



Toolkit



NEVADA
Wellness

APPENDICES

More Resources

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 Nevada in four (23%), or about one in four, of adults, have doctor-diagnosed arthritis.

WHY:

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

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

RESOURCES:

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 fifth leading cause of death in Nevada. In 2011, approximately 11 percent Nevada residents were diagnosed with cancer and almost 4,427 died from the disease. Cancer is caused by both external factors (tobacco, chemicals, radiation and infectious organisms) and internal factors (inherited mutations, hormones, immune conditions and mutations that occur from metabolism). Even though residents of Nevada 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 Nevada, 5 of every 10 adults (50%) are either overweight or obese. Obesity increases the risk of many chronic diseases, including cancer.

RESOURCES:

Nevada's Comprehensive Cancer Control Program

<http://health.nv.gov/ComprehensiveCancer.htm>

(775) 684-5940

Comprehensive cancer control is an integrated and coordinated approach to reducing cancer incidence, morbidity, and mortality through prevention, early detection, treatment, rehabilitation & palliation.

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 270,000 Nevada adults (10 percent) have diabetes. That's one of every ten adults you meet. When a person has diabetes, his or her body cannot properly use the energy it gets from the food eaten. This is because the body either is no longer producing insulin, is not producing enough insulin, or the insulin is not working. Insulin is a natural hormone produced by the pancreas and its job is to keep blood sugar levels normal.

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

WHY:

Many people are at increased risk for developing type 2 diabetes because of risk factors such as age, weight, and sedentary lifestyle.

- People with diabetes are 2 to 4 times more likely to develop heart disease and stroke than people without the disease.
- Nationally, estimated total medical expenditures in 2002 incurred by persons with type 1 or type 2 diabetes were \$13,243 per capita per year versus \$2,560 for persons without diabetes (American Diabetes Association, 2003).

RESOURCES:

Diabetes At Work Program

Centers for Disease Control, Division of Diabetes Translation

www.DiabetesAtWork.org

This online diabetes and health resource kit can help your company assess the impact of diabetes in the workplace and provide easy-to-use information for your wellness program. Resources contained on the DiabetesAtWork.org web site include: a planning guide, assessment tools, lesson plans, fact sheets, resources, and frequently asked questions (FAQ's).

Diabetes Toolbox

The Alliance

www.alliancehealthcoop.com/diabetes

The Diabetes Toolbox was designed to help employers improve employee wellness and reduce the burden of diabetes. The Toolbox contains detailed information on specific workplace strategies: Diabetes Overview, Early Detection, Education, Supportive Work Environment, and Tools to Assist Individuals with Diabetes.

Diabetes Prevention and Control Program

State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health

http://health.nv.gov/CD_Diabetes.htm

Resources for health professionals, patients and family members: Burden Study, Surveillance Report, Nevada Essential Diabetes Care Guidelines, Children with Diabetes: a Resource Guide for Schools, Diabetes Strategic Plan; diabetes self-management materials

National Diabetes Education Program

Centers for Disease Control, Division of Diabetes Translation

www.ndep.nih.gov

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

1-800-DIABETES (342-2383)

www.diabetes.org

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

HEART DISEASE AND STROKE

WHAT:

Heart disease is the number one cause of death in Nevada and stroke is the fifth leading cause. In 2011, about 29% were due to heart disease, stroke, or other forms of cardiovascular disease. An estimated 107,440 Nevada adults (4 percent of adult population) suffered from heart disease and 80,580 adults (3 percent of adult population) suffered from stroke in 2011. Although only 4% of adults have been diagnosed with some form of heart disease in Nevada, it still ranks as the number one leading cause of death in the state.

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

WHY:

- Many of the risk factors of heart disease and stroke, such as high blood pressure, high cholesterol, excess weight or obesity, can be prevented, modified or controlled by adopting a healthy lifestyle with adequate physical activity and appropriate nutrition.

- To reduce your risk factors, it is also important to know the warning signs and know how to respond quickly and properly if warning signs occur. Calling 9-1-1 is almost always the fastest way to get lifesaving treatment and prevent disability.

