WorkWell Missouri Toolkit

This work directly relates to the Missouri Department of Health and Senior Services’ and University of Missouri Extension’s missions to be leaders in working together for public health and in improving lives, communities and economies. This version of the toolkit focuses specifically on the current health needs of Missouri’s workforce that can be addressed through updates and alterations to worksite policy, culture and environment. This revision process included significant input from several health-related organizations from throughout the state. References to additional resources are for informational purposes and are not an endorsement of organizations or products.

Contributing Partners:
- American Heart Association
- Audrain County Health Department
- Cape Girardeau Area Chamber of Commerce
- Cape Girardeau County Health Department
- Freeman Health System - Joplin
- Independence Health Department
- Mercy Corporate Health & Wellness - Springfield
- Mid-America Coalition on Health Care
- Missouri Foundation for Health
- Pettis County Health Department
- St. Louis Area Business Health Coalition
- Washington University

The original Worksite Wellness resource kit was developed in 2007 as a collaborative effort of the Wisconsin Partnership for Activity and Nutrition – Business Subcommittee and the chronic disease programs of the Wisconsin Division of Public Health. In 2009, the kit was modified by the MU Extension Healthy Lifestyle Initiative. In 2016, the Worksite Wellness resource kit was revised as a collaborative effort of the Missouri Council for Activity and Nutrition (MOCAN) Worksites Workgroup and the DHSS and their partners. The resource kit focuses on strategies to offset risk factors that contribute to chronic diseases. References to additional resources are for informational purposes and are not an endorsement of organizations or products.
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The facts are that …

- Employees spend approximately 8.9 of their total waking hours per day at work, according to the U.S. Department of Labor’s Bureau of Labor Statistics. ¹

- The return on investment for comprehensive, well-run wellness initiatives can be as high as 6 to 1, according to an article published in the Harvard Business Review in 2010. ²

- Heart disease, stroke, cancer, diabetes and obesity are all linked to common risk factors associated with poor eating habits, little or no physical activity, stress and tobacco use.

Improving employee health can…

- Improve overall fitness and mental alertness.

- Make a more satisfied and productive workforce.

- Reduce absenteeism and presenteeism due to sudden illness or chronic health issues.

This worksite wellness toolkit will help employers…

- Identify the strengths and weaknesses of their health promotion policies.

- Develop an action plan to implement or improve worksite wellness.

- Provide a payback on investment.
The hardest part of developing a worksite wellness initiative is getting started. Below is an overview of the steps to take for building a successful initiative that matches employer resources.

6 steps to a worksite wellness initiative

Step 1: Purpose
- Describes the benefits of an employee wellness program and the return on investment.

Step 2: Getting started
- Provides an overview of how to get started which includes getting management buy-in and developing a company wellness committee.

Step 3: Assessing
- Contains an assessment tool to evaluate current worksite wellness incentives, a sample employee survey and links to health risk assessments to gather data for the planning process.

Step 4: Planning
- Assists with determining priorities and developing a plan.
- Helps to define goals and objectives based on resources (split into low, medium and high resource needs).

Step 5: Implementing
- Describes how to carry out and promote worksite wellness.

Step 6: Evaluating
- Provides an overview of how to evaluate worksite wellness and establish a baseline.
- Contains sample evaluation tools.
Step 1: Purpose

What is worksite wellness?

For the purposes of this toolkit, worksite wellness refers to the education and interventions that an employer uses to promote healthy lifestyles to employees. Examples of wellness interventions include health education classes, subsidized use of fitness facilities, policies that promote healthy behavior and any other interventions, policies or environmental changes that affect the health of employees.

Why worksite wellness?

It affects a company’s bottom line in many ways. Three key benefits:

- Decreased health care costs
- Increased productivity and staff retention
- Better morale

The workplace is an ideal setting to address health and wellness issues because employees spend at least 40 hours per week at work, according to the U.S. Department of Labor’s Bureau of Labor Statistics.

Control costs

An investment in employees’ health may lower health care costs for the employer and the employee. Employees with more risk factors, including obesity, having diabetes or smoking, pay more for health care and cost more to insure than people with fewer risk factors. One goal of worksite wellness is to lower costs by encouraging employees with health risks to make lifestyle changes. The payoff, both in dollars and quality of life, can have a big impact on a company’s bottom line and employees’ lives. A study published in the American Journal of Health Promotion reports that the average cost to benefit ratio for worksite wellness based on a review of 28 articles was $3.48 saved per $1 invested.  

A good summary analysis of return on investment can be found in the Wisconsin Public Health Policy Institute’s “Employee Health Promotion Programs: What is the Return on Investment?”

Health-related concerns are not only an issue for employees, but for employers, too. According to a study published in the Harvard Business Review, every dollar invested in an intervention may yield up to $6 in health care savings!
The reality is that employers are already paying for health-related issues. On average, a company can expect to pay an estimated $10,000 per year per individual for things like:

- Medical benefits
- Short-term and long-term disability
- Workers’ compensation
- Disease management
- Absence management
- Staff recruitment and training
- Human resources

The return on investment from comprehensive, well-run employee wellness programs can be as high as 6 to 1.

**Increase productivity**
Healthy employees are more productive. Presenteeism, in which employees are physically present on the job but are not at their most productive, is reduced in workplaces that have worksite wellness.

**Reduce absenteeism**
Healthy employees miss less work. Companies that support wellness and healthy decisions have a greater percentage of employees at work every day. The cost savings of providing worksite wellness can be measured in reduced costs to cover absent employees.

**Improve morale and enhance image**
A company that cares about employees’ health is often considered a better place to work. Those companies save money by retaining workers who appreciate the benefit of worksite wellness, and they can attract new employees in a competitive market.

Data for Missouri typically falls outside the national average on most chronic disease indicators and risk factors. Visit the Missouri DHSS website for more up-to-date information on Missouri’s statistics.
Here are some quick facts about the health status of Missouri adults:

<table>
<thead>
<tr>
<th>Health Risk Factor</th>
<th>Missouri</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current smoker</td>
<td>20.6%</td>
</tr>
<tr>
<td>Didn’t eat fruits &amp; vegetables 5 or more times per day</td>
<td>86.5%</td>
</tr>
<tr>
<td>No leisure-time physical activity in past month</td>
<td>25%</td>
</tr>
<tr>
<td>Overweight</td>
<td>35.3%</td>
</tr>
<tr>
<td>Obesity</td>
<td>30.3%</td>
</tr>
</tbody>
</table>

*Source: Behavioral Risk Factor Surveillance System (BRFSS) 2014*

Health care plans typically offer similar information about an employer’s workforce that can be used to review the health status of employees. Employers can check with a benefits contact to request information, since plans and providers may handle this in different ways.

Many of the risk factors for chronic diseases are both preventable and modifiable. *Step 2* of this toolkit will provide information on laying the groundwork for worksite wellness efforts.

A company that cares about employees’ health is often considered a better place to work. Those companies save money by retaining workers who appreciate the benefit of worksite wellness, and they can attract new employees in a competitive market.
Step 2: Getting Started

Once an organization decides worksite wellness is wanted, the first question is often, “What steps should be taken?” A summary of what to do includes the following items, all of which are manageable if taken one step at a time.

1. **Create a wellness committee** to help with the development, implementation and assessment of worksite wellness and to support efforts to gain commitment from stakeholders.

2. **Gain commitment from stakeholders**, including senior management, human resource managers, safety officers, staff members and others.

**Developing a wellness committee**

**Gain support from management**
Support from all levels of management is key to the success of any worksite wellness initiative. Managers should be informed about the goals and benefits to the company and participants. Company resources and staff time are important to developing and implementing worksite wellness. See Appendix A: Wellness Coordinator Checklist for more information on responsibilities.

**Forming a wellness committee**
The wellness committee is responsible for promoting the initiative, planning interventions, recruiting team champions and conducting evaluations. The size of the committee will depend on the size of the company and the scope of the initiative. The committee should include staff from various departments like management, union representatives, human resources and administrative assistants. There is no minimum or maximum size, but the committee should be large enough to represent the workforce. Committee members can focus on recruitment, interventions, events, rewards/incentives and evaluation.

**Designate a coordinator**
The wellness committee should designate a coordinator to manage the initiative. Although the wellness committee can share some of the responsibilities, having a coordinator increases the likelihood that the initiative will be well-managed. The level of success for worksite wellness is often linked to the coordinator’s time and ability. Some or all of the coordinator’s on-the-job time must be dedicated to worksite wellness, and those responsibilities should be included in his or her job description. If this isn’t possible, the company should consider contracting with an outside party to provide interventions. MU Extension county offices, county health departments, local health care organizations and YMCAs often provide this service.

**Committee meetings**
The wellness committee should meet on a regular basis, a minimum of every three months. The committee may need to meet more often when planning or implementing interventions and initiatives. The frequency of meetings will depend on what the committee plans to accomplish. Refer to Appendix G for more information.
Energizing the committee
It’s important for the committee to be a rewarding and fun experience so people are interested in joining. The committee should regularly add new members, especially people from groups it is targeting. The committee should also maintain a connection with management and report successes.

Appoint or recruit champions
Depending on the structure of the worksite wellness initiative, the best strategy may be to designate employees as champions, in addition to the committee members, who will help provide motivation, information and support to participants. Champions have a major impact on whether or not the participants have a positive experience. A champion or wellness coordinator can be the point of contact between initiative participants and the wellness committee, and vice versa.

The wellness coordinator must be creative, enthusiastic and committed to the initiative. The team champion does not have to be the most active or healthiest staff member. It is more important that the wellness coordinator has the skills to help motivate team members.

What is it going to cost?

Staff time
Building a successful worksite wellness initiative requires substantial staff time. Larger organizations may spend 20 hours per week for three to six months working through all the steps while launching a worksite wellness initiative.

Business costs
Monetary costs can fluctuate widely, depending on who pays the costs (the employer, the employees or both). The Wellness Council of America estimates the cost per employee to be between $100 and $150 per year for effective worksite wellness that produces a return on investment of $300 to $450. Use the CDC’s Cost Calculators to determine savings for specific interventions 6

www.cdc.gov/workplacehealthpromotion/tools-resources/workplace-health/cost-calculators.html

A final thought on start-up
After laying the groundwork to develop a worksite wellness initiative, take the time to plan quality components. Many people want to jump into interventions, but following all the steps will ensure that the initiative is geared toward employees’ needs and will greatly increase the likelihood of success.
Step 3: Assessing

A thorough assessment contains three main parts.

1: An assessment of the current worksite environment and policies

2: An employee survey or other means for employee input to identify interests and preferred interventions

3: Gathering existing data that might be helpful in the decision-making process

Why do an assessment?
The purpose of completing an assessment is to identify worksite strengths and weaknesses. The assessment will lead committees to recommend actions for changes to make the worksite more supportive of healthy behaviors, such as healthy food choices in vending machines, policies to enforce no smoking on worksite grounds or encouraging walking during break times. The assessment can also be used as a measure for evaluation. The initial assessment can be compared with a follow-up assessment several months after the initiative began.

When should an assessment be done?
Use the assessment as a starting point for wellness initiatives. After completing the assessment, determine which areas the committee will focus on (e.g., healthy eating, physical activity, general health, etc.). Also, determine a schedule for annual assessments, so that the assessments can serve as a tool for continuous improvement and accountability over time. Establish a time for the committee to meet and monitor progress. Assessment and evaluation are closely related, so evaluation efforts should be considered during Step 3 as well. See Evaluating.

What will be needed?
- An assessment group (consider using a subgroup of the wellness committee)
- A worksite assessment tool
- An employee survey tool
- Knowledge of and access to other data that might be helpful
- Time
- Someone to collate and summarize the results
Step 3: Assessing WorkWell Missouri

**Worksite environment and policies assessment**

Many helpful survey tools exist. The Centers for Disease Control and Prevention (CDC) has a tool that is recommended for use in Missouri, called the CDC Worksite Health ScoreCard.  

Complete the ScoreCard or another similar survey tool to determine what wellness components are currently in place at a worksite. This can be done by the full committee or a few key wellness personnel, such as the wellness coordinator or committee coordinator.

Completion of the ScoreCard provides a reference point for wellness policies, environmental supports and interventions that are in place or in progress. The entire ScoreCard can take as little as 30 minutes to complete. As a first priority, consider completing the tool in the areas of Nutrition, Physical Activity, Stress Management and Tobacco Control. The additional topics will provide an overview of items that can be considered for a more comprehensive approach to worksite wellness.

**ScoreCard components**

**Topics**

There are sixteen sections: General Worksite Components, Health Screening, Disease Prevention and Management, Physical Activity, Nutrition, Mental Health and Stress Management, Tobacco Use and Emergency Medical Response Plan. Each section has several questions that address what is currently in place.

**Current status**

Answer yes or no for each question on the tool. If the online ScoreCard is used, scores will be automatically calculated. If the paper ScoreCard is used, tally each section score and determine an overall score. Use this baseline measure as a benchmark for later evaluation.

**Potential priorities**

The ScoreCard addresses determining priorities. Another method would be to consider the topics with the lowest scores when compared to the total possible score. Use the ScoreCard (or another assessment tool) results, employee survey responses and employer data when developing an action plan.
The example below is an excerpt section of the checklist that has been completed.

