



Working *on* Wellness

Supporting healthier people, workplaces and communities.

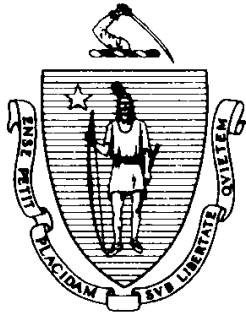
A HealthyMass Initiative



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MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH



Commonwealth of Massachusetts
Department of Public Health

Worksite Wellness Program Toolkit

Version 3.3, June 2012

Credits:

This toolkit was developed by the Worksite Wellness team at the Massachusetts Department of Public Health in collaboration with Mari Ryan of Advancing Wellness.

Feedback

If you have questions on the content of this Toolkit, or would like to provide feedback or results from using this guide contact Lisa Erck, email: Lisa.Erck@state.ma.us or Maria Bettencourt, e-mail: Maria.Bettencourt@state.ma.us.

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Introduction

Introduction

Worksite Wellness Programs in Massachusetts

Today Massachusetts, similar to most of the nation, is facing an increased burden of illness related to a variety of risk factors and chronic conditions. One in every three Massachusetts adults is affected by a chronic disease, including obesity, asthma, heart disease, diabetes, or stroke (Health, 2006). While this chronic disease burden seems astounding, the economic burden is even more overwhelming. In 2005, total hospital charges approached the \$3.2 *billion* mark for chronic diseases (Policy, Fiscal Year 2005).

Risk Factor Massachusetts Nationwide (States and D.C.) 2007 Behavioral Risk Factor Surveillance System (BRFSS)

Risk	Massachusetts	US (including DC)
Eat fruits and vegetables less than 5 times/day	72.5	75.6
Overweight or obese	58.9	62.9
No moderate or vigorous physical activity	48.6	50.5
High total blood cholesterol	37.6	37.6
High blood pressure	26.4	27.8
Cigarette smoking	16.4	19.8
Diabetes	7.4	8.0

Source: CDC, Retrieved 03/30/11

http://www.cdc.gov/dhdsp/programs/nhdsp_program/ma.htm

Having a healthier workforce benefits both employers and employees. There is expanding evidence that Worksite Wellness Programs not only improve individual employee health but

- reduce sick leave absenteeism by 28%,
- reduce healthcare costs by 26%,
- reduce workers' compensation by 30%,
- and produce a \$5.93-to-\$1 savings-to-cost ratio. (Chapman L. S., 2003).

A 2010 report from Tower Watson reported that “companies with the most effective Health

and Productivity programs experienced superior human capital and financial outcomes: 11 percent higher revenue per employee, lower medical trends by 1.2 percentage points, 1.8 fewer days absent per employee and 28 percent higher shareholder returns. High-H&P-effectiveness companies are also more likely to have lower health care costs, lower levels of presenteeism, fewer lost days due to disabilities and lower levels of turnover relative to their industry peers.”

Source: “The Health and Productivity Advantage,” National Business Group on Health/Towers Watson, 2009-2010

The impact of Worksite Wellness Programs on adults and their families can be significant considering 65% of adults, or 3,195,400 people, are in the Massachusetts workforce (Bureau of Labor Statistics, 2009).

Active living, healthy eating, managing stress, and avoiding tobacco are essential in lowering the risk of chronic disease. The majority of adults spend most of their waking hours at work. The Worksite can make it easier for employees to change their behaviors by creating a culture of health. This toolkit provides a guide for employers, employees, and their loved ones to change their environment and behaviors to improve health and reduce the burden of chronic disease.

“It is unreasonable to expect that people will change their behavior easily when so many forces in the social, cultural, and physical environment conspire against such change.”

The Institute of Medicine

Once largely stand alone enhancements, Wellness Programs are becoming fully integrated within worksites. Worksite Wellness Programs, in coordination with health and safety initiatives and health benefit design programs, are providing more effective ways to deliver information about how to utilize existing healthcare benefits to improve health. By creating a culture of health, with senior management support and dedicated resources towards health improvement, worksites are able to integrate wellness into the overall vision and mission statement of the organization.

Worksites can create new policies and changes in the worksite environment to support health and wellness. For example, employers can negotiate with companies to place healthy foods in vending machines, or improve stairwells or outdoor spaces to support opportunities for physical activity.

What is the Massachusetts Plan for Worksite Wellness

The vision of the *Massachusetts Worksite Wellness Initiative* is that all worksites in Massachusetts will provide social, cultural and physical environments that support optimum employee health and well-being. Our mission is to promote worksite wellness through information, training, regulation and technical assistance.

The *Massachusetts Worksite Wellness Initiative* has three goals related to three outcome areas: employees, worksites and communities.

- *Worksite Wellness* program strategies will improve the health and well-being of all employees across the Commonwealth.
- *Worksite Wellness* will result in healthier worksites that result in positive returns on investment for employees and employers.
- *Worksite Wellness* will support the creation of healthy communities and improved health systems and public policies that improve population health.

The Toolkit

This Worksite Wellness Program Toolkit was developed to provide a guide and tools for planning a Worksite Wellness Program. Best practices research frequently cites having a formal planning process as a critical success factor for a Worksite Wellness Program (Goetzel, Ozminkowski, Asciutto, Chouinard, & Barrett, 2001).

This toolkit describes the complete steps necessary for creating a successful Worksite Wellness Program at a company or worksite. It incorporates the best thinking of experts in the field; including all steps in this process will lead to the greatest success. The appendices in this toolkit include resources that can assist worksites with improving opportunities for physical activity, access to and consumption of healthy foods, and access to smoking cessation treatment. In addition, there are descriptions and examples of policies that make it easier for all employees to engage in healthy behaviors. Finally, for employees with or at high-risk for developing chronic conditions there are suggestions and resources on how to improve screening and disease management.

Types of Worksite Wellness Programs

A worksite wellness program is “an organized program in the worksite that is intended to assist employees and their family members (and/or retirees) in making voluntary behavior changes which will reduce their health and injury risks, improve their health consumer skills and enhance their individual productivity and well-being.” (Chapman L. S., 2005)

The wellness program should address those areas of highest risk for the employee population. The most prevalent programs offered by employers as part of wellness programs are:

- Back care and injury prevention
- Physical exercise
- Stress management
- Tobacco use
- Substance abuse prevention.

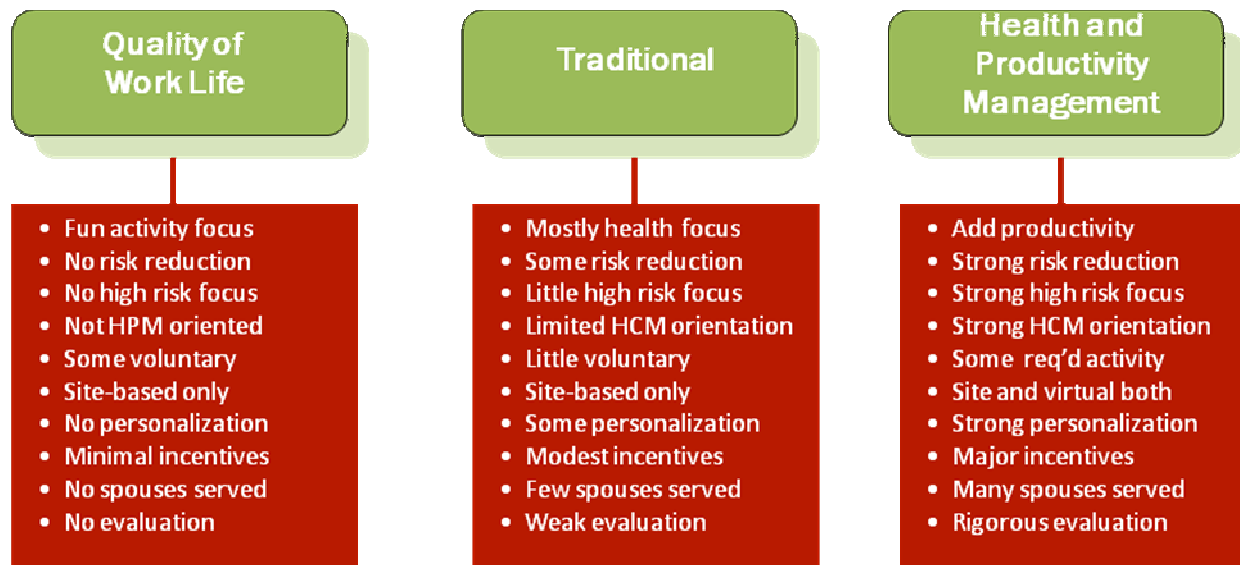
Additional programs that constitute the ‘core’ of wellness programs include:

- Weight management
- Medical self-care
- Consumer health education
- Cholesterol reduction
- Nutritional interventions
- Selected biometrics testing
- Hypertension management.

Program Design

The program model used to organize the wellness program is an important decision for the organization. The model selected will be driven from the needs and interests of the employee population, and the goals for the program, as established by the wellness team and management sponsor. The following models illustrate program options:

Figure 1 – Worksite Wellness Program Models (Chapman L. S., 2005)



Quality of Work Life programs typically cost \$10 - \$45 per employee per year, exclusive of staffing costs. The return on investment (ROI) is between 0:1 and 1:1.5 (expressed as a cost/benefit ratio). A Traditional program model typically costs between \$46 and \$150 per employee per year, and is supported by a dedicated staff person and a formal budget. A ROI of 1:3.0 can be expected within 12-14 months of program initiation. The Health and Productivity Management Model (HPM) ranges from \$300 to \$1,000 per employee, with anticipated ROI of 1:3.6 to 1:7.0 (Chapman, 2005)

Overview of Program Development Cycle

The *Massachusetts Worksite Wellness Initiative* has adopted a seven step process for developing a comprehensive wellness program plan. For the purposes of this toolkit, the seven step process was adopted from the Wellness Program Development Cycle and is shown in Figure 2 (Ryan & Chapman, 2008).

Figure 2 - Wellness Program Development Cycle

Program Development Cycle



Worksite Wellness Program Development Cycle

The following is a brief overview of the planning steps:

1. **Obtain Mandate for Wellness Initiative** – in this step the mandate for the wellness program is obtained from senior management.
2. **Compose Wellness Team** – the wellness team is identified, mobilized and a structure is established for the planning effort.
3. **Research & Discovery/Identify Needs** – in this step a variety of organizational data is gathered relevant to the worksite population and existing programs. The material is evaluated to answer specific questions and identify key characteristics about the target population, and identify and document interests and needs for the proposed worksite wellness program.
4. **Formulate Goals & Objectives** – wellness program goals and objectives are defined using information from the research and discovery activities.
5. **Plan Development** – interventions are selected and program activities defined to accomplish the program goals and objectives. The anticipated effect and outcome measures are defined and will serve as the means by which program results are measured going forward.
6. **Plan Approval** – in this step the detailed program proposal including economic justification is developed, then submitted for review and approval to garner full support for the plan.
7. **Implement Plan** – this step encompasses the tasks for developing the full program implementation plan and carrying out the plan.

The goal of this process is to create a detailed plan for the wellness program, identify the steps needed to realize that vision, documents those steps in a plan that works, and is easy to understand and implement.

Step 1

Obtain Mandate for Wellness Program

Step 1 – Obtain Mandate for Wellness Program

Background

The purpose of this step is to gather support from senior management of the organization. This step encompasses the tasks that must be accomplished prior to formal initiation of the program.

The worksite wellness program must have a clear mandate from the organization's senior management. Without it, the program is bound to struggle to obtain resources, support and participation. Senior management controls the resources you will need to plan, implement and evaluate the wellness program. Their direct participation validates the importance of the program to all employees. Receiving this mandate is typically the result of establishing an understanding of the values and benefits of such programs with key members of the management team. Senior managers are also responsible for establishing and modifying organizational policies. To be successful, the wellness program will need supportive organizational policies.

In successful Worksite Wellness Programs, senior managers lead their organizations by example. The successful Worksite Wellness Program is integrated into the organizational structure and is highly valued by company management. Wellness programs and activities are clearly aligned with company-wide goals and a budget for Worksite wellness has been established.

Senior management's role is to communicate the importance of the Worksite Wellness Program to all employees and to create a culture of health in the organization. These senior managers ensure that sufficient financial resources are allocated to wellness, that the health goals of the organization are measured, and that staff is held accountable for meeting the goals. They also ensure that managers and supervisors are educated and supportive of the Worksite Wellness Program.

Tasks

1. Identify a wellness sponsor
2. Understand the organization's priorities
3. Identify organizational values
4. Identify benefits of the program
5. Gather information on leadership style

Tools

Worksheet 1 – Obtain Mandate – Working Notes

Task Detail

1. Identify a Wellness Sponsor

The mandate from senior management is usually supported by a 'sponsor'. The sponsor is typically a senior manager/executive within the organization who is willing to be visible and active in supporting and promoting the wellness program. Ideally this should be the Chief Executive Office, Director, Commissioner or the Chief Human Resources Officer (Ryan & Chapman, 2008).