Heart Attack Warning Signs

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

Stroke Warning Signs

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

RESOURCES:

Nevada Comprehensive Profile for Stroke Prevention (2011)

<http://health.nv.gov/PDFs/HSPER/StrokeBook1.pdf>

American Heart Association/ American Stroke Association

1-800-AHA-USA-1 (242-8721).

www.americanheart.org

1-800-4-STROKE (478-4653).

www.strokeassociation.org

Resources on research, statistics, tips for healthy lifestyle and other services to people with cardiovascular disease, their families, health professionals and the public. Specific worksite information can be found at Heart at Work, <http://www.americanheart.org/presenter.jhtml?identifier=3040778>

MENTAL HEALTH

WHAT:

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

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

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

WHY:

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

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

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

Mental Health / Stress Management

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

RESOURCES:

Mental Health

NOTE: Mental illnesses present as mental disorders with distinct and different signs and symptoms.

The presentation of a mental disorder is unique to each individual's personality, including their heredity, biochemistry, affect, emotion, coping, resiliency, environment, early and ongoing relationships, and other risk factors. Several websites provide comprehensive information about signs and symptoms for all mental illnesses/mental disorders. Examples: <http://www.healthyminds.org> (American Psychiatric Association)

Nevada Department of Health and Human Services, Division of Public and Behavioral Health

- <http://mhds.state.nv.us/>
- P: 775-684-5943

Partnership for Workplace Mental Health

A program of the APA Foundation

- www.workplacementalhealth.org
- P: 703-907-8561

Great West Life for Mental Health in the Workplace

Offers a robust web site that provides concerned employers with information and evidence-based strategies to address the psychological health of the workplace.

- <http://www.gwlcentreformentalhealth.com>

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 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).

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

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

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

WHY:

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

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

RESOURCES:

Nevada Department of Health and Human Services, Division of Public and Behavioral Health

- <http://mhds.state.nv.us/>
- P: 775-684-5943

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 a commitment from key stakeholders such as senior management, human resource managers, safety officers, staff members, etc.?					
2	Does the worksite have a mission statement, clearly defined goals and an action plan to implement the program?					
3	Does the worksite have a worksite wellness plan in place that addresses the purpose, nature, duration, resources required, participants involved, budget and expected results of a worksite wellness program?					
4	Does the worksite have a representative committee that meets at least quarterly to oversee worksite wellness program operations?					
5	Does the worksite have at least part-time dedicated staff to implement a wellness program?					
6	Is there a worksite budget for employee health promotion that includes some funds for programming?					
Infrastructure area totals (# of Yes, In Process and No items)						

#	WELLNESS COMPONENT	YES	IN PROCESS	NO	POTENTIAL PRIORITY	COMMENTS
PROGRAM COMPONENTS						
7	Does the worksite offer educational programs for health areas, such as physical activity, nutrition, weight management, breastfeeding, stress management and tobacco cessation?					
8	<p>Communications: Does the worksite have a variety of ways to regularly communicate wellness programming and information to employees? Examples of ways to “promote and encourage employee participation” include:</p> <ul style="list-style-type: none"> • Information at new employee orientation • Information on programs provided within paychecks or email • Flyers on the wall, bulletin boards or resource tables • Letters mailed directly to employees • Announcements at employee meetings • Employee newsletter articles • Incentive/reward programs • Public recognition • Health insurance discounts • Sponsor employee sports teams 					
9	Does the worksite promote employee self-care and provide resources for interested employees to use.					
10	Does the worksite provide or arrange for health counseling, employee assistance programs or other support mechanisms to modify behavior?					

#	WELLNESS COMPONENT	YES	IN PROCESS	NO	POTENTIAL PRIORITY	COMMENTS
PROGRAM COMPONENTS						
11	<p>Does the worksite provide incentives to encourage participation in worksite wellness activities? Examples include:</p> <ul style="list-style-type: none"> • Small merchandise (i.e. water bottles, pedometers) • Gift certificates • Monetary awards • Reimbursement for the cost of participation in certain wellness programs • Health insurance rebates or discounts 					
12	Does the worksite offer or provide healthcare coverage for employees and their families for screening, prevention of and rehabilitation of chronic disease?					
13	Does the worksite offer wellness programming to family members (spouses and children) of employees?					
14	Does the worksite provide on-site childcare to facilitate participation in wellness programs and activities?					
15	Does the worksite offer an annual needs and interests survey to employees as a means to check-in with the wellness program target audience?					
Component area totals (# of Yes, In Process and No items)						