Example:

<table>
<thead>
<tr>
<th>#</th>
<th>1 Topic</th>
<th>2 Status</th>
<th>3 Potential priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Do you have a commitment from key stakeholders like senior management, human resource managers, safety officers, staff members, etc.?</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>2</td>
<td>Does the worksite have a committee that meets at least every three months to oversee worksite wellness?</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Does the worksite have a wellness plan in place that addresses the purpose, nature, duration, resources required, participants involved and expected results of a worksite wellness initiative?</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>4</td>
<td>Does the worksite have a mission statement, clearly defined goals and an action plan to implement worksite wellness initiative?</td>
<td></td>
<td>✔️</td>
</tr>
<tr>
<td>5</td>
<td>Does the worksite have staff dedicated to implementing worksite wellness interventions?</td>
<td></td>
<td>✔️</td>
</tr>
<tr>
<td>6</td>
<td>Is there a worksite budget for employee health promotion that includes some funds for interventions?</td>
<td>✔️</td>
<td></td>
</tr>
</tbody>
</table>

**General area totals** *(Number of Yes, In process and No items)*

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>3</th>
<th>2</th>
<th>2</th>
</tr>
</thead>
</table>

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Conducting an employee survey will provide a better understanding of the target audience (a company’s employees). The survey should give an idea of employees’ health habits, interest areas and readiness to change their behavior. The survey can be tailored to the worksite and can be done on paper or electronically. Using a computer survey has the advantage of being able to collect and analyze data automatically.

A blank survey can be found in Appendix B.

**Employee input**

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

In addition to a survey, consider speaking to employees in focus groups or informal interviews to gather information on wants and needs. This can be done either before or after the survey. Whichever method is used to gather information, make it as easy as possible for employees to share information.

Listed below are sample questions from a survey and how the information might be used. The full version of the sample survey can be found in Appendix B.

The survey of employees has questions about physical activity, nutrition and tobacco use. Looking at the results from these questions will improve understanding of where employees are and help tailor interventions. As an example, if the majority of employees are over 50 years of age and are only moderately active, a graduated walking initiative might be an appropriate physical activity intervention.

**Sample surveys**

- Healthy Workforce 2010: Essential Health Promotion Sourcebook for Employers, Large and Small [8](prevent.org/downloadStart.aspx?id=18)
- Employee interest survey [9](mihealthtools.org/work/documents/eis_printversion.pdf)
The example below is an excerpt from a completed employee habits and interest survey.

Example:

<table>
<thead>
<tr>
<th>Wellness questions</th>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Current physical activity level</td>
<td>12%</td>
<td>I don’t exercise or walk regularly now, and I don’t plan to start in the near future.</td>
</tr>
<tr>
<td></td>
<td>29%</td>
<td>I don’t exercise or walk regularly, but I’ve been thinking about starting.</td>
</tr>
<tr>
<td></td>
<td>36%</td>
<td>I’m doing moderate or vigorous physical activities for at least 30 minutes on some days, but fewer than five days a week.</td>
</tr>
<tr>
<td></td>
<td>11%</td>
<td>I’ve been doing moderate or vigorous physical activities for at least 30 minutes a day on five or more days a week and have been doing it for the last one to six months.</td>
</tr>
<tr>
<td></td>
<td>12%</td>
<td>I’ve been doing moderate or vigorous physical activities for at least 30 minutes a day on five or more days a week and have been doing it for seven months or longer.</td>
</tr>
<tr>
<td>2. When do you get most of your physical activity each day?</td>
<td>9%</td>
<td>Before work</td>
</tr>
<tr>
<td></td>
<td>20%</td>
<td>During work hours — at break and lunch times</td>
</tr>
<tr>
<td></td>
<td>66%</td>
<td>After work</td>
</tr>
<tr>
<td></td>
<td>6%</td>
<td>None of the above. I am not physically active or am only active on weekends.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Gender</td>
<td>28%</td>
<td>Male</td>
</tr>
<tr>
<td></td>
<td>72%</td>
<td>Female</td>
</tr>
<tr>
<td>19. Age</td>
<td>0%</td>
<td>&lt;20</td>
</tr>
<tr>
<td></td>
<td>6%</td>
<td>20-29</td>
</tr>
<tr>
<td></td>
<td>16%</td>
<td>30-39</td>
</tr>
<tr>
<td></td>
<td>26%</td>
<td>40-49</td>
</tr>
<tr>
<td></td>
<td>45%</td>
<td>50-59</td>
</tr>
<tr>
<td></td>
<td>7%</td>
<td>60+</td>
</tr>
</tbody>
</table>

(A blank survey can be found in Appendix B)
Survey participation rates above 30 percent are good, and rates higher than 50 percent are excellent. Survey return rates will vary depending on a number of factors: ease and time to complete the survey, audience, participants’ interest levels, etc. Voluntary survey completion tends to attract those who are most interested in the topic, so survey results may not be representative of all employees. Efforts to reach all employees are important to provide a better idea of the interests and health habits of the majority of employees.

**How can data be used?**


- Use the information to plan interventions to address common risk factors or health conditions.

**Ways to increase survey participation include:**

- Offer incentives for individuals or work units
- Allow work time for survey completion
- Send multiple reminders
- Encourage completion; wellness champions could provide encouragement.

For example, information from Question 1 on the completed sample shows that 41 percent of employees are not active at all and that an additional 36 percent are not active at least five times per week. This suggests that the worksite needs a physical activity initiative that offers differing degrees of difficulty and frequency to accommodate all levels of fitness.

The demographic information in Questions 10 and 11 show a largely female workforce (72 percent) and an older workforce with 78 percent over age 40 and 52 percent over age 50. Age and gender of employees will influence the type and intensity of a physical activity initiative.
Using other available data

It may be possible to access existing data about the target workforce. Check with the company's human resources department to see what information is already available. Health insurers are also good sources for health claims data and pharmacy purchases. Some smaller employers may not have access to this additional data and, while it is useful to use, it is not required for effective worksite wellness assessment. Examples of existing data might include:

- Employee demographics.
- Absentee rate.
- Workers compensation claims.
- Health claims.
- Pharmaceutical use.

Identifying this data will serve two purposes:

1. It will help determine what the most common health issues are for employees.
2. It will serve as baseline data to compare against later to see if worksite wellness has made a difference.

Health Risk Assessments

Health Risk Assessments (HRA) are an outcome evaluation measure of overall employee health and risk status. Worksite wellness initiative participants are often asked to complete a brief questionnaire that summarizes individual characteristics and health information. This information can provide a statistical estimate at various time points related to worksite wellness interventions.

How does an HRA work?

HRAs calculate the probability that a person with certain risk factors will acquire various chronic diseases or suffer premature death. This probability is calculated by comparing a person’s lifestyle information, medical data, health and family history to people with similar demographics.

An HRA provides some health information but, alone, is not likely to result in behavior change or significant change to overall health. It is recommended that HRAs be followed by specific risk-factor counseling and opportunities
to participate in health promotion interventions. Frequently, health insurance companies provide this tool. Employers can check with a benefits contact to find out if an HRA is available.

HRA results can provide useful means of tracking the impact of workplace health and wellness initiatives over time. For this reason, HRAs are an ideal starting point in any workplace health promotion effort. The initial HRA results can later be used as an evaluation tool to measure the effectiveness of the initiative.

**HRA types**

**Self-reported**
Self-reported HRAs are individual, which means only self-reported lifestyle information is collected. Questions may cover height, weight, fruit and vegetable consumption rates, physical activity rates, smoking habits, seat belt use and alcohol use among other behaviors. This type of HRA generates an individual report and is only as reliable as the information reported.

**Self-reported and medical data**
This type of HRA generates an individualized behavior report which is only as reliable as the data that is reported. Comprehensive data for employers can include educational support materials. It allows individuals to see the cumulative effects of certain lifestyle risk factors. Measured data may include cholesterol, blood pressure, percent body fat, body mass index (BMI), blood sugar, resting heart rate, frame size, height, weight and tobacco use.

*My Life Check* is a simple assessment tool that individuals can use to track their heart health information.10
www.heart.org/HEARTORG/Conditions/My-Life-Check---Lifes-Simple-7_UCM_471453_Article.jsp#Vwa_uXqQ1c

Aggregate data may also be available from employers participating in the American Heart Association (AHA)'s Workplace Health Achievement Index.11
www.heart.org/HEARTORG/HealthyLiving/WorkplaceHealth/What-Is-the-Workplace-Health-Achievement-Index_UCM_481057_Article.jsp#.VwbE_nqQ1c
Step 4: Planning

Now it’s time to narrow the focus. Use the CDC Worksite Health ScoreCard to help prioritize. Reviewing current initiatives may reveal where gaps exist, and additional strategies could be implemented. Also, compare employee health habits and interests to identify high priority gaps that match employee identified priorities. If data from other sources, such as health risk assessments, health claims information or pharmaceutical utilization, are available, use those sources as additional information for making decisions. Finally, by answering questions about interventions’ importance, cost, time, commitment and reach, committees will be ready to select which interventions to offer.

There is a recommendation scoring table found later in this section, and a blank form can be found in Appendix C. To summarize, the key steps at this point are:

1. Review assessment ScoreCard results
2. Identify potential priority strategies.
3. Check employee survey data to see if priority items are consistent with employee interests and habits.
4. Consider other data: HRA, health claims and pharmaceutical use.
5. Quantify and compare priority strategies by using the recommendation scoring table.

Strategies with wider effects:

When making plans on where to focus wellness efforts, some may have a greater impact than others. Worksite wellness can include many components:

- Health screening and assessment
- Education through presentations, printed materials and internet resources
- Initiative interventions, including behavior-change campaigns conducted over a specified time period
- Environmental change
- Policy change

Factors to consider:

- Importance
- Cost
- Time
- Commitment
- Reach

A blank form containing the scoring table can be found in Appendix C.
Targeting individual changes takes a great deal of resources and only affects one person at a time. Policy and environmental changes that target communities and organizations have a much greater potential impact.

Ideally, wellness strategies address as many levels as possible. Worksite wellness should involve the creation of a supportive social and physical environment where healthy decisions are the norm. Part of creating this environment is to define the organization’s goals and recommendations regarding healthy behaviors and to implement policies that promote health and reduce the risk of disease. Company policies and changes can also lead to changes outside of work, resulting in overall healthier families and employees.

All of the components listed have merit, but changing the environment and policies are crucial to effecting change in most health habits. Policies create the opportunity for widespread behavioral change because they change the rules, which can have a powerful impact on employee behavior and habits.

The diagram shows that targeting individual changes takes many resources and only affects one person at a time. Policy and environmental changes that target communities and organizations have a much greater potential influence.

See Family Involvement in Appendix E.
Some examples of formal written policies are:

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

Environmental changes both physical and cultural — provide opportunities for widespread adoption of healthier habits.

Some examples of environmental changes or cues are:

- Outdoor bike racks
- Labeling or highlighting healthy food choices
- Posters promoting healthy messages
- Areas for relaxation and stress reduction (quiet rooms)

**Developing the wellness plan content**

For each item from the assessment that needs improvement, ask the following questions:

- How important is the item?
- How much will it cost to implement the item?
- How much time and effort is needed to implement the item?
- How great is the potential reach or how many employees may be affected?
- How well does the item match employees’ interests and other relevant data?

Use employee survey results to help answer these questions. Package interventions (if possible) so they fulfill multiple goals. Packaging related strategies will lead to greater participation and long-term success. For example, create a policy that encourages physical activity on break time, coupled with using pedometers as incentives and providing maps or on-site trails.

**Recommendations – narrowing the scope**

The Recommendation Table on the next page will help narrow the scope of worksite wellness. First, identify possible areas to focus on. Then select a specific set of interventions to implement. Do this by placing the names of those interventions in the spaces in the table, then asking the questions that address specific interventions’ importance, cost, time, commitment and reach.
Recommendation table (sample)

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

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

<table>
<thead>
<tr>
<th>Cost: How expensive would it be to plan and implement the recommendation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = Very expensive</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time: How much time and effort would be needed to implement the recommendation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = Extensive time and effort</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Reach: How many employees will likely be affected by this recommendation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = Very few employees</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item #</th>
<th>Recommendations</th>
<th>Importance</th>
<th>Cost</th>
<th>Time</th>
<th>Commitment</th>
<th>Reach</th>
<th>Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>Create policy for use of break and lunch time to be active</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>23</td>
</tr>
<tr>
<td>23</td>
<td>Install bike racks to encourage biking to work</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>18</td>
</tr>
<tr>
<td>27</td>
<td>Provide an on-site exercise facility</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>42</td>
<td>Make microwaves available to heat meals</td>
<td>4</td>
<td>3</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>21</td>
</tr>
<tr>
<td>57</td>
<td>Policy to prohibit smoking on property</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td>5</td>
<td>23</td>
</tr>
</tbody>
</table>

(A blank table can be found in Appendix C)

What can be done with this data? Some examples.

If resources are limited and a company cannot implement all recommendations, look at the category scores to help select priorities. Policy items #18 and #57 have low cost and great reach, so they might be the items to implement first. On the other end of the spectrum, item #27 might be problematic because of cost. An alternative — like subsidized memberships to local physical activity facilities — may be considered.
Be realistic!
It is a good idea to start small and have early successes. Initiatives can be expanded as they mature, but a realistic set of objectives to begin with will require fewer resources and will prevent organizations from being overwhelmed.

**Action plan worksheet**

After setting priorities, develop a specific action plan to implement the selected initiative. The action plan would include:

- Overall goals and objectives
- Specific recommendations on how to implement chosen interventions
- Staff, resources and materials needed
- Time frame for completion
- Evaluation methods

See Appendix D for the blank action plan worksheet.
The action plan can also be part of a presentation to share with management to gain buy-in for interventions. This may help convince management that worksite wellness is needed and help get buy-in for specific strategies and interventions. A sample action plan is shown on the following page.

The example below is an excerpt section of the worksheet that has been completed.