2. Understand the Organization's Priorities

The worksite wellness program must align with and support the overall priorities of the organization. The program should seek alignment by understanding the strategy, mission, vision, objectives, and financial position of the organization. The wellness program should be positioned to support the short- and long-term strategic goals.

3. Identify Organizational Values

Gathering information about the organization's values will lay the groundwork for positioning and planning the wellness program. Look at the organization's history, policies, culture, and community interactions.

4. Identifying Benefits of the Program

Management's job is to meet their objectives. In order to support this, the wellness program must be able to demonstrate value and benefits to the organization. It is important to research and document the potential outcomes the wellness program can provide to the organization. Resources and support for wellness programs result from having clearly stated values and benefits. Identifying values and benefits that are relevant to the organization will facilitate the process for obtaining and maintaining the leadership mandate. Table 1 outlines values and benefits of wellness programming. (Chapman L. , 1997) By familiarizing yourself with these potential values and benefits, you can determine which are important to your organization's decision makers. These values and benefits will serve as a foundational element of the wellness program plan.

5. Gather Information on Leadership Style

An understanding of how decisions are made in your organization will help you prepare and present the supporting information and plan in a way that will be well received. Consider the organization's management styles such as decision-making style (committee or independently) and information style (detailed report with charts and

graphs or presentation and discussion of concepts/ideas) to support overall planning and communication of the wellness program.

Tools: Use **Worksheet 1 – Obtain Mandate – Working Notes** to consolidate working notes on these key readiness topics.

Table 1 - Values and Benefits Associated with Health Promotion Programming

The following are representative worksite focused values and benefits

(Chapman L. , 1997)

Value or Benefit Statement	Supporting Data and/or Documentation
Increased worker morale	Studies using survey instruments that measure employee morale, industry or trade association data, human resource annual surveys with carefully selected questions.
Potentially greater employer loyalty	Survey results and patterns over time, use of loyalty proxy questions, and survey or focus group findings
Improved employee resiliency and decision making quality	Studies from psychological and exercise physiology literature
Positive public and community relations	Recognition awards for local or peer employers, coalition or community consortium activities, industry and trade show-case or write-ups.
Increased worker productivity	Business and industrial management studies, selected studies from the worksite health promotion literature, local or trade data using collective productivity indicators.
Informed, health care cost-conscious workforce	Studies and anecdotal articles about consumer activism, scores from consumer health knowledge surveys, survey results on self-efficacy and consumerism.
Recruitment tool	Social psychology literature and business survey literature, selected labor market survey data.
Retention tool	Social psychology literature and business survey literature, selected labor market survey data.
Opportunity for cost savings from reduced sick leave absenteeism	A large number of worksite health promotion studies that address sick leave absenteeism effects, survey data from National Institutes of Occupational Health & Safety (NIOSH) and from trade and industry associations.
Opportunity for cost savings from reduced short- and long-term disability claims	Articles on worksite health promotion studies and their impact on disability days, benefits and business surveys, risk management literature.
Opportunity for cost savings from decreased health care utilization	A moderate number of articles on the evaluation of worksite health promotion programs and their impact on health care costs, the medical care research literature and the managed care research literature, which also contain a variety of references; another major set of references are the actuarial studies that have been done on the relationship of health risks to health costs.
Opportunity for cost savings via: Reduced premature retirement	Studies of early medical or disability retirement from the benefits, disability management, and actuarial literature.
Opportunity for cost savings via: Decreased overall health benefit costs	Worksite health promotion evaluation literature, business and benefits management literature, trade or competitor information.
Opportunity for cost savings via: Fewer on-the-job accidents	Worksite health promotion evaluation literature, risk management literature, safety literature, NIOSH publications, publications of the Bureau of Labor Statistics.
Opportunity for cost savings via: Lower casualty insurance costs	Casualty underwriter's publications and risk management literature.
Opportunity for cost savings via: Smaller total workforce	Business literature plus projections at various sick leave and disability reduction levels, review of personal replacement cases that have occurred in the last 2 to 5 years.
Opportunity for cost savings via: Reduced medical leave time	Occupational health literature and payroll system coding data.
Opportunity for cost savings via: Reduced occupational medical costs	Occupational health literature and occupational health unit data.

The following are representative community focused values and benefits (see cited article for full list):

Provides a model for other local organizations	Community health promotion literature and community organization literature plus Robert Wood Johnson Community Snapshots Project
Improves quality of life of citizenry	Community Health Care Forum materials and National League of Cities Publications
Helps improve the general economic well-being of communities through the improvement in general health status and productivity	Community health promotion literature and national econometric studies and analysis

The following are representative individual focused values and benefits (see cited article for full list):

Increased morale via employer's, provider's or community's interest in their health and well-being	Social psychological and psychological literature
Increased knowledge about the relationship between lifestyle and health	Attitude and correlated research within the health promotion and health education literature.
Improved health and quality of life through reduction of risk factors	Literature surrounding the use of SF12 and SF36 and self-reported perception of health status
Reduced work absences	Attitude and correlated research within the health promotion and health education literature
Reduced out-of-pocket and premium costs for medical care	Attitude and correlated research within the health promotion and health education literature plus Bureau of Commerce and Census publications

Exercise – Values and Benefits of the Wellness Program

The purpose of this exercise is to identify the values and benefits that you believe are most important for your organization's wellness program. Using Table 1, identify the top three value or benefits statements:

Statement 1: _____

Statement 2: _____

Statement 3: _____

Worksheet 1 – Obtain Mandate - Working Notes

Wellness Sponsor

Who is the leadership “sponsor” for the worksite wellness program?

Organization’s priorities and goals

What are the organization’s strategic priorities and goals?

What values and benefits will the initiative provide

(insert results from Values and Benefits Exercise)

Identify the values and benefits that the organization will realize from the wellness program.

What are the leadership styles of key members of management

Identify the individual values and their key leadership styles

Step 2

Compose Wellness Team

Step 2 - Compose Wellness Team

Background

The wellness program is not something one person owns or creates – it takes a cross-functional team to plan for and implement a successful program. This step encompasses the tasks that must be accomplished to create the stakeholder group that will provide input to the planning process.

A wellness team is an essential part of a Worksite Wellness Program infrastructure. The role of the wellness team is to communicate, participate, motivate, and support the Worksite Wellness Program. Key components to a successful wellness team are:

- Members are formally appointed and it is clear that senior management values the work of the team.
 - Members have wellness responsibilities written into job descriptions and performance reviews.
 - The team is publicized throughout the organization and employees know that wellness is an organizational priority.
 - There is a dedicated “wellness leader and wellness champion” in charge of managing the wellness team and responsible for communicating and supporting wellness initiatives at the Worksite.
 - The team has strong leadership from a person who can develop agendas, manage personalities, define priorities, effectively communicate, and motivate others.
 - Members represent all segments of the employee population (including shift workers and workers with disabilities).
 - The team meets regularly to assess company needs and design, implement, and evaluate the Worksite Wellness Program.
- (Hunnicut, 2007)

Employers and employees should be well represented on a wellness team that helps design and implement the Worksite Wellness Program. A wellness team should include senior management, human resources, and representatives from major areas or divisions within the worksite. It should meet as needed to develop, implement, and evaluate the Worksite Wellness Program.

The team assesses the needs and desires of employees as well as the work environment. By knowing the resources for wellness activities that exist

within the company and the needs and desires of the employees, a wellness team can develop a tailored program with the greatest impact. The wellness team may identify external partners to help implement the program. For example, if a large number of employees have weight concerns, the employer might negotiate with a local “Y” or gymnasium for group membership rates or with the city or town to create new walking or bicycle paths. Physical activity could be increased by identifying a convenient walking route, forming walking groups, and limiting (or even eliminating) company meetings during lunch times.

Tasks

1. Define your team’s composition
2. Identify the Wellness Champion
3. Assemble the team
4. Establish team protocols
5. Hold team kickoff meeting

Tools

Worksheet 2 – Worksite Wellness Team Meeting – Sample Agenda

Worksheet 3 – Worksite Wellness Team Program Scope – Working Notes

Task Detail

1. Define your team's composition

The wellness team should be made up of representatives from the various stakeholder groups within the organization. The type and structure of the team will depend on your organization size.

Depending on your organization, you may need two collaborative groups:

- The **wellness committee or advisory group** is an oversight group that has formal responsibility for promoting, guiding and supporting the wellness program. The members of the committee should have health promotion responsibilities as part of their job description (Hunnicut, 2007).
- The wellness committee:
 - Represents all stakeholder groups (employees, management, labor, etc.) who will ultimately participate in the programs;
 - Advocates for worksite policies and environments that support the wellness program;
 - Serves as champions for the wellness program;
 - Consists of people supportive of health promotion concepts and people initiatives;
 - Includes people who are part of or influencers of the approval process.
- The **wellness planning team** is a subset of the wellness committee and is responsible for the planning activities of the wellness program in conjunction with the wellness committee. In addition to wellness committee members, this group may consist of people who have job functions specifically related to the implementation of the wellness program, such as health and safety, occupational health, and human resources.

Keep in mind that the groups responsible for the wellness program will vary based on the size of the organization. In smaller organizations one group will assume these responsibilities.

2. Identify the Wellness Champion

The team needs to have a designated leader – the Wellness Champion. This person should have demonstrated leadership skills, a good understanding of the organization's priorities as well as the vision for the wellness program. The Wellness Champion should represent the values of a healthy lifestyle and be a role model for others in the organization. The Wellness Champion should have energy; strong interpersonal, communication and management skills; and be politically savvy.

The Wellness Champion is the process leader for the team and should be able to:

- Help the team focus on content by taking full responsibility for managing the process.
- Act as a sounding board for information, thoughts and ideas.
- Help the team avoid making errors that are either conceptual or process-oriented.
- Help the team make sure to cover everything that needs to be covered.
- Keep the team on schedule and move meetings along.
- Tone down overly dominant personalities and make sure that any disagreements get expressed.
- Ensure a realistic understanding of resource requirements and availability.

3. Assemble the Team

Team Composition

Research from the Wellness Council of America (WELCOA) suggests that the committee and team members should be appointed, rather than be volunteers (Hunnicut, 2007). Appointments made by senior management demonstrate a level of commitment that reinforces the support for and importance of the initiative. The individuals appointed should have both the time and interest to undertake this role. With a mandate from senior management, each participant in the wellness program should be given time to participate and have these responsibilities added to their role or job description. The team should represent a variety of viewpoints, perspectives, diversity, and personalities. Participation on the wellness committee should be viewed as a prestigious opportunity to help create a better organization, rather than a series of meetings that take the individual away from more important work assignments (Goodstein, Nolan, & Pfeiffer, 1993).

A scan of the organization should be undertaken to identify any other committees or groups who are doing wellness related work, such as a safety committee, an informal walking club, etc. **Table 2** identifies a list of possible team wellness committee and planning team members.

Table 2 - Wellness Committee and Planning Team Members

• Benefits manager	• Communications staff	• Disability management Coordinator
• Employee activities coordinator	• Employee assistance program manager	• Employee health services manager
• Fitness center staff	• Human resources manager	• Facilities manager (including cafeteria and vendor)
• Labor relations manager	• Medical director	• Occupational health services manager
• Risk manager	• Wellness staff	• Worker compensation manager

(Chapman, 2007)

Additional resources may be required on an ad-hoc basis, such as internal support from marketing, communications, information systems, financial services, etc; as well as external expertise from vendors or consultants. These resources should be identified and their roles defined in the planning process.

Team size

Depending on the size of the organization, the wellness committee may consist of 15-20 people. The planning team may consist of fewer – three to five people. The team should be of a manageable size encompassing different perspectives, while allowing for productive dialog.

4. Establish Team Protocols

Once the team has been assembled, the next step is to establish protocols for the team's work efforts. These protocols will help the team stay focused and on task.

Team Meetings

The team should meet on a regular and predictable schedule, at least monthly, so that team members can plan this into their work schedule. The regularity of the meetings also demonstrates a commitment to the work of the team, and provides accountability to agreed-upon deliverables. During the planning process, more meetings or a special

planning retreat may be required. Meetings should have a formal agenda and have minutes taken to record decisions and actions resulting from the meeting.

Planning Time Frame

Depending on the nature of the organization and the levels of support, the planning process may take between two and six months. An organization initiating a wellness program for the first time should plan on the longer timeframe. An organization with an existing wellness program will require less time to refresh the plan on an annual basis.

