreation facilities



See Strategies and Resources that Meet the IEP Components

Find materials and ideas to implement the strategies you pick:
Map nearby walking routes
<http://onthegomap.com>

Individual Programming



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 augment or complement, each other. Here's one example for a physical activity focus:

Individual—conduct a six-week walking campaign that tracks steps.

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.

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 5 to narrow your focus and put your written action plan in place. **DO NOT 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 have completed the worksite assessment, employee survey, reviewed other available data and compiled the results, it is time to look at the proven program strategies or 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?

Step 1 mentioned the common question of whether there is a separate resource kit or section for small businesses. Here is a reminder of why there are at least two good reasons for small businesses to consider the full list of strategies:

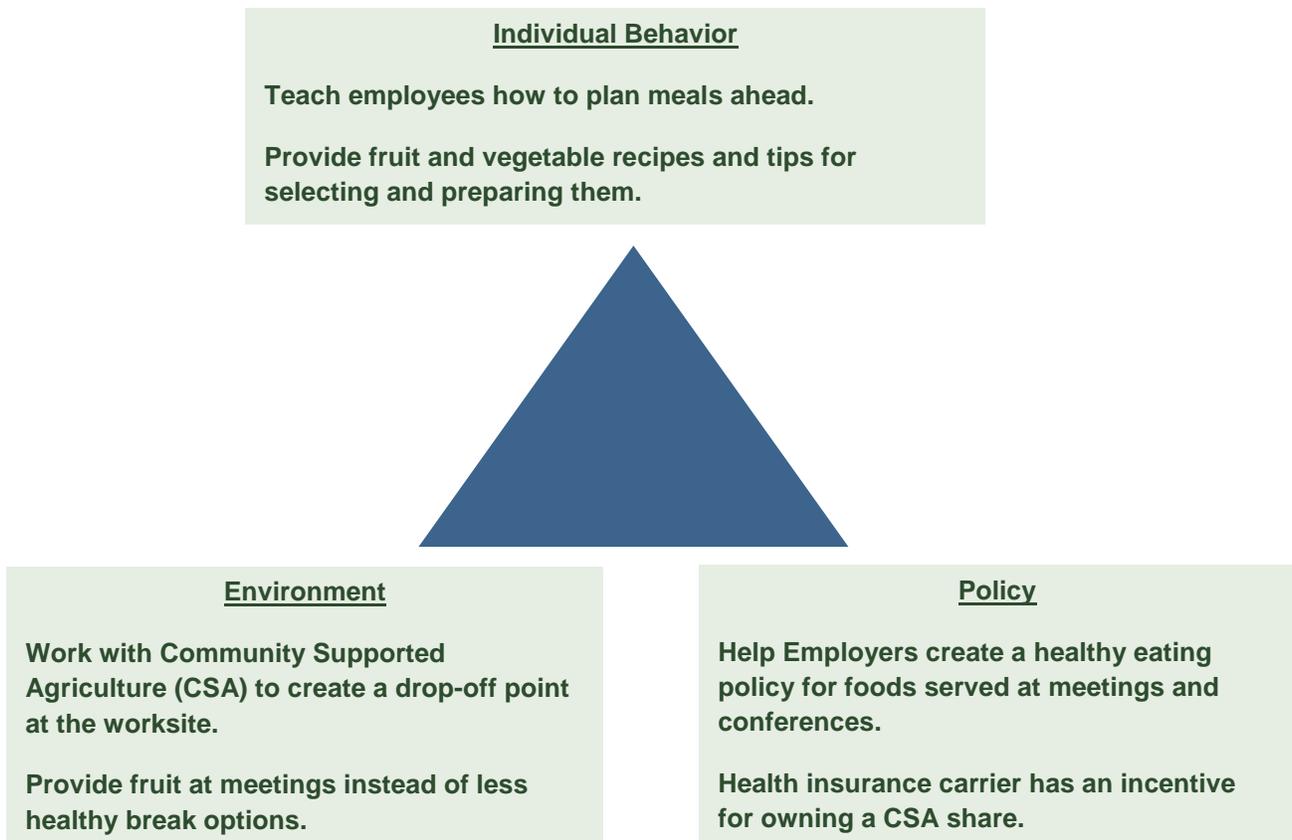
- ❖ Although small businesses may not have the resources available to larger businesses, they do have two distinct advantages. First, because of their size, it is easier and simpler to make policy or environmental changes. They do not have a large bureaucracy that needs to approve changes. Secondly,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

The table lists the strategies into groups 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 not that hard to implement because of their small staff numbers. This list presents all of the strategies together, so any worksite, regardless of size, can select which ones they want to pursue or ignore.

- ❖ For small businesses who do want to start with a smaller strategy list, there is one available at <https://www.dhs.wisconsin.gov/publications/p0/p00639.pdf>

THE 3-PRONGED APPROACH – A MORE DETAILED EXAMPLE

Step Four started with this 3-pronged approach as the key concept. That is because a 3-pronged approach is likely to be more successful in addressing an issue from multiple perspectives. Provided below is a more detailed illustration of a nutrition initiative.



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. 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 then to implement policies that promote health and reduce risk of disease.

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 common 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)

You will find a number of policy or environmental changes that you can make listed in this section. 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.

Focus Areas

Wellness programming can include many components and activities. This resource kit focuses on prevention and behavior change to reduce chronic diseases. Highlighted below is the list of specific activities or strategies to address each area:

- ❖ General health education, programming, assessment and healthcare
- ❖ Physical activity
- ❖ Nutrition
- ❖ Emotional wellbeing
- ❖ Alcohol and other drug abuse
- ❖ Tobacco cessation
- ❖ Financial wellness

Each focus area has its own distinct section that contains strategies on the first page and references to additional resources on the second page. A shaded color highlights the strategy references. Look at the first page to see an overview of each workplace focus area. If you need additional information or resources to implement a strategy, look to the second page for more detailed information. The following two pages provide examples of the strategy page and the resource page.

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.

1

Strategies arranged by resource level. This provides a summary of programming that you can do at your worksite. The table splits the components 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 show the relative amount of staff and financial resources needs to implement the program.

2

Influencing change on a variety of levels. The columns in the table indicate the level where change takes place. In Step 5, there is a summary of the need for change to occur at the **individual, environmental and policy levels**. The level of change columns in the tables indicate which type of strategy is in use 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

LOW RESOURCES	I	E/O	P
1. Support physical activity breaks during the workday, such as stretching or walking.		★	★
2. Map out on-site trails or nearby walking routes.	★	★	
MEDIUM RESOURCES	Sample		
1. Provide shower and/or changing facilities on-site.		★	
2. Implement incentive-based programs to encourage physical activity, such as pedometer walking challenges.		★	
HIGH RESOURCES			
1. Provide an on-site exercise facility.		★	

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

You will get an overview of things to do in the workplace by looking at the first page of each program area. If you need additional information or resources to implement a strategy, look to the second page for more detailed information. Here is an example of the second page:

PHYSICAL ACTIVITY RESOURCES FOR THE RECOMMENDED STRATEGIES

LOW RESOURCES

1. Support physical activity breaks during the workday. *Supervisors will support this as a standard work practice.*
2. Map out on-site trails or nearby walking routes. <http://www.gmap-pedometer.com/>

Italics: Brief description of what needs to take place to implement.

MEDIUM RESOURCES

1. Provide shower and/or changing facilities on-site.
2. Implement incentive-based programs to encourage physical activity, such as pedometer walking challenges.

<http://dhs.wisconsin.gov/forms/F4/F40075.pdf>

Hyperlink: Reference to a website with detailed information or examples to implement the strategy listed.

HIGH RESOURCES

1. The essentials of creating an on-site exercise facility.
<http://info.totalwellnesshealth.com/blog/the-essentials-of-an-onsite-company-gym>
Fitness Center Management Best Practices
<http://www.chubb.com/businesses/cci/chubb15192.pdf>

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 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

Step 2 highlighted the importance of a coordinator, but it bears repeating. The coordinator's time and ability often affects the level of success for the wellness program. It is essential that some or all of the coordinator's time be dedicated to the wellness program. If this is not 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.

GENERAL COMPONENTS

WHAT: A well-defined program with management support is essential to be successful. Include educational efforts that address knowledge, attitude and behavior change, in combination with skill building sessions and social support to 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.

General components include:

- ❖ Infrastructure
- ❖ Communication and engagement
- ❖ Education
- ❖ Assessments
- ❖ Incentives

TABLE KEY 
I = Individual level
E/O = Environmental / Organizational level
P = Policy level

HOW:

LOW RESOURCES	I	E/O	P
1. Provide the following the following key infrastructure components: <ul style="list-style-type: none"> ❖ A commitment from key stakeholders such as senior management, human resource managers, safety officers, staff members, etc. ❖ A champion(s) who is a strong advocate for the wellness program ❖ A representative committee that meets at least quarterly to oversee worksite wellness program operations 		★	★
2. Provide the following key written components: <ul style="list-style-type: none"> ❖ A mission statement ❖ Clearly defined goals ❖ An action plan to implement the program ❖ A worksite wellness summary plan that addresses the purpose, nature, duration, resources required, activities, participants involved, budget, evaluation strategy and expected results of the program 			★
3. Provide health education information through newsletters, publications, websites, email, libraries, and other company communications.	★		
4. Orient employees to the wellness program and give them copies of the worksite policies (ex. physical activity, nutrition, and tobacco use).			★
5. Provide specific information and resources to employees who are looking for additional resources to be involved in self-care.	★		
6. Instead of separate health assessments at work, encourage employees to visit their primary care provider for an assessment, biometric screenings and any follow-up treatment.	★		★
MEDIUM RESOURCES			
1. 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 such as the diabetes self-management program.	★		
2. Provide small incentives for participation. Examples would include: <ul style="list-style-type: none"> ❖ Small merchandise (i.e., water bottles, pedometers, etc.) ❖ Gift certificates ❖ Monetary awards ❖ Reimbursement for the cost of participation in certain wellness programs 	★		

❖ Health insurance rebates or discounts			
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. Provide flexible work hours to allow opportunities for employees to participate in the various wellness components.		★	
HIGH RESOURCES			
1. Provide funding for at least a part-time dedicated staff to implement a wellness program.			★
2. Provide a worksite budget for employee health promotion that includes some funds for programming.	★		★
3. Provide and promote the following health assessment components: <ul style="list-style-type: none"> ❖ An annual needs and interest survey to employees as a means to check-in with the wellness program target audience. ❖ Health assessments on a regular basis (at least every other year) ❖ Easy access to free or reasonably priced annual biometric health screenings (blood pressure checks, cholesterol screening, diabetes/blood sugar screening, stress or anxiety/depression screening, etc.) ❖ Utilization of health assessments or screenings to connect higher risk employees with their healthcare provider for follow-up ❖ Use health assessments, biometric health screenings and employee interest surveys as tools for planning their wellness program 	★		★
4. Provide larger incentives to boost employee participation. <ul style="list-style-type: none"> ❖ Reimbursement for the cost of participation in certain wellness programs ❖ Health insurance rebates or discounts 	★		★
5. Provide campaigns and challenges to increase participation rates and engage employees.	★		
6. Provide evidence-based behavior change classes such as the diabetes self-management class.			
7. Provide adequate healthcare coverage for employees and their families for prevention of and treatment of chronic disease.			★
8. Provide wellness programming to employee family members (spouse and children)	★		★
9. Include employee counseling as a member benefit in health insurance contracts.			★
10. Provide on-site childcare to facilitate employee participation in wellness programs and activities.	★	★	★

Resources for the Wellness Component Recommended Strategies

BEST RESOURCES: Wellness Council of America (WELCOA) for a variety of general wellness information: <https://www.welcoa.org/resources/>
WELCOA - WI Affiliate: <http://www.wellnesscouncilwi.org/>
Centers for Disease Control and Prevention Workplace Health Promotion site

LOW RESOURCES

1. Provide key infrastructure components such as management commitment, identifying “champions” and a representative wellness committee to provide advice and provide assistance. *These infrastructure components are essential to success.*
<http://www.tompkinscountyny.gov/files/wellness/worksite/workwell/wellcomm.html>
2. Provide a written game plan for the wellness program that includes a mission statement, goals and an action plan. *A clearly written plan provides direction and a specific method to achieve the goals of the program.* <https://www.dshs.state.tx.us/wellness/PDF/WorksitePlanwChecklist.pdf>
3. Provide health education and information through a variety of communication methods. Use *multiple means of communication so employees hear your message.*
4. Conduct employee orientation to the wellness program and wellness policies. *Show the employee the importance of the wellness program and its components by integrating information into new employee orientation.*

5. Self-care resources. See the section on Self-care (page 20) for resources.
6. Instead of separate health assessments at work, encourage employees to visit their primary care provider for an assessment, biometric screenings and any follow-up treatment. *As an alternative health assessment, have each employee visit their primary care physician for their assessment and biometric screening and so they can discuss the results and any follow-up steps they should take to reduce risk through prevention and treatment.*

MEDIUM RESOURCES

1. Provide health education presentations.
2. Provide incentives for participation. *See Step 2 for a detailed explanation of incentives.*
3. Host a health fair as a kick-off or celebration event or an on-line health fair planning guide: <http://fcs.tamu.edu/files/2015/02/health-fair-planning-guide.pdf>
4. Designate specific areas to support employees such as diabetics and nursing mothers.
Diabetes: <https://www.eeoc.gov/laws/types/diabetes.cfm>
Nursing mothers: http://www.opm.gov/Employment_and_Benefits/WorkLife/OfficialDocuments/HandbooksGuides/Nursing/index.asp
5. Provide flexible work hours to allow opportunities for employees to participate in the various wellness components. *Time is a key factor in busy lives. Providing time flexibility will likely increase participation in your wellness program.*

HIGH RESOURCES

1. Provide funding for at least a part-time dedicated staff to implement a wellness program.
2. Provide a worksite budget for employee health promotion that includes some funds for programming. *See Appendix H for an example.*
3. Provide and promote the following health screening wellness components:
 - ❖ An annual needs and interest survey to employees as a means to check-in with the wellness program target audience.
 - ❖ Provide health assessments on a regular basis (at least every other year) <http://www.corporatewellnessmagazine.com/worksite-wellness/revisiting-the-value-of-health-risk-assessments/>
Free online assessment tool: <https://www.sharecare.com/static/realage>
 - ❖ Provide easy access to free or reasonably priced annual biometric health screenings (blood pressure checks, cholesterol screening, diabetes/blood sugar screening, stress or anxiety/depression screening, etc.) Screening list: http://www.acoem.org/uploadedFiles/Public_Affairs/Policies_And_Position_Statements/Guidelines/Position_Statements/Biometric%20Hlth%20Screening%20Statement.pdf
 - ❖ Provide proper utilization of health assessments or screenings to connect higher risk employees with their healthcare provider for follow-up
Making the Most of Annual Health Assessments <http://www.ifebp.org/inforequest/ifebp/0166220.pdf>
 - ❖ Optimally use health assessments, biometric health screenings and employee interest surveys as tools for planning their wellness program
4. Provide larger incentives for participation. *See Step 2 for a detailed explanation of the pros and cons for larger incentives.*
5. Provide campaigns and challenges to increase participation rate and engage employees. *Running multi-week campaigns helps participants establish new habits that take time to become ingrained.*
6. Provide evidence-based behavior change classes such as the diabetes self-management class. www.dhs.wisconsin.gov/diabetes/index.htm
7. Provide healthcare coverage for prevention of and treatment of chronic disease. <http://www.prevent.org/Worksite-Health/Investing-in-Health-Workplace-Guide.aspx>
8. Provide wellness programming for family members. *See ideas in Appendix I.*
9. Include employee counseling as a member benefit in health insurance contracts.
10. Provide on-site childcare to facilitate employee participation in wellness programs and activities.

Looking for Sample Lessons and Materials?