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Interventions</th>
<th>Resources</th>
<th>Time frame</th>
<th>Evaluation method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategies to implement</td>
<td>Walking challenge</td>
<td>Walking teams, team captains, pedometers, recording sheets</td>
<td>Three months May to July</td>
<td>Pre/post survey of activity levels</td>
</tr>
<tr>
<td>1. Provide incentive-based initiatives to encourage activity (e.g., pedometer campaigns, walking breaks during meetings).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Offer appealing, low-cost, healthy food options, like fruits and vegetables in vending machines, snack bars and break rooms.</td>
<td>Inventory current options, increase healthy vending options and promote availability</td>
<td>Coordinator</td>
<td>Four months January to April</td>
<td>Count of healthy food options before and after the initiative</td>
</tr>
<tr>
<td>3. Support physical activity during duty time (flex-time).</td>
<td>Draft and implement company policy on use of break and lunch time for activity</td>
<td>Wellness committee and staff input, management sign-off</td>
<td>One month January</td>
<td>Policy in place; could also be a question as part of an annual survey</td>
</tr>
</tbody>
</table>

(A blank worksheet can be found in Appendix D)

It’s important to make your objectives SMART! SMART means:

- **Specific**
- **Measurable**
- **Achievable**
- **Realistic**
- **Time-phased**

This encourages objectives that are more likely to be successful and addresses data collection.
Employee readiness

Another consideration is that people vary greatly in their readiness to change behavior. Employee surveys can help gather this information.

The Transtheoretical Model (TTM) or Stages of Change

Most people go through five stages when changing behaviors:

- **Pre-contemplation.** At this stage, they are not thinking about changing their behavior in the near future.

- **Contemplation.** They are beginning to seriously think about changing their behavior in the near future (next six months).

- **Preparation.** At this stage, most people have tried to change their behavior at least once in the past year. They are thinking about trying again within the next month.

- **Action.** People are taking real steps to change their behavior. This is the stage where a slip is most likely to occur.

- **Maintenance.** This stage applies to people who have changed their behavior for more than six months and are maintaining healthy behavior.

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

Legal considerations

Workplace wellness programs must be voluntary, non-discriminatory, reasonably likely to promote health or prevent disease and protect the confidential health information of their employees. Have your attorney review any new policies and programs you are considering implementing. These sites offer more info: U.S. Equal Employment Opportunity Commission and U.S. Department of Health & Human Services

More on incentives

If the organization plans to offer incentives as part of the wellness initiative, it’s important to understand the differences between the two incentive categories. It is also important that the company understand its responsibilities in complying with government rules if implementing a health-contingent initiative. Employers are encouraged to consult the U.S. Treasury regulations at www.dol.gov/ebsa/pdf/workplacewellnessstudyfinalrule.pdf.
U.S. Treasury regulations divide worksite health initiatives into two categories:

1. **Participatory worksite health programs** constitute the majority of worksite health initiatives. Participatory worksite wellness initiatives are defined as programs available to all similarly situated individuals that either do not provide a reward or do not include any conditions for obtaining a reward based on an individual satisfying a standard that is related to a health factor. The final rules state that participatory worksite health initiatives are permitted under the nondiscrimination rules of the Health Insurance Portability and Accountability Act (HIPAA) provided they are available to all “similarly situated individuals outside of health status.”

2. **Health-contingent programs** require an individual to “satisfy a standard related to a health factor to obtain a reward.” The U.S. Treasury’s rules list requirements that health-contingent worksite health initiatives must meet. These initiatives should be part of a larger worksite health program designed to promote health and prevent disease, ensuring the initiative is not a subterfuge for discriminating or underwriting based on a health factor.

**Evidence-based resources and interventions**

Once a plan is agreed upon, using evidence-based interventions can help a worksite reach its goals. The CDC has Resources for Action on all topics included within the ScoreCard. [www.cdc.gov/dhdsp/pubs/docs/hsc_manual.pdf](http://www.cdc.gov/dhdsp/pubs/docs/hsc_manual.pdf)

The following pages provide some information on possible interventions to consider for addressing Missouri’s priority topics for worksite wellness. See AHA’s resource library for more ideas. [http://www.heart.org/HEARTORG/HealthyLiving/WorkplaceHealth/EmployerResources/Workplace-Wellness-Resources_UCM_460461_SubHomePage.jsp](http://www.heart.org/HEARTORG/HealthyLiving/WorkplaceHealth/EmployerResources/Workplace-Wellness-Resources_UCM_460461_SubHomePage.jsp)


**Arranging interventions by resource level**

The components have been split into low, medium and high resource levels. The three levels indicate the relative amount of staff and financial resources needed to implement the intervention.

**Influencing change on a variety of levels**

The options are further classified by the level where change takes place. When selecting a strategy, consider if you want change to occur at the individual, environmental/organizational and policy levels. The tables that follow will indicate which level is being influenced by the related activity.
## Physical activity interventions (example)

<table>
<thead>
<tr>
<th>Table Key:</th>
<th>I = Individual Level</th>
<th>E/O = Environment/Organizational Level</th>
<th>P = Policy Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>List of strategies by the level of resources needed (low, medium, high)</td>
<td>Box indicates at what level change takes place.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Low resources

<table>
<thead>
<tr>
<th></th>
<th>I</th>
<th>E/O</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Offer flexible work hours to allow for physical activity during the day. Supervisors will support this as a standard work practice.</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>2.</td>
<td>Support physical activity breaks during the day. Supervisors will support this as a standard work practice.</td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

### Medium resources

<table>
<thead>
<tr>
<th></th>
<th>I</th>
<th>E/O</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Provide on-site shower and/or changing facilities.</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>2.</td>
<td>Implement incentive-based initiatives to encourage physical activity, such as pedometer walking challenges or other initiatives detailed by the Wisconsin Department of Health Services. <a href="#">15</a> <a href="https://www.dhs.wisconsin.gov/physical-activity/worksite/kit.htm">https://www.dhs.wisconsin.gov/physical-activity/worksite/kit.htm</a></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

### High resources

<table>
<thead>
<tr>
<th></th>
<th>I</th>
<th>E/O</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Provide an on-site exercise facility</td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>
**Physical activity**

People who are physically active reduce their risk of heart disease, diabetes and some cancers, and also reduce their stress levels. The recommended level of physical activity to produce some health benefits is 150 minutes of moderate activity each week in bouts of at least 10 minutes. Many Missourians are not meeting that recommendation. Even fewer meet the recommendation of 60 to 90 minutes of activity five days a week to lose weight or maintain weight loss. In 2014, twenty-five percent of Missouri adults had not participated in leisure time physical activity or exercise in the past month, according to the Missouri Department of Health and Senior Services. 9

People who stay fit, regardless of weight change, will cost the organization less, affecting the bottom line. Worksite physical activity can also lead to co-worker role-modeling, reduced absenteeism and a more productive workforce. Check the new Diabetes at Work webpage for resources to help employees.

<table>
<thead>
<tr>
<th><strong>Table Key:</strong></th>
<th>I = Individual Level</th>
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<th>Box indicates at what level change takes place.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>List of strategies by the level of resources needed (low, medium, high)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Low resources</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Create a company culture that discourages sedentary behavior, like watching TV during breaks and sitting for long periods of time.</td>
<td>I</td>
<td>E/O</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>2. Offer flexible work hours to allow for physical activity during the day. 16</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>3. Support physical activity breaks (like stretching or walking) during the day. 16</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Map out on-site trails or nearby walking or biking routes using a tool. 12</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Host walk-and-talk meetings. 17</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Post motivational signs at elevators and escalators to encourage stair use.</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Provide exercise and physical fitness messages and information to employees. 18</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Promote apps for employees to map their own walking route to and from work. 14</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Provide bicycle racks in safe, convenient and accessible locations.19</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Table Key:

<table>
<thead>
<tr>
<th>Physical activity - Low resources continued</th>
<th>I</th>
<th>E/O</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Utilize free workplace wellness resources available through the American Heart Association (AHA)</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Provide educational meetings, presentations, lunch n’ learns, etc. for employees about developing personal exercise plans.</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

### Medium resources

<table>
<thead>
<tr>
<th>I</th>
<th>E/O</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Provide on-site shower and/or changing facilities.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>2. Provide outdoor exercise areas like fields and trails for employee use.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>3. Provide or support recreation leagues and other physical activity events (on-site or in the community).</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>4. Partner with local fitness centers to provide free to low cost classes for employees.</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>5. Start employee activity clubs (e.g., walking, bicycling).</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>6. Explore discounted or subsidized memberships at local health clubs, recreation centers or fitness centers.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>7. Implement incentive-based initiatives to encourage physical activity, like pedometer walking challenges.</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

### High resources

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

Both healthy eating and physical activity are associated with the prevention and management of obesity. Healthy eating includes eating a variety of foods like fruits, vegetables, lean meats, whole grains and low-fat dairy products, according to the USDA’s Choose MyPlate website. It also means choosing portion sizes carefully and limiting the quantity of sweetened beverages consumed.

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

By offering healthy food choices at company meetings and functions, employees are able to make healthy food choices at work that benefit their health. Employees may be less interested in eating out if they have opportunities to store and prepare food at work. Check out the Healthy Workplace Food and Beverage Toolkit as a resource.

Breastfeeding

Women who breastfeed after returning to work miss less time caring for sick children. Their family health care costs often are less. Breastfeeding also promotes weight loss and a quicker return to pre-pregnancy weight, according to the Missouri Department of Health and Senior Services. Women who encounter fewer barriers and feel supported in breastfeeding at work are happier, more productive and less likely to resign.

Effective March 23, 2010, the Patient Protection and Affordable Care Act amended Section 7 of the Labor Standards Act to require employers to provide reasonable break time for an employee to express breast milk for her nursing child. Employers are also required to provide a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by an employee to express breast milk.

Note: More information is available from The Missouri Breastfeeding Friendly Worksite Program (health.mo.gov/living/families/wic/breastfeeding/support.php). This program is a collaboration between the Missouri Department of Health and Senior Services and the Missouri Breastfeeding Coalition to educate employers on the value of providing lactation support in the workplace and to recognize businesses that support their breastfeeding employees.
## Nutrition

<table>
<thead>
<tr>
<th>Table Key:</th>
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<th>Box indicates at what level change takes place.</th>
</tr>
</thead>
<tbody>
<tr>
<td>List of strategies by level of resources needed (low, medium, high).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Low resources

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Send healthy food messages to employees via multiple means (e.g., email, posters, payroll stuffers, etc.).</td>
<td>⌂ ⌂</td>
</tr>
<tr>
<td>2.</td>
<td>Promote the consumption of fruit and vegetables in catering/cafeteria through motivational signs, posters, etc.</td>
<td>⌂ ⌂</td>
</tr>
<tr>
<td>3.</td>
<td>Provide protected time and dedicated space away from the work area for breaks and lunch.</td>
<td>⌂</td>
</tr>
<tr>
<td>4.</td>
<td>Offer appealing, low-cost, healthy food options in vending machines, snack bars and break rooms.</td>
<td>⌂</td>
</tr>
</tbody>
</table>
| 5. | Promote healthy choices by:  
- Increasing the percentage of healthy options that are available.  
- Decreasing the percentage of less healthy options that are available.  
- Using competitive pricing to make healthier choices more economical.  
- Advertise or mark healthy options so they stand out. | ⌂ |
| 6. | Have on-site cafeterias follow healthy cooking practices. | ⌂ |
| 7. | Have on-site cafeterias follow nutritional standards that align with the [Dietary Guidelines for Americans](#). | ⌂ |
| 8. | Provide appropriate portion sizes and provide portion size information via labeling food to show serving size and calories. Use food models and pictures. | ⌂ ⌂ |
| 9. | Offer healthy food alternatives at meetings, company functions, and health education events. | ⌂ ⌂ |
| 10. | Make water available throughout the day. | ⌂ |
| 11. | Use goals or group challenges that increase healthy eating behaviors, such as the [USDA SuperTracker](#). | ⌂ |
| 12. | Provide a presentation/education from a registered dietitian. | ⌂ |
### Table Key:

<table>
<thead>
<tr>
<th>I = Individual Level</th>
<th>E/O = Environment/Organizational Level</th>
<th>P = Policy Level</th>
</tr>
</thead>
</table>

#### Medium resources

<table>
<thead>
<tr>
<th></th>
<th>I</th>
<th>E/O</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Make kitchen equipment (refrigerators, microwaves, stoves, etc.) available for employee food storage and preparation.</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>2.</td>
<td>Offer local fruits and vegetables at the worksite (e.g. farmers market or a community-supported agriculture drop-off point).</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>3.</td>
<td>Provide opportunities for peer-to-peer modeling of healthy eating.</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>4.</td>
<td>Establish workplace policies and initiatives that support breastfeeding.</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>5.</td>
<td>Provide an appropriate place for breastfeeding and pumping. Apply for the Missouri “Breastfeeding Friendly Worksite Program Award.</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

#### High resources

<table>
<thead>
<tr>
<th></th>
<th>I</th>
<th>E/O</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Provide on-site gardening.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Provide interactive food opportunities like taste testing and food preparation skills classes.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Provide incentives for participation in nutrition and/or weight management/maintenance activities. These can range from inexpensive low-resource items (water bottles) to high-resource items (health insurance rebates).</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Include employees’ family members in campaigns promoting fruit and vegetable consumption (worksite plus family intervention).</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>
Mental health

Mental health refers to the comprehensive way people meet the demands of life. Caring for mental health, as well as physical health, is key to overall well-being. Mental health issues like stress, anxiety and depression are common and are routinely listed as a top concern in employee health surveys.