Project Management

As with any major effort, discipline needs to be applied to organize and manage resources to complete the project within the defined scope, on time and within budget. “Project management is the application of knowledge, skills, tools, and techniques to project activities to meet project requirements.” (A Guide to the Project Management Body of Knowledge, 2000)

Formal project management techniques contribute to the success of a project. Specific areas of focus to consider for managing the wellness program planning project include:

- **Project Scope Management** – processes required to ensure that the project includes the appropriate work tasks and activities required to complete the project successfully.
- **Project Time Management** – even with a strong mandate from senior management, time will be constrained and needs to be carefully planned and managed. Time management processes include scheduling and managing activity completion in a timely manner
- **Human Resource Management** – making effective use of the people allocated to the project will include organizational planning, resource acquisition and team development.
- **Project Communications Management** – entails the processes to ensure timely and appropriate creation, collection, distribution and storage of project information. Elements to consider include a communications plan, information distribution practices, and status reporting to the Wellness Team, sponsor and senior management.

It is beyond the scope of this Toolkit to provide extensive detail on project management topics. More information on project management practices is available from the Project Management Institute (<http://www.pmi.org>).

5. Hold Team Kickoff Meeting

As the wellness program commences, kickoff meetings will help set the framework and ground rules under which the planning process will be undertaken. These meetings are intended to establish a purpose and build energy for the initiative, while delivering the message that the participation and commitment of the participants is critical and valued.

Meeting Preparation and Agenda

Each meeting should have an agenda. In developing the agenda, a process should be established for team members to provide input on agenda topics. A person should be indentified who will take and distribute minutes of each meeting. **Worksheet #2- Team Meeting – Sample Agenda** is a sample meeting agenda that can be modified, as needed, for the initial meeting.

Creating an Open and Positive Environment

An important part of the kickoff is to establish a shared purpose for the team's efforts and to create energy and buy-in within the group for that purpose. Ingredients for a successful kickoff include:

- The goals, outcomes and purposes of what's being proposed are vividly clear.
- The opportunity for participants to contribute and feel part of the planning process.
- The events and activities of the group reflect the values of the planning process and organization.
- An open, honest communication style is established to minimize suspicion, doubt, or mistrust.
- Participants feel their time is well used and that the outcomes of the session have value.
- Expectations of clear and specific actions to follow the session are well communicated. (Napier, Sidle, & Sanaghan, 1998)

The planning process should be a vibrant process that is intended to encourage people to constructively contribute while respecting the views and values of each individual on the team. (Bradford, Duncan, & Tarcy, 2000).

Exercise – Wellness Team Composition

Use this worksheet to identify each of the groups within the organization that should be considered for representation on the Wellness Team. Identify groups that represent significant portions of the employee population and various demographic or types of work groups.

Examples of these groups are:

- Individual Departments
- Union/Non-Union
- Salaried/Hourly
- Females/Males
- Office workers/Field workers
- Professional/Administrative



Worksheet 2 – Worksite Wellness Team Meeting – Sample Agenda

[Organization Name]
Worksite Wellness Team Meeting
[DATE]

AGENDA

Call to Order [Wellness Champion]

Purpose [Wellness Champion]
[Provide framing for Wellness Team and reason for mandate]

Introductions Team Members
Introduce yourself by providing your name, department, role, and health and wellness preferences. Distribute Team Contact List (name, phone, email address)

Team Name
[If the team does not have a name, it may be appropriate to start by selecting a name for the group]

Decision Making Process

Role of the Wellness Team

Role of the Planning Team

Scope of the Wellness program – Worksheet #3

[When a wellness program is first started, the parameters of the program need to be defined. Worksheet #3 provides some general parameters that will help define the scope of the initiative.]

Meeting Schedule

Adjourn

Worksheet 3 – Worksite Wellness Team Program Scope – Working Notes

Participation

Who should the program be targeted to and why.

What resources are available

Identify the organizational (people, facilities, money, etc.), community and regional resources.

Decision making

Identify how and when key decisions will be made.

Program linkages and integration

Identify how the wellness program will be linked and integrated with other related programs such as employee and benefit policies, disability management, worker's compensation, etc.



Step 3

Research & Discovery/ Identify Needs

Step 3 - Research & Discovery/Identify Needs

Purpose	The purpose of the Research and Discovery/Identify Needs step is to collect pertinent information that will support the development of the Program Plan. Data may be collected both internally from human resources, benefits, and finance; as well as externally, from health care providers, other employers, national health promotion organizations and conferences, as available.
Tasks	<ol style="list-style-type: none">1. Identify data sources2. Collect data3. Identify needs
Tools	Sample Interest and Needs Survey MDPH Worksite Health Improvement Survey Summary of Worksite Wellness Program Data

Task Detail

1. Identify Data Sources

In building a results-oriented Workplace Wellness Program, it is important to collect information to better understand the workplace environment and the health risks of employees. There are several types of data that can be gathered to help make this assessment. Data will come from a variety of sources. The first step is to identify all possible data sources.

As part of the planning process, you want to look at the data and research information collected to answer a few key questions:

- What are the interests of the population?
- What is driving costs? Look at internal factors such as cost and utilization as well as external factors, such as the providers, other users and technology.
- What are the underlying risks within the population?
- What are the future needs (control costs, improve benefits, improve morale or productivity)?

Data sources should be considered from two perspectives: primary and secondary data sources.

Primary Data

Primary data is specific data about the population that the program will address. Consideration of the target population for the wellness program should be determined prior to initiating the data collection process. For example, if the wellness program is to be offered to both employees and spouses/partners, data for these populations should be collected.

Primary data sources will provide detailed actual information about your population. This information should be aggregate information, not containing individual identifiers, in consideration of privacy and HIPPA regulations. **Table 3** identifies primary data sources.

Table 3 - Primary Data Sources

Type of Data	Source
Population Demographics	Human Resources
Sick leave/absenteeism	Human Resources/Benefits
Disability claims	Human Resources/Benefits
Worker's compensation claims	Human Resources/Benefits
Employee turnover	Human Resources/Benefits
Health care plan costs	Human Resources/Benefits
Family Medical Leave Act (FMLA) data	Human Resources/Benefits
Environmental Scan/Health Culture Audit	Employee Wellness Program
Interest and needs survey	Employee Wellness Program
Health Risk Assessment (HRA)	Employee Wellness Program
Wellness Programming	Employee Wellness Program
Focus group	Employee Wellness Program
Health care claims including trends	Health Insurance Provider
Prescription data	Health Insurance Provider
Facilities review	Facilities Management
Community resources such as health clubs, holistic health providers, etc.	Various (community health department, telephone directory)

- An **Environmental Scan**, or health culture audit, is a tool that employers can use to assess the health environment of the worksite. The environmental scan looks at both the policies (e.g., flextime or smoking restrictions) and environment (e.g., on-site walking paths or vending machine food choices) that influence health status.

In addition to assessing the workplace environment, it is necessary to understand the specific interests and health risks of employees. Employee interest surveys, employee health risk appraisals, health screening results, and health insurance claims data can be used to build a solid foundation for the wellness program.

- The **Employee Interest Survey** will uncover the met and unmet health interests of the employees. By administering an employee interest survey, employers are able to ensure that interventions are of interest and importance. It's best to conduct focus groups to talk with employees before developing the employee interest survey in order to truly understand the scope of what health improvement topics are of interest to them.

- A **Health Risk Appraisal (HRA)** is an electronic or paper tool used to assess an individual's risk of developing a disease. The HRA organizes and calculates individualized health risk information, compares it to standardized data for normal risk, and provides general quantitative measures of the individual's risk of acquiring a disease. Companies can purchase an HRA from an outside vendor. Many health insurance companies offer HRA's to their members. All individual information is confidential and the company should only have access to aggregate HRA information. No company employee should have access to an individual employee's HRA. A list of HRAs available from Massachusetts health insurance companies is provided in the Resource section of this Toolkit.
- **Health Screenings** involve a number of physical measures such as blood pressure, body composition, cholesterol, glucose, and body mass index. These measures detect diseases and provide employees with a baseline assessment of their health. In order for a workplace to truly analyze the health status of their employees, screening results can be paired with health risk appraisal information. The results of the health screening should be shared with the employee and they should be encouraged to discuss the results with their primary care physician.
- **Health Insurance Claims** including pharmaceutical costs, workers' compensation costs, and medical costs can be analyzed to determine the specific health conditions facing employees. Claims data may be available through insurance brokers and/or insurance companies.

This baseline data of employee health risks and behaviors will paint a picture of the workplace. The key to making data collection work is confidentiality. Employees need to be assured that the employer will not have access to any individual employee health data. In addition, it should be communicated that the employer will receive only aggregate reports of the overall findings (from health screenings, claims data, and HRA data).

Health claims data, while considered a key indicator of the value and effectiveness of wellness programs, has many limitations. The first is that health claims data may be hard to get. Insurers and third party administrators (TPA) may be unwilling to part with the data. To be meaningful, a minimum of 500 lives is needed to have statistical significance. Health plan data can tell you what conditions are being treated but not why those conditions exist.

Secondary Data

Secondary data is supporting data that will provide evidence of health promotion program results and best practices, industry trends, etc. **Table 4** identifies secondary data sources.

Table 4 - Secondary Data Sources

Type of Data	Source
Data from Literature	PsychInfo Medline (http://www.ncbi.nlm.nih.gov) Education Resource Information Center (ERIC) Cumulative Index to Nursing & Allied Health Literature (CINAHL) BIOETHICSLINE
Government Health Data such as National Center for Health Statistics	Center for Disease Control and Prevention http://www.cdc.gov/nchs
State Health Status and Health Coverage Trends	Kaiser Family Foundation State Health Facts http://www.statehealthfacts.org
Worksite Wellness Best Practices	Other employer groups with established wellness programs or organizations such as WELCOA www.welcoa.org
Worksite Wellness Certification Programs	National Wellness Institute www.nationalwellness.org

New Program Considerations

If your organization is planning a wellness program for the first time, you will probably not have HRA nor needs assessment data. The employee data from Human Resources identified in Table 3 should be available within any employee organization. Health claims data will provide important information about utilization of services which are driving health care costs. Conducting a needs assessment and environmental survey may be a necessary first step to understanding your population and their interests.

2. Collect Data

Assignments for collecting data should be distributed among the members of the Wellness Program Planning team. A **Sample Needs/Interest Survey and Environmental Survey** has been provided as a guide to gathering key data.

Establish an organized approach to collecting and storing the data. The information should be easily identifiable and the sources clearly noted.

3. Identify Needs

The data collected will provide you with a view of the health practices of the employee population, their preferences and interests. Complete the **Summary of Worksite Wellness Program Data** form to synthesize the information collected and identify the needs for your organization's Worksite Wellness Program.

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Worksite Wellness Needs/Interest Survey

This is a sample survey that can be used in your organization as a way of gathering baseline information on the employee populations' interests and needs. The survey can be implemented electronically using internet services such as SurveyMonkey or Zoomerang. Consider selecting a tool that allows each person to get a copy of their data. The collected data will then be analyzed for trends.

Worksite _____

Department _____

Date _____

Tell Us About Your Health Habits

1. How strongly do you agree or disagree with the following statement?

I would change my lifestyle and behaviors if the quality of my health and life would improve.

☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree

2. Which answer best describes how you feel about the following:

	I have no need to	I have no plans to	I plan to do within the next 6 months	I plan to do in a month	I have been doing less than 6 months	I have been doing more than 6 months
Increase cardiovascular activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase fruit and vegetable intake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase strength building exercises	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce my stress level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lose weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat less fatty foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce alcohol intake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stop tobacco use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. What is your current weight in pounds? Weight _____lbs

4. Date you were weighed or you weighed yourself _____

5. What is your current height? Height _____feet _____ inches

6. Blood Pressure

The last time you had your blood pressure taken, was it:

- ☐ Lower than average ☐ Normal ☐ Higher than average ☐ High

7. Cholesterol

The last time you had your cholesterol level tested, was it:

- ☐ Lower than average ☐ Normal ☐ Higher than average ☐ High

8. General Health

For your age would you say in general your health is:

- ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Bad

9. I last visited my primary care physician:

- ☐ In the last month ☐ 2-6 months ago ☐ Over 1 yr ago

10. In the last six months, how many times have you visited a doctor?

- ☐ Zero ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6+

11. In the last six months, how many days have you been absent from work due to illness or injuries? If none, enter zero.

- ☐ Zero ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6+

12. In the last six months, how many days were you in the hospital as a patient? Please exclude days hospitalized for a normal pregnancy.

- ☐ Zero ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6+

13. which of the following categories would you place yourself:

- ☐ I'm not interested in pursuing a healthy lifestyle
☐ I have been thinking about changing some of my health behaviors
☐ I am planning on making a health behavior change within the next 30 days.
☐ I have made some health behavior changes but I still have trouble following through
☐ I have had a healthy lifestyle for years.