#	WELLNESS COMPONENT	YES	IN PROCESS	NO	POTENTIAL PRIORITY	COMMENTS
HEALTH SCREENING AND MANAGEMENT						
16	Does the worksite offer health risk assessments on a regular basis (at least every other year)?					
17	Does the worksite offer or provide easy access to free or reasonably priced annual biometric health screenings (height and weight measurements, blood pressure checks, cholesterol screening, diabetes/blood sugar screening, stress or anxiety/depression screening, etc.)?					
18	Does the worksite use health risk assessments, biometric health screenings and employee interest surveys as tools for planning their wellness program?					
19	Does the worksite have a plan to use health risk assessments or screenings and connect higher risk employees with their healthcare provider for follow-up?					
Screening area totals # of Yes, In Process and No items						

#	WELLNESS COMPONENT	YES	IN PROCESS	NO	POTENTIAL PRIORITY	COMMENTS
PHYSICAL ACTIVITY						
20	Does the worksite support physical activity during work time (flex-time)?					
21	Are employees provided with breaks during working hours and are employees encouraged to be active during break time?					
22	Does the worksite allow for "walk & talk" meetings instead of conference room meetings to encourage smaller amounts of activity?					
23	Can all employees use the worksite's indoor/outdoor physical activity facilities outside of work hours?					
24	Does the worksite provide free, discounted, or employer subsidized memberships to fitness centers?					
25	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?					
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 prompts to promote physical activity near each stairwell or elevator and other key locations?					
28	Does the worksite provide outdoor exercise areas, playing fields, or walking trails for employee use?					

#	WELLNESS COMPONENT	YES	IN PROCESS	NO	POTENTIAL PRIORITY	COMMENTS
PHYSICAL ACTIVITY						
29	Does the worksite provide showers and/or changing facilities?					
30	Does the worksite provide an on-site exercise facility?					
31	Does the worksite provide or contract for assessments such as cardiovascular fitness, % body fat, strength tests, etc.?					
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 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)					
34	Does the worksite hold long-term (several weeks) physical activity campaigns?					
Activity area totals (# of Yes, In Process and No items)						

#	WELLNESS COMPONENT	YES	IN PROCESS	NO	POTENTIAL PRIORITY	COMMENTS
NUTRITION						
35	Does the worksite on-site cafeteria follow nutritional standards that align with Dietary Guidelines for Americans and follow healthy cooking practices?					
36	Does the worksite offer appealing, low-cost, healthful food options, such as fruits and vegetables, juices, whole grains, lean meats and low-fat dairy products in vending machines and snack bars and break rooms?					
37	Does the worksite provide nutritional labeling of foods?					
38	Does the worksite advertise or mark healthy options so that they stand out and limit advertising of less nutrition foods?					
39	Does the worksite provide appropriate portion sizes or options for smaller portion sizes?					
40	Does the worksite provide protected time and dedicated space away from the work area for breaks and lunch?					
41	Does the worksite offer healthful food alternatives at meetings, company functions and health events?					
42	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 					

#	WELLNESS COMPONENT	YES	IN PROCESS	NO	POTENTIAL PRIORITY	COMMENTS
NUTRITION						
43	Does the worksite promote the consumption of healthy foods in catering/cafeteria policies through signs, posters, etc.?					
44	Does the worksite make water available and promote drinking water throughout the day?					
45	Does the worksite make kitchen equipment (refrigerators, microwaves, stoves, etc) available for employee food storage and cooking?					
46	Does the worksite offer local fruits and vegetables at the worksite (i.e. farmer's market or a community-supported agriculture drop-off point.)?					
47	Does the worksite provide on-site gardening?					
48	Does the worksite provide interactive food opportunities such as taste testing and food preparation?					
49	Does the worksite provide opportunities for peer-to-peer modeling of healthy eating?					
50	Does the worksite have activities or long-term (several week) campaigns that focus on healthy eating and weight management?					
51	Does the worksite provide an appropriate place for breastfeeding/pumping (Mother's Room)?					