Mental health conditions are the second leading cause of absenteeism. National health expenditures for mental health services were estimated to be over $100 million, according to the CDC.\(^{31}\)

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

<table>
<thead>
<tr>
<th>Mental health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Table Key:</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>List of strategies by the level of resources needed (low, medium, high)</th>
<th>Box indicates at what level change takes place.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Low resources</strong></td>
<td>(I \quad \text{E/O} \quad \text{P})</td>
</tr>
<tr>
<td>1. Provide mental health and mental illness materials and messages through various means (e.g., brochures, paycheck stuffers, intranet, health fairs, posters, signs, or facts sheets like these from the American Psychiatric Association).(^{32})</td>
<td>✓ ✓ ✓</td>
</tr>
<tr>
<td>2. Offer confidential screenings for depression, anxiety, post-traumatic stress disorder and substance abuse.(^{33})</td>
<td>✓ ✓ ✓</td>
</tr>
<tr>
<td>3. Encourage the use of telephone helplines (800 numbers), such as the National Suicide Prevention Hotline.(^{34})</td>
<td>✓ ✓ ✓</td>
</tr>
<tr>
<td>4. Offer stress reduction presentations on varied topics: conflict resolution, managing multiple priorities, project planning, personal finance planning, etc.</td>
<td>✓ ✓ ✓</td>
</tr>
<tr>
<td>5. Provide flexible scheduling during work for training, yoga, meditation, physical activity, etc.</td>
<td>✓ ✓ ✓</td>
</tr>
<tr>
<td>6. Provide a quiet room or stress reduction room at the worksite.</td>
<td>✓ ✓ ✓</td>
</tr>
</tbody>
</table>
### Table Key:

<table>
<thead>
<tr>
<th>I = Individual Level</th>
<th>E/O = Environment/Organizational Level</th>
<th>P = Policy Level</th>
</tr>
</thead>
</table>

#### Medium resources

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Create and support a friendly work environment that provides family/employee accommodations for medical appointments, as needed.</td>
<td>✓</td>
</tr>
<tr>
<td>2.</td>
<td>Provide presentations and training sessions for supervisors, leadership team or management, for example, Mental Health First Aid. Check the Network of Care to find health providers for trainers.</td>
<td>✓</td>
</tr>
<tr>
<td>3.</td>
<td>Create policies that provide guidance to supervisors on mental health consultation and information, and improve their skills to intervene or supervise an employee with mental health issues.</td>
<td>✓</td>
</tr>
<tr>
<td>4.</td>
<td>Assure policies and practices address employee privacy, return to work and HIPAA, accommodation, Americans with Disabilities Act, etc.</td>
<td>✓</td>
</tr>
</tbody>
</table>

#### High resources

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Provide on-site or off-site Employee Assistance Program (EAP).</td>
<td>✓</td>
</tr>
<tr>
<td>2.</td>
<td>Offer health insurance coverage with referral mechanisms to connect employees easily to mental health and substance abuse services.</td>
<td>✓</td>
</tr>
</tbody>
</table>

#### Other resources

- **George Washington University Medical Center** [alcohol cost calculator](http://www.alcoholcostcalculator.org/healthplans/)
- **Partnership for Workplace Mental Health** [depression cost calculator](http://www.workplacementalhealth.org/Business-Case/Depression-Calculator.aspx)
- **Partnership for Workplace Mental Health** [www.workplacementalhealth.org/](http://www.workplacementalhealth.org/)
  Free tools and resources available.

- **AHA Support Network**: [supportnetwork.heart.org/home](http://supportnetwork.heart.org/home)
  Support for individuals who have suffered from health problems.
Tobacco cessation

The negative health effects of smoking are well known. Smoking is the leading cause of preventable death each year in the U.S., and the associated diseases and health care costs are significant. Smokers have more medical costs, see physicians more often and have longer hospital stays than nonsmokers. In addition to direct health effects to tobacco users, other employees are impacted by secondhand smoke. Tobacco cessation in the workplace can positively affect all employees.

The economic case for covering smoking cessation is clear. Smoking cessation initiatives have shown a significant return on investment over time.

Most Missourians with health insurance probably have coverage for help to stop smoking. To comply with the Affordable Care Act’s preventive services requirements, health plans should cover the following benefits:

1. Screening for tobacco use.

2. Two quit attempts per year, consisting of:
   - Four sessions of telephone, individual or group cessation counseling lasting at least 10 minutes each per quit attempt.
   - All medications approved by the FDA as safe and effective for smoking cessation, for 90 days per quit attempt, when prescribed by a health care provider.

Health plans must not include cost-sharing for these treatments, and plans should not require prior authorization for any of these treatments. See FAQs about this topic at: www.lung.org/assets/documents/tobacco/tobacco-cessation-preventive-service.pdf.
# Tobacco cessation

<table>
<thead>
<tr>
<th>Table Key:</th>
<th>I = Individual Level</th>
<th>E/O = Environment/Organizational Level</th>
<th>P = Policy Level</th>
</tr>
</thead>
</table>

List of strategies by level of resources needed (low, medium, high). Box indicates at what level change takes place.

## Low resources

<table>
<thead>
<tr>
<th></th>
<th>I</th>
<th>E/O</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Prohibit tobacco use anywhere on property.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Provide prompts to support the no-tobacco policy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Promote the Missouri Quit Line (800-QUIT-NOW).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Medium resources

<table>
<thead>
<tr>
<th></th>
<th>I</th>
<th>E/O</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Establish a policy supporting participation in smoking cessation activities during duty time (flex-time).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## High resources

<table>
<thead>
<tr>
<th></th>
<th>I</th>
<th>E/O</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provide on-site counseling through an individual, group or telephone initiative.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provide counseling sponsored by the health plan.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Provide cessation medications through health insurance.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Other resources

Office of Disease Prevention and Health Promotion (ODPHP) preventing tobacco use resources
[www.healthypeople.gov/2020/topics-objectives/topic/tobacco-use](http://www.healthypeople.gov/2020/topics-objectives/topic/tobacco-use)

American Lung Association Guide to Safe and Healthy Workplaces
Step 5: Implementing

Communication is key!

Regardless of what intervention is chosen, communication is essential for success. It is likely that a workplace has some employees who are very experienced in communications and marketing. Make sure to recruit them to be on the wellness committee.

There are many ways to get the word out about interventions:

- Include information in a company newsletter or on the website.
- Spread the word about the initiative through wellness champions.
- Announce the wellness initiative through company-wide email or other electronic sources.
- Announce initiative information at staff meetings.
- Promote monthly topics and screenings.
- Provide educational/awareness training using local speakers or providers.
- Place informational posters in the hallways or common areas.
- Organize a kick-off event or health fair as part of a larger initiative.

Wellness coordinator

The level of success for worksite wellness is often linked to the coordinator’s time and ability. It is recommended that some or all of the coordinator’s time be dedicated to worksite wellness. If this isn’t possible, use available resources or consider contracting with an outside party to provide selected wellness programming or complete wellness services. These outside parties may include:

- Local health care organizations.
- Health insurance agencies.
- Hospital educational outreach.
- YMCAs.
- Local health coalitions (check with the health department or MU Extension office).
- Independent contractors or consultants.

Check with local contacts to see if any of these sources might be an option.
Creating interest and motivation

Once an initiative is started, it will have a range of employee participants. Some will already be engaged in physical activity, eating well and managing stress. The initiative will reinforce and enhance their health. Others may not be interested regardless. The remaining group may be the largest in most organizations: People who are willing to improve their health if given the right type of interventions and motivations. Summarized below are tips for when the initiative is up and running.

Key factors

There are many key factors that influence people’s health behaviors. Consider the following list in maintaining participation:

Time

People are busy, so the more an organization can blend wellness interventions into existing schedules, the better chances are for success. Example: A walk at lunch, on breaks or during meetings doesn’t take away from existing time; it just uses it differently. Consider the time of day and length of any promoted activity, since both time components may be factors.

Access

How accessible is the intervention? Is it on-site or at a nearby site? Is it offered at breaks or outside normal work hours? Consider a policy to allow for more staff participation.

Knowledge and awareness

People need to know why they are participating (the benefits) and how to become involved with unfamiliar activities. There is a wealth of information available on many wellness topics in the resource sections in Step 4.

Cost

Being able to provide no-cost or reduced-cost initiatives will help participation rates. Low cost, coupled with incentives, will likely increase worksite wellness participation.

Incentives

No matter how an activity is advertised it can be motivating for employees to have incentive items attached to small successes. For example, if an employee reaches a physical activity goal, a small item like a pedometer, microwave vegetable steamer or high-quality athletic socks could be presented as a reward. Items that facilitate wellness are ideal.

Key time periods

Good habits are often difficult to develop. At certain critical times, people tend to drop out or lapse when adopting healthy habits. The first key time seems to be around six weeks. If people can start and stay consistent with an initiative through the first six weeks, they have made a fairly serious commitment to incorporate healthy habits. The second key time is at about six months. Those who made it past six weeks may get bored and/or distracted from their initiative after several months. If people can get past six months and continue behavior through a full year, they have a very good chance of making the changes permanent.

Consider these time periods and think about how to motivate employees to get past these critical time markers. Promoting individual or group challenges, using incentives, or increased publicity/marketing are a few actions that may help.

Goal setting

Setting goals can help lead to better participation and stronger commitments. Having a goal increases the likelihood people will stick with the initiative. It can be a team goal, such as walking the equivalent of once around Missouri, or an individual goal, such as a certain amount of miles or minutes.
Buddy system or teams
The social aspects of improving one’s health cannot be underestimated. Many studies point to social groups as the backbone for a successful campaign because each individual has a commitment to something bigger than themselves. Being part of a team can also make physical activity more fun for people.

Promotion
When conducting a special event or intervention, marketing is crucial. Emails, flyers or announcements at meetings are low cost or free options to consider.

Campaigns
A worksite wellness campaign is a promotional event to promote new activities. Campaigns can be either competitive or non-competitive. Employees could form groups to challenge each other or work alone to better their own results. Encourage participation, but make it voluntary. Consider using existing campaigns that have already been developed, such as weight-loss events or healthy eating promotions.

A special consideration for campaigns is whether to do one long (several months) campaign per year or do several shorter (four to six weeks) campaigns during the course of the year. There are advantages to both, but multiple, shorter campaigns have certain benefits. They tend to:

- Keep interventions fresh.
- Target different health habits.
- Keep people interested and motivated.
- Recruit participants more often as new health habits are targeted.

Campaign examples:

- **100 Missouri Miles**
  [100missourimiles.com/](http://100missourimiles.com/)

- **Choose MyPlate Super Tracker**
  [www.choosemyplate.gov/tools-supertracker](http://www.choosemyplate.gov/tools-supertracker)

- **National Eating Healthy Day**
  [www.heart.org/HEARTORG/HealthyLiving/HealthyEating/Nutrition/National-Eating-Healthy-Day_UCM_454414_Article.jsp](http://www.heart.org/HEARTORG/HealthyLiving/HealthyEating/Nutrition/National-Eating-Healthy-Day_UCM_454414_Article.jsp)

- **Start Walking Now**
  [walking.about.com/od/programs/p/startwalking.htm](http://walking.about.com/od/programs/p/startwalking.htm)

- **Live Like Your Life Depends On It**
  [health.mo.gov/living/wellness/lifedependsonit/](http://health.mo.gov/living/wellness/lifedependsonit/)

To learn more about *Employer Resources For Success* from the American Heart Association visit: [www.heart.org/HEARTORG/HealthyLiving/WorkplaceWellness/WorkplaceWellnessResources/Workplace-Wellness-Resources_UCM_460461_SubHomePage.jsp](http://www.heart.org/HEARTORG/HealthyLiving/WorkplaceWellness/WorkplaceWellnessResources/Workplace-Wellness-Resources_UCM_460461_SubHomePage.jsp)

Learn more about employee engagement and the importance of total well-being with resources from Limeade at: [www.limeade.com/resources/](http://www.limeade.com/resources/)
Incentives

Incentives are often helpful in maintaining or raising interest. Large incentives, like cash or health insurance rebates, have proven to be very strong motivators, but small incentives are also helpful. While incentives can increase participation, be careful not to overuse them to the extent that they are the main reason for participation. People should want to participate to become healthier. Listed below are some sample incentives that may support wellness efforts:

Achievement awards
An achievement award, like a certificate, recognizes an employee for achieving a health-related goal.

Public recognition
Recognize a person’s achievement at the campaign midpoint or wrap-up festivities.

Food
Bring healthy foods to begin, revitalize or end a wellness campaign.

Entertainment
Plan an event to begin, re-energize or finish a campaign. Any kind of entertainment can boost morale.

Merchandise
There are many merchandise incentive possibilities, including sports equipment and small gift certificates to use at local merchants.

Monetary rewards or rebates
Nothing says incentive better than cash. Worksites that have used cash or rebates as an incentive have shown higher participation rates. Also, many worksites offer insurance discounts for participating in interventions.

Time off
This type of incentive makes good business sense if the number of absences drops significantly and attendance is used as one of the criteria. Time off could be extra personal days or time allowed (1 hour per month, for example, for lunch & learns, exercise, etc.).

Other:
Other incentives may include wearing jeans, if allowed. It is important to ask employees what matters to them and get approval from management for certain incentives.

See AHA’s incentive shop for more ideas.
www.shopheart.org/workplace-health-solutions
Building infrastructure

Successful implementation captures employee interest, manages each piece of the plan and helps to sustain initiatives. There are many ways to lay the groundwork of successful worksite wellness. Many initiatives use the wellness expertise of their health plan or benefits company. Others will hire outside wellness consultants or vendors to manage all or pieces of their initiative. Another option is to join or organize a worksite health coalition that collaborates on designing and implementing worksite wellness initiatives. It is also possible to find businesses that share a building joining together to implement a joint worksite wellness initiative for all the employees in the building. In most cases, a blended model is used where the implementation team is comprised of internal and external staff that contribute their unique skills to the planned initiative. For example, blood pressure and cholesterol screenings may utilize wellness committee members to register employees and hand out support materials while a third-party vendor provides screening, interpretation and data collection/analysis services.