Current Health Habits and Interests

The following questions are about your current health habits and interest in pursuing a healthier lifestyle.

14. Generally how many days per week do you participate in aerobic physical activity? If none, enter zero.

- ☐ Zero ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6+

15. Generally, how many strength training sessions do you do a week?

- ☐ Zero ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6+

16. How many servings of fruit and or vegetable do you eat per day?

What is a serving size of fruit? $\frac{3}{4}$ cup 100% fruit juice, $\frac{1}{2}$ cup chopped, cooked, raw or canned vegetables or 1 medium piece of fruit (i.e. a baseball).

- ☐ Zero ☐ 1-2 ☐ 3-4 ☐ 5-5 ☐ 5-6 ☐ 6+

17. How many servings of whole grain foods do you eat per day?

‘What is a serving size of whole grains? 1 slice of whole-wheat bread, 1 cup oatmeal, $\frac{1}{2}$ cup cooked brown rice.

- ☐ Zero ☐ 1-2 ☐ 3-4 ☐ 5-5 ☐ 5-6 ☐ 6+

18. Which of the following best describes your tobacco habits?

- ☐ I have never used tobacco
- ☐ I formerly used tobacco products, but no longer
- ☐ I currently smoke or use tobacco products (e.g. chewing tobacco)

19. If you do currently smoke or use tobacco, have you ever attempted to quit?

- ☐ Yes
- ☐ No

20. If you still smoke or use tobacco products, what reasons has kept you from quitting? (check off all that apply)

- ☐ No interest in stopping
- ☐ Afraid of gaining weight
- ☐ Helps relieve stress
- ☐ Other (please describe) _____

21. In the past year, have you intensely experienced any of the following symptoms for 2 weeks or more?

	Yes	No
Feelings of hopelessness or guilt	<input type="radio"/>	<input type="radio"/>
Loss of appetite, weight gain/loss	<input type="radio"/>	<input type="radio"/>
Decreased energy/ fatigue	<input type="radio"/>	<input type="radio"/>
Persistent sadness	<input type="radio"/>	<input type="radio"/>
Insomnia/oversleeping	<input type="radio"/>	<input type="radio"/>
Difficulty making decisions	<input type="radio"/>	<input type="radio"/>
Lack of interest in activities you once enjoyed	<input type="radio"/>	<input type="radio"/>
Persistent or troublesome anxiety	<input type="radio"/>	<input type="radio"/>

22. How has a health condition (either physical or emotional) impaired your work in the past 6 months?

- ☐ None
- ☐ I'm about 5-10% less productive at work
- ☐ I'm about 10-25% less productive at work
- ☐ I'm about 25-35% less productive at work
- ☐ I'm about 35% less productive at work

Program Interests

23. Consideration is being given to the focus of the program that will be offered at _____ (Company Name) as part of the Worksite Wellness Initiative.

Please indicate below which of these program areas interest you and your likelihood of participating in them by placing a number from 1 to 5 next to your areas of interest - The number “1” indicating that you be least likely to participate and “5”, the highest number indicating that you would be most likely to participate

- | | |
|---|--|
| <input type="checkbox"/> Yoga | <input type="checkbox"/> Meditation |
| <input type="checkbox"/> Low impact physical activity | <input type="checkbox"/> Stress management |
| <input type="checkbox"/> Exploring spirituality | <input type="checkbox"/> Laughter club |
| <input type="checkbox"/> Individual wellness coaching | <input type="checkbox"/> Back care |
| <input type="checkbox"/> Eating behaviors/quality of diet | <input type="checkbox"/> Active parenting |
| <input type="checkbox"/> Asthma management | <input type="checkbox"/> Mind/body/ connection |
| <input type="checkbox"/> Getting more physically active | <input type="checkbox"/> Older Adult care topics |
| <input type="checkbox"/> Life simplification | <input type="checkbox"/> Financial wellness |
| <input type="checkbox"/> Exploring purpose and values | <input type="checkbox"/> Back to nature |
| <input type="checkbox"/> Aerobic exercise class | <input type="checkbox"/> Weight management program |
| <input type="checkbox"/> Confidential health screening | <input type="checkbox"/> Intramural sports league activity |
| <input type="checkbox"/> Health fair | <input type="checkbox"/> Fitness or wellness challenge |
| <input type="checkbox"/> Walking event or club | <input type="checkbox"/> Sleeping better |
| <input type="checkbox"/> Consumer health education | <input type="checkbox"/> Medical self-care training |
| <input type="checkbox"/> Monthly wellness seminar | <input type="checkbox"/> Smoking cessation program |
| <input type="checkbox"/> Blood pressure screening | <input type="checkbox"/> Nutritional information session |
| <input type="checkbox"/> Blood test for cholesterol | <input type="checkbox"/> Self esteem workshop |
| <input type="checkbox"/> Diabetes management | <input type="checkbox"/> Other (please specify) |

24. What is the best way for you to receive health information (choose two):

- ☐ Community based-programs
- ☐ Health advice telephone line
- ☐ Internet-based information
- ☐ Newsletter
- ☐ Personal counseling
- ☐ Printed material

- Self-help guide books
- Support groups
- Worksite based programs

25. Would you personally participate in a wellness program if we offered one?

Yes ○ No ○

**26. Would you participate in the wellness program on your own personal time?
(i.e. before work, after work, or during lunch)**

Yes ○ No ○

27. What would motivate you to participate in a wellness program?

- Incentives tied to insurance premiums
- Monetary incentives
- Days off
- Merchandise or other promotional products
- Other (please describe) _____

28. What is the biggest barrier that would keep you from participating in a worksite wellness program?

If you would like to volunteer to help with the wellness program, please complete the following information:

Name _____ Email: _____

Phone: _____

Specific interest, skills, areas of expertise:

Any additional comments or suggestions for a wellness program for employees?

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Massachusetts Worksite Health Improvement Survey

- 1) **Health Screenings:** Please indicate which of the following health screenings were conducted for your employees during the past year, and who provided those screenings: (Please check all that apply)

	Internal staff	Health plan	Other vendor
<input type="checkbox"/> Blood pressure screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cholesterol screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Blood glucose screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Health risk assessment (questionnaire)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Weight/BMI screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other health screening(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(please list):

- 2) **Health Education:** Please indicate which of the following health education topic areas were provided for your employees during the past year, and who provided that education: (Please check all that apply)

	Internal staff	Health plan	Other vendor
<input type="checkbox"/> Physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Nutrition/healthy eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tobacco cessation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Weight management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Diabetes management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Blood pressure management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stress management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Depression management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> Prenatal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Parenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Elder care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Medical self-care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other health education topic areas(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(please list):

- 3) Physical Activity:** Please indicate which of the following kinds of physical activity programming were provided for your employees during the past year, and who provided that programming: (Please check all that apply)

	Internal staff	Health plan	Other vendor
<input type="checkbox"/> Exercise classes (aerobics, resistance training, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Walking group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Running/jogging group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Biking group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Bike loaner program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Physical activity campaign (use stairs, ride bike, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other physical activity programming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(please list):

- 4) Other Wellness Programming:** Please indicate which of the following other kinds of wellness programming were provided for your employees during the past year, and who provided that programming: (Please check all that apply)

	Internal staff	Health plan	Other vendor
<input type="checkbox"/> Wellness fair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Massage therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Immunizations (e.g., influenza, tetanus, hepatitis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Health/fitness coaching or counseling: face-to-face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Health/fitness coaching or counseling: via phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Health/fitness coaching or counseling: online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Employee wellness website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other wellness programming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(please list):

- 5) Fitness Facilities:** Please indicate which of the following kinds of fitness facilities your employees were provided with access to during the past year: (Please check all that apply)

- ☐ On-site fitness facility
- ☐ Off-site fitness facility (free or subsidized membership)
- ☐ On-site walking trail
- ☐ Other access to fitness facility
- ☐ Other fitness facilities (please list):

Do all employees have access to these facilities?

- ☐ Yes ☐ No, access is restricted to:

- 6) Exercise Equipment:** Please indicate which of the following kinds of exercise equipment your employees were provided with access to during the past year: (Please check all that apply)

- ☐ On-site exercise equipment
- ☐ Off-site exercise equipment via off-site fitness facility
- ☐ Subsidized individual purchase of exercise equipment
- ☐ Other exercise equipment (please list):

Do all employees have access to this equipment?

- ☐ Yes ☐ No, access is restricted to:

7) Incentives: Please indicate which of the following wellness-promoting incentives were provided to your employees during the past year: (Please check all that apply)

- ☐ Financial incentives to employees who participated in the worksite wellness program
- ☐ Non-financial incentives to employees who participated in the worksite wellness program
- ☐ Financial incentives to employees who engaged in healthy behaviors
- ☐ Non-financial incentives to employees who engaged in healthy behaviors
- ☐ Other incentives (please list):

Are all employees eligible to receive these incentives?

- ☐ Yes ☐ No, the incentives are restricted to:

8) Health and Safety: Please indicate which of the following health and safety actions were conducted at your worksite during the past year: (Please check all that apply)

- ☐ Provided worksite health and safety training to employees
- ☐ Conducted audit/inspection for worksite health and safety hazards
- ☐ Provided emergency medical response training to employees
- ☐ Had a written emergency response plan in place
- ☐ Provided Automated External Defibrillator (AED) training to employees and had an AED onsite
- ☐ Other health and safety actions (please list):

9) Wellness-Promoting Policies and Other Support: Please indicate which of the following wellness-promoting policies were provided at your worksite during the past year: (Please check all that apply)

- ☐ Policy ensuring healthy food choices on-site (cafeteria, vending, etc.)
- ☐ Policy permitting employees to participate in on-site wellness activities during work time
- ☐ Policies specifically designed to prevent or minimize stress (e.g., flexible work schedule, telecommuting, accommodation of child/elder care issues, sexual harassment policy, etc.)
- ☐ Policy restricting employee smoking on-site
- ☐ Policy restricting employee smoking off-site
- ☐ Discounts, co-pay waivers, or reimbursement for medication or counseling for tobacco cessation
- ☐ Free or reimbursable tobacco cessation program (on-site or off-site)
- ☐ Employee assistance program (EAP)
- ☐ Other wellness-promoting policies or support (please list):

10) Internal Administrative Support and Coordination: Please indicate which of the following kinds of internal administrative support and coordination were provided for your worksite wellness program during the past year: (Please check all that apply)

- ☐ Worksite wellness committee
- ☐ Worksite health and safety committee
- ☐ Coordination between the worksite's employee wellness and health/safety programs

- ☐ Internal funding for the worksite wellness program
- ☐ A formal plan for providing future funding and sustainability for the worksite wellness program
- ☐ Other internal administrative support (please list):

11) Data Analysis and Evaluation: Please indicate which of the following data collection, analysis, and/or evaluation activities were conducted at your worksite during the past year: (Please check all that apply)

- ☐ Collected/analyzed employee health/fitness interest data
- ☐ Collected/analyzed HRA data
- ☐ Collected/analyzed health screenings data
- ☐ Collected/analyzed medical claims data
- ☐ Collected/analyzed pharmacy claims data
- ☐ Collected/analyzed worker's compensation claims data
- ☐ Collected/analyzed worksite illness/injury data
- ☐ Collected/analyzed employee sick days (absenteeism) data
- ☐ Collected/analyzed productivity impairment (presenteeism) data
- ☐ Conducted a wellness program evaluation
- ☐ Conducted a return-on-investment (ROI) analysis
- ☐ Conducted other data analysis and/or evaluation (please list):

12) Additional Worksite Wellness Initiatives: Please provide any additional information you would like to share concerning the worksite wellness initiatives conducted by your organization during the past year:

Date:

Name:

Company:

Address:

Phone:

Email:

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Worksite Wellness Program Data Summary

Data Item	Source
Employee Population Information	
1. Number of employees ____	Human Resources
2. Gender demographics Female ____% Male ____%	Human Resources
3. Age distribution of employees:	Human Resources
a. 18 – 23 ____%	
b. 24 – 29 ____%	
c. 30 – 39 ____%	
d. 40 – 49 ____%	
e. 50 – 59 ____%	
f. 60 – 65 ____%	
g. over 65 ____%	
4. Top 3 risks identified from HRA data or needs survey (for example, diabetes, heart disease, etc.)	Health Risk Assessment (HRA) or Lifestyle Questionnaire or MDPH Worksite Wellness Needs/Interest Survey
a. Risk 1 _____	
b. Risk 2 _____	
c. Risk 3 _____	
5. Top 3 interests identified from interest survey (for example, weight management, stress, etc.)	Health Risk Assessment (HRA) or Lifestyle Questionnaire or MDPH Worksite Wellness Needs/Interest Survey
a. Interest 1 _____	
b. Interest 2 _____	
c. Interest 3 _____	

Organizational Information

6. Health care cost per employee (total payments divided by number of participating employees)

Employee Benefits or
Human Resources

- a. 2007 _____
- b. 2006 _____
- c. 2005 _____

7. What has been the organization's experience in terms of absenteeism?

Human Resources or
Finance/Payroll

- a. Average number of days per employee used

- b. Total number of days of sick leave used in:

- i. 2007 _____
- ii. 2006 _____
- iii. 2005 _____

8. What are the future needs for the wellness program, as defined by the organization's management (for example, control costs, improve morale, improve productivity)?