- ❖ See pages 13-16 and pages 54-57 in the Arkansas Worksite Wellness tool kit: http://wellnessproposals.com/pdfs/tool_kits/healthy_arkansas_worksite_wellness_toolkit.pdf

PHYSICAL ACTIVITY and ERGONOMICS

WHAT:

While any amount of physical activity is better than none, the recommended amount for health benefits is a total of 30 minutes a day on most days of the week. Experts recommend that employees stand or move two or more hours during the 8-hour workday. Ergonomics are also vital to promote, to avoid pain and injury while sitting, standing or moving.

Only 57 percent of Wisconsin adults are physically active for 150 minutes per week and only 21 percent meet both the 150-minute aerobic goal and the strength goal of muscle building twice a week.

WHY:

Physical activity improves energy, strength, stamina, engagement, productivity, stress management, and reduces the risk of insomnia, obesity, heart disease, diabetes, and some cancers. Both physical activity and ergonomics reduce the risk of back and joint pain and injury. People who stay fit cost the organization less for healthcare and are absent less, creating a happy and more productive workforce.

HOW:

TABLE KEY
I = Individual level
E/O = Environmental / Organizational level
P = Policy level

LOW RESOURCES	I	E/O	P
1. Create a company culture that discourages sedentary behavior, such as TV viewing on breaks and sitting for long periods of time.			★
2. Support physical activity breaks during the workday, such as walking or stretching, including desk stretches for ergonomic reasons.	★		★
3. Map out on-site trails or nearby walking routes.		★	
4. Host walk-and-talk meetings.		★	
5. Post motivational signs at elevators and escalators to encourage stair use.		★	
6. Have employees map their own biking or walking route to and from work.	★		
7. Provide bicycle racks in safe, convenient, and accessible locations.		★	
8. Provide ergonomics education and workspace evaluations.	★	★	
MEDIUM RESOURCES			
1. Provide shower and/or changing facilities on-site.		★	
2. 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, etc.)			
3. Provide outdoor exercise areas such as fields and trails for employee use.		★	
4. Provide or support recreation leagues and other physical activity events (on-site or in the community).		★	
5. Start employee activity clubs (e.g., walking, bicycling).	★	★	
6. Explore discounted or subsidized memberships at local health clubs, recreation centers, or YMCAs.		★	
7. Provide sit to stand workstations.	★	★	
HIGH RESOURCES			
1. Offer on-site fitness opportunities, such as group classes or personal training	★	★	★
2. Provide an on-site exercise facility.		★	
3. Allow for use of facilities outside of normal work hours (before or after work).		★	★
4. Provide on-site childcare facilities to facilitate physical activity.		★	
5. Provide treadmill or other type of exercise workstations, either for individuals or as a group access machine.	★	★	

Resources for the Recommended Physical Activity Strategies

LOW RESOURCES

1. Create a company culture that discourages sedentary behavior.
2. Support physical activity breaks during the workday. *Supervisors will support this as a standard work practice.* <http://possibility.com/PowerPause/>
3. Map out on-site trails or nearby walking routes. <https://us.mapometer.com/>
<https://www.mapwalk.com/#/h/route> <https://www.gmap-pedometer.com/>
4. 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://everybodywalk.org/guide-to-walking-meetings/>
5. Post motivational signs at elevators and escalators to encourage stair usage. http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/stairwell/motivational_signs.htm
6. Have employees map their own biking route to and from work. <https://us.mapometer.com/>
7. Provide bicycle racks in safe, convenient, and accessible locations. <http://wisconsin.gov/Pages/travel/bike/bike-maps/county.aspx>
8. Provide ergonomics education and workspace ergonomic evaluations. <https://ergonomics.ucla.edu/office-ergonomics/4-steps.html>

MEDIUM RESOURCES

1. Provide shower and/or changing facilities on-site.
2. Promote active commuting by offering commuters assistance such as pool bikes, umbrellas, etc.
3. Provide outdoor exercise areas such as fields and trails for employee use.
4. Support recreation leagues and other physical activity events (on-site or in the community).
5. Start employee activity clubs (e.g., walking, bicycling). The Motivational Impact Of Sports And Social Clubs <https://www.employeebenefits.co.uk/issues/motivation-and-recognition-supplement-2013/the-motivational-impact-of-sports-and-social-clubs/>
A Guide to Creating Worksite Walking Clubs
<http://takeaction.ca.cdph.ca.gov/Documents/Establishing%20Worksite%20Walking%20Clubs.pdf#search=walking%20club>
Start or Join a Walking Club
http://www.heart.org/HEARTORG/HealthyLiving/PhysicalActivity/Walking/Start-or-Join-a-Walking-Club_UCM_460019_Article.jsp#.WqaDhZXrtD8
Pedometer walking program <http://dhs.wisconsin.gov/forms/F4/F40075.pdf>
6. Explore discounted or subsidized memberships at local health clubs. *Contact your local YMCA, fitness centers or other health groups to discuss reduced group rates.*
7. Provide sit to stand workstations. <http://ergo-plus.com/sit-stand-workstations-guide/#1>

HIGH RESOURCES

1. Offer on-site fitness opportunities, such as group classes or personal training. <http://www.acefitness.org>
2. Provide an on-site exercise facility. <http://www.cdph.state.co.us/pp/copan/resourcekits/WorksiteWEllnessResourceKit.pdf> (pages 45-46)
3. Allow for use of facilities outside of normal work hours (before or after work).
4. Provide on-site childcare facilities to facilitate physical activity.
5. Provide treadmill or other type of exercise workstations, either for individuals or as a group access machine Study examining the benefits of standing desks. https://www.cdc.gov/pcd/issues/2012/11_0323.htm -

Looking for Sample Lessons and Materials?

- ❖ See the Eat Smart, Move More...North Carolina in the Worksite site: <http://www.eatsmartmovemorenc.com/NCHealthSmartTikt/WorksiteTikt.html>

NUTRITION

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. Healthier food alternatives in worksite cafeterias or vending machines provides employees with better choice options. 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, they may be less likely 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 who receive breastfeeding support at work are happier, more productive employees and are less likely to resign. Breastfeeding also promotes weight loss and a quicker return to pre-pregnancy weight. Federal law requires employers to provide accommodations for breastfeeding nonexempt employees covered by the Fair Labor Standards Act.

TABLE KEY 
I = Individual level
E/O = Environmental / Organizational level
P = Policy level

HOW:

LOW RESOURCES	I	E/O	P
1. Promote the consumption of fruit and vegetables in catering/cafeteria through motivational signs, posters, etc.	★	★	
2. Promote and market healthy choices by: <ul style="list-style-type: none"> ❖ Increasing the percentage of healthy options that are available ❖ Using competitive pricing to make healthier choices more economical ❖ Advertise or mark healthy options so that they stand out 		★	
3. Have on-site cafeterias follow nutritional standards that align with dietary guidelines for Americans.			★
4. Provide appropriate portion sizes and provide nutrition labeling information, when possible.		★	★
5. Offer healthful food alternatives at meetings, company functions, and health education events.		★	★
6. Make water available throughout the day.		★	
7. Provide tools for employees to track or log your food intake	★		

MEDIUM RESOURCES			
1. Offer local fruits and vegetables at the worksite (i.e. farmer's market or a community-supported agriculture drop-off point.)		★	
2. 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.		★	
3. Provide interactive food opportunities such as taste testing and food preparation skills.		★	
4. Have on-site cafeterias follow healthy cooking practices.		★	
5. Establish comprehensive workplace policies and programs that promote and support breastfeeding (including components such as prenatal education, paid family leave, flexible scheduling, breast pump equipment, information about community breastfeeding resources, etc.)		★	★
6. Provide time and an appropriate place for breastfeeding/pumping.		★	
HIGH RESOURCES			
1. Include the employees' family members in campaign promoting fruit and vegetable consumption (worksite plus family strategy).	★	★	
2. Make kitchen equipment (refrigerators, microwaves, stoves, etc.) available for employee food storage and preparation.		★	
3. Provide on-site gardening.		★	

Resources for the Recommended Nutritional Strategies

BEST GENERAL RESOURCES:

- ❖ The Food Service Guidelines (FSG) resource page provides a collection of resources provided by states, highlighting FSG success stories, guideline development and partner collaboration efforts. These FSG resources are identified by the FSG category or setting they are implemented in: worksite, cafeteria, blind, vending, healthy meetings, procurement, hospital, faith-based, food pantry, parks, and community. <https://asphn.org/food-service-guidelines/>
- ❖ This *Maintain, Don't Gain* weight management toolkit provides tips on creating and sustaining a worksite health program focused on helping employees maintain a healthy weight through diet and exercise. https://business.kaiserpermanente.org/wp-content/uploads/2015/08/Kaiser-Permanente-Maintain-Dont-Gain-Toolkit.pdf?sm_au_eyJHvTN1314Vr7j
- ❖ Nutrition and Weight Management in the Workplace - A Guide for Employers https://www.workhealthresearchnetwork.org/wp-content/uploads/2016/05/CDC-WHRN-Nutrition-and-Weight-Management-Employer-Guide_FINAL.pdf
- ❖ Healthy Workplace Food and Beverage Toolkit http://www.heart.org/idc/groups/heart-public/@wcm/@fc/documents/downloadable/ucm_465693.pdf

LOW RESOURCES

1. Promote the consumption of fruit and vegetables in catering/cafeteria through motivational signs, posters, etc. <http://www.fruitsandveggiesmorematters.org/top-10-reasons-to-eat-more-fruits-and-vegetables>
2. Promote healthy choices by:
 - ❖ Increasing the percent of healthy options that are available <http://www.eatsmartmovemorenc.com/NCHealthSmartTkt/EatSmartWrkBk.html>
 - ❖ Using competitive pricing to make healthier choices more economical
 - ❖ Advertise or mark healthy options so that they stand out
3. Have on-site cafeterias follow nutritional standards that align with dietary guidelines for Americans. https://health.gov/dietaryguidelines/2015/resources/2015-2020_Dietary_Guidelines.pdf
<https://www.gsa.gov/real-estate/facilities-management/tenant-services/concessions-and-cafeterias-healthy-food-in-the-federal-workplace>
4. 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.

5. Offer healthful food alternatives at meetings, company functions, and health education events.
<http://sph.umn.edu/site/docs/degrees-programs/nutrition/SPH%20Guidelines%20for%20Offering%20Healthy%20Foods.pdf>
 NC: Eat Smart North Carolina: Guidelines for Healthy Foods and Beverages at Meetings, Gatherings, and Events
<http://www.eatsmartmovemorenc.com/HealthyMeetingGuide/HealthyMeetingGuide.html>
 Center for Science in the Public Interest toolkit
<https://cspinet.org/resource/healthy-meeting-toolkit>
6. Make water available throughout the day. <http://www.mayoclinic.org/healthy-lifestyle/nutrition-and-healthy-eating/in-depth/water/art-20044256>
7. Provide tools to track or log your food intake. <https://www.supertracker.usda.gov/>
<http://www.fitday.com/>

MEDIUM RESOURCES

1. Offer local fruits and vegetables at the worksite (i.e. farmer's market or a community-supported agriculture drop-off point).
 Workplace CSAs (Community Supported Agriculture—A Summary of Models
<http://asapconnections.org/downloads/workplace-csa-models.pdf>
 Food at Work: Mini Farmers Market <http://www.eatwellworkwell.org/mini-farmers-market.htm>
2. 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.
 Food at Work: Vending <http://www.eatwellworkwell.org/vending.htm>
<http://www.tompkinscountyny.gov/files/wellness/worksite/workwell/snackbowl.html>
3. 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.*
4. Have on-site cafeterias follow healthy cooking practices.
https://health.gov/dietaryguidelines/2015/resources/2015-2020_Dietary_Guidelines.pdf
<https://www.gsa.gov/real-estate/facilities-management/tenant-services/concessions-and-cafeterias-healthy-food-in-the-federal-workplace>
5. Establish workplace policies and programs that promote breastfeeding.
<https://www.womenshealth.gov/breastfeeding/employer-solutions/>
<https://www.womenshealth.gov/breastfeeding/business-case-for-breastfeeding.html>
6. Provide time and an appropriate place for breastfeeding/pumping.
<http://www.dol.gov/whd/regs/compliance/whdfs73.pdf>
<http://www.usbreastfeeding.org/p/cm/ld/fid=200>

HIGH RESOURCES

1. Include the employees' family members in campaign promoting fruit and vegetable consumption (worksite plus family strategy).
2. Make kitchen equipment (refrigerators, microwaves, stoves, etc.) available for employee food storage and preparation.
3. Provide on-site gardening <https://www.dhs.wisconsin.gov/physical-activity/foodsystem/gotdirt.htm>

Looking for Sample Lessons and Materials?

- ❖ See pages 46-53 in the Arkansas Worksite Wellness tool kit:
http://wellnessproposals.com/pdfs/tool_kits/healthy_arkansas_worksite_wellness_toolkit.pdf
- ❖ See the Eat Smart, Move More...North Carolina in the Worksite site:
<http://www.eatsmartmovemorenc.com/NCHealthSmartTlkt/WorksiteTlkt.html>

EMOTIONAL WELLBEING

WHAT:

Emotional wellbeing is an essential aspect of employee wellness. It is mental health, stress management, resilience, mindfulness and positivity. It consists of our ability to become aware of and cope with our thoughts and emotions effectively, communicate constructively, and feel engaged, connected with others, and aligned with our values, meaning and purpose.

WHY:

Stress, anxiety and depression are among the top health issues/concerns in employee interest surveys, and one of the main reasons reported for presenteeism, engagement or productivity issues, absenteeism, and disability leave. In addition, aggregate review of health care claims indicates mental health related medications are among the most prescribed.

Among employers, the requests for trainings on stress management, resilience, mindfulness, and positivity are now more popular than those on physical health and lifestyle behaviors.

Emotional wellbeing does not just affect the individual; it affects the whole worksite culture. One of the main reasons people leave a job is because the company culture is “toxic” related to emotional wellbeing issues. Our emotional health and physical health are interconnected. Emotional health issues can affect our physical health, and vice versa. Therefore, it is imperative to address both areas in order to support health.