Many cities have community resources to support worksite efforts, such as intervention materials, health educators and turnkey initiatives. The resources provided are usually a high-quality, low-cost implementation option. Many of these community resources are staffed by wellness and health professionals who will help deliver the initiatives. Check with a local public health agency or MU Extension for ideas.

Initiative launch

An initiative launch or kickoff only happens once in the life of a program and is an opportunity to create positive energy that engages employees around health and work/life issues. The goal of a launch is to get enough employees energized so that in the days immediately following the launch, the built-up momentum leads to engagement of many employees. Successful launches should be fun and memorable occasions. They may also give senior management an opportunity to speak about the value and vision of health for the worksite.

It’s important that an initiative launch fit the worksite culture, balancing budget, time and resources. The launch event should promote wellness interventions without demanding attendance or commitment.
Step 5: Implementing WorkWell Missouri

Some common approaches to launching an initiative include:

- **Presidential support letters** can reiterate the goals and logo.

- **Home self-care kits** can be sent to employees’ residences to encourage family health and well-being with a calendar of company-sponsored events included. See Family Involvement in Appendix E.

- **Health fair and health screenings** provide the opportunity to implement health assessments and biometric screening, while promoting local community health resources.

- **Local sports or health figures** can encourage participation at motivational events.

- **Employee appreciation events** with healthy food offerings or taste tests promote healthy choices.

- **Ribbon-cutting ceremonies** for a fitness room, worksite wellness lending book shelf or library, or maybe a Wii or ping pong table that has been placed in the break room highlight environmental changes.

- **Walks** are also a good way to launch an initiative since they get people together and moving.

- **Events to publicly recognize** committee members and wellness champions for their work may motivate co-workers to participate.

Worksite wellness rollout

A problem for many worksite wellness initiatives is starting with too many events or interventions and not enough support or a lack of good coordination of volunteers to pull it off. The result is often collapse of the initiative. Starting small and slow is an effective strategy; below are some other ways to avoid setbacks.

When implementing worksite wellness, **DON’T:**

- Be pushed into a fast startup.
- Put together complex plans without resources.
- Overuse incentives. Employees should participate to become healthier, not just to receive an incentive.
- Fail to act on employee needs and interests.
- Hire vendors sight unseen.
- Just focus on the high-risk group.
- Forget the fun factor.
- Plan or implement without management involvement.

Initiative sustainability

Sustainability is the capacity of an initiative to continue on without the initial people and resources, such as startup excitement, individual leadership or any program budget. Implementing policies, practices and actions that promote health encourages sustainability. Employee wellness is an ongoing process. Successful worksite wellness maintains supportive interventions and energy over time. Consider these key areas to sustain worksite wellness:

1. **Maintenance** of the current initiatives requires:

   - Determining what to continue and using evaluation to guide decisions.
   - Identifying resources and support needed to maintain initiative presence and engagement.
   - Building-in processes that allow change and growth to keep the initiative relevant and fresh.
   - Continuity in leadership and volunteers through mentorship and rotating responsibilities.
2. **Institutionalization** occurs when the initiative becomes an integrated part of an employer’s practices, policies and/or business strategy. How well does worksite wellness fit the worksite culture, leadership style and mission? Is it:

- Aligned with employee benefits (e.g., medical, disability)?
- Aligned with the employer’s business strategy? Is employee health part of the employer’s mission statement?
- Aligned with established and respected best practices of worksite initiatives?
- Included in job performance criteria and annual reviews, especially for the wellness coordinator?
- Part of the worksite’s annual budget?

3. **Capacity building** is enhancing an employer’s access to and ability to use resources to continue offering a wellness initiative. Capacity building includes:

- **Environmental assessment**: evaluating and improving environmental supports that make health the easy choice (e.g., physical activity, healthy eating, being tobacco-free and reducing stressors).
- **Building internal capacity**: leveraging internal resources (e.g., marketing, safety, leadership, mentors).
- **External partnerships and community linkages**: incorporating initiative offerings from public health departments, MU Extension, not-for-profit organizations (e.g., YMCA, American Heart Association, American Diabetes Association) and private vendors/facilities (e.g., hospitals, health clubs, health management companies).
Step 6: Evaluating

As the wellness initiative is being planned, consider evaluation during the assessment phase. Evaluation will provide information to modify worksite wellness strategies to better meet employee needs and to measure whether employees’ attitudes, behaviors and health have changed as a result. Employee interest and participation assessment also evaluates how well worksite wellness was received.

Types of evaluation

Two types of evaluation are process and outcome. Both are valuable when evaluating worksite wellness.

Process indicators are simple measures that provide quick feedback on how well new interventions are being accepted by employees. Examples of process measures are:

- Number of staff enrolled and participating (participation rates),
- Website hits,
- Observations or counts (e.g. track number walking at noon),
- Participant satisfaction (via surveys, focus groups, interviews, stakeholder surveys, etc.)
- Policy or environmental changes/tracking (Use CDC WorkSite Health ScoreCard to compare changes from initial site assessment with follow-up data from year one, two, etc.).

Process indicators do not always have a baseline to use for comparison but can be helpful.

Outcome evaluation is more complex and shows the long-term results of new interventions. Outcome evaluation data may need to be collected for multiple years to show impact. Examples of outcome measures are:

- Pre/post-test surveys or quizzes (measure changes in attitude, knowledge, current eating habits, physical activity and mental health status),
- Behavior log sheets (measure changes in physical activity, fruit and vegetable intake, smoking, etc.),
- Number of healthy vending items purchased (arrange with vendor to track sales),
- Cafeteria menu options,
• Health indicators or reduced risk factors (comparison of company screening measures before and after an initiative, for example Health Risk Assessments)

• Corporate costs and return on investment (work with human resources and benefits staff to determine what can be measured and a baseline to compare against later).

Outcome evaluation needs to identify what is being addressed and have the baseline data for comparison. One example would be to compare last year’s absentee rate with the rate after worksite wellness is in place. Another comparison would be the absentee rate for employees actively participating in the initiative with those who are not.
# Sample evaluation tool and measures

<table>
<thead>
<tr>
<th>SAMPLE PROCESS OBJECTIVES</th>
<th>2005</th>
<th>2006</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of staff enrolled and participating</td>
<td>200</td>
<td>220</td>
<td>▲ 10%</td>
</tr>
<tr>
<td>Company wellness Website hits</td>
<td>10,620</td>
<td>22,000</td>
<td>▲ 107%</td>
</tr>
<tr>
<td>Observations or counts of staff walking at noon</td>
<td>60</td>
<td>75</td>
<td>▲ 25%</td>
</tr>
<tr>
<td>Participant satisfaction</td>
<td>72%</td>
<td>80%</td>
<td>▲ 8%</td>
</tr>
<tr>
<td>Policy or environmental changes/ tracking (Use the CDC ScoreCard)</td>
<td>10 in place</td>
<td>15 in place</td>
<td>▲ 50%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SAMPLE OUTCOME OBJECTIVES</th>
<th>2005</th>
<th>2006</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre/post test surveys</td>
<td>Average score = 65</td>
<td>Average score = 80</td>
<td>▲ 15%</td>
</tr>
<tr>
<td>Quizzes: test of knowledge on various topics</td>
<td>78%</td>
<td>85%</td>
<td>▲ 7%</td>
</tr>
<tr>
<td>Percent of healthy vending items</td>
<td>25% Healthy choice</td>
<td>35% Healthy choice</td>
<td>▲ 10%</td>
</tr>
<tr>
<td>Cafeteria menu options</td>
<td>35% Healthy choice</td>
<td>40% Healthy choice</td>
<td>▲ 5%</td>
</tr>
<tr>
<td>Health indicators or reduced risk factors</td>
<td>BP = 140/100</td>
<td>BP = 130/90</td>
<td>▼ BP</td>
</tr>
<tr>
<td></td>
<td>Chol = 212</td>
<td>▼ 6%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>BMI = 29%</td>
<td>▼ 1%</td>
<td></td>
</tr>
<tr>
<td>Corporate costs and return on investment</td>
<td>Sick days = 662</td>
<td>Sick days = 604</td>
<td>▼ 9%</td>
</tr>
<tr>
<td></td>
<td>Health care claims = $864,000</td>
<td>Health care claims = $789,000</td>
<td>▼ $75,000</td>
</tr>
</tbody>
</table>

Evaluation Resources:
- WELCOA Free Report: Carefully Evaluating Outcomes
- CDC Scorecard
  [www.cdc.gov/healthscorecard/](http://www.cdc.gov/healthscorecard/)
The aim of this toolkit is to provide Missouri employers with a guide for starting or supporting existing worksite wellness efforts. Starting worksite wellness interventions at a workplace may seem daunting. This toolkit should have helped provide an overview of the steps to take for a successful initiative that matches employer resources. There are many tools and samples for worksites to use as initiatives are started and implemented. Don’t waste time recreating the wheel! Utilize partners and experts to build the best interventions with minimal work to your company. County MU Extension and local health department employees are here to help employers with any of the recommended aspects included in this resource.

Use this directory to find county MU Extension offices:
extension.missouri.edu/directory/places.aspx

Use this directory to find local health departments:
health.mo.gov/about/personneldirectory/longtermcareregions.pdf

Good luck!
Appendices

**Appendix A:**
Wellness Coordinator Checklist

**Appendix B:**
Worksite Wellness Employee Interest Survey (blank sample)

**Appendix C:**
Recommendation Table (blank sample)

**Appendix D:**
Action Plan Worksheet (blank sample)

**Appendix E:**
Family Involvement

**Appendix F:**
Sample Policies

**Appendix G:**
Samples for Worksite Wellness Committee
## Appendix A – Wellness Coordinator Checklist

<table>
<thead>
<tr>
<th><strong>Step 1:</strong> Initiative Purpose</th>
<th><strong>Tips</strong></th>
<th><strong>Coordinator Notes/Associated Files</strong></th>
<th><strong>Date Completed</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Define the purpose of the initiative.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Assess financial and personnel resources.</td>
<td>If resources are limited, implementing some no-cost components of worksite wellness may be beneficial.</td>
<td></td>
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<tr>
<td>Assess feasibility of no-cost components of worksite wellness.</td>
<td>Owners or management of small businesses can make simple policy and environmental changes without corporate input.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Step 2:</strong> Getting Started</th>
<th><strong>Tips</strong></th>
<th><strong>Coordinator Notes/Associated Files</strong></th>
<th><strong>Date Completed</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gain commitment from stakeholders.</td>
<td>Stakeholders may include senior management, human resource managers, safety officers, staff members, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discuss wellness initiatives with stakeholders.</td>
<td>List coordinator and stakeholder responsibilities separately to facilitate effective communication.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop a worksite wellness committee with employees from various areas within the business.</td>
<td>Establish reliable worksite contacts by finding employees who both want and have time to help.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Establish meeting days and times</td>
<td>Meeting should be on a regular basis, a minimum of every three months.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work with the committee to designate a worksite wellness coordinator.</td>
<td>It is essential that some or all of the coordinator’s time be dedicated to worksite wellness.</td>
<td></td>
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</tr>
<tr>
<td>Appoint or recruit champions.</td>
<td>Champions provide motivation, information and support to worksite wellness participants.</td>
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</tbody>
</table>
### Wellness Coordinator Checklist continued

<table>
<thead>
<tr>
<th>Step 3: Assessing</th>
<th>Tips</th>
<th>Coordinator Notes/Associated Files</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop an assessment team.</td>
<td>Create a subcommittee from members of your worksite wellness committee.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use the CDC Worksite Health ScoreCard to assess the current worksite environment.</td>
<td></td>
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</tr>
<tr>
<td>Learn more about employees using the sample survey found in Appendix B.</td>
<td></td>
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</tr>
<tr>
<td>Use health risk assessment (HRA) results and other data to provide specific information about the worksite population.</td>
<td>See page 9 for more details.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 4: Planning</th>
<th>Tips</th>
<th>Coordinator Notes/Associated Files</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop a list of initiative components.</td>
<td>Utilize your assessment to prioritize initiative goals.</td>
<td></td>
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</tr>
<tr>
<td>Develop a written timeline detailing the implementation of interventions, events and services.</td>
<td>Utilize resources effectively to plan long-lasting or multiple-occurrence events.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Create a digital record of all documentation and marketing files associated with the timeline.</td>
<td>Using the same intervention again or at another site can increase impact and lower cost.</td>
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<tr>
<td>If needed, search for and apply for grant funding.</td>
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</tbody>
</table>
## Wellness Coordinator Checklist continued

<table>
<thead>
<tr>
<th>Step 5: Implementing</th>
<th>Tips</th>
<th>Coordinator Notes/ Associated Files</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop communication plan.</td>
<td>See page 35 for ideas.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Create interest and motivation.</td>
<td>Review results of participants interest surveys. Consider incentives and initiative rollout.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 6: Evaluating</th>
<th>Tips</th>
<th>Coordinator Notes/ Associated Files</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop process and outcome evaluations to implement throughout the initiative.</td>
<td>An overview of what and how to evaluate can be found on page 43.</td>
<td></td>
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<tr>
<td>Conduct evaluations.</td>
<td>Evaluate both individual events and the initiative as a whole.</td>
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<tr>
<td>Analyze the evaluation results and adapt action plans curriculum as needed.</td>
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<tr>
<td>Report results and recommendations to management.</td>
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</table>
# Appendix B – Worksite Wellness Employee Interest Survey

## Example:

### Wellness questions

<table>
<thead>
<tr>
<th></th>
<th>Current physical activity level</th>
<th>1. I don’t exercise or walk regularly now, and I don’t plan to start in the near future.</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>2. I don’t exercise or walk regularly, but I’ve been thinking about starting.</td>
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<tr>
<td></td>
<td></td>
<td>3. I’m doing moderate or vigorous physical activities for at least 30 minutes on some days, but fewer than five days a week.</td>
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<tr>
<td></td>
<td></td>
<td>4. I’ve been doing moderate or vigorous physical activities for at least 30 minutes a day on five or more days a week and have been doing it for the last one to six months.</td>
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<tr>
<td></td>
<td></td>
<td>5. I’ve been doing moderate or vigorous physical activities for at least 30 minutes a day on five or more days a week and have been doing it for seven months or longer.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>When do you get most of your physical activity each day?</th>
<th>1. I am physically active before work.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>2. I am physically active during work hours — at break and lunch times.</td>
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<tr>
<td></td>
<td></td>
<td>3. I am physically active after work.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. None of the above, I am not physically active or am only active on weekends.</td>
</tr>
</tbody>
</table>

### Fruits and vegetables

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

<table>
<thead>
<tr>
<th></th>
<th>I don’t eat fruits and vegetables regularly now, and I don’t plan to start in the near future.</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>I don’t eat fruits and vegetables regularly, but I’ve been thinking about starting.</td>
</tr>
<tr>
<td></td>
<td>I’m eating some fruits and vegetables every day (total of two servings or less)</td>
</tr>
<tr>
<td></td>
<td>I’ve been eating fruits and vegetables every day (total of three or more servings), for the last one to six months.</td>
</tr>
<tr>
<td></td>
<td>I’ve been eating five or more servings of fruits and vegetables every day, for more than six months.</td>
</tr>
</tbody>
</table>
4. **Fat in foods**  
Please read the statement below. Select the statement that best describes your current intake of low-fat foods.