Executive Sponsor of
Wellness Program

- a. Future Need 1 _____
- b. Future Need 2 _____
- c. Future Need 3 _____

9. What policy changes do you envision working on? For example, no smoking policy, healthy catering policy.

Wellness Team and/or
Executive Sponsor of
Wellness Program

- a. _____
- b. _____
- c. _____

MDPH Environmental
Survey

10. What environmental or cultural changes do you envision working on? For example, access to stairwells, point of purchase signs in cafeteria, etc.

Wellness Team and/or
Executive Sponsor of
Wellness Program

a. _____

b. _____

c. _____

11. What other changes do you envision working on?

Wellness Team and/or
Executive Sponsor of
Wellness Program

a. _____

b. _____

c. _____

Worksheet 4 – Worksite Wellness Program Data Worksheet

1. The following number of individuals will be eligible to participate in the proposed program:

Category of Eligible Individuals	Number Eligible ¹	Percent Covered Under your Health Benefits Program ²
Full-time employee members		
Spouses/domestic partners of members		
Retired employee members		
Spouses of retired members		
Others (Specify)		
Total Eligible		

2. The approximate annual cost per employee per year for each of the following:

Category of Cost	PEPY Cost ³	Self-insured?	Insured?
Indemnity health plan(s)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
PPO health plan(s)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HMO plans		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prescription drugs			
Short term disability		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Long term disability		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Worker's compensation		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sick leave		If you have several health plans please provide a composite rate for each of the plan types. Include direct administrative costs. Put "NA" for "not applicable" where appropriate.	
Employee health services			
EAP			
Other			
Total			

¹ Number of individuals that will be eligible to participate in the proposed program.

² The percent of the eligible population in each category that are eligible for health benefit coverage or the percent actually covered. (Indicate which applies)

³ PEPY (per employee member per year) = Total cost/Total full time employee members

The composite annual growth rate for all of your health plans combined on a per covered employee member per year basis:

	2003	2004	2005	2006*	2007*
Composite <u>growth rate</u> for all health plans combined	%	%	%	%	%

* = estimated

4. Health plan anniversary date: (Check one)

Comments:

- ☐ January 1
☐ May 1
☐ July 1
☐ October 1
☐ Other: (Please specify) _____

Additional Comments:

5. What was your composite per employee per year health plan cost for all health plans for each of the following years?

	2001	2002	2003	2004	2005
Composite health benefit plan <u>cost</u> for all employees each year					

6. Identify which wellness and health management interventions were available to your employees in the last program year or cycle⁴. List additional information under “Comments” or on another sheet.

⁴ The “Yes” and “No” response reflects whether the type of program intervention was offered to members in the last program cycle. The “Percent Eligible” column is intended to reveal what proportion of the eligible members identified in #1 above had access to that specific type of intervention. The “Percent Utilized” reflects the percent of eligible employees who had actually utilized or participated in that specific program intervention.

Type of Program Intervention	Yes	No	Percent Utilizing	Vendor or Any Comments
Health risk appraisal?				
Health advice line? (such as NurseLine)				
Health Coaching				
Disease Management Programs				
Wellness newsletter (<input type="checkbox"/> Monthly? <input type="checkbox"/> Quarterly? <input type="checkbox"/> Other?)				
Medical self-care text? (Which one?)				
Fitness facility use? (On-site or off-site?)				
Walking program?				
Smoking cessation program?				
EAP?				
Health fair?				
Fun run or community event?				
Biometric screening? (Cholesterol, BP etc.) ⁵				
Weight management program?				
Hypertension control?				
Internet access (for health information)?				
Intranet access (for health information)?				
General wellness education?				
Stress management?				
Disease management programs?				
Low back pain prevention?				
Home injury prevention?				
Vehicular injury prevention?				
Recreational injury prevention?				
Education on use of dietary supplement?				
Intervention and follow-up with high risk?				
Medical self-care training?				
Consumer health training?				
Nutrition education?				
Chair massage?				
Recreational sports league?				
Resiliency education?				
Spiritual health?				

⁵ Please indicate what biometric tests have been included in past programming under “Comments” section below.

Ergonomics?				
High risk pregnancy prevention?				
(Others: please specify)				

7. Please describe how much wellness activity has been offered or delivered across your entire work force or any limitation that may have affected your previous wellness efforts.

8. What proportion of your employee work force is covered by a collective bargaining agreement? ____%

If a portion of your work force is unionized, please indicate the unions involved and the percent of your work force that are members of each union.

Name of Union	Percent of Work Force	Details of Contract Status
Total Percent Unionized		

9. Provide any additional information that is relevant to the proposed program planning process.

10. **Supplemental Documentation Checklist.** Place an “X” in the appropriate box and enclose the following supporting documentation or provide a web address below for those items listed below:

	Obtained	Will obtain (indicate date)	Not available
Latest company annual report			
Copies of main versions of Summary Plan Descriptions (SPDs) for main health plans			
Any plans that describe health or wellness initiatives			
Any descriptive materials outlining the wellness program components			
Any data from a wellness interest survey			
Any evaluation reports for wellness program			
Any consultant recommendations concerning wellness program			
Most recent health risk appraisal (HRA) cohort group report			
General company information or mission statement			
Vendor reports			
Results from any wellness program participant survey			
Claims data on potentially modifiable conditions/ diagnoses			
Data on distribution of multi-year health plan claims by Major Diagnostic Categories (MDCs)			
Data on participation of current or past wellness programs			
Demographic and/or health need data on the population			
Focus group or market research data on employee wellness needs and interests			
Staff directory			
Table of organization			
Wellness program budget (Most recent period)			

(Chapman, Unpublished client documents)

Wellness Program Master Worksheet

The Wellness Program Master Toolkit worksheet is used to collect and summarize the program information. It will also be used as a method of presenting the plan for review to the Wellness Team and management. Throughout the remaining steps in the planning process, we will use this worksheet to collect the information.

	A	B	C	D	E	F
1	WORKSITE WELLNESS PROGRAM MASTER WORKSHEET					
2	Organization:					
3	Title of Wellness Program:					
4	Wellness Sponsor:					
5	Wellness Team Members:					
6	Values/Benefits of Wellness Program					
7	1					
8	2					
9	3					
10						
11	Primary Employee Wellness Interests/Health Risks			Environmental/Organizational Priorities		
12	1			1		
13	2			2		
14	3			3		
15	Budget/Financial Considerations:					
16						
17	Health Insurance/Cost Implications:					
18						
19	Staffing/Responsibilities:					
20						
21	Program Rationale (relationship between organizational wellness goals and proposed interventions):					
22						
23	Intervention Workplan					
24	Goal	Objective (aim and timeframe)	Target Population	Interventions	Evaluation Plan	

The first entries in the Worksite Wellness Program Master Worksheet will summarize the information gathered in the previous steps. Using the blank template provided, complete the top portion of the worksheet.

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Case Study

Case Study

The following case study of a non-profit employer has been developed to demonstrate the key processes involved in planning a worksite wellness program. Some of the data you collected for your organization during Steps 1-3 may bear a resemblance to this data, as it is based on characteristics of the general population of Massachusetts.

Neighborhood Social Service Agency

This social service agency provides support to individuals with disabilities in the MetroWest community. The organization has 250 people at the headquarters office and 500 people providing services to the agency's clients. The target population for the "Working on Wellness" pilot is employees at the headquarters location.

The headquarters office is located in downtown Waltham, and while there is bus service, most employees drive to work. The building is a four story building with an elevator and accessible stairwells. There is an on-site cafeteria, and each floor has a kitchen and vending machine. Smoking is not allowed inside the building, but smokers do stand outside the front door to smoke.

Health insurance coverage pays for all standard medical screenings with a co-payment required. A \$150 per year reimbursement is available for health club memberships. A YMCA is located 2 miles from the office.

In addition to the information on the following pages of the Program Data Summary, we know the following about this organization from the Health Improvement Survey:

- All employees in the target population are full time and work one shift, during regular business hours
- 40% of the employees have a college degree
- The organization's health insurance provider is Blue Cross Blue Shield
- There is a union for administrative staff, representing 40% of employees in the target population
- English is the primary language and 68% are White, 10% Hispanic, 17% Black and 5% other.

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

Worksite Wellness Program Data Summary

Data Item	Source
Employee Population Information	
1. Number of employees <u>250</u>	Human Resources
2. Gender demographics Female <u>70</u> % Male <u>30</u> %	Human Resources
3. Age distribution of employees:	Human Resources
a. 18 – 23 <u>5</u> %	
b. 24 – 29 <u>10</u> %	
c. 30 – 39 <u>15</u> %	
d. 40 – 49 <u>25</u> %	
e. 50 – 59 <u>20</u> %	
f. 60 – 65 <u>15</u> %	
g. over 65 <u>10</u> %	
4. Top 3 risks identified from HRA data or needs survey (for example, diabetes, heart disease, etc.)	Health Risk Assessment (HRA) or Lifestyle Questionnaire or MDPH Worksite Wellness Needs/Interest Survey
a. Risk 1 <u>Overweight or Obese (38% or 95 people)</u>	
b. Risk 2 <u>Smokers (20% or 50 people)</u>	
c. Risk 3 <u>Lack of regular physical exercise (83%)</u>	
5. Top 3 interests identified from interest survey (for example, weight management, stress, etc.)	Health Risk Assessment (HRA) or Lifestyle Questionnaire or MDPH Worksite Wellness Needs/Interest Survey
a. Interest 1 <u>Walking Club</u>	
b. Interest 2 <u>Weight Management</u>	
c. Interest 3 <u>Smoking Cessation</u>	

Organizational Information

- | | |
|--|--|
| <p>6. Health care cost per employee (total payments divided by number of participating employees)</p> <p>a. 2007 <u>\$8,715 (+7%)</u></p> <p>b. 2006 <u>\$8,145 (+9%)</u></p> <p>c. 2005 <u>\$7,473</u></p> | <p>Employee Benefits or Human Resources</p> |
| <p>7. What has been the organization's experience in terms of absenteeism?</p> <p>a. Average number of days per employee used <u>10</u></p> <p>b. Total number of days of sick leave used in:</p> <p>i. 2007 <u>2,350</u></p> <p>ii. 2006 <u>1,925</u></p> <p>iii. 2005 <u>2,275</u></p> | <p>Human Resources or Finance/Payroll</p> |
| <p>8. What are the future needs for the wellness program, as defined by the organization's management (for example, control costs, improve morale, improve productivity)?</p> <p>a. Future Need 1 <u>control health care costs</u></p> <p>b. Future Need 2 <u>decrease sick time/increase productivity</u></p> <p>c. Future Need 3 <u>improve morale</u></p> | <p>Executive Sponsor of Wellness Program</p> |
| <p>9. What policy changes do you envision working on? For example, no smoking policy, healthy catering policy.</p> <p>a. <u>healthy eating options</u></p> <p>b. <u>increasing physical activity</u></p> <p>c. <u>smoke free work environment</u></p> | <p>Wellness Team and/or Executive Sponsor of Wellness Program</p> <p>MDPH Environmental Survey</p> |

10. What environmental or cultural changes do you envision working on? For example, access to stairwells, point of purchase signs in cafeteria, etc.

Wellness Team and/or
Executive Sponsor of
Wellness Program

a. review cafeteria food options and subsidy options

b. consider smoking cessation support programs

c. access to stairwells

11. What other changes do you envision working on?

Wellness Team and/or
Executive Sponsor of
Wellness Program

a. smoke free campus

b. encouraging physical activity

c. flextime policies

Step 4

Formulate Goals & Objectives

Step 4 – Formulate Goals & Objectives

Purpose	The purpose of this step is to define the goals and objectives for the program.
Tasks	<ol style="list-style-type: none">1. Define goals and objectives2. Review with Wellness Team and Management
Tools	Sample Goal Planning Worksheet Worksheet #4 – Goal Planning Worksheet Worksite Wellness Program Master Worksheet

Task Detail

1. Define goals and objectives

Now that the needs for the wellness program have been determined, the next step is to formulate the goals and objectives for the program. Goals are broad statements that provide the overall context for what the wellness program is trying to accomplish. Goals need to be “realistic enough to attain and yet demanding enough to bring about a clear improvement in the problem area” (Chenoweth, 2007). Objectives are more concrete statements describing what the program is trying to achieve. The objective should be specific and measurable, so that they can be used to evaluate your program.