#	WELLNESS COMPONENT	YES	IN PROCESS	NO	POTENTIAL PRIORITY	COMMENTS
NUTRITION						
52	Does the worksite provide refrigerated space for breast milk storage?					
53	Does the worksite provide flex-time opportunities for breastfeeding employees to pump or breastfeed during the work day?					
54	Does the worksite insurance coverage include employee benefits that cover lactation visits and breast pumps?					
Nutrition area totals (# of Yes, In Process and No items)						

#	WELLNESS COMPONENT	YES	IN PROCESS	NO	POTENTIAL PRIORITY	COMMENTS
MENTAL HEALTH / STRESS MANAGEMENT						
55	Does the worksite provide flexible scheduling to attend or participate in mental health activities offered at work or to allow for medical appointments related to mental health?					
56	Does the worksite train supervisors to understand mental health issues and better assist employees?					
57	Does the worksite insurance coverage include mental health as part of the employee benefits?					
58	Does the worksite provide or contract for an Employee Assistance Program?					
59	Does the worksite promote mental health and stress management resources (i.e. EAP, insurance carrier, local resources, etc.)					
60	Does the worksite provide stress reduction through "quiet rooms", relaxation classes and proper lighting and sound reduction measures?					
Mental Health area totals (# of Yes, In Process and No items)						

#	WELLNESS COMPONENT	YES	IN PROCESS	NO	POTENTIAL PRIORITY	COMMENTS
ALCOHOL AND OTHER DRUG ABUSE (AODA)						
61	Does the worksite provide flexible scheduling to attend or participate in AODA related activities offered at work or to allow for medical appointments related to AODA?					
62	Does the worksite train supervisors to understand AODA issues and better assist employees?					
63	Does the worksite insurance coverage include AODA as part of the employee benefits?					
64	Does the worksite provide or contract for an Employee Assistance Program?					
65	Does the worksite promote AODA resources (i.e. EAP, insurance carrier, local resources, etc.)					
AODA area totals (# of Yes, In Process and No items)						

#	WELLNESS COMPONENT	YES	IN PROCESS	NO	POTENTIAL PRIORITY	COMMENTS
TOBACCO USE						
66	Does the worksite policy prohibit tobacco use anywhere on the property?					
67	Does the worksite promote the Wisconsin Tobacco Quit Line (800-QUIT-NOW) or similar tobacco cessation resources?					
68	Does the worksite policy support participation in smoking cessation activities during duty time (flex-time)?					
69	Does the worksite provide cessation medications through health insurance at low cost or no cost?					
70	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 items)						

#	WELLNESS COMPONENT	YES	IN PROCESS	NO	POTENTIAL PRIORITY	COMMENTS
EMERGENCY MEDICAL RESPONSE PLAN						
71	Does the worksite have a written plan for emergency response to medical events at their facility?					
72	Does the Worksite provide emergency training in Cardiopulmonary Resuscitation (CPR) and/or Automated External Defibrillators (AEDs) for response to cardiac events in the facility?					
73	Does the worksite have trained medical responders or equipment such as a defibrillator on-site?					
Tobacco area totals (# of Yes, In Process and No items)						

#	WELLNESS COMPONENT	YES	IN PROCESS	NO	POTENTIAL PRIORITY	COMMENTS
ASSESSMENT AND EVALUATION						
74	Within the past year, has your worksite used the information from an employee wellness interest survey and/or participant satisfaction survey to reassess program initiatives?					
75	Has your worksite completed a worksite wellness assessment (such as this checklist) within the past year?					
76	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)					
77	Does your worksite do an annual wellness program review and report significant results to management?					
Evaluation area totals (# of Yes, In Process and No items)						

APPENDIX C

WORKSITE WELLNESS SURVEY



SAMPLE SURVEY OR PRE AND POST TEST

Wellness Questions

1. CURRENT PHYSICAL ACTIVITY LEVEL.

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

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

2. WHEN DO YOU GET MOST OF YOUR PHYSICAL ACTIVITY EACH DAY?

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

3. FRUITS AND VEGETABLES.

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

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

4. FAT IN FOODS.

Please read the statement below. Select the statement that best describes your current intake of low fat foods.

- I don't worry about the fat content of the food I eat & I don't plan to in the near future.
- I eat high fat foods daily, but I've been thinking about trying to reduce my intake.
- I limit my intake of high fat foods to 1-3 times/week.
- I eat high fat foods less than once/week and have been for the past 6 months.
- I eat high fat foods less than once/week and have been for more than 6 months.

5. WHOLE GRAINS.

Please read the statements below. Select the statement that best describes your current intake of whole grain foods. The serving size for whole grains is one ounce (ex. 1 slice of bread, 1 oz. of cereal, ½ cup of cooked rice or pasta).