<p>| | |</p>
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<th></th>
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<tbody>
<tr>
<td></td>
<td>I don’t worry about the fat content of food I eat, and I don't plan to in the near future.</td>
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<tr>
<td></td>
<td>I eat high-fat foods daily, but I’ve been thinking about trying to reduce my intake.</td>
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<tr>
<td></td>
<td>I limit my intake of high-fat foods to one to three times per week.</td>
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<tr>
<td></td>
<td>I eat high-fat foods less than once a week and have been for the past six months.</td>
</tr>
<tr>
<td></td>
<td>I eat high-fat foods less than once a week and have been for more than six months.</td>
</tr>
</tbody>
</table>

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 1 ounce (e.g. one slice of bread, 1 ounce of cereal, ½ cup of cooked rice or pasta).

<p>| | |</p>
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<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>I don’t cook, eat or purchase whole grain foods now, and I don’t plan to start in the near future.</td>
</tr>
<tr>
<td></td>
<td>I don’t cook, eat or purchase whole-grain foods regularly, but I’ve been thinking about starting.</td>
</tr>
<tr>
<td></td>
<td>I’m cooking, eating or purchasing whole-grain foods three to four times a week.</td>
</tr>
<tr>
<td></td>
<td>I’ve been cooking, eating or purchasing whole-grain foods every day, for the past one to six months.</td>
</tr>
<tr>
<td></td>
<td>I’ve been cooking, eating or purchasing at least three servings of whole-grain foods every day, for seven months or longer.</td>
</tr>
</tbody>
</table>

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>I don’t smoke.</td>
</tr>
<tr>
<td></td>
<td>I’m not thinking about quitting, at least not in the next six months.</td>
</tr>
<tr>
<td></td>
<td>I’m thinking about quitting someday, but not right now.</td>
</tr>
<tr>
<td></td>
<td>I want to quit within the next month or two, and I want to know more about how to do it.</td>
</tr>
<tr>
<td></td>
<td>I have just quit and am going through withdrawal.</td>
</tr>
<tr>
<td></td>
<td>I have quit smoking. I want to know more about how to never smoke again.</td>
</tr>
</tbody>
</table>
7. **Anxiety**  
About how often during the last 30 days did you feel nervous or anxious?

- [ ] All of the time, I feel nervous or anxious.
- [ ] Most of the time, I feel nervous or anxious.
- [ ] Some of the time, I feel nervous or anxious.
- [ ] A little of the time, I feel nervous or anxious.
- [ ] I never feel nervous or anxious.
- [ ] Don’t know/not sure

8. **Depression**  
About how often during the past 30 days did you feel sad, down or depressed?

- [ ] All of the time, I am sad, down or depressed.
- [ ] Most of the time, I am sad, down or depressed.
- [ ] Some of the time, I am sad, down or depressed.
- [ ] A little of the time, I am sad, down or depressed.
- [ ] I never am sad, down or depressed.
- [ ] Don’t know/not sure

### Participant interest areas

<table>
<thead>
<tr>
<th></th>
<th>Very low</th>
<th>Low</th>
<th>Neutral</th>
<th>High</th>
<th>Very high</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Please rate your interest in any of the following physical activity options that might be available.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Attending regular presentations on physical activity topics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Receiving regular physical activity tips via email</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Having access to internet resources on physical activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Getting information on existing wellness activities in the area</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>e. Point of decision prompts to help you be active (stair/elevator signs)</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

2. What physical activity topics are you interested in learning more about
3. **Please rate your interest in any of the following group physical activities that might be available.**

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

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

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

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

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

<table>
<thead>
<tr>
<th></th>
<th>Very low</th>
<th>Low</th>
<th>Neutral</th>
<th>High</th>
<th>Very high</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Provide healthy food options for the cafeteria and vending machines and make sure healthy food options are labeled</td>
<td></td>
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</tr>
<tr>
<td>b. Develop an organizational recommendation on food choices for meetings and conferences</td>
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<tr>
<td>c. Set aside a specific day or time to allow for open time for wellness interventions. (Do not schedule meetings during the specified time.)</td>
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<tr>
<td>d. Provide preventive wellness screenings (blood pressure, body composition, blood cholesterol, diabetes)</td>
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<tr>
<td>e. Provide Health Risk Assessments</td>
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<tr>
<td>f. Provide incentives for participation</td>
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<tr>
<td>g. Develop policies to support breastfeeding women</td>
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</tbody>
</table>

#### 7. Please rate your interest in any of the following mental health resources that might be available.

<table>
<thead>
<tr>
<th></th>
<th>Very low</th>
<th>Low</th>
<th>Neutral</th>
<th>High</th>
<th>Very high</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Attending regular presentations on mental health topics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Receiving regular mental health tips via email</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Having access to internet resources on mental health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Getting information on existing mental health groups in the area</td>
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<tr>
<td>e. Joining small groups for regular stress reduction classes (relaxation or yoga classes)</td>
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</tbody>
</table>
8. If more opportunities were available for wellness at the worksite, when would you be able to participate? Check all that apply:

- [ ] Before work
- [ ] During the workday on break and lunch times
- [ ] After work
- [ ] None of the above — I’m not interested in any physical activity or nutrition

9. 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 initiatives to areas of common interest.

10. Gender
- [ ] Male
- [ ] Female

11. Age
- [ ] <20
- [ ] 20-29
- [ ] 30-39
- [ ] 40-49
- [ ] 50-59
- [ ] 60+

12. Work unit (customize if units are defined in the organization)
- [ ] Management
- [ ] Administration
- [ ] Staff
- [ ] Other
Remove this section before using this survey tool:

*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 on page 28. This can be used to see how many employees are at the various levels when deciding how to address the health behavior the intervention aims to improve.

**Core wording from questions 1, 3 and 6:**

- I don’t ……. regularly now, and I don’t plan to start in the near future. (Pre-contemplation)
- I don’t ……. regularly, but I’ve been thinking about starting. (Contemplation)
- I’m …….. a day (times a week, but not daily) (Preparation)
- I’ve been …….. every day for the last one to six months. (Action)
- I’ve been …….. every day, for six months or longer. (Maintenance)
Appendix C –

Recommendation Table

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

Importance:
How important is the recommendation?
1 = Not at all important
3 = Somewhat important
5 = Very important

Cost:
How expensive would it be to plan and implement the recommendation?
1 = Very expensive
3 = Moderately expensive
5 = Not expensive

Note: an idea of relative cost can be determined by looking at the strategies in Step 4, which are arranged by low, medium and high resource needs.

Time:
How much time and effort would be needed to implement the recommendation?
1 = Extensive time and effort
3 = Moderate time and effort
5 = Low time and effort

Commitment:
How enthusiastic would employees be about implementing the recommendation?
1 = Not enthusiastic
3 = Moderately enthusiastic
5 = Very enthusiastic

Reach:
How many employees will likely be affected by this recommendation?
1 = Very few employees
3 = Some employees
5 = Most or all employees
## Recommendation Table

<table>
<thead>
<tr>
<th>Item #</th>
<th>Recommendation</th>
<th>Importance</th>
<th>Cost</th>
<th>Time</th>
<th>Commitment</th>
<th>Reach</th>
<th>Ranking</th>
</tr>
</thead>
<tbody>
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</table>
## Appendix D – Action Plan Worksheet

### Action plan worksheet

<table>
<thead>
<tr>
<th>Recommendations:</th>
<th>Describe the strategies selected from the recommendation table.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interventions</td>
<td>List the activities required to meet the recommendation.</td>
</tr>
<tr>
<td>Materials, resources and personnel:</td>
<td>List the individuals who will do the work and the materials they need to get the job done.</td>
</tr>
<tr>
<td>Time frame</td>
<td>When will implementation begin? How long will it take to finish?</td>
</tr>
<tr>
<td>Evaluation</td>
<td>How will you measure your successes and/or misfortunes?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommendations:</th>
<th>Interventions</th>
<th>Resources</th>
<th>Time frame</th>
<th>Evaluation method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategies to implement</td>
<td></td>
<td></td>
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<td>1.</td>
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</tbody>
</table>

**Comments:**

| 2. | | | | |

**Comments:**

| 3. | | | | |

**Comments:**

| 4. | | | | |

**Comments:**
Appendix E –

Family Involvement

How can an organization get greater results from worksite wellness initiatives? By bringing learned habits home. There are several things people can do individually or as a family to improve eating habits and increase physical activity. Studies show that if families choose to work toward healthier lifestyles together, they will have a better chance of succeeding. This can also help with insurance rates if family members are on the employee’s insurance.

General suggestions:

1. Involve family members in worksite wellness interventions when appropriate. In many cases, the additional costs are minimal, but the likelihood of ongoing participation rates of employees increases.

2. 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, and children can have the same influence on parents.

3. 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 or treatment.

4. For more general health tips see these resources:
   - USDA - Choose MyPlate
     www.choosemyplate.gov/
   - Missouri Department of Health and Senior Services - Healthy Living - Wellness and Prevention health.mo.gov/living/wellness/
   - Missouri Families - Solutions for Better Living http://missourifamilies.org/
   - University of Missouri Extension - Nutrition and Health
     https://extension2.missouri.edu/find-your-interest/Youth-and-family/Nutrition-and-health-education

How to involve family members:

- Hold events after work that families may be interested in and attend. For example, 5K or fun run, health fairs with games, prizes and food, informational speakers with child care provided, etc.

- Extend insurance discounts to family members who participate in wellness incentives (medical checkups, tobacco-free testament, HRA completion, etc.).
Appendix F –
Sample Policies

General policies

- Workplace Health Promotion, CDC  
  [www.cdc.gov/workplacehealthpromotion/](http://www.cdc.gov/workplacehealthpromotion/)

- Workplace Health Solutions, AHA  
  [www.heart.org/HEARTORG/HealthyLiving/WorkplaceWellness/Workplace-Wellness_UCM_460416_SubHomePage.jsp](http://www.heart.org/HEARTORG/HealthyLiving/WorkplaceWellness/Workplace-Wellness_UCM_460416_SubHomePage.jsp)

- Let’s Go – Healthy Workplaces Toolkit  
  [www.letsgo.org/toolkits/healthy-workplaces/](http://www.letsgo.org/toolkits/healthy-workplaces/)

- Incentives, National Business Group on Health  
  [www.businessgrouphealth.org/resources/topics/incentives_1.cfm](http://www.businessgrouphealth.org/resources/topics/incentives_1.cfm)

- WELCOA - Wellness Council of America  
  [www.welcoa.org/](http://www.welcoa.org/)

Physical activity policies

- Use this guide to get your employees moving -  

Nutrition policies

- Eat Smart in Parks  
  [extension.missouri.edu/mocan/eatsmartinparks/](http://extension.missouri.edu/mocan/eatsmartinparks/)

  - Vending Standards, CDC  

Breastfeeding policies:

- Federal Law: Employers must provide reasonable break time for an employee to express breast milk for her nursing child. Employers are also required to provide a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by an employee to express breast milk.  
  [https://www.dol.gov/whd/nursingmothers/](https://www.dol.gov/whd/nursingmothers/)

- The Missouri Breastfeeding Friendly Worksite Program helps to educate employers on the value of providing lactation support in the workplace and to recognize businesses that support their breastfeeding employees.  
  [health.mo.gov/living/families/wic/breastfeeding/support.php](http://health.mo.gov/living/families/wic/breastfeeding/support.php)

Tobacco policies

- Policy prohibiting tobacco use anywhere on property  
  [www.cdc.gov/tobacco/basic_information/secondhand_smoke/](http://www.cdc.gov/tobacco/basic_information/secondhand_smoke/)

- One Hundred Percent Smoke-Free Workplace  
  [mihealthtools.org/work/documents/SmokefreePolicy.pdf](http://mihealthtools.org/work/documents/SmokefreePolicy.pdf)

EAP: Employee Assistance Program

- An EAP is an employer-sponsored service designed for personal or family problems, including mental health, substance abuse, various addictions, marital problems, parenting problems, emotional problems and financial or legal concerns.  
  [www.rightdirectionforme.com/ForEmployers.html](http://www.rightdirectionforme.com/ForEmployers.html)
Appendix G – Samples for Worksite Wellness Committee

Worksite Wellness Committee
Sample Purpose, Function and Structure

Purpose
The purpose of the Worksite Wellness Committee (WWC) is to implement a worksite health promotion initiative that will assist employees to:

1. Increase their health awareness and knowledge,
2. Adopt and maintain healthier lifestyles and
3. Enhance morale.

Committee functions
1. Periodically survey the interests of employees related to worksite health promotion initiatives.
2. Coordinate employee health promotion initiatives and events.
3. Evaluate initiative interventions and outcomes.
4. Make policy recommendations regarding employee health issues and concerns.
5. Coordinate interventions with other employee wellness initiatives, when possible.
6. Establish annual plan to include goals, objectives, strategies and evaluation.