SMART Goals

The following is a common approach to defining goals.

1. Specific - A specific goal has a much greater chance of being accomplished than a general goal. To set a specific goal you must answer the six "W" questions:

- Who: Who is involved?
- What: What do I want to accomplish?
- Where: Identify a location.
- When: Establish a time frame.
- Which: Identify requirements and constraints.
- Why: Specific reasons, purpose or benefits of accomplishing the goal.

EXAMPLE: A general goal would be, "Reduce absenteeism." But a specific goal would say, "Reduce the number of sick days taken by employees at headquarters by 20% by January 1, 2009."

2. Measurable - Establish concrete criteria for measuring progress toward the attainment of each goal you set. When you measure your progress, you stay on track, reach your target dates, and experience the exhilaration of achievement that spurs you to continue the effort required to reach your goal.

To determine if your goal is measurable, ask questions such as... How much? How many? How will I know when it is accomplished?

3. Attainable - When you identify goals that are important to the organization and the participants, you begin to figure out ways you can make them come true.

Any goal can be achieved when a plan is established and a time frame is established that allows those steps to be carried out. Goals that may have seemed far away and out of

reach eventually move closer and become attainable, not because the goals shrink, but because of the steps undertaken to make it happen.

4. Realistic - To be realistic, a goal must represent an objective toward which the organization and the team are both *willing* and *able* to work. A goal can be both high and realistic; the Wellness Team and management can provide input on what is reasonable. But be sure that every goal represents substantial progress. A high goal is frequently easier to reach than a low one because a low goal exerts low motivational force.

A goal is probably realistic if those responsible for executing truly *believe* that it can be accomplished. Additional ways to know if a goal is realistic is to determine if something similar has been accomplished in the past or ask what conditions would have to exist to accomplish this goal.

5. Timely - A goal should be grounded within a specific time frame. With no time frame tied to it there's no sense of urgency. If you want to implement a new policy, when do you want to do it by? "Someday" won't work. But if the goal is anchored in a timeframe, "by May 1st", then you've set a definable end point to achieve the goal.

2. Review with Wellness Team and Management

Building acceptance for the plan can be accomplished by doing incremental reviews with the Wellness Team and Management. A perfect opportunity to do this is upon completion of the Goals and Objectives phase.

Table 7 Sample Wellness Program Goals and Objectives

Goal	Objectives
Develop wellness program infrastructure to support a culture of healthy lifestyles	<ul style="list-style-type: none"> Form a Wellness Committee with clearly defined membership, goals and outcomes by May 2008 Hire a Wellness Director with experience in planning, developing and managing employee wellness programs, by June 2008. Conduct an environmental audit by August 2008.
Reduce the overall health plan growth rate cost trends for the next fiscal year from what is expected.	<ul style="list-style-type: none"> To achieve a 2% reduction in health care claim costs by December 2008.
Reduce health related costs, specifically: sick leave, worker's compensation, short-term disability, long-term disability and presenteeism.	<ul style="list-style-type: none"> To achieve a 10% reduction in self-reported sick leave by December 2008. To achieve a 5% reduction in worker's compensation claims by December 2008. To achieve a 10% reduction in short-term disability due to injuries by December 2008.
Increase productivity among associates through reduced absenteeism, improved presenteeism and reduced disability	<ul style="list-style-type: none"> To achieve at least a 10% reduction in self-reported sick leave amount the full cohort of associates completing an HRA in 2007 when compared with their 2008 HRA responses.
Achieve a ROI for the wellness initiative that balances program costs versus benefits	<ul style="list-style-type: none"> To complete a formal evaluation of the first year of the program (2007) by March 1, 2008 To issue an evaluation report by April 30, 2008
Make significant progress in integrating employee benefits, policies, programs and services.	<ul style="list-style-type: none"> To integrate an HRA into the 2008 open enrollment process for health benefit covered associates and spouses and as a requirement for participation in the wellness program for all others by January 1, 2009. To have 100% of health benefit eligible associates and benefit covered spouses complete an HRA by January 1, 2008. To have 50% of associates attend a program roll-out workshop/webinar by September 30, 2008. To have another 25% of associates complete the web-based version of the program roll-out workshop by December 21, 2008.
To develop and implement a wellness initiative that receives national attention as a model for our industry.	<ul style="list-style-type: none"> To formally launch wellness program in January 2009, including a new disease management program. To conduct a program planning session that refines the wellness initiative for the 2009 program year by October 1, 2008. To have a sample of first year participating associates indicate their satisfaction with the new wellness program with an average satisfaction score no lower than 8 on a 1-10 scale (with 1 = poor and 10 = excellent) as part of the formal evaluation of the wellness initiative by February, 2009.
Reduce health care costs associated with specific conditions	<ul style="list-style-type: none"> To identify most costly clinical conditions for population based on claims data by January, 2009. To evaluate condition management program by March, 2009.

Goal	Objectives
Implement diabetes management program for all identified and pre-diabetic	<ul style="list-style-type: none"> • To enroll 75% of identified diabetics in diabetes management program by January 1, 2009. • To reduce costs associated with diabetic episodes by lessening the severity of their condition by January 1, 2009. • To increase awareness of clinical compliance through enrollment in a self-management program by February 1, 2009. • To educate population on impact of lifestyle habits by December 1, 2009.
To create a smoke-free work environment	<ul style="list-style-type: none"> • To reduce the number of employees that use tobacco products from 20% to 12% by July 2009. • To achieve a 10% reduction in the amount spent on medical claims related to tobacco use and related diseases by January 1, 2010. • Implement a no-smoking policy by July 1, 2009. • Offer free smoking cessation program to smokers in May, 2008. • Offer free smoking cessation aids such as patches and medications to participants of smoking cessation classes in May, 2008.
To maximize participation in wellness programs.	<ul style="list-style-type: none"> • Implement an annual HRA that is tied to an incentive with the goal of achieving a minimum of a 75% participation rate by January 1, 2009. • Integrate HRA into new hire orientation by January 1, 2009. • Offer HRA as a pre-requisite to open enrollment registration for employee benefits by November 15, 2009.
Provide an annual employee wellness fair	<ul style="list-style-type: none"> • Design a wellness fair program plan that provides a variety of health screenings, educational information and program materials for employees by October 2008. • Achieve 60% participation rate in health fair for pilot employee population.
To encourage employees to be more physically active most days of the week	<ul style="list-style-type: none"> • Organize a lunch-time walking club and provide pedometers to all participants by June 30, 2008 • Implement a stair use program to encourage use of facility stairways by September 1, 2008. • To offer an Active Living Every Day behavior change program by September 15, 2008. • Implement and communicate a flexible work policy where employees can participate in wellness activities as long as it doesn't interfere with their base business by January 2009. • To secure discounted fitness center memberships for local clubs by December, 2008 • Procure bike rack and designate bike parking by July 2008.

Goal	Objectives
To offer a variety of stress management programs aimed at decreasing the percentage of employees who experience physical health consequences as a result of excessive stress.	<ul style="list-style-type: none"> • Secure EAP availability for a lunch-and-learn by July, 2008. • To offer stress management lunch-and-learns every other month beginning in January, 2009. • Secure a room that can be designate as a meditation/quiet room.
Implement Weight Management programs to decrease the amount of overweight employees from 68% to 50% by 2010.	<ul style="list-style-type: none"> • Secure an instructor, time and room to offer the Weight Watchers. All programs will be available on-site for 12-weeks beginning in September, 2008. • Secure Weight Watchers on-line 12-week program and discounted employee rates by September, 2008. • Offer continuously implemented, back to back, on-site and on-line 12-week Weight Management programs to employees who are overweight (BMI ≥ 25) by September, 2008.
To reduce the number of injuries classified as low back pain events, sprains and strains by 2010.	<ul style="list-style-type: none"> • Implement a back care program by August, 2008 • Identify and train employee leaders in at risk areas how to implement a pre-work stretching routine by August, 2008. • To implement pre-work stretching programs during first 10-minutes of each workday in all at risk areas by August, 2008. • To provide a quarterly back care workshop to all employees beginning in January, 2009.
To create an environment that improves access to and provides options for healthy food choice	<ul style="list-style-type: none"> • Assess food options in on-site vending machines and negotiate with vendor for healthful snack products by August, 2008. • Establish food catering policies and recommendations for healthy choices by July 2008. • To offer healthy eating lunch-and-learns every quarterly beginning in January, 2009.

Case Study - Neighborhood Social Service Agency – Program Goals and Objectives

Based on the data provided through the environmental analysis and interest and needs survey, the key goals and interests for employee wellness at Neighborhood Social Service Agency were: smoking cessation, weight management and healthy food choices. These goals are particularly important since the target population is over 40 years old, a primarily sedentary group with a high percentage of overweight/obesity and associated risks for chronic illness such as diabetes and heart disease. The Wellness Team worked on defining goals to impact the identified wellness needs and interests while ultimately addressing management's goals to decrease health care costs, reduce sick time, improvement productivity and enhance employee morale. The following are the goals and objectives selected by the Wellness Team at Neighborhood Social Service Agency.

Goal	Objectives
Promote a tobacco-free employee population	<ul style="list-style-type: none">• To reduce the number of employees that use tobacco products from 20% to 10% by January 2009.• Identify strategies to support employees that currently smoke to reduce their tobacco intake by August 2008
Support employee weight management goals in the worksite setting	<ul style="list-style-type: none">• Increase by 25% the number of overweight employees participating in regular physical activity and making healthy food choices by January 2009.
Promote a healthy worksite environment through policy and environmental approaches.	<ul style="list-style-type: none">• Identify and implement policies, practices and environmental supports that will support employee health by January 2009.

Worksheet #4 – Program Goals and Objectives

Using the SMART goals framework, identify two or three goals and the associated objectives for the Worksite Wellness pilot to address the risks, needs and interests of your organization. Use the **Wellness Program Master Worksheet**, found on the Toolkit CD, to record each goal and objective.

Goal	Objectives
	<ul style="list-style-type: none">••••
	<ul style="list-style-type: none">••••
	<ul style="list-style-type: none">••••
	<ul style="list-style-type: none">••••
	<ul style="list-style-type: none">••••

Wellness Program Master Worksheet

An organization may use a number of models or methods for composing a Wellness Program Plan, such as a Logic Model or a Master Worksheet to outline the major components of a comprehensive plan. A description of the Logic Model with an example is provided in the Resources section. For purposes of the Toolkit, we will use the Master Worksheet to illustrate the major sections of a Wellness Program, combining the 7-step approach with a simplified documentation process. The necessary details for each intervention documented separately on intervention Planning Worksheets.

The Wellness Program Master Worksheet is used to collect and summarize the program information. It will also be used as a method of presenting the plan for review to the Wellness Team and Management. Throughout the remaining steps in the planning process, we will use this Worksheet to collect key information and serve as the basis for the organization's overall Wellness Program Plan. It's important to start by completing information gathered in the first three steps of the Wellness Program planning process in the beginning of the Worksheet, and then identifying goals and objectives of the Intervention Plan, in the first two columns highlighted below.

	A	B	C	D	E	F
1	WORKSITE WELLNESS PROGRAM MASTER WORKSHEET					
2	Organization:					
3	Title of Wellness Program:					
4	Wellness Sponsor:					
5	Wellness Team Members:					
6	Values/Benefits of Wellness Program					
7	1					
8	2					
9	3					
10						
11	Primary Employee Wellness Interests/Health Risks			Environmental/Organizational Priorities		
12	1			1		
13	2			2		
14	3			3		
15	Budget/Financial Considerations:					
16						
17	Health Insurance/Cost Implications:					
18						
19	Staffing/Responsibilities:					
20						
21	Program Rationale (relationship between organizational wellness goals and proposed interventions):					
22						
23	Intervention Workplan					
24	Goal	Objective (aim and timeframe)	Target Population	Interventions	Evaluation Plan	

Step 5

Plan Development

Step 5 – Plan Development

Purpose

Now that you have developed your goals and objectives, the next step is to identify the individual interventions for each objective and define evaluation activities. While the interventions may seem obvious after defining the goals and objectives, there are a number of factors to consider.

A hallmark of a successful Worksite Wellness Program is that it is available to *all* employees, regardless of health status, language, work shift, or level of ability. It should help healthy people stay healthy. It should help those at risk for developing a disease by reducing their risks and should help those with a chronic condition prevent it from getting worse. In addition to offering programs for all employees, it's been shown that incentives are needed to encourage greater participation in wellness activities. Behavior change needs to be rewarded. A variety of incentives can be offered, not all need to be monetary.