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

6. TOBACCO USE.

Please read the statements below. Select the statement that best describes your current tobacco use.

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

7. ANXIETY.

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

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

8. DEPRESSION.

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

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

APPENDIX D

RECOMMENDATION TABLE



RECOMMENDATION TABLE	
<p>Instructions: Rate each of the recommendations identified in the Worksite Wellness Assessment on the following aspects: importance, cost, time and commitment. Rate each on a scale of 1-5 (low-high) using the chart below. Higher scores should indicate priority items to implement</p>	
IMPORTANCE	<p>How important is the recommendation?</p> <p>1 = Not at all important 3 = Somewhat important 5 = Very important</p>
COST	<p>How expensive would it be to plan and implement the recommendation?</p> <p>1 = Very expensive 3 = Moderately expensive 5 = Not expensive</p> <p>NOTE: You can get an idea of relative cost by looking at the strategies in Step 4, which are arranged by low, medium and high resource needs.</p>
TIME	<p>How much time and effort would be needed to implement the recommendation?</p> <p>1 = Extensive time & effort 3 = Moderate time & effort 5 = Low time & effort</p>
COMMITMENT	<p>How enthusiastic would employees be about implementing the recommendation?</p> <p>1 = Not enthusiastic 3 = Moderately enthusiastic 5 = Very enthusiastic</p>
<u>IMPACT</u> REACH X DOSE	<p>How many employees will likely be affected by this recommendation?</p> <p>1 = Very few employees 3 = Some employees 5 = Most or all employees</p>

APPENDIX E

ACTION PLAN WORKSHEET



ACTION PLAN WORKSHEET	
RECOMMENDATIONS	Describe the strategies selected from the Recommendation Table
ACTIVITIES	List the activities required to meet the recommendation
MATERIALS, RESOURCES AND PERSONNEL	List the individuals who will do the work; and 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?

RECOMMENDATIONS: STRATEGIES TO IMPLEMENT	ACTIVITIES	MATERIALS, RESOURCES & PERSONNEL	TIME FRAME	EVALUATION METHOD	COMMENTS
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

RECOMMENDATIONS: STRATEGIES TO IMPLEMENT	ACTIVITIES	MATERIALS, RESOURCES & PERSONNEL	TIME FRAME	EVALUATION METHOD	COMMENTS
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					

RECOMMENDATIONS: STRATEGIES TO IMPLEMENT	ACTIVITIES	MATERIALS, RESOURCES & PERSONNEL	TIME FRAME	EVALUATION METHOD	COMMENTS
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					

APPENDIX F

HIPAA REGULATIONS & REWARDS



STANDARDS-BASED WELLNESS PROGRAM

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

What is a Standards-Based Wellness Program?

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

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

HIPAA Nondiscrimination Rules

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

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

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

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

FOURTH – The reward under the program must be available to all similarly situated individuals. The program must allow any individual for whom it is unreasonably difficult due to a medical condition (or for whom it is medically inadvisable to attempt) to satisfy the initial program standard an opportunity to satisfy a reasonable alternative. It is permissible to establish a reasonable alternative once a participant informs the plan that it is unreasonable for him or her.

FIFTH – Any written plan materials that describe the health standard that must be met in order to qualify for the reward, also must disclose the availability of a reasonable alternative standard. However, if the material does not relate to the standards-based component of your program, it is not necessary to disclose a reasonable alternative. For example, if your program includes rewards for non-tobacco use and participation in a 10,000 Steps program, you only need to disclose the availability of a reasonable alternative standard in the materials that mention the non-tobacco use program.

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

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

http://www.dol.gov/ebsa/faqs/faq_hipaa_ND.html.

BELOW ARE EXAMPLES OF SEVERAL WELLNESS PROGRAMS.

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

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

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

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

Examples of a Reasonable Alternative

- Offer the benefit to the employees without requiring the attainment of a certain score on a health risk assessment.
- If the program gives employees a 10% discount in premium amount if they score a certain level or below (200 for example) on a cholesterol test, a reasonable alternative may be to give the 10% discount to employees who can show they are complying with doctor's requirements to lower cholesterol, even though their cholesterol level may still be above the number required for the reward (201+).