Committee membership
Committee membership is broadly representative of employees. It is recommended that a minimum of one representative and one alternate from each section/office/center or grouping of such serve on the committee.

Employee representatives should be appointed by the section/office/center manager to serve a two-year term. At the end of the term, committee members may be reappointed or be replaced by another representative at the request of the employee. If, for some reason a committee member must resign from the committee, the section/office/center manager will appoint a replacement to complete the term of office.

Committee meetings
The committee meets at least quarterly, depending on need. If for some reason a committee member is unable to attend a scheduled meeting, he or she is responsible for notifying the alternate and for informing the committee chairperson who will represent the section/office/center. Subcommittees may meet separately from the main committee and may meet more frequently as needed. Committee meetings are generally scheduled for 1 ½ hours.

Subcommittees
The WWC has subcommittees to assist in implementation of the annual plan. Subcommittees include...
**Duties of committee members**

Duties of committee members include but are not limited to: planning and implementing employee health promotion interventions and initiatives, encouraging peer participation and serving as a liaison between the section/office/center employees he or she represents and the WWC.

1. All appointed members are entitled to one vote.
2. All members have an opportunity to serve on one or more subcommittees. Other employees may be involved in activities of the subcommittee upon request of the committee.
3. A leader assigned by the committee chairperson will chair each subcommittee.
4. Committee members will keep in contact with their alternate to discuss activities and to make sure that the section/office/center is represented at WWC meetings.

**Duties of committee alternates**

Duties of alternate members include but are not limited to working with their committee member to assist with planning and implementing health promotion activities and initiatives, encouraging staff participation and stepping in to attend meetings if the committee member cannot.

**Committee chairperson duties**

The committee chairperson is a designated employee who coordinates the overall operation of the WWC. The chairperson:

1. Presides over committee meetings but votes only in case of a tie.
2. Reserves the right to cancel committee meetings due to insufficient attendance.
3. Determines agenda items for committee meetings.
4. Keeps committee members informed of initiative interventions and outcomes.
5. Shares professional literature and other sources of worksite health promotion information with committee members.
6. Submits reports and recommendations to administration and initiative personnel as indicated.
7. Serves on other designated committees or advisory boards on which committee representation is requested.
8. Provides technical assistance to other worksites interested in conducting worksite health promotion initiatives.
9. Disseminates information about the schedule of initiative interventions.

**Budget**

There is no budget allocated for WWC activities. In the past, employees have contributed their time and skills to organize, market and conduct events. Occasional fundraisers may be held to raise additional funds. If funds are available, they will be shared as equally as possible between the main office and regional offices.
Worksite Wellness Committee Sample Goals and Objectives

Area I: Health promotion

Goal: Increase employees’ awareness and understanding of the benefits of a healthy lifestyle.

Objectives:
1. Provide at least three new opportunities for employees to practice healthy behaviors.
2. Publish at least four newsletters that include articles promoting healthy lifestyle behaviors.
3. Identify at least one policy or environmental change that encourages health and wellness in the workplace.

Activities:
1. Continue to publish the quarterly newsletter.
2. Establish guidelines for healthy vending.
3. Continue to promote Walking Wednesdays (WW), blood pressure checks and provide screening opportunities (Mammography Van, diabetes, cholesterol, etc.).
4. Develop and/or provide new wellness and well-being focused posters and develop a schedule for regularly changing them (keeping WW fresh).
5. Sell t-shirts that promote wellness and the wellness committee.

Area II: Engagement/participation

Goal 1: Improve wellness committee member engagement in wellness committee activities.

Objectives:
1. Have 50% of units engaged in subcommittees and/or events throughout the year.
2. Have 95% of units (or their alternates) attend every all-member committee meeting.

Activities:
1. Identify chairs from all member committees.
2. Encourage alternates to attend all-member committee meetings.

Goal 2: Improve employee participation in wellness committee activities.

Objectives:
1. Increase participation in wellness events by 10%.
2. At least 5% of wellness activity participants will be first-time attendees.

Activities:
1. Utilize employee survey results for planning activities.
2. Establish a baseline for wellness activities in regional offices.
3. Revamp exercise classes to appeal to a wider audience.
4. Offer participation incentives for participation in wellness events.
5. Identify resources and technical assistance needed by regional staff to increase participation in wellness interventions.
6. Using the results of the employee survey, identify barriers to participation and prepare an action plan if necessary to address those barriers.
7. Post success stories (wellness superstars) on the intranet.
Sample Worksite Wellness Committee Member Agreement

I, ________________________________, representing ________________________________
(Employee Name) (Section/Center)
agree to support the purpose and activities of the (COMPANY) Worksite Wellness Committee (WWC)
for a term of two years. As a member of the WWC, I agree to:

• Participate in quarterly meetings either in-person or via telephone. If I am unable to attend, please
  alert my section’s alternate so they may attend in my place. A conference number will be provided
  prior to all meetings.

• Promote worksite wellness events among section employees, including campaigns from the
  statewide Workplace Wellness Program.

• Serve as a liaison between the section and the committee to:
  ○ Give information about the committee to employees.
  ○ Provide feedback from employees about activities and employee wellness needs to the
    committee.

• Actively participate on at least one of the standing committees that plan and organize events
  throughout the year (National Employee Health and Fitness Day, Lunch-N-Learns, etc).

• Serve as a role model for the behaviors and attitudes the committee aims to cultivate through our
  interventions.

• Utilize my time, resources and expertise to actively support the work of the committee as
  appropriate.

• Offer suggestions for WWC interventions.

If at any time during my two-year commitment I feel I am unable to meet these goals, I will discuss this
with my manager and the WWC chair, so a replacement can be found.

Please return this form to the COMPANY CONTACT once you have the appropriate signatures.

_________________________________    ___________
WWC Member                             Date

_________________________________    ___________
Member’s Immediate Supervisor        Date

Term Expires on: _____________________
Sample Call for Wellness Champions

We are looking for employees that would like to serve as wellness champions in 2016. We hope to build on last year’s success and continue to grow our leadership group for wellness. We are looking for individuals to serve with the characteristics and responsibilities outlined below.

By having representation within your departments, we will be better able to provide the wellness interventions and resources needed to help our employees achieve and maintain a healthy lifestyle while taking an active role in health care as educated consumers.

Wellness Champions Characteristics:

• Enthusiastic, engaged and empathetic
• Encourage and inspire participation
• Lead by example (have set personal goals and are willing to share their success story)
• Approachable

Wellness Champion Responsibilities:

• Communicate and promote NAME OF WELLNESS INITIATIVE, OUR COMPANY events.
• Assist co-workers with wellness dashboard navigation, documentation of initiative participation as well as sharing wellness resources within OUR COMPANY and the local community.
• Provide the OUR COMPANY Wellness Committee suggestions on how we can better meet the wellness needs in their department.

Wellness Champion Promotion and Time Commitment:

• Serve a 1-year term with a monthly commitment of 1 to 2 hours.
• Promote the NAME OF WELLNESS INITIATIVE and OUR COMPANY events including: annual health screenings, meltdown, family events, etc.
• Receive 4 wellness points for their participation in the initiative.

As a result of launching the wellness champions initiative, our NAME OF WELLNESS INITIATIVE program participation has increased.

• Of those at risk for diabetes, 23% showed improvement.
• Of those overweight or obese, 3% improved or maintained a healthy weight status.
• Of our total group in 2016, only 3% of the nearly 1,600 participants were at risk for diabetes.

Although we can’t directly tie the improvements to our wellness champions initiative that was formally launched in 2016, we believe it had a strong impact on the successes. We look forward to seeing the results of our 2017 executive health summary.

Your consideration of becoming a wellness champion is sincerely appreciated.

Please submit names to our wellness coordinator, sample@OUR COMPANY health.com by December 30.
Worksite Wellness Committee Sample Annual Activity Report

Goals and objectives

The Worksite Wellness Committee (WWC) established goals and objectives in FY15 to improve initiative quality. The committee aimed to improve employee understanding of the benefits of worksite wellness and to increase employee engagement in wellness interventions. The objectives are listed below with a brief summary of progress made toward the objective.

Objectives:

1. Increase WWC members’ understandings of their roles and responsibilities.
   a. Reviewed WWC members’ roles and responsibilities at the October WWC meeting.
   b. Initiated the practice of orientating all new WWC members and alternates.

2. Improve committee communication with employees.
   a. Currently investigating the usage of worksite wellness email account to send information to employees.

3. Have 50% of members engaged in subcommittees or events throughout the year.
   a. This objective was met.

4. Have 95% of members (or their alternates) attend every committee meeting.
   - July 2012—68%
   - October 2012—52%
   - January 2013—no data available
   - April 2013—40%

Committee structure

The WWC has representation from each section within each division. Subcommittees are established to carry out activities of the committee. NAMES OF COORDINATORS co-chair the WWC and the SC. The current committee list is attached to the report.

The quarterly WWC meetings were held July 12 and October 3, 2015 and January 30 and April 24, 2016. At least one district staff participated in each meeting.

In planning worksite wellness interventions for employees, the WWC includes topics that fit into one of five dimensions of wellness. The dimensions are: emotional, intellectual, occupational, social and physical. Below is a summary of interventions offered for FY16.
Wellness interventions

Lunch-N-Learns
The Lunch-N-Learn subcommittee planned all Lunch-N-Learns. Each intervention was provided in a live webinar format at the time of the event so that offsite employees could participate. The archived webinars are posted to the intranet for employees to access as their schedule allows. When available, handouts are posted along with the recording. Five events were offered during FY16 and participation increased 262% from FY15. The topics and participation for the year were as follows:

<table>
<thead>
<tr>
<th>Month</th>
<th>Topic</th>
<th>Participation</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Onsite</td>
</tr>
<tr>
<td>October</td>
<td>Chair Yoga</td>
<td>14</td>
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<tr>
<td>January</td>
<td>Getting Fit in the New Year: There's an App for That</td>
<td>12</td>
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<tr>
<td>February</td>
<td>Heart Month</td>
<td>18</td>
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<tr>
<td>March</td>
<td>Healthy Eating Habits on the Go</td>
<td>26</td>
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<tr>
<td>April</td>
<td>Tai Chi</td>
<td>30</td>
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Worksite health vendor sample selection guidelines

In developing worksite health initiatives, committees are encouraged to consider a number of issues before inviting any individual or business to provide health information or services to employees. These types of worksite health initiatives include interventions such as Lunch-N-Learn presentations on health-related topics, physical activity classes, or health screening services.

Worksite health vendor selection guidelines

Criteria
In selecting a vendor to provide a health promotion presentation or initiative intervention, the health promotion committee should make a decision based on a number of factors:

- Does the vendor have credentials and experience in the relevant initiative area?
- Is the cost of the initiative accessible to most employees?
- Is the initiative recognized as evidence-based to promote health?
- Is the vendor available at convenient times for employees?
- Does the vendor have a demonstrated record of reliability in providing initiatives?
Identifying qualified initiative providers

• Guest speakers or initiative activity providers should have the appropriate credentials and experience. National or state certification is recommended. Some types of initiatives may not have a recognized formal certification process.

• Additional resources for locating qualified worksite health initiative providers might include worksite health consultants from professional associations; county and state health departments; county and campus MU Extension; university or community college faculty; community organizations such as the YMCA or American Heart Association and hospital health promotion programs.

• If a committee plans to offer health screening services as part of their worksite health initiative, it is recommended that only screening tests that are reimbursed by insurance plans be sponsored. This does not mean that an insurance plan will reimburse the vendor for onsite services; rather it is a way to validate the appropriateness of offering a particular screening test.

• Vendors should not engage in the sale or promotion of any products or services as part of their presentation or initiative for employees.

Safety and liability issues

• If the vendor is providing a fitness activity, it is recommended that the instructor be certified in CPR by an appropriate agency, e.g., ACSM, ACE, NDITA, NSCA.

• Ensure that participating employees have signed an agency liability release form for participating in worksite health interventions.

• Some vendors may also require that participants sign a liability form releasing the vendor from liability.

Other issues

• The health committee should specify in writing the performance guarantees that the vendor has to meet to be paid.

• It is a good idea to identify in writing in advance, the responsibilities of the vendor and of the committee. This would include an agreement as to who is responsible for setting up, clean up after the intervention, advertising, etc.
## Worksite Health Vendor Selection Guidelines: Sample Selection Checklist

### Vendor selection guideline

**Does the vendor have...Yes / No**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1. Experience in developing worksite-health initiatives for employers in your industry?</td>
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<td>2. Secured data systems?</td>
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<td>☐</td>
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<tr>
<td>3. Online portal and other means of collecting protected health data and providing guidance?</td>
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<td>☐</td>
</tr>
<tr>
<td>4. HRA and biometric analysis software?</td>
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<td>☐</td>
</tr>
<tr>
<td>5. Knowledge of legal and regulatory compliance?</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>6. Access to licensed health professionals, health coaches and counselors?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. Personnel with strong business backgrounds and analytical skills?</td>
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<td>☐</td>
</tr>
<tr>
<td>8. References?</td>
<td>☐</td>
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</tr>
</tbody>
</table>

Source: Guidance on Selecting Qualified Wellness Providers and Responding to Wellness Vendor Solicitations for NC State Government Worksite Wellness Programs
References


10. American Heart Association. (n.d.). My Life Check - Life's Simple 7. Retrieved April 7, 2016, from http://www.heart.org/HEARTORG/Conditions/My-Life-Check---Lifes-Simple-7_UCM_471453_Article.jsp#Vwa_uXqQ1c


This Inclusive Workplace Wellness Guide will help you…

- Plan a wellness program that fully includes all your employees
- Learn about accommodations for people with intellectual disability
- Discover disability resources and partners in your community

This guide was created by the Missouri Disability and Health Collaborative to accompany the Workwell Missouri Toolkit, a resource for employers developed by University of Missouri Extension, the Missouri Department of Health and Senior Services, and the Missouri Council on Activity and Nutrition.