Tasks

1. Identify population segments for the selected interventions
2. Plan interventions
3. Define evaluation/assessment methods for the intervention

Tools

Worksheet #5 – Intervention Planning Worksheet

Worksite Wellness Program Master Worksheet

1. Identify population segments for wellness programs

When planning interventions, a number of factors about your population need to be taken into consideration: 1) the diversity of your employees (age, sex, cultural background, education, etc.), and 2) the interest and needs of employees. The more information you have about the employees in your organization, the better you will be prepared to provide effective interventions.

In addition to the interest and needs survey completed by employees, you may consider additional data collection sources such as health risk profile and risk segmentation data. These two types of data can be obtained from a variety of data sources such as Health Risk Assessments (HRAs), health claims, worker's compensation claims, etc.

Segmentation is the process of dividing the employee population into subgroups based on characteristics and demographics that may influence their health related attitudes, beliefs and behaviors. The goal of segmentation is to have the broadest reach with a group of people having similar characteristics. Segmentation information is valuable for both planning and recruiting employees to participate in selected wellness activities or programs. Relationship among the population segments is another aspect of the segmentation analysis for consideration. **Table 8** identifies specific planning implications for selected population segments. (McKenzie, Neiger, & Smeltzer, 2005) (Wilson & Glaros, 1994)

Table 8 - Population Segment Intervention Characteristics and Implications

Segment Characteristics	Planning Implications
Age and Gender distribution	<ul style="list-style-type: none">• Age and gender distribution will impact planning and need to be considered relative to risks as well as interests. For example, for a primary population of middle age women, interventions such as screenings (pap, mammography, diabetes) as well as educational programs focused on menopause would be appropriate considerations.• If retirees are eligible for the program, their age demographics and risk factors may have an impact on program offerings. They may also desire a connection to the Worksite. Wellness program may provide the social support connection they are seeking.• Attention should be paid to gender-based differences in attitudes and perceptions about health behaviors. For example, a highly choreographed exercise class might have stronger appeal to women, than men. Challenge programs may be more appealing to men who generally like competitive programs, whereas women might prefer programs that offer supportive situations.• Considerations should be given to several program tracks throughout the year that address both age and gender.
Marital status	<ul style="list-style-type: none">• Marital/domestic partner status is a consideration since program participation may increase if spouses/partners are eligible.

Segment Characteristics	Planning Implications
	<p>Spouses/partners can have significant impact on health care claims costs.</p> <ul style="list-style-type: none"> • A key skill of behavior change is seeking and gaining social support (Aldana, 2005). Support from family members may be an important success factor in behavior change programs such as smoking cessation, healthy eating, diabetes management or increasing physical activity. • Considerations should be given to communications such as newsletters targeted to family members.
Family Status	<ul style="list-style-type: none"> • Family status may impact programming offerings and scheduling. In many settings, women are often more likely to assume child care responsibilities, thus impacting scheduling. This may influence time, location and availability of child care during program offerings.
Number of worksites and size of each	<ul style="list-style-type: none"> • The number of worksites and number of employees at each site will impact considerations such as staffing, types of programs and facilities. Consideration should be paid to subsidiaries, regional centers, remote or small locations, home-based workers, or functional groups. • Companies with large populations at many sites might address staffing by designating an individual at each location to have wellness coordination responsibilities. This might be part of an existing HR or Benefits position or, depending on the size of the location, a separate position. • An organization with many small, geographically distributed locations or a population of home-based workers may have to consider technology-based programs and solutions rather than site-based solutions. • Offering equality in offerings is another consideration. For example, if you have two locations of approximately the same size in a close geographic area, in order to provide equality in offerings you may need to consider an exercise facility or cafeteria in both locations rather than just one.
Education level	<ul style="list-style-type: none"> • Education level may influence learning styles, reading levels and receptivity to programs. For example, less educated workers might prefer in-person presentations and videos to written materials. Reading levels should be considered when developing written materials if there are significant populations with lesser amounts of education. • When implementing internet-based or computer-based programs, consideration should be given to the level of computer skills of the target population.
Income level	<ul style="list-style-type: none"> • Income levels will influence whether individuals hold second jobs, can afford activity co-payments, or can afford walking shoes.
Access to computers	<ul style="list-style-type: none"> • Depending on the type of workforce (knowledge workers versus field or production workers), not all program participants may have access to a computer. If your program offerings include internet-based programs, information or tools, provide consideration or alternatives for this segment of the population. An approach might be to provide access to public computers at worksites.
Multiple shifts	<ul style="list-style-type: none"> • Work environments that have multiple shifts or 7x24 operations need to provide the same access to wellness programming for all shifts. For example, if a health fair is planned, the fair should be scheduled so that it overlaps multiple shifts or all shifts.

Case Study - Neighborhood Social Service Agency – Population Segments

The information gathered in the Research & Discovery Step provided details about the population of this organization.

Population Characteristic	Intervention Approach
70% female	<ul style="list-style-type: none">Consider offering interventions that provide group or social interaction situations such as Weight Watchers at Work or lunch-and-learn programs.
75% of population is over the age of 40	<ul style="list-style-type: none">Consider encouraging employees to utilize health insurance coverage to get recommended screenings such as blood pressure, cholesterol, glucose, colorectal, bone density, etc.
Target population at a single worksite	<ul style="list-style-type: none">Intervention planning needs to be site specific, as the populations at different sites may have different characteristics, needs or interests.
38% of employees overweight or obese	<ul style="list-style-type: none">Consider interventions that will address weight management.Consider interventions that will encourage physical activity.Consider interventions that will address healthy eating.
20% of employees are smokers	<ul style="list-style-type: none">Consider interventions that will address smoking cessation.
83% lack regular exercise	<ul style="list-style-type: none">Consider interventions that will encourage physical activity.

2. Plan interventions

a. Review the research to determine what interventions are most effective and appropriate for your target population

Review literature and other sources, to determine what the best practices/evidence is for the interventions you are proposing to implement. You are more likely to get support for your program if you can back up your interventions with research that demonstrates its effectiveness. More importantly, you are more likely to see results with interventions proven to be effective.

Refer to the Resources Section at the end of this chapter for resources and evidence-based interventions.

b. Identify intervention components

Consider implementing interventions that include multiple approaches, as research has demonstrated that multiple-prong approaches tend to be most effective. For example, creating a no-smoking policy is one element of an overall approach to reducing tobacco use by employees. Other components would address creating awareness (information to help participants understand the health topic), supporting behavior change (offering smoking cessation programs), implementing policies (no smoking policy) and biometrics or biomedical (biometric testing, offering smoking cessation aids). Biometrics tests measure biological data (i.e., blood pressure, cholesterol, etc.). **Table 9** shows some selected components for interventions.

Table 9 - Select Intervention Components

Awareness	Behavior Change	Environmental/ Policy Support	Biometrics/ Biomedical
<ul style="list-style-type: none">• Newsletters• Self-Care Manuals• Health Risk Assessment• Lunch and Learn Programs• Health Fair• Posters	<ul style="list-style-type: none">• Weight Management• Fitness Facilities/ Membership• Smoking Cessation Group Program• Counseling/Coaching Services• Chronic disease self-management	<ul style="list-style-type: none">• Smoking policies• Workstation ergonomics• Job safety and injury prevention policies/practices• Emergency response programs• Vending machines, Catering and Cafeteria	<ul style="list-style-type: none">• Biometric Screening (e.g. blood pressure, cholesterol, BMI, others)• Smoking Cessation Aids (not clear example)• Immunizations (Flu Shots)

Table 10 - Sample Intervention Components

Intervention	Awareness	Behavior Change	Environmental Support	Biometrics
Smoke Free Workplace	<ul style="list-style-type: none"> No smoking signs 	<ul style="list-style-type: none"> Smoking Cessation Classes 	<ul style="list-style-type: none"> No smoking policies 	<ul style="list-style-type: none"> Smoking cessation aids
Weight Management	<ul style="list-style-type: none"> Newsletters mailed to home Cafeteria Point of Purchase Information 	<ul style="list-style-type: none"> Weight Watchers at Work 	<ul style="list-style-type: none"> Vending Machine Policies 	<ul style="list-style-type: none"> Biometric Screening (cholesterol, blood pressure, body composition, fasting blood sugar)

Case Study – Neighborhood Social Service Agency - Intervention Selection

Based on the information gathered in the previous steps, the column at the right has been completed with the selected interventions to address the needs of target populations (segments) at the Neighborhood Social Service Agency pilot employee population.

Goal	Objectives	Interventions
Promote a tobacco-free employee population	<ul style="list-style-type: none"> To reduce the number of employees that use tobacco products from 20% to 10% by January 2009. Identify strategies to support employees that currently smoke to reduce their tobacco intake by August 2008 	<ul style="list-style-type: none"> Offer free smoking cessation program to smokers, running continuously from July to December 2008. Offer free smoking cessation aids such as patches and medications to participants of smoking cessation classes from July to December 2008. Implement a no-smoking policy by January 1, 2009.
Support employee weight management goals in the worksite setting	<ul style="list-style-type: none"> Increase by 25% the number of overweight employees participating in regular physical activity and making healthy food choices by January 2009. 	<ul style="list-style-type: none"> Offer Weight Watchers at Work on-site for 17-weeks beginning in September 2008. Secure Weight Watchers on-line 19-week program and discounted employee rates by September 2008. Offer continuously implemented, back-to-back, on-site 17-week and on-line 19-week Weight Management programs to employees who are overweight (BMI ≥ 25) by September 2008. Organize a volunteer-led Employee Walking Program at lunchtime by June 2008, with a “Walk Across Massachusetts” challenge.
Promote a healthy worksite environment through policy and environmental approaches.	<ul style="list-style-type: none"> Identify and implement policies, practices and environmental supports that will support employee health by January 2009. 	<ul style="list-style-type: none"> Develop a Stairwell Campaign to encourage use of building stairs by June 2008 Evaluate vending machine options and make recommendations by August

Goal	Objectives	Interventions
		<p>2008, to achieve goal of 75% healthy items by January 2009.</p> <ul style="list-style-type: none"> • Working with cafeteria management, develop plan by September 2008 for offering healthier food options. • Establish food catering policies and recommendations for healthy choices by July 2008.

c. Intervention Delivery Considerations

Consider the variety of ways that people learn – visual (looking at images, body language, demonstrations), auditory (hearing the spoken word), or kinesthetic (doing and interacting) when selecting your intervention. Plan to use a variety of media forms for both promotion and delivery of interventions—print (newsletters, posters), computer-based (emails, portals), in-person (events, lunch-and-learns), and telephonic (coaching).

When planning and delivering behavior change interventions that teach new skills, provide opportunities where those skills can be practiced. For example, if an active living program for a sedentary population encourages increasing physical activity, the worksite may ensure that stairwells are accessible and well lit, implement a stair-use campaign and promote use of stairwells through signage and other incentives (improved lighting, art work, appealing paint).

d. Budget Considerations

Budget and resources needed to deliver proposed interventions need to be considered during the planning stage. The budget should ensure that financial resources needed to achieve program goals are available and requested as part of the approval process.

Resources take many forms. When planning your budget, consider some of the following resource and expense needs: personnel for planning, program facilitators, clerical/administrative staff, evaluators, curriculum materials; incentives; equipment; marketing/promotion; postage, space, supplies, and travel.

Start by identifying all available free resources when selecting program interventions; such as topical literature or resources from organizations such as state/local government, national disease organizations, etc.

Free Resources

Examples of free resources in Massachusetts

- Department of Public Health (DPH)-Educational materials on a variety of health topics are available free of charge through the MA Health Promotion Clearinghouse
- DPH-Women’s Health Network provides free breast and cervical cancer screening and diagnostic services, and health education services to low income, uninsured women at over 90 locations throughout the state screening program

- DPH-Men’s Health Partnership provides risk-reduction education and clinical screening for uninsured and underinsured Massachusetts men at 12 sites across MA
- DPH-Keep Moving, a program run through the Healthy Aging and Health and Disabilities Unit at DPH provides free training on how to set up a walking club
- Most if not all of the DPH program provide training and/or technical assistance and referrals as appropriate on the their particular focus area
- The Department of Conservation and Recreation oversees the “Great Park Pursuit”, an initiative to encourage families to use the outdoors and state parks

Incentives

Another budget consideration is incentives. Research has shown that incentives encourage participation and encourage accomplishment of personal health enhancement objectives. The extent to which an incentive produces behavioral compliance with its requirements is called motive force. Incentives may take the following forms and are usually used to reward a variety of behaviors, such as participation, registration, completion, adherence or specific actions. **Table 11** shows types of incentives and their impact.