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

Note that an employer does not have to state what reasonable alternative it will require, only that a reasonable alternative will be made available. The following language can be used on all materials relating to attaining a health standard (this regulatory language meets the requirements of the fifth rule, above):

If it is unreasonably difficult due to a medical condition for you to achieve the standards for a reward under this program, or if it is medically inadvisable for you to attempt to achieve the standards for the reward under this program, call us at XXX-XXXX and we will work with you to develop another way to qualify for the reward.

Additional Compliance Issues to Consider When Designing Your Wellness Program:

- American with Disabilities Act (ADA)
As it relates to health and disability related inquiries and their voluntariness
<http://www.ada.gov>
- The US Equal Employment Opportunity Commission (EEOC)
As it relates to the ADA's stance on voluntariness
<http://www.eeoc.gov/>
- Employee Retirement Income Security Act (ERISA)
Wellness programs may be "group health plans" and subject to ERISA
<http://www.dol.gov/dol/topic/health-plans/erisa.htm>
- Genetic Information Non-Discrimination Act (GINA)
As it relates to obtaining family health history in conjunction with incentives
<http://www.genome.gov/24519851>

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

The illustrations apply only to the HIPAA Nondiscrimination rules for Standards- Based Programs. Other legal and tax issues may arise when implementing a wellness program. This bulletin provides brief, general information, not legal advice. Employers are encouraged to consult with their legal counsel regarding wellness program compliance.

**This appendix courtesy of
M3 Insurance Solutions for Business**

APPENDIX G

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 employed directly by the worksite, providing contracted services for the worksite or assisting the worksite as part of a broader mission. Some examples of coordinators from outside the worksite would be healthcare provider staff, insurance provider staff, local health departments or local chambers of commerce.

This appendix contains three resources

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

NV WORKSITE WELLNESS RESOURCE KIT: WHAT’S 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’re happy with the outreach services that you’re currently providing?</p> <ul style="list-style-type: none"> • It’s a potential foot in the door. • It’s 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’s 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 C) as something you do for your clients/with your clients. • Use the Employee Survey (Appendix B) 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? Convince me I need a Wellness Program.

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

STEP 2: How do I get started? I'm convinced, but need help getting started.

It's essential in starting out that management is fully supportive of developing or enhancing a worksite wellness program. If you are an outside coordinator not affiliated with the business, it may be 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 isn't apparent from the beginning, save everyone some time and effort and look to help somewhere else.

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

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

STEP 3: How "healthy" is my worksite? Do an assessment.

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

Once you finish the assessment, be practical 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.

There are many activities that you could include in your program. Read Step Four for a listing of program components. The components have been split into low, medium and high resource needs, so you can get a quick glance at what you might be able to quickly implement, and what might take more time or be too costly to include.

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

STEP 5: What do I do? What determines program components for my wellness program? Pick areas of interest where you have resources to do well.

There are many components that you could include in your program. See the tools in Step Five that will help you determine priorities and set up a plan to make them happen. It also describes how you can clearly define the goals and objectives of your wellness program.

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

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

STEP 6: is it working? How will I know if the wellness program is working? Think about evaluation when you start the program.

Evaluation of your program can be very simple to very complex. You will need to evaluate the program at some point, so consider some type of evaluation from the beginning. An overview of what to evaluate and how to do it can be found in Step Six along with a sample evaluation. A comprehensive Health Risk Assessment system that is already in place is very useful in the evaluation process.

**SAMPLE MEMORANDUM OF UNDERSTANDING BETWEEN THE WORKSITE
AND THE WELLNESS COORDINATOR**

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

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

**Worksite Wellness Program
Responsibilities of Business Partners**

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

FREQUENTLY ASKED QUESTIONS ABOUT WORKPLACE WELLNESS

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

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

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

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

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

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

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

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

A: Focus your messaging, in programs, policies and practices, around adding more good food. Don't make it all about the unhealthier food. In educational sessions, you will talk about the health issues around fats, simple sugars and portion sizes, but focus the skill building and support on choosing healthy food. Part of the psychology is that as you eat more good food, you will usually start eating less of the unhealthier choices. Adding more good food is a much more upbeat and positive message as well. We already have enough guilt around the food we eat! Employees will always joke about the office donuts, so in the beginning especially, make your policies about having choices. Later on as your culture shifts toward healthier behaviors, you can strengthen policies to be more restrictive.