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. Those businesses that do so, 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:

TABLE KEY 
I = Individual level
E/O = Environmental / Organizational level
P = Policy level

LOW RESOURCES	I	E/O	P
1. Develop a collaborative work environment where employees have opportunities to participate in decisions that may affect job stress		★	★
2. Offer a way to for employees to get confidential mental health screenings (on-line or telephonically)	★		★
3. Encourage the use of telephone help lines - 800 numbers	★	★	
4. Put up a gratitude wall to post thank you notes to employees; and or send employees thank you notes, cards or emails for a job well done.		★	
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. Create policies and practices that provide guidance to supervisors/managers on how to address performance issues and provide training on the importance of emotional wellbeing in the workplace.	★	★	★
3. Review policies and practices concerning employee privacy and confidentiality, return to work and HIPAA, accommodation and ADA guidelines.			★
4. 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.		★	★
5. Add positive quotes and artwork to the walls of your buildings or meeting rooms.		★	
6. Provide ongoing mindfulness meditation, yoga, or stress management classes	★		

for all staff to take during their lunch hour, or during specific training hours.			
7. Provide stress reduction through “quiet rooms”, relaxation classes and proper lighting and sound reduction measures.	★	★	
8. Organize social activities designed to improve social engagement, and provide opportunities for interaction and social support (e.g., employee sports teams)			
HIGH RESOURCES			
1. Collaborate with an Employee Assistance Program (EAP) and have the EAP come in to do onsite trainings in addition to offering in person or telephonic counseling.	★	★	
2. 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.	★	★	★
3. Train your management in practices like mindfulness or positivity.	★	★	

BEST GENERAL RESOURCES:

Calculator:

Free calculator to find out how depression is affecting your organization’s bottom line:

<http://depression.beaconhealthoptions.com/why/cost-calculator/>

- ❖ 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
- ❖ Mental Health America of Wisconsin (affiliated with National Mental Health America): <http://www.mhawisconsin.org/print-guide.aspx> 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.
- ❖ The Employer’s Guide on Disability and Employment: Work Source Wisconsin www.WorkSourceWi.com Phone: 1-866-460-9602

LOW RESOURCES

1. Develop a collaborative work environment where employees have opportunities to participate in decisions that may affect job stress.
2. Offer a way for employees to get confidential mental health screenings (online or telephonically).
 - ❖ 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
3. 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
 - ❖ Maternal and Child Health Hotline (MCH): 1-800-722-2295 www.mch-hotlines.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. Put up a gratitude wall to post thank you notes to employees; and or send employees thank you notes, cards or emails for a job well done. *To view examples of what you can create, go to www.google.com, type in “gratitude wall” into the search bar, click on the Images tab.*

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 Mental Health America of Wisconsin 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/MH-information.aspx>
2. 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.
 - ❖ Mental Health Works. Complex issues. Clear solutions. Offers an Interactive course for supervisors/managers with resources CD-ROM. <http://www.mentalhealthworks.ca>
 - ❖ Employers and educators need practical information about reasonable accommodations for people who have psychiatric disabilities. <http://cpr.bu.edu/resources/employment/employers/specific-resources/work-supports>
3. 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 site with comprehensive information for employers on accommodation and workplace information. www.dol.gov/odep
4. 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.
5. Add positive quotes and artwork to the walls of your buildings or meeting rooms
 - ❖ Successories (<https://www.successories.com/>)
 - ❖ Walls That Speak (<http://wallsthatsspeak.com/>)
 - ❖ Art in the workplace: <https://workdesign.com/2016/10/art-workplace-need-choose/>
 - ❖ Art consultant for the workplace (<http://artmatters.us/>)
6. Provide ongoing mindfulness meditation, yoga, or stress management classes for all staff to take during their lunch hour, or during specific training hours.
7. Provide stress reduction through “quiet rooms”, and proper lighting and sound reduction measures. *Set aside a room in a quiet place to provide short stress breaks for employees.* (<http://barbaraburke.com/six-tips-for-creating-a-quiet-room-for-stressed-employees/>)
8. Organize social activities designed to improve social engagement, and provide opportunities for interaction and social support (e.g., employee sports teams)

HIGH RESOURCES

1. Partner with an Employee Assistance Program (EAP)
Employee Assistance Professionals Association www.eapassn.org
2. 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/help-line at: <https://www.samhsa.gov/find-help/national-helpline>
 - ❖ Mental Health Insurance Pays: <http://www.webmd.com/news/20060329/mental-health-insurance-pays>
 - ❖ WI Initiative for Promoting Healthy Lifestyles <http://www.WIPHL.org>
3. Train your management staff in mindfulness or positivity. Examples include:
Mindful Leadership <https://instituteformindfulleadership.org/>
or Positive Leadership <http://goodthinkinc.com/learn/orange-frog/>

DRUG PREVENTION and TREATMENT

WHAT:

Alcohol and other drug abuse is an important topic for employers to address because it can negatively impact a person’s well-being (or any of their family members), including their physical health, emotional well-being, spiritual beliefs or sense of connectedness, educational achievements, work performance, finances, legal issues, relationships and/or parenting or caregiving responsibilities.

Nationally, Wisconsin ranks high in its alcohol consumption compared to other states. According to the Wisconsin Epidemiological Profile on Alcohol and Other Drugs, in 2016 rates of alcohol related consequences, such as alcohol related cirrhosis and operation while intoxicated (OWI), were higher than the national average.

When it comes to drug use, like many other states, Wisconsin has seen a surge in the use of prescription drugs for non-medical purposes. In 2014, more Wisconsin residents died from drug overdoses than from motor vehicle crashes, and the number of drug overdose deaths in the state doubled from 2004-2014.

Prescription opioid misuse accounts for roughly 47 percent of drug deaths, while heroin contributes to 32 percent of deaths.

WHY:

For employers, substance abuse problems (in employees or family members) can affect workers’ job performance, productivity, engagement, absenteeism, workplace injuries, mistakes, disabilities, and health care utilization.

With employees spending 8 hours a day at work, employers have an opportunity to play an important role in the prevention and treatment of alcohol and substance abuse.

Employers can assess their worksites, policies, practices, messages, and employee resources and see if they foster a culture that promotes the prevention, education, and treatment of substance abuse for their employees and their families.

Employers can also do their best to provide healthier alternatives to the use of substances by promoting healthier lifestyles.

Substance abuse is both preventable and treatable. 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.

TABLE KEY 	
I	= Individual level
E/O	= Environmental / Organizational level
P	= Policy level

HOW:

LOW RESOURCES	I	E/O	P
1. Encourage the use of telephone help lines - 800 numbers.	★		
2. Provide information about the appropriate disposal of prescription medications, including publication of prescription drug disposal drop-off locations and times in your community.	★		
3. Evaluate or regularly reevaluate the workplace alcohol environment.		★	★
MEDIUM RESOURCES			
1. 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.	★	★	
2. Review policies and practices concerning employee privacy, return to work and HIPAA, accommodation, ADA guidelines.			★

HIGH RESOURCES

1. Provide or contract for an Employee Assistance Program (EAP).	★	★	
2. 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
- ❖ Drug Abuse Calculator: Estimates the impact (cost) of substance abuse for an employer: <https://www.nsc.org/forms/substance-use-employer-calculator/index.aspx>

National Resources:

- ❖ Making Your Workplace Drug-Free: A Kit for Employers. This toolkit, developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) provides comprehensive guidance for promoting a drug-free workplace. The toolkit includes examples of written worksite policies, employee education materials, manager training tools, and brochures and fact sheets to help employers establish a substance use prevention program in the workplace. <https://www.samhsa.gov/sites/default/files/workplace-kit.pdf>
- ❖ Drug-Free Workplace Programs. This SAMHSA web page provides step-by-step guidance for starting and maintaining drug-free workplace policies and programs. The web page has links to sample policy documents, guidelines, and fact sheets, in addition to information about state and federal laws and regulations on drugs in the workplace. <https://www.samhsa.gov/workplace>
- ❖ Legal Action Center. Helping people rebuild their lives with dignity. <http://www.lac.org>
- ❖ National Safety Council: Prescription Drug Abuse Epidemic: <http://www.nsc.org/learn/nsc-initiatives/pages/prescription-drug-abuse.aspx>
Wisconsin Resource: The Employer's Guide on Disability and Employment: Work Source Wisconsin. www.WorkSourceWi.com Phone: 1-866-460-9602

LOW RESOURCES

1. 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
2. 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. The Wisconsin Department of Justice, Dose of Reality campaign provides an interactive map and information of how and where to dispose of unwanted prescription painkillers and other drugs. <http://doseofrealitywi.gov/drug-takeback/>
3. 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 choose 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 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. *Policies should emphasize that employees may access different types of treatment and recovery services that are appropriate with their cultural background, beliefs, and practices.*
2. Review policies and practices concerning employee privacy, return to work and HIPAA, accommodation, ADA guidelines.

HIGH RESOURCES

1. Provide Employee Assistance Program (EAP).
 - ❖ Employee Assistance Professionals Association www.eapassn.org
(If your EAP also offers onsite trainings, have them come in to do trainings on alcohol and substance abuse prevention, treatment options, stress management, or other.)
2. Offer health insurance coverage with referral mechanisms to connect employees easily to substance abuse treatment services.
 - ❖ Information about federal health care requirements and resources: <http://www.healthcare.gov>
 - ❖ Health Insurance-Provision of Mental Health and Substance Abuse Frequently asked questions
 - <https://www.samhsa.gov/find-help/national-helpline>



TOBACCO CESSATION

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 have more hospital admissions for longer stays 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, second-hand smoke affects other employees. Therefore, 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 \$6,000 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).

TABLE KEY 
I = Individual level
E/O = Environmental / Organizational level
P = Policy level

HOW:

LOW RESOURCES	I	E/O	P
1. Create a policy prohibiting tobacco use anywhere on the property.			★
2. Include up-to-date information on the health aspects of e-cigarette in training and in policies.	★		★
3. Promote the Wisconsin Tobacco Quit Line (800-QUIT-NOW).		★	
MEDIUM RESOURCES			
1. Provide cessation medications through health insurance at low cost or no cost.	★		★
HIGH RESOURCES			
1. Provide counseling through an individual, group, or telephone counseling program on-site or through a health plan.	★	★	

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/worksites go tobacco-free
 - ❖ Helping interested employees quit using tobacco
- <http://www.tobaccofreelivingfdl.com/sft818/ctriemployertoolkit2016.pdf>

(See next page for more information and additional resources)

This Kaiser web page provides tips on conducting a needs assessment for tobacco cessation programming, in addition to a program implementation toolkit and links to other resources.
<https://business.kaiserpermanente.org/thrive/tobacco-cessation>

The Missouri Department of Health and Senior Services toolkit provides resources on how tobacco use in the workplace affects companies and their employers. It includes sample tobacco-free policies, and key principles on how to successfully implement them.
<http://health.mo.gov/living/wellness/tobacco/smokingandtobacco/pdf/EmployersToolkit.pdf>

Free Quit Tools

https://www.cdc.gov/tobacco/campaign/tips/quit-smoking/index.html?s_cid=OSH_tips_D9385

University of Wisconsin Center for Tobacco Research and Intervention
<http://www.ctri.wisc.edu/>

Employer Tools and Resources Index page
<https://ctri.wisc.edu/employers/>

Wisconsin Tobacco Quit Line resources order form
<https://ctri.wisc.edu/providers/providers-overview/>

Resources for the Recommended Tobacco Cessation Strategies

LOW RESOURCES

1. Create a policy prohibiting tobacco use anywhere on the property.
http://www.cdc.gov/tobacco/research_data/environmental/etsguide.htm
2. Include e-cigarette information in training and in policies.
<http://www.ctri.wisc.edu/providers-ecigs.htm>
This AHA guidance document provides case studies and lessons learned from organizations that have implemented various types of tobacco cessation programs. The guide also discusses e-cigarettes and how to address them in workplace policies.
<http://playbook.heart.org/wp-content/uploads/2015/09/Tobacco-Policy-Summary-FINAL.pdf>
3. Promote the Wisconsin Tobacco Quit Line (1-800-QUIT NOW).
<https://ctri.wisc.edu/quit-line/>

MEDIUM RESOURCES

1. Provide cessation medications through health insurance.
Medicaid: <https://ctri.wisc.edu/fact-sheets/quit-tobacco-series-fact-sheet-3-medicare-badgercare/>
Medicare: <https://ctri.wisc.edu/fact-sheets/quit-tobacco-series-fact-sheets-4-medicare/>
Access to Medications: <https://ctri.wisc.edu/fact-sheets/quit-tobacco-series-fact-sheets-12-access-to-medications/>

HIGH RESOURCES

1. Provide counseling through an individual, group, or telephone-counseling program on-site or through a health plan.
http://www.opm.gov/Employment_and_Benefits/WorkLife/OfficialDocuments/handbooksguides/Tobacco_Cessation/Smoking2.asp#Program

Looking for Sample Lessons and Materials?

- ❖ See pages 17-26 in the Arkansas Worksite Wellness tool kit:
http://wellnessproposals.com/pdfs/tool_kits/healthy_arkansas_worksite_wellness_toolkit.pdf

FINANCIAL WELLNESS

WHAT:

Financial wellness is knowing and understanding how much money you have, where it is coming from, where it's going, how much you are saving and if you have enough for your (and your family's) basic needs. In addition, are there funds for emergencies, college education and retirement? The goal is to be as prepared as you can be for any possible unexpected events (like car repairs, house repairs, health care bills, or even losing a job) and expected events such as college and retirement.

Financial wellness includes understanding how to budget your money, save your money for short-term needs, pay your bills or debts, and save for retirement.

WHY:

The American Psychological Association reports that 72% of adults feel stressed about money at least some of the time. Whether you are starting your career or you are heading towards

retirement, the growing financial pressure comes from a variety of areas such as the cost of health care, saving for the future and keeping up with the cost of living. The increased stress you feel from financial issues can directly affect your well-being in all the other areas of wellness including physical activity, healthy eating and stress management.

HOW:

Employers have an opportunity to help their employees understand and manage their money so that their finances are less stressful.

The employer providing education, resources, and programs for their employees enhances employees' financial health.

TABLE KEY 
I = Individual level
E/O = Environmental / Organizational level
P = Policy level

LOW RESOURCES	I	E/O	P
1. Survey your employees to find out their greatest need for financial information.	★		
2. Host on-site financial classes.	★		
3. Provide links to free online financial education classes.	★		
4. Provide information on downloadable free money management applications.	★		
MEDIUM RESOURCES			
1. Partner with your financial institutions to provide discounted fee-based education or consulting.		★	
2. Purchase financial wellness books, videos or campaigns to offer your employees.		★	
HIGH RESOURCES			
1. Collaborate with a Wellness or Employee Assistance Program (EAP) vendor that offers financial wellness education or counseling as part of their wellness options.		★	
2. Provide benefits packages to reduce employee costs, or help them save and manage their money.			★

Resources for the Recommended Financial Wellness Strategies

LOW RESOURCES

1. Add a question to your employee interest survey to assess whether employees need or want financial wellness education and resources. *See sample survey in Appendix C.*
2. Utilize your 401k or 403B provider to host on-site financial classes on budgeting, retirement, and setting financial goals.
3. Check with your financial institutions to see if they provide free online financial education that you can promote, such as the Bank of America's "Start building your financial know-how"
<https://bettermoneyhabits.bankofamerica.com/en>
4. Promote the use of free money management apps like Mint, Acorn, Level Money, Digit, Credit Karma, Good Budget, or Wally. "Business Insider – These 7 apps can help you save money right away".
<http://www.businessinsider.com/7-best-personal-finance-apps-2015-3>

MEDIUM RESOURCES

1. Collaborate with your financial institutions or with a new institution that provides discounts for your employees on fee-based financial consulting and management. *Set-up or pay for speakers or consultants to come in and do talks or financial consulting to your employees.*
2. Purchase financial wellness educational books or training videos from wellness organizations. (For example, the Wellness Council of Wisconsin offers a Financial Wellness book, training video, and an incentive campaign: <https://www.welcoa.org/store/search/?query=financial%20&c=store>)