**Missouri Disability and Health Collaborative**

The goal of the Missouri Disability and Health Collaborative (MDHC) is to make public health fitness and nutrition strategies fully accessible for people with intellectual disability. Funded by the Centers for Disease Control and Prevention (CDC), the MDHC is a partnership between the Missouri Department of Health and Senior Services and the University of Missouri-Kansas City Institute for Human Development. MDHC members include disability and public health professionals, people with disabilities, and family members. Visit www.modhc.org to learn more.

This publication was supported by Grant Number NU27DD000013-02, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.
At a Glance

Inclusive Worksite Wellness

1. Include people with disabilities on your Wellness Committee and seek their input as you plan, implement and evaluate your program.

2. Clearly state in your objectives that your program will be accessible to people with disabilities.

3. Make your program materials and website easy to understand and use. Use images that include people with disabilities. Provide alternative formats such as large print, audio, screen reader accessible, or braille.

4. Use Universal Design principles to create flexible incentives and activities that are usable by everyone, to the extent possible, without special adaptation.

5. Have a clear process for requesting accommodations and train your Wellness Program managers to provide adequate accommodations for a range of disabilities.

6. Reach out to employees with disabilities to let them know your program is inclusive and find out what support or accommodations they might need.

7. In your evaluation, ask if employees found it difficult to participate in any part of the program because of a disability. Ask if employees were able to get accommodations they needed.

8. Remember that anything you do to make your program accessible to people with disabilities will likely benefit all your employees!
Purpose
Why create an accessible, inclusive worksite wellness program?

Over 20% of Americans have some kind of disability, and this number will grow as the Baby Boomers age. It pays to create an inclusive workplace culture so that you can recruit and retain valuable employees, with or without disabilities.

An effective worksite wellness program can help ALL your employees stay active and prevent chronic disease and other costly problems. You may find that boosting accessibility for employees with disabilities makes your program more attractive and user-friendly for everyone!

Intellectual disability and worksite wellness
People with intellectual disability (ID) represent a small but growing workforce segment in Missouri. These employees, like many other people with disabilities, are at higher risk for conditions such as high blood pressure, diabetes, heart disease, and obesity. They also have lower rates of preventive health screenings such as mammograms.

A fully accessible, inclusive worksite wellness program can help ALL your employees stay active and prevent chronic disease and other costly problems. You may find that boosting accessibility for employees with disabilities makes your program more attractive and user-friendly for everyone.
Step 2

Getting Started
Include the needs and perspectives of employees with disabilities in every aspect of program planning.

- Include people with disabilities on the Wellness Committee when possible. Provide meeting agendas and materials in advance and meeting notes afterward. Hold meetings in accessible locations.

- Recruit people with disabilities to serve as Wellness Champions. Encourage all Wellness Champions to reach out to employees with disabilities and ask what support they need, if any.

Provide training to managers, wellness coordinators, and Champions on disability awareness and etiquette, accommodations, and communication.

Resources

- Effectively Including People with Disabilities in Policy and Advisory Groups
  http://www.jik.com/Effectively-Including-People.pdf

- Disability Awareness to Increase Your Comfort, Confidence, and Competence
  Access video, transcript, and related resources at:
  https://askjan.org/training/library.htm

- Disability Etiquette from Employer Assistance and Resource Network on Disability Inclusion
  http://www.askearn.org/topics/retention-advancement/disability-etiquette/

- Missouri Statewide Independent Living Council
  https://mosilc.org/mo-centers-db/

- Missouri Association of County Developmental Disabilities Services
  http://macdds.org/

- Resources for Communicating with People with Disabilities
  https://www.nchpad.org/1203/5835/Resources~for~Communicating~with~Individuals~with~Disability
Step 3

Assessing

*Your assessment is a great way to identify the needs and interests of people with disabilities.*

**Employee Survey**
If you survey employees to learn about their health habits and readiness for change:
- Provide one-on-one assistance with surveys if necessary for employees with visual impairment, low literacy, or ID
- Include clear instructions for requesting accommodations
- Include questions about workplace accessibility

**Health Risk Assessments (HRA)**
Some people with disabilities take medication or have conditions that affect their weight, blood pressure, caloric needs, or energy level. An HRA with “right” and “wrong” answers about diet and activity may not tell the whole story about your employees’ health.

Just as with other surveys you use in your wellness program, make sure that an HRA is easy to use, available in alternate formats, and that employees have support to complete it if necessary.

---

*James’s employer offered a lower insurance premium to workers based on results from a Health Risk Assessment. Because James needs to eat a very high-calorie diet that includes “unhealthy” choices like milkshakes, he did not at first qualify for the incentive. But he worked with his employer, a bank in Kansas City, to modify the survey so that he could show that he is making the right choices for his body and his health. His employer also provides accessible equipment in the onsite fitness center, and a trainer who is certified to work with people with disabilities.*

---

**Worksite Environment and Policies Assessment**
If you use the recommended CDC Worksite Health ScoreCard, consider adding these accessibility topics:
- Does the worksite have a policy that all programs and initiatives should be fully accessible to people with physical, cognitive, sensory, or other disabilities?
- Are employees with disabilities included in the development of wellness plans and activities?

---

See sample ScoreCard on the following page.
### Sample CDC Worksite Health ScoreCard Worksheet

<table>
<thead>
<tr>
<th></th>
<th>1 Topic</th>
<th>2 Status</th>
<th>3 Potential priority</th>
</tr>
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<tbody>
<tr>
<td>#</td>
<td>Wellness component</td>
<td>Yes</td>
<td>In process</td>
</tr>
<tr>
<td>1</td>
<td>Do you have a commitment from key stakeholders like senior management, human resource managers, safety officers, staff members, etc.?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Does the worksite have a committee that meets at least every three months to oversee worksite wellness?</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Does the worksite have a policy that all programs and initiatives should be fully accessible to people with physical, cognitive, sensory, or other disabilities?</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Are employees with disabilities included in the development of wellness plans and activities?</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Does the worksite have a wellness plan in place that addresses the purpose, nature, duration, resources required, participants involved and expected results of a worksite wellness initiative?</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Does the worksite have a mission statement, clearly defined goals and an action plan to implement worksite wellness initiative?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### General area totals

| Number of Yes, In process and No items | 0 | 5 | 1 | 4 |
Step 4

Developing Your Wellness Plan and Action Plan

For each item you are considering for your program, ask:

- Is this item fully accessible for people with disabilities?
- Can we use Universal Design to ensure that employees can participate without special accommodations or modifications?
- If not, how will we provide any necessary accommodations?
- Do we need to budget for accommodations?

**Universal Design Resources**

- **The 7 Principles of Universal Design**
  [http://universaldesign.ie/What-is-Universal-Design/The-7-Principles/](http://universaldesign.ie/What-is-Universal-Design/The-7-Principles/)

- **What is the difference between accessible, usable, and universal design?**

**Designing Incentives**

Creative incentives can boost participation and retention rates. Engage employees with disabilities to help you design incentives that meet a range of needs. For employees with ID, consider meeting with them and their family members or other support persons to talk about incentives.

Be flexible! A goal of 10,000 steps might not be reasonable for all people. Instead, allow people to set goals that make sense for them.

Offer multiple ways to earn points toward an incentive:

- An increase in fruit and vegetable consumption
- A new activity or hobby
- Mindfulness practice
- Less soda and/or more water consumed
- Regular screenings and checkups
- Increased exercise

**Designing Accommodations**

Be sure that employees have easy, confidential ways to request accommodations. There are a number of checklists and guidelines that your wellness committee can use to plan accommodations, as well as helpful resources for creating accessible wellness activities. See resources, below.
Designing Activities
To the extent possible, design wellness activities and campaigns that are accessible to anyone, without special modifications. When this is not possible, make sure employees know how to request accommodations and support.

Physical Activity
• Rather than a step challenge, how about a movement challenge, or a walk/roll/run club?
• Provide information about accessible trails and paths, and inclusive walks and runs. [https://www.traillink.com/activity/wheelchair-accessible-trails/](https://www.traillink.com/activity/wheelchair-accessible-trails/)
• If you subsidize gym memberships, ask about rates for people with disabilities. Make sure individuals with disabilities can bring a support person at no extra charge, if necessary.
• Partner with your community to create an inclusive Monday Mile initiative like the one in Syracuse, NY (see Resources, below).

Healthy Eating
• Make sure that vending machines have healthy choices and that they are accessible
• Make sure microwaves, coffee stations, and kitchen areas are fully accessible
• People with ID need easy-to-understand information about nutrition. Use Universal Design for Learning, Plain Language, or Health Literacy guidelines to create accessible materials
• Involve families – many people with ID require assistance with grocery shopping and cooking, so it’s helpful for support people to be knowledgeable about healthy habits, too.
**Education**
If you offer workshops, classes, lunch & learn sessions, or other educational activities, make sure you hold them in accessible locations and that you provide content in accessible formats.

**Legal Considerations**
To stay compliant with the Americans with Disabilities Act (ADA) and the Health Insurance Portability and Accountability Act (HIPAA), check the government websites listed below.

- **U.S. Health and Human Services Office for Civil Rights HIPAA Information**

- **U.S. Equal Employment Opportunity Commission**
  [https://www.eeoc.gov/eeoc/history/ada25th/resources.cfm](https://www.eeoc.gov/eeoc/history/ada25th/resources.cfm)

- **Disability.gov**

**Resources**

- **Inclusive Walking Clubs**

- **Syracuse Inclusive Monday Mile Club**

- **Guide for Making Fitness Facilities Accessible**
  [http://fpg.unc.edu/sites/fpg.unc.edu/files/resources/other-resources/NCODH_RemovalBarriersToHealthClubs.pdf](http://fpg.unc.edu/sites/fpg.unc.edu/files/resources/other-resources/NCODH_RemovalBarriersToHealthClubs.pdf)

- **Wheelchair Accessible trails**

- **Removing Barriers: Tips and Strategies to Promote Accessible Communications**
  [http://fpg.unc.edu/sites/fpg.unc.edu/files/resources/other-resources/NCODH_PromoteAccessibleCommunication.pdf](http://fpg.unc.edu/sites/fpg.unc.edu/files/resources/other-resources/NCODH_PromoteAccessibleCommunication.pdf)

- **Searchable Online Incentives and Accommodations (SOAR)**
  [https://askjan.org/soar/index.htm](https://askjan.org/soar/index.htm)

- **Fit Facts – Exercising with Health Challenges**

- **Retaining Employees in Your Worksite Wellness Program, from the Office of Disability Employment Policy**
  [https://www.dol.gov/odep/research/WellnessToolkit.pdf](https://www.dol.gov/odep/research/WellnessToolkit.pdf)
Step 5

Implementing

*Communication is key!*

Get the message out that anyone can participate.

- Create inclusive marketing materials with images of people with and without disabilities
- Invite people with disabilities to review your materials
- Design your posters, flyers and emails with plenty of white space and short sentences.
- Use accessibility guidelines such as Universal Design or Plain Language

**Use a variety of methods for accessible program promotion:**

- Wellness Champions can personally communicate with people with ID to make sure they know about the program
- If you provide awareness training with speakers or presenters, make sure the content and format are accessible for people with disabilities
- Involve people with disabilities in planning any kick-off events

If you have a website for your program, follow Universal Design guidelines to make it accessible and easy to navigate.

**Creating interest and motivation**

- Social support: For people with ID, social support can mean the difference between participating and being left out. Many people with ID may need someone with them during activities. Use Wellness Champions to facilitate buddy systems, and involve families.
- Access: People with disabilities may rely on transportation services that operate during limited hours. When you plan an off-site or after-hours activity, find out if any employees need transportation.
- Rewards/swag: Pens with grips and water bottles with handles are easier for many people with disabilities. Activity trackers are now available for people who use wheelchairs, as an alternative to pedometers.
Resources for accessible print materials

- **People First Language**
  https://www.youtube.com/watch?v=03d9b3ugUL0

- **Accessible Print Materials**
  https://www2.ncdhhs.gov/dph/wch/doc/providers/AccessiblePrintMaterialsUpdatedLogo-2016.pdf

- **Writing for low literacy audiences**

- **Clear and Simple Text**

- **CDC Clear Communication Checklist**
  https://www.cdc.gov/ccindex/index.html

Resources for accessible websites

- **Readability Checker**
  https://www.webpagefx.com/tools/read-able/

- **Web Accessibility Initiative**
  https://webaim.org/ https://www.w3.org/WAI/
Evaluating

Include people with disabilities on the committee that designs the evaluation.

Ask people with disabilities to review your evaluation materials.

If you survey employees about the program, include questions about accessibility.

• Was it easy to request accommodations?
• Were adequate accommodations provided?
• Did employees find that they could not participate in any parts of the program because of a disability?
• How could the program be more inclusive?

Make sure that evaluation surveys are accessible and that employees have assistance to complete them if necessary. If you have a number of employees with disabilities, you might also consider a meeting to ask them how the wellness program can be more inclusive.

Develop a process for how you will respond to the data from your evaluation. Use the data to continually improve and enhance your wellness program.