Q: CEO and leadership support is important, but they will probably never come to lunch and 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 don't participate directly in all of your programs, they can communicate about their own wellness journey. All-staff communication about the wellness program can include a little information about what some key leaders are facing in terms of wellness challenges and successes. It's a great way to say, "I'm trying my best too – and I'm committed. " Just a little self-disclosure goes a long way.

Q: Some employees are very suspicious about the motives of the program. How did that come about and what can we do about it?

A: A little suspicion happens within just about every program. It can probably be attributed in part to human nature, part related to the management non-management relationship and perhaps the economic environment. For example, if down sizing is part of the work landscape and you launch a new wellness program, rumors might spread that selection is based on health status. Timing can be significant. Before you do anything, check the current pulse of the organization.

What has the biggest positive impact in curtailing suspicion is honest, open communication. Tell the employees not only what you are planning, but also why you are doing it. Discuss the benefits to the company and to the employee as a win-win. Talk about the high cost of healthcare but also the value of employee wellbeing – the hard and the soft of it. Promise that you will ensure that no vendors (HRA or screening) share individual information – only grouped aggregate data. Addressing suspicion simply and directly, before it even arises, will work to your advantage.

APPENDIX H

SAMPLE BUDGET



WORKSITE WELLNESS - SAMPLE BUDGETS

Two budget samples are posted here. The first sample is list of categories that you might want to consider as you're putting a budget together. The list of categories serves as "prompts" for you to consider as you think about what your program might do to implement strategies. The second sample provides a longer list of line items and is best suited for established programs with a larger budget.

HIGH LEVEL CATEGORY LIST

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

	2009	2010	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)				

	2009	2010	DIFFERENCE	RATIONALE
PUBLICATIONS				
American Journal of Health Promotion, etc.				
HEALTH RISK ASSESSMENTS				
Cost per HRA (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				

APPENDIX I

SAMPLE POLICIES



GENERAL POLICIES

California Sample Policies <http://www.dhs.ca.gov/ps/cdic/cpns/worksite/FitBusinessKit.htm#3>

Flexible Work Time

Alternative Work Schedules - Centers for Disease Control and Prevention

http://www.cdc.gov/nccdphp/dnpao/hwi/downloads/alt_work_schedules.pdf

Physical Activity Policies

Policy Supporting Physical Activity

http://health.utah.gov/hearthighway/pdfs/Excercise_Release_Policy_worksites.pdf

Physical Activity and Healthy Eating Policy

North Carolina Division of Public Health

<http://eatsmartmovemorenc.com/PhysicalActivityAndHealthyEatingPolicy/Texts/Sample%20Physical%20Activity%20Policy.pdf>

Food and Physical Activity Worksite Policies

San Bernardino-Riverside Counties Health Collaborative Netcom III

<http://www.co.san-bernardino.ca.us/eatwell/NetCompoliciesA.htm>

Nutrition Policies

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

http://www.dhs.ca.gov/ps/cdic/cpns/worksite/download/FitBusinessKitTools/Healthy%20Meeting%20Policies_Final.pdf

MN: University of Minnesota School of Public Health: Guideline for offering healthy foods at meetings, seminars, and catered events

<http://www.sph.umn.edu/pdf/news/pubs/NutritionGuide2009.pdf>

CO: Guidelines for offering healthful food alternatives at meetings, company functions, and health education events

<http://www.cdph.state.co.us/pp/COPAN/resourcekits/WorksiteWELLnessResource%20Kit.pdf>

CA Vending Machine Food and Beverage Standards

http://www.dhs.ca.gov/ps/cdic/cpns/worksite/download/FitBusinessKitTools/Vending%20Machine%20Standards_Final.pdf

CA Healthy Dining Menu Guidelines

http://www.dhs.ca.gov/ps/cdic/cpns/worksite/download/FitBusinessKitTools/Healthy%20Dining%20Menu%20Guidelines_Final.pdf

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

http://www.eatsmartmovemorenc.com/PhysicalActivityAndHealthyEatingPolicy/Texts/061012_proclamation.pdf

