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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 | COMMUNICATIONS, EDUCATION and PROGRAMMING: How many of the examples listed below does the worksite use to regularly communicate wellness programming and information to employees? <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)