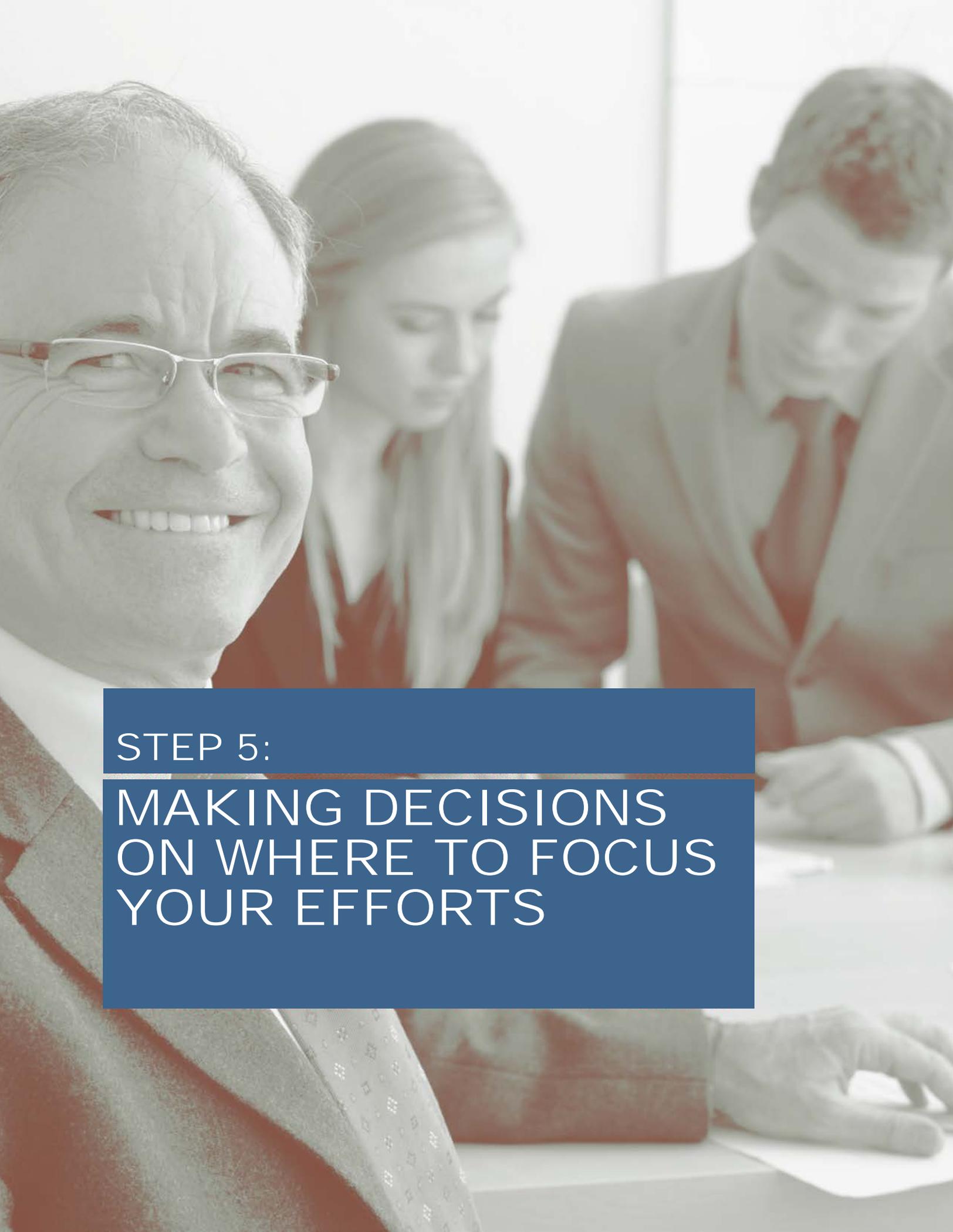
HIGH RESOURCES

1. Collaborate with a wellness vendor or Employee Assistance Program (EAP) vendor that offers financial education or counseling as a part of their wellness offerings.
2. Provide comprehensive benefits packages that help employees save and manage money, such as:
 - ❖ Health insurance premiums, deductibles, and copay amount options
 - ❖ Health reimbursement arrangement, and/or health savings accounts, disability insurance (both short term and long term)
 - ❖ Retirement accounts, 401Ks or 403Bs, etc.
 - ❖ Deferred compensation accounts
 - ❖ Flexible spending options (out-of-pocket healthcare costs, day care costs, transportation-related costs, etc.)

Looking For an Overview of Sample Topics and How to Implement Financial Education?

- ❖ Employee Financial Health: How Companies Can Invest in Workplace Wellness – Center for Financial Services Innovation
<https://s3.amazonaws.com/cfsi-innovation-files/wp-content/uploads/2017/05/26183930/2017-Employee-FinHealth.pdf>





STEP 5:

MAKING DECISIONS
ON WHERE TO FOCUS
YOUR EFFORTS

CONSIDERATIONS

STEP 5: MAKING DECISIONS - WHERE TO FOCUS YOUR EFFORTS

Now that you have 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 is time to narrow your focus. This can be a very simple process or can be done in a very structured manner – it is up to you.

At this point, you are ready to lay out your wellness program for the year. By planning a year out, you will be able to focus on a coordinated plan instead of putting together a disjointed set of activities.

Here is a summary of what to consider for this step:



Review Your Data

Review Your Assessment Checklist
Review Employee Survey Data
Consider Other Data: Health Assessment, Health Claims and Pharmaceutical Use, if available



Select Strategies with Greatest Impact (Reach x Dose)

	<u>Strategy 1</u>	<u>Strategy 2</u>
	 vs.	



Create an Annual Calendar and Action Plan

Strategies	I	E	P	Activities	Who	When	Resources	Evaluation
Provide a pedometer walking campaign	X			Walking Challenge	Jim	April – June	Teams, Captains, pedometers	Pre/Post survey



REVIEW YOUR INFORMATION

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 have 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 will get the most impact, by comparing the relative value of implementing each strategy.

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 found 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 potential impact to employees, importance, cost, time and effort when implementing 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.



PRIORITIZE: NARROW THE SCOPE

SCOPE OF IMPACT

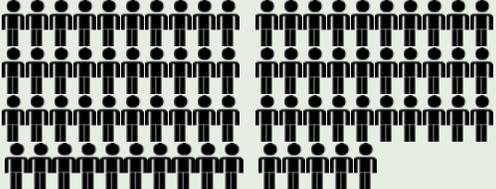
IMPACT = REACH (# employees) x DOSE (how long and often they participate)

The key component when making decisions on what strategies to use is to ask the question how much impact will there be with a selected strategy? Although you cannot 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 long and how often they would participate in the strategy.

Physical Activity Example: Worksite with 100 Employees

For purposes of this physical activity example, there are 100 employees and one dose of activity is equal to 10 minutes. The adult goal is at least 30 minutes per day or three doses.

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

Scenario 1 - Worksite holds a 1-day event where 75% of staff walk for 30 minutes (3 doses).	Scenario 2 – Worksite institutes a new policy that encourages daily 20-minute “walk breaks” at lunch.
<ul style="list-style-type: none"> ▪ 75% of staff participate ▪ Impact is 3 doses x 75 people = 225 	<ul style="list-style-type: none"> ▪ 25% of staff participate regularly (3+ days/ week) ▪ Impact is 2 doses/day x 25% of staff = 50 doses/day x 150 days = 7,500
<p style="text-align: center;">Total impact = 225</p>  <p>1 person icon = 100</p>	<p style="text-align: center;">Total impact = 7500</p> 

In this example, the noontime walking policy will have considerably more impact. That is not to say that a 1-day event is not a good idea to increase visibility or kick-off a longer campaign, but the noontime policy will have significantly greater impact.

Although impact is often the most important consideration in prioritizing what strategies to use, you should also consider factors such as:

- ❖ How important is the strategy (high in interest survey, identified gap in assessment, etc.)?
- ❖ How much will it cost?
- ❖ How much time and effort will it require to implement?

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.

ANNUAL CALENDAR and ACTION PLAN

CALENDAR AND ACTION PLAN

After determining your priorities and prior to starting your wellness program or prior to each new year, your wellness committee should lay out your activities for the year. Creating an annual plan will deliver a better-coordinated program and identify the resources and timing needed to have the most impact. Many programs have some activities running year long, but they focus on quarterly initiatives to increase the opportunity for more “doses” over a concentrated 6 - 12 week period.

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 components such as a kick-off promotion, education materials, presentations, training/class opportunities, tracking campaigns, policy changes and

environmental changes. Provided below is a sample of what a high-level calendar might look like (see Appendix E for a blank worksheet).

ANNUAL CALENDAR												
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Topic Focus	Emotional Well-Being			Physical Activity		Nutrition			Financial			
Components												
Biometric Screenings												
Health Assessment												
Employee Survey												
Education Materials												
Coaching												
Webinar												
Campaign												
Trainings (Employee Wellbeing)												
Environment Change (Cultural Wellbeing)												
Policy Change (Org Wellbeing)												
Other												

After you lay out your high-level annual plan, you need a more specific action plan that describes specific activities and the related resources needed to make it happen. To expand on the annual plan shown above, here is a more detailed example of a physical activity initiative for the spring quarter from April to June. Knowing that physical activity is the focus would mean that you could look for ways to incorporate that into your programming and strategies.

Action Plan

Record specific information in an action plan to implement the programming you have 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

ACTION PLAN WORKSHEET - SAMPLE (Blank form in Appendix F)

Focus Area		Implementation dates						
Strategy Description and Type		Describe the strategy and whether it's individual programming (I), an environmental change (E) or a policy change (P)						
Activities		List the activities required to meet the recommendation						
Who		Lead person(s) responsible for the activity						
When		Date or date range when the activity will occur						
Materials and Resources Needed		List the resources and tools they need to get the job done.						
Time Frame		When will implementation begin? How long will it take to finish?						
Evaluation		How will you measure your successes and/or misfortunes?						
Focus Area: Physical Activity		Implementation Dates:		Specific Months of <u>April to June</u> or All Year _____				
Strategies to Implement	I	E	P	Activities	Who	When	Materials and Resources	Evaluation Method
1. Provide incentive based programs to encourage activity (i.e. pedometer walking campaigns).	x			Walking "Challenge"	Jim	3 months April- June	Walking teams, Team Captains Pedometers, Recording sheets	Pre/Post survey of activity levels
2. Develop and post walking maps of varied distances from the worksite.		x		Print maps of varying distances	Mary	By April 1	Mary Smith	Pre-post count of number of staff walking
3. Support physical activity during duty time (flextime).			x	Draft and implement company policy on use of break and lunch time for activity	Bob	By March 1	Wellness committee and staff input Management OK	Policy in place. Include in annual survey.

Sample

(A blank version of this worksheet is in Appendix F)

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 done in isolation. *One warning about packaging:* Keep in mind that it is better to take on less and do a great job with high participation rates rather than try to do too much and have a poorer response.





STEP 6:

EVALUATING YOUR
PROGRAM: IS IT
DOING ANY GOOD?

EVALUATION METHODS

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 think about how you are going to evaluate your program. Evaluation will provide you with information to modify your program to meet your employee needs and to measure whether employee's attitudes, behaviors and health indicators have changed because of your program.

 <p>Review Key Data Markers</p>	Identify what data you have access to at your worksite	
	<ul style="list-style-type: none"> • Aggregate employee health data • Employee interest survey 	<ul style="list-style-type: none"> • Environmental assessment • Other available data
 <p>Evaluate Process and Outcome Measures</p>	Process Objectives Participation rates, web hits, satisfaction surveys, number of environmental changes	Outcome Objectives Biometric measures, healthcare costs,
 <p>Develop a Scorecard</p>	Scorecard Measures	
	<ul style="list-style-type: none"> • % Employees with risk factors • Healthcare costs • Assessment checklist 	<ul style="list-style-type: none"> • Policy and environmental changes • Participation rates • Participant satisfaction

Types of Evaluation – Process and Outcome Measures

You can measure process and you can measure outcomes (or impact). Both measures are important components of your program. Process indicators are easier to measure and will give you quicker feedback on how well your employees like your program. 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	2019	2020	Change
Number of staff enrolled and participating (participation rates)	200	220	↑10%
Company wellness web site hits	10,620	22,000	↑ 107%
Observation or counts (ex. track number walking at noon)	60	75	↑ 25%
Participant satisfaction (via survey, focus groups, interviews, stakeholder survey, etc.)	72%	80%	↑ 8%

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 easy to quantify. However, computing savings from reduced health care claims, lost workdays or absenteeism may be harder to calculate. Work with your human resources and benefits contacts to determine measureable data and then set a “baseline” figure to compare against later.

Clearly identify your outcome or impact evaluation needs and the baseline markers used for later comparison to determine the amount of change. 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. A similar manner is applicable to health care claims.

SAMPLE OUTCOME OBJECTIVES	2019	2020	Change
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.	Average score = 65	Average score = 80	↑ 15%
Quizzes – test of knowledge on various topics	78%	85%	↑ 7%
Vending items being chosen (arrange with vendor to track selections)	25% Healthy choice	35% Healthy choice	↑ 10%
Cafeteria menu options	35% Healthy choice	40% Healthy choice	↑ 5%
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.	BP =140/100 Chol = 225 BMI = 30%	BP = 130/90 Chol = 212 BMI = 29%	↓ BP ↓ 6% ↓ 1%
Corporate costs and return on investment. The expense side, or what it costs to run your wellness program, can be relatively easy to quantify. However, computing savings from reduced health care claims, lost workdays or absenteeism may be harder to calculate. Work with your human resources and benefits contacts to use baseline markers for later comparison to determine the amount of change.	Sick days = 662 Health Care Claims = \$864,000	Sick days = 604 Health Care Claims = \$789,000	↓ 9% ↓ 58 days ↓ 9% ↓ \$75,000

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 are making a difference.

WELLNESS PROGRAM SCORECARD

A general breakdown of evaluation measures might include these six key markers:

1. Environmental Assessment Checklist
2. Policy and Environmental Changes to Encourage Wellness
3. High-Risk To Low-Risk (Employee Risk Factor Status)
4. Healthcare Costs
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. 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.

FULL WORKSITE SCORECARD (Totals for all categories)	Yes	In Process	No
2019	12	4	58
2020	16	10	48
Worksite Total (70)	+4	+6	

2. Policy and Environmental Changes to Encourage Wellness

A fourth section could include any new policy or environmental changes that occurred during the past year. Compare the checklists from two different years to count the assessment checklist totals and list them in the Scorecard.

List of new policy or environmental changes in 2019:

- ❖ Bike racks installed
- ❖ Flex time for lunch physical activity put in place
- ❖ Increased healthy vending options

3. High-Risk To Low-Risk (Employee Risk Factor Status)

If you collect employee data through a HA, 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 28 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.

Health Risk Measure	Health Risk Criteria	Risk Levels		
Alcohol	More than 14 drinks/week	High (5 or more risk factors)		
Blood Pressure	Systolic >139 or Diastolic >89 mmHg	2019 15%		2020 13% ↓
Body Weight	BMI ≥ 27.5			
Cholesterol	Greater than 239 mg/dl			
HDL	Less than 35 mg/dl	Medium (3-4 risk factors)		
Existing Medical Problem	Heart, Cancer, Diabetes, Stroke	2019 35%		2020 32% ↓
Illness Days	>5 days last year			
Life Satisfaction	Partly or not satisfied			
Perception of Health	Fair or poor	Low (0-2 risk factors)		
Physical Activity	Less than one time/week	2019 50%		2020 55% ↑
Safety Belt Usage	Using safety belt < 100% of time			
Smoking	Current smoker			
Stress	High			

You may not have access to all of these risk factors or other trackable risk factors, but you likely will have data on some measures. Tracking whether risk factor measures go up or down is a possible component to include on an evaluation scorecard. This evaluation found that low risk employees have better health (81%), miss less work (1.7 days) and are more engaged (55%) in their work. Here are the results from survey of employees:

Health Risk Measure	Low Risk	Medium Risk	High Risk
Percent of Employees	24%	44%	32%
Health Status			
❖ Excellent/Very Good	81%	62%	36%
❖ Good	18%	32%	47%
❖ Fair/Poor	1%	6%	17%
Productivity			
❖ Absenteeism	1.7	2.1	3.5
❖ Presenteeism	6.9	9.5	12.1
Engagement			
❖ High engagement	55%	43%	30%
❖ Low engagement	11%	20%	29%

Source: 2015/2016 Global Benefits Attitudes Survey

4. 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 workdays or absenteeism. Work with your human resources and benefits contacts to use baseline markers for later comparison to determine the amount of change.

	2019	2020	Change
Healthcare Insurance: Cost per Employee	\$9,324	\$9,287	-37
Average Healthcare Claims	\$4,330	\$4,368	+ \$38
Average Pharmaceutical Claims	\$1,200	\$1,098	-\$102
Average Sick Days	8.7	6.2	-2.5
Workers Compensation Claims	\$22,343	\$21,221	- \$1,122
Other "Cost" Indicators			

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. Health assessment participation and high profile incentive programs or campaigns might be key rates to track.