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

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

Food and Physical Activity Worksite Policies - San Bernardino

Riverside Counties Health Collaborative Netcom III

<http://www.co.san-bernardino.ca.us/eatwell/NetCompoliciesA.htm>

Choosing Foods and Beverages for Healthy Meetings, Conferences and Events

Centers for Disease Control and Prevention

http://www.cdc.gov/nccdphp/dnpa/pdf/healthy_Worksite_Food.pdf

Healthy Vending: Recommended Beverages and Snacks

The Alabama Department of Health Nutrition and Physical Activity Unit

http://www.wbgh.org/pdfs/healthy_vending.pdf

LAUSD Healthy Beverage Resolution-Approved Beverage List - No Junk Food Organization

http://www.nojunkfood.org/vendors/healthy_bev_list.html

Tobacco Policies

Policy prohibiting tobacco use anywhere on property.

http://www.cdc.gov/tobacco/research_data/environmental/etsguide.htm

100 percent Smoke-Free Workplace

http://www.mihealthtools.org/work/100_PERCENT_SMOKEFREE_POLICY.PDF

Smoke-Free Workplace with Designated Outside Smoking Areas

http://www.mihealthtools.org/work/Designated_Outside_Smoking_Areas_Policy.pdf

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

http://www.cdc.gov/nccdphp/dnpao/hwi/downloads/CDC_tobacco_policy.pdf

Breastfeeding

Establish workplace policies & programs that promote breastfeeding:

http://publichealth.lacounty.gov/mch/Resource%20Links/Resources/Los%20Angeles%20County_BF%20policy%20for%20Calif%20Fit%20Business.pdf

Guide for Establishing a Federal Nursing Mother's Program

United States Office of Personnel Management

<http://www.opm.gov/policy-data-oversight/worklife/reference-materials/nursing-mother-guide.pdf>

Developing a Breast Feeding Workplace Policy

California WIC Program

<http://www.wicworks.ca.gov/breastfeeding/EmployerResources/BFWorkPolicy.pdf>

Lactation Support Program

Centers for Disease Control and Prevention

<http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/lactation/>

Babies-At-Work

Nevada State Health Division's Policy

<http://nevadabreastfeeds.org/employers/babies-at-work-program/>

Support for Breastfeeding in the Workplace

http://www.cdc.gov/breastfeeding/pdf/bf_guide_2.pdf

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. In many cases, the additional costs are minimal, but the likelihood of ongoing, increased participation rates of employees is a result because of the social effect when family members are involved.
2. Turn off or limit TV and “screen” time (computer, videogames, etc.) or at least ensure physical activity time minimums are met prior to allowing large amount of screen time. The general recommendation is to limit screen to 2 hours per day. Limiting TV leads to increased physical activity, and decreased exposure to food ads for high calorie, non-nutrition foods and beverages.
3. Eat family meals together with the TV off while eating. If you are at the dinner table, you are less likely to be watching TV while you are eating.
4. Be a good role model: eat healthy and be active. Parents serve as role models for their children. This assists with development of healthy eating and activity behaviors. Parents can motivate their children to change when many others factors fail and children can have the same influence with parents.
5. See your medical provider regularly. Check with your physician about healthy weight for adults and children. Medical check-ups provide an opportunity to evaluate body weight and receive counseling and treatment if necessary. Early identification increase likelihood of maintaining a healthy weight.

PHYSICAL ACTIVITY SUGGESTIONS:

1. Sit down as a family and identify nearby destinations that you can visit regularly to promote physical activity: walk to the store, bike to the park. Integrate activity into your daily routine. Most people's base physical activity is walking. If there are "destinations" nearby that you visit or could visit on a regular basis, look to make that trip on foot, by bike, by skates or any other means that requires you to be physically active.
2. Walk or bike to school with your children. One way to guarantee regular activity in to walk or bike to school with your children. Currently only about 10 percent of children walk to school on a regular basis compared to 66 percent in 1970.
3. Be active together. Being active together appeals to people who need the extra motivation that only direct interaction can provide.
4. Track or log your activity. Recording and tracking activity increases the likelihood for long-term success. Make it a friendly competition between parent and child.
5. Schedule your activity time. Plan ahead. Make physical activity a regular part of your daily or weekly schedule and write it in on your calendar.
6. Vary your activities. Give yourself different opportunities to be active as a family.
7. Make your yard or nearby park a recreation site. Play outdoor games that require only a few participants and very little organization. Most activity is done in the immediate neighborhood. By using your yard or nearby park as a recreation site you provide regular opportunities for physical activity.