	Participation Rates 2019	Participation Rates 2020	Change
Health Assessments	62%	73%	+11
Incentive Program	51%	52%	+1
Campaigns			
• Biggest loser	20%	24%	+4
• Spring walking challenge	35%	43%	+8
• Etc., etc.			
Lunch and Learns			
• Physical Activity	24%	19%	-5
• Nutrition	30%	48%	+18
• Etc., etc.			
Campaign/Presentation Average	27%	34%	+7

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.

	1	2	3	4	5	Positive Rating
Campaigns						
• Weight management campaign	2	10	20	38	30	68%
• Spring walking challenge	1	10	15	36	38	74%
• Etc., etc.						
Lunch and Learns						
• Physical Activity	10	12	24	38	16	54%
• Nutrition	5	10	45	32	8	40%
• Etc., etc.						
Campaign/Presentation Average						59%

SCORECARD SAMPLE

A total summary scorecard using the information above might look something like this:

ACME Insurance Co. Wellness Scorecard

	Year 1	Year 2	Change	Goal	Achieved
1. Environmental Assessment Checklist	16	26	+10	21	✓
2. New Policy and Environmental Changes	-	3	+3	+3	✓
3. High Risk to Low Risk Status					
High	15%	13%	-2	<15%	✓
Medium	35%	32%	-3	<35%	✓
Low	50%	55%	+5	>50%	✓
4. Healthcare Costs	9324	9287	-37	-100	○
5. Participation Rates					
Health Assessments	62%	73%	+11	65%	✓
Incentive Program	51%	52%	+1	65%	○
Campaign/Presentation Totals	27%	34%	+7	33%	✓
6. Participant Satisfaction		59%		67%	○

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, pages 34-40 <https://www.welcoa.org/wp/wp-content/uploads/2014/06/03collectingdata.pdf>



APPENDICES

Appendix A: Disease Specific Resources.....	68
❖ Arthritis	69
❖ Cancer.....	70
❖ Diabetes.....	71
❖ Heart Disease and Stroke.....	73
❖ Mental Health	74
❖ Alcohol and Other Drugs	76
Appendix B: Worksite Assessment Checklist (blank sample)	77
Appendix C: Employee Habits and Interest Survey (blank sample) ...	90
Appendix D: Baseline Employee Health Survey.....	93
Appendix E: Annual calendar (blank sample)	95
Appendix F: Action Plan Worksheet (blank sample).....	96
Appendix G: Wellness Regulations and Rewards	98
Appendix H: Coordinator’s Guide.....	105
❖ What is in it for me?	105
❖ Frequently asked questions and answers blank sample).....	106
❖ Coordinator tips.....	109
Appendix I: Sample Budget.....	111
Appendix J: Wellness at Home	114
Appendix K: Sample Policies	116
Acknowledgements	117

APPENDIX A - DISEASE SPECIFIC RESOURCES

ARTHRITIS

WHAT:

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 about 27 percent of adults, or about one in four, 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.

WHY:

There are effective ways to prevent arthritis, 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:

Resources:

Wisconsin Institute for Healthy Aging

<https://wihealthyaging.org/>

Phone: (608) 243-5690, E-mail: info@wihealthyaging.org

The Wisconsin Institute for Healthy Aging was launched in 2010 to help the state's citizens live healthier lives. The institute serves as a focal point for education and training to promote primary and secondary prevention of arthritis with evidence-based strategies. Specific programs include Living Well with Chronic Conditions <https://wihealthyaging.org/living-well> and Walk with Ease <https://wihealthyaging.org/walk-with-ease>.

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 2017, approximately 33,000 Wisconsin residents were expected to be diagnosed with cancer and over 11,000 will likely die from the disease (*2017 Facts and Figures Cancer in Wisconsin*). 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 and WISCONSIN CANCER COUNCIL

Wisconsin Department of Health Services and 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 494,000 Wisconsin adults have diabetes (138,000 are undiagnosed). That is one of every 10 adults you meet.

More than 1.6 million Wisconsin adults have prediabetes. That is 4 out of every 10 adults you meet.

Untreated, prediabetes can lead to type 2 diabetes. However, modest behavior changes that help people eat healthier and become more active can prevent or delay the onset of type 2 diabetes in people who have prediabetes.

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 glucose (sugar) levels normal.

People control their blood glucose (sugar) levels by eating healthy foods, engaging in regular physical activity, taking their medications (by mouth or injection), and monitoring their blood glucose (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 glucose (sugar) levels as normal as possible to prevent complications. If appropriate blood glucose (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 2012 incurred by persons with type 1 or type 2 diabetes were \$13,700 per capita per year versus \$3,400 for persons without diabetes (*American Diabetes Association, 2013*).

RESOURCES:

Chronic Disease Prevention Program

www.dhs.wisconsin.gov/diabetes/index.htm

Wisconsin Department of Health Services

Resources for health professionals, patients and family members: facts and figures, Diabetes Care Guidelines, diabetes self-management materials, information about community-based programs, worksite wellness resources, Children with Diabetes: A Resource Guide for Wisconsin Schools and Families

National Diabetes Prevention Program

www.cdc.gov/diabetes/prevention/index.html

Centers for Disease Control and Prevention

The Diabetes Prevention Program is an evidence-based yearlong behavior change course introduced by the Centers for Disease Control and Prevention (CDC) for people who have prediabetes or are at risk for developing type 2 diabetes. The course, led by a trained lifestyle coach, consists of 16 one-hour weekly classes held over a 1-6 month period and a minimum of

six one-hour monthly classes held over a 7-12 month period that include topics such as eating healthy, increasing physical activity, and losing weight. To learn more about this program in Wisconsin, contact the Wisconsin Department of Health Services' Chronic Disease Prevention Program at DHSCChronicDiseasePrevention@dhs.wisconsin.gov. An additional resource is the National Diabetes Prevention Program Coverage Toolkit: <http://www.nationaldppcoveragetoolkit.org/>.

Do I Have Prediabetes?

www.DolHavePrediabetes.org

This website, a collaboration between the Ad Council, American Diabetes Association, American Medical Association, and Centers for Disease Control and Prevention, provides resources for worksites and health care providers to help them increase awareness about prediabetes. Includes an online risk test that you can share with employees, other resources such as lifestyle tips, printable posters, infographics, risk tests, social graphics, and a link to Prevent Diabetes STAT for health care providers.

Self-Management Programs

www.dhs.wisconsin.gov/diabetes/training.htm
<https://wihealthyaging.org/healthy-living-with-diabetes>

Evidence-based programs available in your community can teach you how to prevent or manage diabetes or other chronic illnesses. Evidence-based programs are based on research and provide documented health benefits by offering proven ways to promote health and prevent disease.

Diabetes at Work Program

www.DiabetesAtWork.org

Centers for Disease Control and Prevention

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 website include a planning guide, assessment tools, lesson plans, fact sheets, resources, and frequently asked questions (FAQ's).

Diabetes Toolbox

www.the-alliance.org/consumers/diabetes_toolbox

The Alliance

The [Diabetes Toolbox](#) helps 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.

National Diabetes Education Program

www.ndep.nih.gov

Centers for Disease Control and Prevention

To order materials: (800) 438-5383

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

www.diabetes.org

1-800-DIABETES (342-2383)

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 fifth leading cause. In 2015, more than 14,000 Wisconsin deaths (about 35 percent) were due to heart disease, stroke, or other forms of cardiovascular disease (*2015 Annual Wisconsin Death Report*). An estimated 180,000 Wisconsin adults (4 percent of adult population) have been diagnosed with coronary heart disease and 11,000 adults were hospitalized for strokes, a major cause of disability.

Nationally, spending for cardiovascular disease is about 1 in every 6 healthcare dollars. 2011 heart disease and stroke cost an estimated \$317 billion in healthcare costs and lost productivity.

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 usually 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:

Heart Disease and Stroke Prevention Program

Wisconsin Department of Health Services

(608) 266-3702. <https://www.dhs.wisconsin.gov/heart-disease/resources-pro.htm>

Resources for professionals, patients, and family members and Data Reports.

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

Million Hearts campaign

<https://millionhearts.hhs.gov/>

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.heart.org/HEARTORG/HealthyLiving/WorkplaceHealth/Workplace-Health-Solutions_UCM_460416_SubHomePage.jsp

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 such 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 possible 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 his or her 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://workplacemantalhealth.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

<https://www.dhs.wisconsin.gov/aoda/contacts.htm>

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

Partnership for Workplace Mental Health

A program of the APA Foundation

www.workplacemantalhealth.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.

<https://www.workplacestrategiesformentalhealth.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>

SUBSTANCE USE and 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. A person's biology, social environment, age or stage of development influences their risk for addiction. 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 or spouse's struggle with substance abuse can affect performance at work. 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. Using 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**

<https://www.dhs.wisconsin.gov/aoda/contacts.htm>

P: 608-266-2717

TTY: 888-701-1251

**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>

APPENDIX B - WORKSITE ASSESSMENT CHECKLIST

#	Wellness Component	Yes	In Process	No	Potential Priority	Comments		
INFRASTRUCTURE								
1	Does the worksite have the following infrastructure components:							
	❖ A commitment from key stakeholders such as senior management, human resource managers, safety officers, staff members, etc.							
	❖ A champion(s) who is a strong advocate for the wellness program							
	❖ A representative committee that meets at least quarterly to oversee worksite wellness program operations							
2	Does the worksite have a written statement that includes:							
	❖ A mission statement							
	❖ Clearly defined goals							
	❖ An action plan to implement the program							
	❖ 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							
3	What percent of a full-time employee (FTE) is dedicated to implement a wellness program at the worksite?	No Staff <input type="checkbox"/>	<.25 FTE <input type="checkbox"/>	.25-.49 FTE <input type="checkbox"/>	.50-.74 FTE <input type="checkbox"/>	.75-.99 FTE <input type="checkbox"/>	1.0 FTE <input type="checkbox"/>	>1.0 FTE <input type="checkbox"/>
4	What is the worksite budget for employee health promotion that includes some funds for programming? (\$ per employee)	No Budget <input type="checkbox"/>	\$1-10 <input type="checkbox"/>	\$11-30 <input type="checkbox"/>	\$31-50 <input type="checkbox"/>	\$51-100 <input type="checkbox"/>	\$101-200 <input type="checkbox"/>	>\$200 <input type="checkbox"/>
Infrastructure area totals (# of Yes, In Process and No)								

#	Wellness Component	Yes	In Process	No	Potential Priority	Comments
GENERAL PROGRAM COMPONENTS						
5	Does the worksite orient employees to the wellness program and give them copies of the worksite policies (ex. physical activity, nutrition, and tobacco use)?					
6	Does the worksite provide specific information and resources to employees who are looking for additional ways to be involved in self-care?					
7	Does the worksite offer presentations for health areas, such as:					
	❖ Physical activity					
	❖ Nutrition					
	❖ Weight management					
	❖ Breastfeeding					
	❖ Emotional wellbeing					
	❖ Tobacco cessation					
	❖ Aoda					
	❖ Disease prevention and treatment					
	❖ Injury prevention					
	❖ Emergency response					
8	Which of the following incentives does the worksite provide for employee participation?					
	❖ Small merchandise (i.e. water bottles, pedometers, etc.)					
	❖ Gift certificates					
	❖ Monetary awards					

#	Wellness Component	Yes	In Process	No	Potential Priority	Comments
	❖ Reimbursement for the cost of participation in certain wellness programs					
	❖ Health insurance rebates or discounts					
9	Does the worksite host a health fair as a kick-off event or as a celebration for completion of a wellness campaign?					
10	Does the worksite provide a specific designated area to support employee's needs, such as diabetics and nursing mothers?					
11	Does the worksite provide flexible work hours to allow opportunities for employees to participate in the various wellness components?					
12	Does the worksite conduct multi-week campaigns in health focus areas included in the wellness program, such as:					
	❖ Physical activity					
	❖ Nutrition					
	❖ Weight management					
	❖ Breastfeeding					
	❖ Emotional wellbeing					
	❖ Tobacco cessation					
	❖ AODA					
	❖ Disease prevention and treatment					
	❖ Injury prevention					
	❖ Emergency response					

#	Wellness Component	Yes	In Process	No	Potential Priority	Comments
13	<p>COMMUNICATIONS, EDUCATION and PROGRAMMING: How many of the examples listed below does the worksite use to regularly communicate wellness programming and information to employees?</p> <ul style="list-style-type: none"> ❖ Information at new employee orientation ❖ Information on programs provided within paychecks or email ❖ Flyers on the wall, bulletin boards or resource tables ❖ Letters mailed directly to employees ❖ Announcements at employee meetings ❖ Employee newsletter articles ❖ Incentive/reward programs ❖ Public recognition ❖ Health insurance discounts ❖ Sponsor employee sports teams 	None of the examples <input type="checkbox"/>	A few of the examples <input type="checkbox"/>	Some of the examples <input type="checkbox"/>	Most of the examples <input type="checkbox"/>	
GENERAL area totals (# of Yes, In Process and No)						
ASSESSMENT and COVERAGE						
14	Which of the following assessment strategies and health screenings are used by the worksite:					
	❖ Conduct an annual needs and interest survey to employees as a means to check-in with the wellness program target audience.					
	❖ Health assessments on a regular basis (at least every other year)					
	❖ Provide easy access to free or reasonably priced annual biometric health screenings (blood pressure checks, cholesterol screening, diabetes/blood sugar screening, stress or anxiety/depression screening, etc.)					
	❖ Utilize health assessments or screenings to connect higher risk employees with their healthcare					

#	Wellness Component	Yes	In Process	No	Potential Priority	Comments
	provider for follow-up					
	❖ Use health assessments, biometric health screenings and employee interest surveys as tools for planning their wellness program					
15	Instead of separate health assessments at work, does the worksite encourage employees to visit their primary care provider for an assessment, biometric screenings and any follow-up treatment?					
16	Does the worksite provide larger incentives to boost employee participation? ❖ Reimbursement for the cost of participation in certain wellness programs ❖ Health insurance rebates or discounts					
17	Does the worksite provide healthcare coverage for employees and their families for screening, prevention of and rehabilitation of chronic disease?					
18	Does the worksite provide wellness programming to employee family members (spouse and children)?					
19	Does the worksite include employee counseling, employee assistance programs or other support mechanisms to modify behavior?					
20	Does the worksite provide on-site childcare to facilitate employee participation in wellness programs and activities?					
ASSESSMENT area totals (# of Yes, In Process and No)						
PHYSICAL ACTIVITY						
21	Does the worksite create a company culture that discourages sedentary behavior, such as TV viewing on breaks and sitting for long periods?					
22	Does the worksite support physical activity breaks during the workday, such as walking or stretching Including desk stretches for ergonomic reasons?					

#	Wellness Component	Yes	In Process	No	Potential Priority	Comments
23	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?					
24	Does the worksite allow for “walk and talk” meetings instead of conference room meetings to encourage smaller amounts of activity?					
25	Does the worksite provide prompts to promote physical activity near each stairwell or elevator and other key locations?					
26	Does the worksite provide bike racks in safe and convenient locations and are employees made aware of where they are located?					
27	Does the worksite provide ergonomics education and workspace evaluations?					
28	Does the worksite provide showers and/or changing facilities?					
29	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.)?					
30	Does the worksite provide outdoor exercise areas, playing fields, or walking trails for employee use?					
31	Provide or support recreation leagues and other physical activity events (on-site or in the community)?					
32	Does the worksite offer company sponsored fitness oriented programs or clubs for employees other than at an exercise facility?					
33	Does the worksite provide free, discounted, or employer subsidized memberships to fitness centers?					
34	Does the worksite provide sit to stand workstations?					

#	Wellness Component	Yes	In Process	No	Potential Priority	Comments
35	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)					
36	Does the worksite provide an on-site exercise facility?					
37	Can all employees use the worksite's indoor/outdoor physical activity facilities outside of work hours?					
38	Does the worksite provide on-site childcare facilities to facilitate physical activity?					
39	Does the worksite provide treadmill or other type of exercise workstations, either for individuals or as a group access machine?					
Activity area totals (# of Yes, In Process and No)						
NUTRITION						
40	Does the worksite promote the consumption of healthy foods in catering/cafeteria policies through signs, posters, etc.?					
41	Does the worksite promote healthy choices by modifying vending contracts to : <ul style="list-style-type: none"> ❖ Increase the percent of healthy options that are available (devote more space to healthy items) ❖ Use competitive pricing to make healthier choices more economical ❖ Advertise or mark healthy options so that they stand out 					
42	Does the worksite on-site cafeteria follow nutritional standards that align with Dietary Guidelines for Americans and follow healthy cooking practices?					
43	Does the worksite provide appropriate portion sizes or options for smaller portion sizes?					
44	Does the worksite offer healthful food alternatives at meetings, company functions and health events?					

#	Wellness Component	Yes	In Process	No	Potential Priority	Comments
45	Does the worksite make water available and promote drinking water throughout the day?					
46	Does the worksite provide tools to help employees track or log food intake?					
47	Does the worksite offer local fruits and vegetables at the worksite (i.e. farmer's market or a community-supported agriculture drop-off point.)?					
48	Does the worksite 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?					
49	Does the worksite provide interactive food opportunities such as taste testing and food preparation?					
50	Does the worksite have an on-site cafeteria that follows healthy cooking practices?					
51	Does the worksite establish comprehensive workplace policies and programs that promote and support breastfeeding (including components such as prenatal education, paid family leave, flexible scheduling, breast pump equipment, information about community breastfeeding resources, etc.)?					
52	Does the worksite provide time and an appropriate place for breastfeeding/pumping?					
53	Does the worksite include the employees' family members in campaign promoting fruit and vegetable consumption (worksite plus family strategy)?					
54	Does the worksite make kitchen equipment (refrigerators, microwaves, stoves, etc.) available for employee food storage and cooking?					
55	Does the worksite provide on-site gardening?					
Nutrition area totals (# of Yes, In Process and No)						

#	Wellness Component	Yes	In Process	No	Potential Priority	Comments
EMOTIONAL WELLBEING						
56	Does the worksite have a collaborative work environment where employees have opportunities to participate in decisions that may affect job stress?					
57	Offer a way to for employees to get confidential mental health screenings (on-line or telephonically)?					
58	Does the worksite encourage the use of telephone help lines - 800 numbers?					
59	Does the worksite put up a gratitude wall to post thank you notes to employees, and/or send employees thank you notes, cards or emails for a job well done?					
60	Does the worksite 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? This could include flexible scheduling to accommodate appointments.					
61	Does the worksite train supervisors to understand mental health issues and better assist employees?					
62	Does the worksite have policies and practices concerning employee privacy and confidentiality, returning to work and HIPAA, accommodation and ADA guidelines?					
63	Does the worksite 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?					
64	Does the worksite add positive quotes and artwork to the walls of your buildings or meeting rooms?					
65	Does the worksite provide ongoing mindfulness meditation, yoga, or stress management classes for all staff to take during their lunch hour, or during specific training hours?					

#	Wellness Component	Yes	In Process	No	Potential Priority	Comments
66	Does the worksite provide stress reduction through “quiet rooms”, relaxation classes and proper lighting and sound reduction measures?					
67	Organize social activities designed to improve social engagement, and provide opportunities for interaction and social support (e.g., employee sports teams)?					
68	Does the worksite collaborate with an Employee Assistance Program (EAP) and have the EAP come in to do onsite trainings in addition to offering in person or telephonic counseling?					
69	Does the worksite insurance coverage include mental health as part of the employee benefits?					
70	Does the worksite train management staff in mindfulness or positivity?					
Emotional Wellbeing area totals (# of Yes, In Process and No)						
ALCOHOL and OTHER DRUG ABUSE (AODA)						
71	Does the worksite encourage the use of telephone help lines - 800 numbers?					
72	Does the worksite provide information about the appropriate disposal of prescription medications, including publication of prescription drug disposal drop-off locations and times in your community?					
73	Does the worksite evaluate or regularly reevaluate the workplace alcohol environment.					
74	Are there 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?					
75	Does the worksite review policies and practices concerning employee privacy, return to work and HIPAA, accommodation, ADA guidelines?					

#	Wellness Component	Yes	In Process	No	Potential Priority	Comments
76	Does the worksite provide or contract for an Employee Assistance Program?					
77	Does the worksite offer health insurance coverage with referral mechanisms to connect employees easily to substance abuse treatment services?					
AODA area totals (# of Yes, In Process and No)						
TOBACCO USE						
78	Does the worksite policy prohibit tobacco use anywhere on the property?					
79	Does the worksite promote the Wisconsin Tobacco Quit Line (800-QUIT-NOW) or similar tobacco cessation resources?					
80	Does the worksite include e-cigarette information in training and in policies?					
81	Does the worksite provide cessation medications through health insurance at low cost or no cost?					
82	Does the worksite provide counseling through an individual, group, or telephone counseling program on-site or through a health plan?					
Tobacco area totals (# of Yes, In Process and No)						
EMERGENCY MEDICAL RESPONSE PLAN						
83	Does the worksite have a written plan for emergency response to medical events at their facility?					
84	Does the Worksite provide emergency training in Cardiopulmonary Resuscitation (CPR) and/or Automated External Defibrillators (AEDs) for response to cardiac events in the facility?					
85	Does the worksite have trained medical responders or equipment such as a defibrillator on-site?					
Emergency Response area totals (# of Yes, In Process and No)						

#	Wellness Component	Yes	In Process	No	Potential Priority	Comments
FINANCIAL WELLBEING						
86	Does the worksite include a question on financial wellness on the employee survey?					
87	Does the worksite utilize its 401k or 403B provider to host on-site financial classes on budgeting, retirement, and setting financial goals?					
88	Does the worksite check with local financial institutions to see if they provide free online financial education that you can promote?					
89	Does the worksite promote the use of free money management apps like Mint, Acorn, Level Money, Digit, Credit Karma, Good Budget, or Wally?					
90	Does the worksite collaborate with your financial institutions or with a new institution that provides discounts for your employees on fee-based financial consulting and management?					
91	Does the worksite purchase financial wellness educational books or training videos from wellness organizations?					
92	Does the worksite collaborate with a Wellness or Employee Assistance Program (EAP) vendor that offers financial education or counseling as a part of their wellness offerings?					
93	Does the worksite provide comprehensive benefits packages that help employees save and manage money?					
Financial Wellbeing area totals (# of Yes, In Process and No)						
ASSESSMENT AND EVALUATION						
94	Within the past year, has your worksite used the information from an employee wellness interest survey					

#	Wellness Component	Yes	In Process	No	Potential Priority	Comments
	and/or participant satisfaction survey to reassess program initiatives?					
95	Has your worksite completed a worksite wellness assessment (such as this checklist) within the past year?					
96	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)					
97	Does your worksite do an annual wellness program review and report significant results to management?					
Evaluation area totals (# of Yes, In Process and No)						

Worksite Assessment - Results Summary

Worksite Scorecard (Totals for all categories)	Yes	In Process	No	Potential Priority	Comments
Infrastructure (4)					
General Program Components (9)					
Health Assessment and Insurance Coverage (7)					
Physical Activity (19)					
Nutrition (16)					
Emotional Wellbeing (14)					
Alcohol and Other Drug Abuse (AODA) (7)					
Tobacco Use (5)					
Financial Wellbeing (8)					
Emergency Medical Response Plan (3)					
Assessment and Evaluation (4)					
Worksite Total (97)					

APPENDIX C - EMPLOYEE INTEREST SURVEY

We are looking for feedback on what our customer – YOU – want from a worksite wellness program. We are asking you to take 5-10 minutes of your time to complete the Employee Wellness Needs and Interest Survey.

(Your answers to this survey are completely confidential and your name is not required)

PARTICIPANT INTEREST AREAS (can be done in conjunction with the wellness survey above or as a separate survey)					
1. In the next year, what specific areas do you want to focus on in terms of improving your health and wellness?					
<input type="checkbox"/> Nutrition <input type="checkbox"/> Exercise / Physical Activity <input type="checkbox"/> Stress Management <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Preventive Care <input type="checkbox"/> Safety <input type="checkbox"/> Chronic Disease Management (controlling blood pressure, heart disease etc.) <input type="checkbox"/> Financial Wellness <input type="checkbox"/> Meditation/Relaxation <input type="checkbox"/> Weight Management <input type="checkbox"/> Work Life Balance <input type="checkbox"/> Spiritual Wellness					
2. Please rate your interest in any of the following individual physical activity resources for that might be available.	Very Low	Low	Neutral	High	Very High
a. Attending regular presentations on physical activity topics					
b. Receiving regular physical activity tips via email					
c. Having access to web resources on physical activity					
d. Getting information on existing activities in the area					
e. Point of decision prompts to help you be active (stair/elevator signs)					
3. What physical activity topics are you interested in learning more about?					
4. Please rate your interest in any of the following group physical activity resources for that might be available.	Very Low	Low	Neutral	High	Very High
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					
5. Please rate your interest in any of the following nutrition resources that might be available.	Very Low	Low	Neutral	High	Very High
b. Attending regular presentations on nutrition topics					
c. Receiving regular healthy eating tips via email					
d. Having access to web resources on nutrition/healthy eating					
e. Getting information on existing food/diet groups in the area					
f. Recipes/healthy meal ideas					
g. Point of decision prompts to help you eat well (i.e. strategically placed healthy eating reminders)					
h. Joining small groups for regular information on diet (ex. Weight Watchers)					
6. What nutrition topics are you interested in learning more about?					
7. Please rate your support for any of the following policy or environmental worksite changes.	Very Low	Low	Neutral	High	Very High
a. Review healthy food options for the cafeteria and 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					

8. Please rate your interest in any of the following mental health resources that might be available.	Very Low	Low	Neutral	High	Very High
a. Attending regular presentations on mental topics					
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)					
9. If more opportunities were available for wellness at the worksite, when would be the best time for you? Check all that apply:					
<input type="checkbox"/> Before work <input type="checkbox"/> During the workday on break and lunch times. <input type="checkbox"/> After work. <input type="checkbox"/> None of the above. I am not interested in any physical activity or nutrition programming at work.					
10. What other things could be done in the worksite to help promote wellness? What would you like to see?					
Demographics. We would like to get some demographic information as background. The following questions are optional, but will help tailor programs and potentially group areas of common interest.					
11. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female					
12. Age <input type="checkbox"/> <20 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60+					
13. Work Unit (customize if units are defined in the organization) <input type="checkbox"/> Administration <input type="checkbox"/> Regional staff <input type="checkbox"/> 1 st shift					

APPENDIX D - EMPLOYEE HEALTH SURVEY 1

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 do not exercise or walk regularly now, and I do not plan to start in the near future.
- I do not exercise or walk regularly, but I have been thinking about starting.
- I am doing moderate or vigorous physical activities for at least 30 minutes on some days, but fewer than 5 days a week.
- I have 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 have 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 $\frac{1}{2}$ cup or 1 medium piece of most fresh or frozen fruits and vegetables, 6 ounces of 100% juice and $\frac{1}{4}$ cup of dried fruits or vegetables.

1. I do not eat fruits and vegetables regularly now, and I do not plan to start in the near future.
2. I do not eat fruits and vegetables regularly, but I have been thinking about starting.
3. I'm eating some fruits and vegetables a day (total of 2 servings or less)
4. I have been eating fruits and vegetables every day (total of 3 or more servings), for the last 0 to 6 months.
5. I have been eating five 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 do not worry about the fat content of the food I eat and I do not plan to in the near future.
- I eat high fat foods daily, but I have 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 do not cook, eat or purchase whole grain foods now, and I do not plan to start in the near future.
- I do not cook, eat or purchase whole grain foods regularly, but I have been thinking about starting.
- I am cooking, eating or purchasing whole grain foods 3-4 times a week.
- I have been cooking, eating or purchasing whole grain foods every day, for the past 1 to 6 months.
- I have been cooking, eating or purchasing at least three 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 am not thinking about quitting, at least not in the next six months.
- I am 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

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 13. 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 do not ... regularly now, and I do not plan to start in the near future. (Precontemplation)
- ❖ I do not ... regularly, but I have been thinking about starting. (Contemplation)
- ❖ I'm ... day (x / week, but not daily) (Preparation)
- ❖ I have been ... every day for the last 0 to 6 months. (Action)
- ❖ I have been ... every day, for 6 months or longer. (Maintenance)

Remove this section prior to using this survey tool.

(See next page for a different example)

APPENDIX D - EMPLOYEE HEALTH SURVEY 2

Quick Employee Wellness Survey: Healthy Days Core Module (CDC HRQOL– 4)

People's self-perceptions about their health are very important in the present as health outcomes and can serve as proxy measures for the perceived symptom burden of both acute and chronic health conditions. In addition, because people generally seek health care only when they feel unhealthy, self-perceptions are also predictive of the future burden on the health care delivery system. The Healthy Days measures can work as both outcome measures and predictors and can provide a simple survey tool to get a snapshot of the health of a workplace. This survey should be done anonymously and can easily be set-up in a free, online survey tool (e.g. Google Forms) and then exported to Excel for quick analysis.

1. Would you say that in general your health is:
 - a. Excellent 1
 - b. Very good 2
 - c. Good 3
 - d. Fair 4
 - e. Poor 5

 2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?
 - a. Number of Days —
 - b. None

 3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?
 - a. Number of Days —
 - b. None
- (If both Q2 AND Q3 = "None," skip question 4)
4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?
 - a. Number of Days —
 - b. None

Average Wisconsin and National results:

	Percentage with fair or poor self-rated health	Number of days when Physical Health was not good	Number of days when Mental Health was not good	Total Number of days when Physical or Mental Health was not good	Percentage with 14+ days when Physical Health was not good	Percentage with 14+ days when Mental Health was not good	# of days with activity limitations due to health
WI	13.7%	3.5 days	3.1 days	5.7 days	10.3%	8.6%	2.1 days
US	16.1%	3.7 days	3.5 days	6.2 days	11.1%	10.7%	2.3 days

APPENDIX E - ANNUAL CALENDAR

Put a mark in each box where you plan to do some type of activity for a topic area and the possible components for that area.

Month	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Topic Focus	Topic 1:			Topic 2:			Topic 3:			Topic 4:		
Components												
Biometric Screenings												
Health Assessment												
Employee Survey												
Education Materials												
Coaching												
Webinar												
Campaign												
Trainings												
Environment Change												
Policy Change												

APPENDIX F - ACTION PLAN WORKSHEET

ACTION PLAN WORKSHEET - SAMPLE

Focus Area	Implementation dates							
Strategy Description and Type	Describe the strategy and whether it's individual programming (I), an environmental change (E) or a policy change (P)							
Activities	List the activities required to meet the recommendation							
Who	Lead person(s) responsible for the activity							
When	Date or date range when the activity will occur							
Materials and Resources Needed	List the resources and tools they need to get the job done.							
Time Frame	When will implementation begin? How long will it take to finish?							
Evaluation	How will you measure your successes and/or misfortunes?							
Focus Area: _____	Implementation Dates:				Specific Months of _____ or All Year _____			
Strategies to Implement	I	E	P	Activities	Who	When	Materials and Resources	Evaluation Method
1.								
2.								
3.								
4.								
5.								
6.								

APPENDIX G - WELLNESS REGULATIONS AND REWARDS

Workplace Wellness Programs

Wellness is a term that has been around awhile, but has been gaining popularity again due to the rising cost associated with health care. Workplace wellness programs must comply with rules under the Health Insurance Portability and Accountability Act (HIPAA), the Americans with Disabilities Act (ADA) and the Genetic Information Nondiscrimination Act (GINA), to name a few.

Which Laws Apply When?

HIPAA rules apply only when a workplace wellness program is connected to an employer's group health plan. ADA and GINA rules apply regardless of the workplace wellness program's connection to the employer's group health plan (i.e., all employees are eligible to participate in the wellness program, not just those employees who are enrolled in the employers health plan).

HIPAA Nondiscrimination Rules

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 wellness program that rewards plan enrollees for meeting certain health standards is an exception to this general rule. This may include 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).

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 30 percent of the cost of coverage under the plan in which the employee is enrolled.

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 give individuals eligible for the program the opportunity to qualify for the reward 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, or the program may waive the initial standard. It is permissible to establish a reasonable alternative once a participant informs the plan that it is unreasonable for him or her.

Fifth—The plan must disclose in all plan materials describing the terms of a wellness program the availability of a reasonable alternative standard to qualify for the reward (and, if applicable, the possibility of waiver of the initial standard) including contact information for obtaining a reasonable alternative standard and a statement that the recommendations of an individual's personal physician will be accommodated. If plan materials merely mention that a wellness program is available, without describing its terms, this disclosure is not required.

ADA

The ADA incentive rules apply only to workplace wellness programs that collect employee health information, such as through health risk assessments or biometric screens. However, unlike the HIPAA incentive rules which only apply to workplace wellness programs that reward employees for meeting certain health standards, the ADA rules apply to *all* wellness programs that collect employee health information, even if the program is “participatory” only. That is, if an employee can earn a reward simply by participating in a wellness activity that collects health information, such as a health risk assessment or biometric screen, the ADA wellness incentive rules apply. To comply with the ADA wellness incentive rules, wellness programs must meet the following ADA requirements:¹

1. **Financial Incentives Must Be Limited to Thirty Percent of the Cost of Self-Only Coverage.**
The ADA permits financial incentives for wellness programs as long as the value of that incentive does not exceed thirty percent of the total cost of employee-only coverage.² There are special rules in cases where an employer offers multiple plans; the rules provide guidance on which plan to use to calculate the 30% maximum incentive amount. For example, if an employer does not offer any coverage, the ADA rules require the employer to use the second lowest cost Silver Plan for a 40-year-old non-smoker on the state or federal health care Exchange in the location that the employer identifies as its principal place of business.
2. **Employers may not deny or limit coverage for, or retaliate against nonparticipants in an employee wellness program.**³ Many employers are beginning to offer tiered health plan structures that base eligibility for more comprehensive or less expensive health coverage if the employee completes a health risk assessment or biometric screen. Employees who choose not to participate in the health risk assessment or biometric screen are offered less comprehensive or more expensive plans (higher premium or cost sharing). Employers who deny employees the more comprehensive or less expensive coverage option because those employees refuse to participate in the health risk assessment or biometric screen violate the ADA.⁴ The employer should allow employees who refuse to participate in those wellness screens to select the higher-tiered plan, even if that employee must pay more for the insurance because of their lack of participation. Of course, the amount of the higher payment should fall within the thirty percent incentive limits, discussed above.
Employers should also avoid retaliating against nonparticipants in wellness programs by not taking adverse employment actions against such employees. Employers should also avoid interfering with, coercing, intimidating or threatening employees who do not participate.
3. **Wellness programs that collect medical information must provide employees with a notice.**⁵ This notice requirement applies even if the employer does not offer incentives for providing the medical information. This notice must:
 - a. Be written in a manner that is understandable to the employee.
 - b. Describe the type of medical information that will be obtained.
 - c. Describe the specific purposes for which the medical information will be used.
 - d. Indicate who will receive the medical information.
 - e. Describe the restrictions on the disclosure of the medical information.
 - f. Describe the methods the employer will use to prevent improper disclosure of the medical information.

¹ 81 Fed. Reg. 31126 (May 17, 2016); 29 CFR § 1630.14(d).

² 81 Fed. Reg. 31126, 31141 (May 17, 2016).

³ 29 CFR § 1630.14(d)(2)(ii) and (iii); 81 Fed. Reg. at 31133 (May 17, 2016).

⁴ Id. at 3113

⁵ 29 CFR § 1630.14(d)(iv).

If an employer already provides a notice that contains all the elements above, the employer can continue using that notice. If the employer does not have such a notice, it must obtain such a notice. A sample notice is available on the Equal Employment Opportunity Commission (EEOC) website at <https://www.eeoc.gov/laws/regulations/ada-wellness-notice.cfm>.⁶

4. **Employers and vendors must protect the confidentiality of the health information collected through the wellness program.**⁷ Both employers and wellness program vendors must work to protect the confidentiality of the health information collected by the wellness program. The ADA requires employers to collect and maintain employee medical information on separate forms and in separate medical files and to treat such information as a confidential medical record. Unless an employer administers part or all of its health plan, both vendors and employers must ensure that an employer does not receive individually identifiable health information collected through a wellness program. In those instances, employers should only receive medical information in aggregate terms.⁸ Employee wellness programs that are part of a group health plan must abide by HIPAA privacy rules.
5. **Employers May Not Require an Employee to Agree to the Sale, Exchange, Sharing, Transfer or Other Disclosure of Medical Information.**⁹ Employers must not require employees to agree to the use or disclosure of their medical information in exchange for wellness program participation or an incentive. Employees should not be required to waive ADA confidentiality protections or agree to the sale, exchange, sharing, or transfer of their medical information.
6. **Wellness programs must be reasonably designed to promote health or prevent disease.**¹⁰ Collecting medical information on a health questionnaire without providing employees follow-up information or advice, such as providing feedback about risk factors or using aggregate information to design programs or treat any specific conditions, would not be reasonably designed to promote health.¹¹
7. **Employers must provide reasonable accommodations.**¹² Regardless of whether a wellness program includes disability-related inquiries or medical examinations, the employer must provide reasonable accommodations, absent undue hardship, to enable employees with disabilities to earn whatever financial incentive an employer offers. These reasonable accommodations apply to both participatory and health-contingent wellness programs. Some helpful examples include:
 - a. Employers who offer a financial incentive to attend a nutrition class would have to provide a sign language interpreter so an employee who is deaf and who needs an interpreter to understand the information communicated in the class could earn the incentive.
 - b. Programs that require reading written materials should provide those materials in large print or on a computer disk for someone with a vision impairment.
 - c. Employers that offer rewards for completing a biometric screen that includes a blood draw should provide an alternative test (or certification requirement) so that an employee with a disability that makes drawing blood dangerous can participate and earn the incentive.¹³

⁶ 81 Fed. Reg. at 31134 (May 17, 2016).

⁷ 81 Fed. Reg. at 31136 and 31142 (May 17, 2016); see also 80 Fed. Reg. 21659, 21669 (April 20, 2015).

⁸ 29 CFR § 1630.14(d)(4)(iii).

⁹ 29 CFR § 1630.14(d)(3)(iv).

¹⁰ 29 CFR § 1630.14(d)(1).

¹¹ 81 Fed. Reg. 31126, 31139 (May 17, 2016); 29 CFR § 1630.14(d)(1).

¹² 81 Fed. Reg. at 31141 (May 17, 2016).

¹³ *Id.*

8. **Compliance with the ADA rules does not mean compliance with other laws.**¹⁴ ADA compliance does not translate to compliance with Title VII, the Equal Pay Act, the Age Discrimination in Employment Act (ADEA), Title II of the Genetic Information and Nondiscrimination Act (GINA) or other sections of Title I of the ADA.

GINA

GINA Title II prohibits employers from requesting, requiring or purchasing genetic information with respect to an employee or an employee's family member, with certain limited exceptions.¹⁵ One of those exceptions applies to voluntary wellness programs.¹⁶ To be considered voluntary, the wellness program must meet the following requirements:

First — Employers may not require individuals to provide genetic information or penalize them if they choose not to provide it.¹⁷

Second — The individual must provide knowing, voluntary, and written authorization. The authorization form must be “written so that the individual from whom the genetic information is being obtained is reasonably likely to understand it.”¹⁸ It must also describe “the type of genetic information that will be obtained and the general purposes for which it will be used” as well as the safeguards in place to assure confidentiality.¹⁹

Third — Employers must ensure that individually identifiable genetic information “is provided only to the individual (or family member if the family member is receiving genetic services) and the licensed health care professionals or board certified genetic counselors involved in providing such services, and is not accessible to managers, supervisors, or others who make employment decisions, or to anyone else in the workplace.”²⁰

Fourth — Individually identifiable information can only be used for the purposes described through the authorization form and cannot be disclosed to the employer.²¹ The employer can only receive identifiable genetic information “in aggregate terms that do not disclose the identity of specific individuals.”²² If the employer learns the source of individually identifiable information for reasons outside of its control, the employer does not violate GINA.²³ This could happen, for instance, if a small number of individuals participated in voluntary genetic testing.²⁴

As for providing incentives to collect genetic information, the GINA wellness incentive rules issued on May 16, 2016, clarify when workplace wellness programs may financially induce the provision genetic information. Here are the key provisions of the final GINA rule:

¹⁴ 29 CFR § 1630.14(d)(5).

¹⁵ 42 USC § 2000ff-1.

¹⁶ 29 CFR 1635.8(b)(2).

¹⁷ 29 C.F.R. § 1635.8(b)(2)(A).

¹⁸ Id. at § 1635.8(b)(2)(i)(B)(1).

¹⁹ Id. at § 1635.8(b)(2)(i)(B)(2)-(3).

²⁰ Id. at § 1635.8(b)(2)(i)(C).

²¹ Id. at § 1635.8(b)(2)(i)(D).

²² Id.

²³ Id.

²⁴ Id.

1. **Limited to Spousal Information.** GINA allows an employer to offer inducements to an employee for the employee’s spouse to provide information about the spouse’s manifestation of disease or disorder.²⁵ The spouse may provide that information as part of a health risk assessment (which includes biometric screens) administered in connection with a workplace wellness program.²⁶ Spousal health information qualifies as “genetic information” for an employee because GINA includes in the definition of “family member” a spouse (as well as adopted children). Current regulations prohibit a wellness program from requiring employees to provide their genetic information as a condition of receiving incentives. In addition, no incentives are allowed for obtaining manifestation of disease or disorder information of an employee’s children or for other genetic information of an employee’s child, regardless of the child’s age.²⁷
2. **Applies to All Wellness Programs.** The GINA rule allowing incentives to obtain spousal manifestation of disease or disorder information applies regardless of whether the spouse or employee are enrolled in an employer’s health plan.²⁸
3. **Incentive Limit Calculation.** The amount of the incentive for obtaining manifestation of disease or disorder information from the employee’s spouse is 30 percent of the total cost of self-only coverage.²⁹ A separate 30 percent incentive limit applies to the employee for his or her participation in a workplace wellness program.³⁰ Consequently, when an employee and the employee’s spouse are given the opportunity to enroll in an employer-sponsored wellness program, the inducement to each may not exceed 30 percent of the total cost of self-only coverage offered by the employer. Similar to the ADA rules, if the employer does not offer any coverage or offers multiple plans, the GINA rules provide guidance on how to calculate the incentive limit.
4. **No Agreement to Sale or Waiver of Confidentiality of Genetic Information.** Like the ADA wellness incentive rules, the GINA rule prohibits employers from conditioning participation in a wellness program or providing any reward to an employee, spouse or other covered dependent in exchange for their agreement permitting the sale, exchange, sharing, transfer or other disclosure of genetic information, including information about the manifestation of disease or disorder of an employee’s family member.³¹ It is very important for wellness professionals and organizations to determine where the information they collect goes and whether any vendor agreements permit the downstream sale, exchange, sharing or transfer of genetic information, unless that exchange is permitted by GINA (such as disclosing the information to licensed or certified professionals for the provision of genetic services³²).
5. **Authorizations are required for both employee and spouse.** Before an employee or spouse provides genetic information as part of a health risk assessment or biometric screen, the final rules state that the spouse must provide prior, knowing, voluntary and written authorization.³³ GINA already requires such authorization for employees when providing genetic information.³⁴ The final rule ensures that spouses who agree to provide information about their manifestation of

²⁵ Id. at 31146.

²⁶ 29 CFR 1635.8(b)(2)(iii).

²⁷ Id. at 31147-48.

²⁸ Id. at 31151.

²⁹ 29 CFR § 1635.8(b)(2)(iii).

³⁰ Id.

³¹ 29 CFR § 1635.8(b)(2)(iv).

³² 29 CFR § 1635.8(b)(2)(i)(D).

³³ 29 CFR § 1635.8(b)(2)(iii).

³⁴ 42 USC § 2000ff-1(b)(2)(B) and 29 CFR § 1635.8(b)(2)(i).

disease or disorder through a health risk assessment or biometric screen also provide such authorization.

6. Information disclosure must be part of a larger effort to promote health or prevent disease.

Employers to obtain genetic information (whether through incentives or otherwise) only if acquiring that information is part of offering a wellness program that is “reasonably designed to promote health or prevent disease.”³⁵ In other words, the program must have a reasonable chance of improving the health of, or preventing disease in, participating individuals, and must not be overly burdensome, a subterfuge for violating GINA or other laws prohibiting employment discrimination, or highly suspect in the method chosen to promote health or prevent disease. A program is not reasonably designed to promote health or prevent disease if it imposes a penalty or disadvantage on an individual because a spouse’s manifestation of disease or disorder prevents or inhibits the spouse from participating or from achieving a certain health outcome.³⁶ For example, an employer may not deny an employee an inducement for participation of either the employee or spouse in an employer-sponsored wellness program because the employee’s spouse has a blood pressure, a cholesterol level, or a blood glucose level that the employer considers too high.³⁷

In addition, for a wellness program to be reasonably designed to promote health or prevent disease, the collection of information on a health questionnaire must include follow-up information or advice, or the information must be used to design a program that addresses at least some of the conditions the information collection identified.³⁸

7. Employers May Not Deny Access to Health Coverage Based on Spouse’s Refusal to Provide Information. Employers will violate GINA if they deny access to health benefits to an employee and/or his or her family members based on a spouse’s refusal to provide genetic information as part of a workplace wellness program.³⁹ Employers may also not retaliate against an employee based on a spouse’s refusal to provide information about his or her manifestation of disease or disorder as part of a workplace wellness program.⁴⁰

As noted above, compliance with HIPAA, ADA and GINA does not mean a wellness program will comply with all the laws that may affect a wellness program. These other laws may include tax laws, other state and federal confidentiality laws, employee benefits laws, civil rights laws, state licensing laws, and worker safety laws. As a result, it is important for workplace wellness programs to consult with legal counsel to ensure that their wellness program is fully compliant.

A helpful compliance checklist addressing some of the laws relevant to workplace wellness programs can be found in the following pages of this Appendix F.

This Appendix G provides brief, general information, not legal advice. Employers are encouraged to consult with their legal counsel regarding wellness program compliance.

This checklist was prepared and written by Barbara J. Zabawa, JD, MPH Attorney/President zbabawa@wellnesslaw.com from the Center for Health and Wellness Law, LLC www.wellnesslaw.com.

³⁵ 29 CFR § 1635.8(b)(2)(i)(A)

³⁶ Id.

³⁷ Id.

³⁸ Id.

³⁹ 29 CFR § 1635.8(b)(2)(v).

⁴⁰ Id.

Legal Compliance Checklist

This list identifies compliance questions and comments that should trigger basic wellness law concepts. Use the checklist as a guide to help you consider compliance issues that may arise in designing workplace wellness programs. Please note, however, that this list is not exhaustive. Therefore, it does not cover all potential compliance issues that could occur in designing or implementing workplace wellness programs. To ensure a thorough compliance review, consult your legal counsel.

- Is program part of group health plan?
 - HIPAA/ACA incentive laws apply only to programs tied to Group Health Plans.
- Does employee get reward regardless of results?
 - Participatory vs. Health Contingent under HIPAA/ACA rules.
- If Health Contingent, do we meet ACA 5-factor test?
- Are reasonable accommodations or waivers available so all employees have equal opportunity to earn reward?
- Did we provide notice of the availability of reasonable accommodations or waivers?
- Do we offer follow-up, such as health coaching, after collecting health information?
- Is the program sensitive to the varying abilities and life circumstances of our employees?
 - ADA, Title VII, ADEA equal opportunity considerations
- Does wellness program include HRA or biometric screen?
 - If yes, ADA final rules on incentive limits apply. Make sure incentives are no more than 30% of the cost of self-only coverage.
- Does HRA ask about family history or other sensitive information?
 - If yes, does employee get reward regardless? Think GINA.
- Does group health plan collect genetic information during open enrollment?
 - GINA Title I prohibits collection of family medical history in connection with open enrollment.
- Are there incentives for spousal participation in an HRA or biometric test?
 - If yes, see EEOC GINA rules on incentive limits and asking questions about manifestation of disease or disorder only.
- If there are incentives for spousal participation in HRA/biometric screen, have we provided the requisite notice and authorization to participants?
- Under EEOC ADA and GINA rules, notice and authorization must meet certain requirements.
- Have we reviewed our privacy and security obligations, policies and procedures?
- Has our vendor reviewed its privacy and security obligations, policies and procedures?
- Have we obtained employee buy-in and communicated the purpose/rationale of the program before rollout?
- Will this program cause employee discontent?
 - If yes, what can we do to minimize that?

APPENDIX H - COORDINATOR'S GUIDE

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 an employee working directly with 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 is 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 is In It for Me?

Advantages	How Can I Use The “Kit” - Examples of Integration -
<p>Trainers – why would you want to use the kit, particularly if you are happy with the outreach services that you are currently providing?</p> <ul style="list-style-type: none"> • It is a potential foot in the door. • It is an additional tool to add to your list of services. • The “Toolkit” is based on proven practices, which leads to a higher success rate. • It can easily be integrated into what you’re already doing, for example (see list to the right) • Just because... It is the right thing to do! 	<ul style="list-style-type: none"> ❖ Order copies of the Kit and handout to interested clients as an additional free resource. ❖ 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. ❖ At an initial meeting (kick off) - Offer the Worksite Assessment Checklist (Appendix B) as something you do for your clients/with your clients. ❖ Use the Employee Survey (Appendix C) or modify the questions to meet your client’s needs. ❖ Suggest programming strategies in Step 4 for your clients to take advantage of - walk them through some of the links. ❖ Walk through the Recommendation Table (Appendix D) with your clients to assist them in focusing their efforts. ❖ 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? CONVINCING 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 AM CONVINCED, BUT NEED HELP GETTING STARTED.

It is 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 worthwhile 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 is not 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 3 to assess your current worksite environment. **DO NOT SKIP THIS STEP!** This step ensures that the worksite at least understands and considers the varied aspects of a worksite wellness program and does not just focus on activities.
2. Learn more from your employees: A sample survey is in Appendix C.
3. Use health appraisals (HA) and other data as tools providing specific information about your worksite. Establishing an effective HA evaluation system can give you more information about your workforce and suggest specific strategies, which is extremely useful in defining target areas. HAs 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 in 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. You could include many activities 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.

You could include many components in your program. See the tools in Step 5 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 is found in Step 6 along with a sample evaluation. A comprehensive health 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. Collaborate with business representatives to develop an employee wellness program.
2. Serve as a communication link between participating businesses; promote sharing and successful program development.
3. Encourage business to collaborate 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 of 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. Get a 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. Make a commitment to participate with other local businesses to share a common goal of worksite wellness development in Wood County.
4. Make a 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 cannot 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 HA'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 do not want a lot of information; they want to learn and practice new skills. They probably know a little about *what* to do, they just are not 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 have tried some health and lifestyle programs but participation is small. What do we do?

A: First, 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 does not 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. Do not 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 learns 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 do not 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 is 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 (HA or screening) share individual information – only grouped aggregate data. Addressing suspicion simply and directly, before it even arises, will work to your advantage.

APPENDIX I - SAMPLE BUDGET

WORKSITE WELLNESS - SAMPLE BUDGETS

Here are two budget samples. The first sample is list of categories that you might want to consider as you are 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)

	2018	2019	Difference	Rationale
WAGES				
Staff				
Wellness committee stipend				
HARDWARE/SOFTWARE				
Phones				
Computers and computer accessories				
OFFICE SUPPLIES				
Paper, pens, envelopes, etc./				
EDUCATION/TRAINING/CONFERENCES				
Staff and Committee Members				
TRAVEL/MILEAGE EXPENSES				
Staff and Committee Members				
ORGANIZATIONAL AFFILIATIONS				
Memberships (WELCOA, National Wellness Institute)				
PUBLICATIONS				
American Journal of Health Promotion, etc.				
HEALTH ASSESSMENTS				
Cost per HA (paper or online) and other fees				
Incentive per participant				
Other incentives (giveaways or food)				
BIOMETRIC SCREENINGS				
Cost per screen and other vendor fees				
Incentive per participant				
Other incentives (giveaways or food)				
EMPLOYEE FLU SHOTS				
Cost per shot				
HEALTH COACHING				
Cost per participant				
HEALTH EDUCATION PRESENTATIONS				
Cost per presentation				
HEALTH EDUCATION LITERATURE				
Brochures, Newsletters, Books				
WEB PORTAL VENDOR				
Customized employee wellness website – vendor fee				
CAMPAIGN MATERIALS				
Events, manuals, materials, incentives, etc.				
ONSITE FITNESS SERVICES				
Fitness class(es), Trainer(s), Fitness equipment, etc.				
OTHER				
Event reusable materials, equipment, etc.				

DETAILED BUDGET

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

	2018	2019	Difference	Rationale
WAGES				
Staff 1 (FTE)				
Staff 2 (FTE)				
Staff 3 (FTE)				
Staff 4 (FTE)				
Wellness committee stipend				
Other				
(Temp Help)				
(Contractors)				
Incentives, prizes				
HARDWARE/SOFTWARE				
Phones				
Computers				
Printers				
Software				
Software updates				
Maintenance				
OFFICE SUPPLIES				
Paper				
Pens				
Files				
Envelopes				
Forms				
Other				
EDUCATION/TRAINING/CONFERENCES				
Staff 1 (FTE)				
Staff 2 (FTE)				
Staff 3 (FTE)				
Staff 4 (FTE)				
TRAVEL/MILEAGE EXPENSES				
Staff 1 (FTE)				
Staff 2 (FTE)				
Staff 3 (FTE)				
Staff 4 (FTE)				
ORGANIZATIONAL AFFILIATIONS				
WELCOA				
Wisconsin Wellness Council				
National Wellness Institute				
Other				
PUBLICATIONS				
American Journal of Health Promotion				
The Art of Health Promotion				
Health Promotion Practitioner				
Health Promotion Practice				
Health Promotion International				
Wellness Program Manager Advisor				
Other				
HEALTH ASSESSMENTS				
Cost per HA (paper or online)				
Other vendor fees				

Incentive per participant				
Other (giveaways or food)				
BIOMETRIC SCREENINGS				
Cost per screen				
Other vendor fees				
Incentive per participant				
Other (giveaways or food)				
HEALTH COACHING				
Cost per participant				
Other vendor fees				
Other (giveaways or food)				
HEALTH EDUCATION PRESENTATIONS ("LUNCH AND LEARNS")				
Cost per presentation				
Other vendor fees				
Other (giveaways or food)				
HEALTH EDUCATION LITERATURE				
Brochures (for brochure rack)				
Books (for lending library)				
Newsletters				
WEB PORTAL VENDOR				
(customized employee wellness website)				
Vendor fees				
EMPLOYEE FLU SHOTS				
Cost per shot				
Other vendor fees				
Other (giveaways or food)				
CAMPAIGN MATERIALS				
<u>Quarter 1 Event</u>				
(program manual and materials)				
(incentives/prizes/giveaways)				
(other)				
<u>Quarter 2 Event</u>				
(program manual and materials)				
(incentives/prizes/giveaways)				
(other)				
<u>Quarter 3 Event</u>				
(program manual and materials)				
(incentives/prizes/giveaways)				
(other)				
<u>Quarter 4 Event</u>				
(program manual and materials)				
(incentives/prizes/giveaways)				
(other)				
ONSITE FITNESS SERVICES				
Fitness class(es)				
Personal trainer(s)				
Fitness equipment				
Equipment maintenance				
Liability insurance				
OTHER				
Table Cloth for Events				
Brochure racks				
Book shelves				
Blood Pressure Machine(s)				
Other				

APPENDIX J - EXTENDING INTO THE HOME

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. <i>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.</i>
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. <i>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.</i>
3. Eat family meals together with the TV off while eating. <i>If you are at the dinner table, you are less likely to be watching TV while you are eating.</i>
4. Be a good role model: eat healthy and be active. <i>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.</i>
5. See your medical provider regularly. Check with your physician about healthy weight for adults and children. <i>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.</i>
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. <i>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: https://www.dhs.wisconsin.gov/forms/f4/f40092.pdf</i>
2. Walk or bike to school with your children. <i>One way to guarantee regular activity is 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.</i>
3. Be active together. <i>Being active together appeals to people who need the extra motivation that only direct interaction can provide.</i>
4. Track or log your activity. <i>Recording and tracking activity increases the likelihood for long-term success. Make it a friendly competition between parent and child.</i>
5. Schedule your activity time. <i>Plan ahead. Make physical activity a regular part of your daily or weekly schedule and write it in on your calendar.</i>
6. Vary your activities. <i>Give yourself different opportunities to be active as a family.</i>
7. Make your yard or nearby park a recreation site. <i>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.</i>
NUTRITION SUGGESTIONS:
1. Choose exclusive breastfeeding as the method for feeding infants for the first 6 months of life. <i>There is a known link to decreased obesity later in life.</i>
2. Try to eat at least one meal together as a family per day; make family meal times a priority.

<i>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.</i>
3. If your family consumes whole or reduced fat (2%) milk, together make the switch to low fat (1%) or fat-free (skim) milk . <i>If your family collectively decides to try something new, having the support of each other will increase the likelihood that you will stick to it.</i>
4. Plan Family Meals Ahead of time. <i>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.</i>
5. Parents should provide healthful food and beverages choices for children. <i>Providing children with limits while allowing them to choose from healthier options assists them with healthy eating behaviors.</i>
6. Provide opportunities for children and adolescents to participate in meal preparation. <i>Increase the likelihood that child or teen will try new foods</i>
7. Use lower fat substitutions in cooking and baking (i.e. applesauce for oil, etc.). <i>Lowers total calories and fat intake</i>
MENTAL HEALTH SUGGESTIONS:
1. Easy does it. <i>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.</i>
2. Learn safe ways to express your feelings. <i>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.</i>
3. Do not brood. <i>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.</i>
4. Take one step at a time. <i>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.</i>
TOBACCO CESSATION SUGGESTIONS: (from UW-Center for Tobacco Research and Intervention)
1. Make an appointment with your healthcare provider. <i>Your doctor can recommend medications that will help you through the process of quitting.</i>
2. Call the Wisconsin Tobacco Quit Line at 1-800-QUIT-NOW to get started. (800-784-8669)
3. Get support. <i>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.</i>
4. Clear the decks. <i>Get rid of the things that remind you of smoking. Throw away all cigarettes, lighters and ashtrays.</i>
5. Dangle the financial carrot. <i>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.</i>
6. Make a plan and set a quit date. <i>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.</i>
7. Keep busy on your quit day. <i>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.</i>
8. Replace cigarettes with alternatives. <i>Alternatives like gum, cinnamon sticks, suckers, toothpicks or low-calorie snacks like carrots, celery and apples wedges.</i>
9. Start an exercise program. <i>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.</i>

APPENDIX K - SAMPLE POLICIES

GENERAL POLICY

Policy Template

http://www.hsidn.org/uploads/1/8/3/8/1838087/worksitewellness_policy_section.pdf

FLEXIBLE WORK TIME POLICY

Alternative Work Schedules – UC Davis

<http://worklife-wellness.ucdavis.edu/workplaceflexibility/index.html>

PHYSICAL ACTIVITY POLICIES

Policy Supporting Physical Activity

http://health.utah.gov/bhp/pdf/Worksite_Toolkit.pdf (pages 62-63)

Physical Activity and Healthy Eating Policy - North Carolina Division of Public Health

<http://www.eatsmartmovemorenc.com/PhysicalActivityAndHealthyEatingPolicy/PhysicalActivityAndHealthyEatingPolicy.html>

Flex Time for Physical Activity

<http://mihealthtools.org/work/documents/FlexTimePolicy.pdf>

NUTRITION POLICIES

Health Food Policy Example and Worksite Nutrition Guidelines

http://health.utah.gov/bhp/pdf/Worksite_Toolkit.pdf (pages 52-53 and 54-59)

MN: University of Minnesota School of Public Health: Guideline for offering healthy foods at

meetings, seminars, and catered events <http://sph.umn.edu/site/docs/degrees-programs/nutrition/SPH%20Guidelines%20for%20Offering%20Healthy%20Foods.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>

Sample Healthy Foods Policy - Eat Smart, Move More North Carolina

http://www.eatsmartmovemorenc.com/NCHealthSmartTikt/Texts/ES_AppB%20SamplePolicy.pdf

TOBACCO POLICIES

Smoke-Free Workplace

<http://mihealthtools.org/work/documents/SmokefreePolicy.pdf>

Tobacco-free Campus Policy

http://health.utah.gov/bhp/pdf/Worksite_Toolkit.pdf (pages 60-61)

BREASTFEEDING POLICIES

Establish workplace policies and programs that promote breastfeeding

https://www.womenshealth.gov/files/documents/bcfb_policy-for-supporting-breastfeeding-employees.pdf

Washington County Sample Breastfeeding Policy

<http://www.co.washington.wi.us/uploads/docs/SampleWorksiteBFPolicy.pdf>

Breast-feeding Release Time Guidelines

http://health.utah.gov/bhp/pdf/Worksite_Toolkit.pdf (page 64)

Acknowledgements

The Wisconsin Chronic Disease Prevention Program would like to acknowledge the following individuals and organizations for their expertise, time and passion. They were essential in the development of the latest edition of this resource kit. We look forward to each partner's continued commitment and involvement as well as the new partnerships and opportunities for collaboration that are made possible because of this resource kit. Together we will reduce the impact of overweight and obesity in Wisconsin.

V4 Edition Consultants

Debra Lafler

State Agency Employee Wellness and EAP Manager
WI Department of Health

Michelle Spehr

Health and Wellness Consultant
The Benefit Services Group, Inc.

Tyler Stuntebeck

Wellness Consultant
M3 Insurance

Christina Bulin

Wellness Liaison (Coordinator)
WI Department of Administration

Barbara Zabawa

JD, MPH Attorney/President
The Center for Health and Wellness Law, LLC

Special Technical Assistance

Enid Roemer

Johns Hopkins

Mary Kay Warner

Sandhill Studio LLC
Original Graphics Design

Wisconsin Chronic Disease Prevention Staff

Jon Morgan (Primary kit author)
Physical Activity Coordinator
(608) 266-9781
jonathon.morgan@wi.gov

Mary Pesik

Chronic Disease Prevention Unit
Supervisor
(608) 267-3694
mary.pesik@wisconsin.gov

Kelli Stader

Nutrition Coordinator

Shelby Vadjunec

Chronic Disease Prevention Evaluator

Megan Elderbrook

Chronic Disease Prevention Epidemiologist

Lena Swander

Chronic Disease Prevention Epidemiologist

Anne Sleeth

Operations Program Associate