Table 11 –Incentives Types

Type	Description	Advantages	Disadvantages
Merchandise or material goods	Materials goods such as t-shirts, hats, gym bags	Easy, inexpensive, adaptable to sub-groups	Must fit population to be effective; once the goods are given, then no more motive force
Immediate financial rewards	The power of the cash reward or gift card is that it can be converted into goods or services of the recipients choosing	Offer the broadest appeal of all incentives	Considered taxable income so the size of the actual reward is reduced after taxes are taken out
Future financial reward	Rewards are given at the end of a program cycle or a rebate is given at the end of a period of time	Can cost less due to discounting function of money. Can offer higher rewards than immediate cash rewards	Loss of motive force due to deferred gratification
Avoid immediate financial cost	Avoidance of a required cost, such as program fees or co-payment	Immediate in nature, providing the impression of ‘saving money’	Usually associated with short duration behaviors, so used at one point in time, not over time
Avoid future financial cost	Avoidance of a future cost, such as contribution to health plan coverage or health club membership	Has time value advantages for the employer and can fit with benefits design of total compensation	Magnitude needs to be great enough to create a desired level of motive force.
Immediate time off	Personal time off for use as the person wishes, provided	Has broad appeal to employees. This is a non-taxable event.	If leave levels are already generous, this may not have much motive force.

	immediately		
Future Time Off	Personal time off for use as the person wishes, provided at a later time	Has broad appeal to employees. This is a non-taxable event.	Motive force may be low due to delay before time can be used

(Chapman, Using Wellness Incentives, 2002)

Wellness programs costs will vary depending on the model, type of interventions, extent to which incentives are used and the number of employees served (See page 10 in the Introduction section for types of program models and the estimated return on investment - ROI). **Table 12** shows sample wellness program budgets, exclusive of staff.

Table 12 – Sample Wellness Program Budget (Chapman, 2005)

Model	Cost/Employee/Year
Quality of Work Life	\$10 – 45
Traditional	\$46 – 150
Health and Productivity Management	\$151 – 400

e. Identify and document interventions

Having now considered the various components, segments and implications, the work of defining each intervention can begin. Planning the details of each individual intervention may be a multi-step process, depending on how much information is available at the time. For example, you may identify a desired intervention such as offering free smoking cessation aids to support the goal of creating a tobacco free environment. Additional research may need to be conducted in order to identify budget considerations such as coverage under insurance prescription benefits, cost of copayments, etc. Details such as program resources, costs, etc. will be required to complete the budget for the overall plan. Worksheet #5 Intervention Planning Worksheet will provide a guide on the level of detail required to plan and implement each intervention.

Exercise – Intervention Selection

Using the information from the previous steps, the next step is to identify the selected interventions that will produce the desired results for the specified goals and objectives. Enter the information in the right hand column. Use the **Wellness Program Master Worksheet**, found on the Toolkit CD, to record each intervention.

Goal	Objectives	Interventions
		<ul style="list-style-type: none">••
		<ul style="list-style-type: none">••
		<ul style="list-style-type: none">••

Transcribe the information gathered on target population and selected interventions directly into the corresponding sections of the Master Worksheet.

	A	B	C	D	E	F
1	WORKSITE WELLNESS PROGRAM MASTER WORKSHEET					
2	Organization:					
3	Title of Wellness Program:					
4	Wellness Sponsor:					
5	Wellness Team Members:					
6	Values/Benefits of Wellness Program					
7	1					
8	2					
9	3					
10						
11	Primary Employee Wellness Interests/Health Risks			Environmental/Organizational Priorities		
12	1			1		
13	2			2		
14	3			3		
15	Budget/Financial Considerations:					
16						
17	Health Insurance/Cost Implications:					
18						
19	Staffing/Responsibilities:					
20						
21	Program Rationale (relationship between organizational wellness goals and proposed interventions):					
22						
23	Intervention Workplan					
24	Goal	Objective (aim and timeframe)	Target Population	Interventions	Evaluation Plan	

3. Define evaluation/assessment methods for the intervention

For Worksite Wellness Programs to succeed, evaluation is part of ongoing quality assurance and improvement. Evaluation helps companies celebrate successes and improve programs to meet the needs of the company and its employees. Evaluation also enables senior management and the wellness team to measure the Return on Investment (ROI) of interventions and direct future efforts. In addition, evaluation can be used to assess the performance of the team.

It is important to plan the program evaluation in concert with planning the program. It is essential to identify how each intervention will be evaluated and assessed as part of the overall Wellness Program Plan. Evaluation and assessment should be considered at various points in the program. For example, it might be conducted at the end of an activity or month, depending on the type of intervention. Ongoing evaluation allows for mid-course changes or adjustments in the program based on feedback and response from the participants. Evaluation at the end of a specific program assesses the impact on knowledge, attitudes, skills, beliefs and behaviors of the participants.

A sample of assessment questions and evaluation methods is available in **Table 13**.

Table 13 – Evaluation/Assessment Samples

Assessment	Evaluation Method
Participation – how many employees were served?	Program Sign-up Sheets
Participation Feedback - How did the participants like the program? How did it affect them?	Participant Feedback/Session Evaluation Forms
Outcomes/Impact - What improvements in individual health or risk factors occurred?	HRA Cohort Analysis
Program Cost - How much did the program cost?	Budget Documents
Program Objectives – Did the program meet the stated objectives	Program Work Plan and Intervention Planning Worksheets
Environmental Impact - What types of environmental or policy changes were made to create an environment and culture of wellness?	Observational/written policies

Case Study – Neighborhood Social Service Agency – Evaluation Plans

Based on the information gathered in the previous steps, the column at the right has been completed with the selected evaluation methods measure the results of the interventions implemented at the Neighborhood Social Service Agency.

Goal	Objectives	Interventions	Evaluation Plans
Promote a tobacco-free employee population	<ul style="list-style-type: none"> To reduce the number of employees that use tobacco products from 20% to 10% by January 2009. Identify strategies to support employees that currently smoke to reduce their tobacco intake by August 2008 	<ul style="list-style-type: none"> Offer free smoking cessation program to smokers, running continuously from July to December 2008. Offer free smoking cessation aids such as patches and medications to participants of smoking cessation classes from July to December 2008. Implement a no-smoking policy by January 1, 2009. 	<ul style="list-style-type: none"> Weekly program sign-in sheets Post program survey to determine time smoke free Counts of aids provided to participants. Policy enacted and enforced starting in Jan 2009 Budget documents
Support employee weight management goals in the worksite setting	<ul style="list-style-type: none"> Increase by 25% the number of overweight employees participating in regular physical activity and making healthy food choices by January 2009. 	<ul style="list-style-type: none"> Offer Weight Watchers at Work on-site for 17-weeks beginning in September 2008. Secure Weight Watchers on-line 19-week program and discounted employee rates by September 2008. Offer continuously implemented, back-to-back, on-site 17-week and on-line 19-week Weight Management programs to employees who are overweight (BMI ≥ 25) by September 2008. 	<ul style="list-style-type: none"> Sign-in sheets for weekly meeting Document number of staff who sign-up and regularly participate in online program Track employee participants in lunchtime walking program Identify interest and participation of employees in walking challenge Budget documents

Goal	Objectives	Interventions	Evaluation Plans
		<ul style="list-style-type: none"> Organize a volunteer-led Employee Walking Program at lunchtime by June 2008, with a Walk across Massachusetts's challenge. 	
Promote a healthy worksite environment through policy and environmental approaches.	<ul style="list-style-type: none"> Identify and implement policies, practices and environmental supports that will support employee health by January 2009. 	<ul style="list-style-type: none"> Develop a Stairwell Campaign to encourage use of building stairs by June 2008 Evaluate vending machine options and make recommendations by August 2008, to achieve goal of 75% healthy items by January 2009. Working with cafeteria management, develop plan by September 2008 for offering healthier food options. Establish food catering policies and recommendations for healthy choices by July 2008. 	<ul style="list-style-type: none"> Direct observation of number of employees using stairs Reports from vending machine vendor on purchase history. Reports from Food Service on purchase trends Budget documents

Exercise – Evaluation Plan

Using the information from the previous steps, the next step is to identify the methods of evaluating each intervention to ensure the program produces the desired results for the specified goals and objectives. Enter the information in the right hand column. Use the **Wellness Program Master Worksheet**, found on the Toolkit CD, to record each evaluation method.

Goal	Objectives	Interventions	Evaluation Plans
		<ul style="list-style-type: none"> • • 	<ul style="list-style-type: none"> • •
		<ul style="list-style-type: none"> • • 	<ul style="list-style-type: none"> • •
		<ul style="list-style-type: none"> • • 	<ul style="list-style-type: none"> • •

Transcribe the information gathered on the evaluation plan directly into the corresponding section of the Master Worksheet.

	A	B	C	D	E	F
1	WORKSITE WELLNESS PROGRAM MASTER WORKSHEET					
2	Organization:					
3	Title of Wellness Program:					
4	Wellness Sponsor:					
5	Wellness Team Members:					
6	Values/Benefits of Wellness Program					
7	1					
8	2					
9	3					
10						
11	Primary Employee Wellness Interests/Health Risks			Environmental/Organizational Priorities		
12	1			1		
13	2			2		
14	3			3		
15	Budget/Financial Considerations:					
16						
17	Health Insurance/Cost Implications:					
18						
19	Staffing/Responsibilities:					
20						
21	Program Rationale (relationship between organizational wellness goals and proposed interventions):					
22						
23	Intervention Workplan					
24	Goal	Objective (aim and timeframe)	Target Population	Interventions	Evaluation Plan	



Worksheet #6 – Intervention Planning Worksheet Guide

This detailed Planning Worksheet should be completed for each intervention that will be included in the program plan. This worksheet addresses a level of detail sufficient to be able to identify all resources required to plan and implement the program, including logistical and administrative details.

Complete one worksheet for each individual intervention.

Intervention Name	
Program Description	Brief description, program mix, intensity level,
Type of Intervention	Behavioral, Awareness, Biomedical, Environmental
Need program fulfills	Reference Program Needs from Data Collection
Problem Identification	Substantiation for need (reference data such as cost or claims data)
Target Population	Segment specifics
Goal	From goal planning
Objectives	From goal/objective planning
Expected Outcomes/Benefits	Describe outcomes and benefits this intervention will provide
Skill Building	Skills developed/practice opportunity
Activities/Evaluation	List activities that will make up the intervention. Use the second column to document how each will be evaluated.
Supportive Environment Policies	Describe environmental policies or physical changes that support this intervention
Program Plan	
Budget	Identify all program costs
Program Staffing	Who will deliver? Skill set required
Delivery Logistics	Where to be delivered, equipment/materials required, Supplies required
Marketing and Promotion	Describe how program will be marketed to prospective participants
Recruitment Tactics	Describe specific tactics that will be used to recruit participants
Incentives	Type of program (merchandise, cash, contribution, time off recognition)
Implementation Timeline	Kick off date, duration
Clearance/consent requirements	Is medical clearance or informed consent required for participation?
Tracking Process	Will tracking of participants be required
Program Maintenance	Ongoing communication, promotion, staffing, program modifications based on feedback

Sources: (Baun & Pronk, 2006) (The Health Communication Unit of the Center for Health Promotion, 2001)

Case Study – Neighborhood Social Service Agency - Intervention Worksheet

Intervention Name		
Program Description	Weight Watchers at Work	
Type of Intervention	Weight Management	
Need program fulfills	Reduce the number of employees who are overweight or obese by supporting employee weight management goals.	
Problem Identification	38% of pilot employee population are overweight or obese	
Target Population	All pilot group employees	
Goal	Support employee weight management goals in the worksite setting	
Objectives	Increase by 25% the number of overweight employees participating in regular physical activity and making healthy food choices by January 2009.	
Expected Outcomes/Benefits	Reduction in the percentage of employees who are overweight and obese.	
Evaluation Process/Techniques	Sign in sheets from each weekly meeting Evaluation and post program survey to participants	
Skill Building	Food Selection Meal Ideas and Cooking Tips Eating Out Staying Motivated Getting Support Importance of Being Physically Active	
Activities/Evaluation	Weekly meetings conducted by a trained Weight Watcher facilitator.	Weekly evaluation of program meeting Recording of participants results
Supportive Environment Policies	Vending machines Cafeteria food options plan Walking club	
Intervention Execution Plan		
Budget	Program costs required to meet minimum of 20 participants.	
Program Staffing	Provided by Weight Watchers	
Delivery Logistics	Meeting Room scheduled for 17 weeks	
Marketing and Promotion	Distribution of materials to all employees	

	Posters in cafeteria, break rooms, rest rooms Paycheck mailer two weeks prior to program start date
Recruitment Tactics	Promotional materials distributed
Incentives	Partial fee reimbursement based on successful completion of program and reaching goal
Implementation Timeline	<div>June 1 Contact Weight Watchers to request program</div> <div>July 1 Preliminary notifications</div> <div>August 1 Marketing activities</div> <div>August 30 Program sign-up</div> <div>September 9 Program start</div>
Clearance/consent requirements	Provided by Weight Watchers
Tracking Process	N/A
Program Maintenance	Coordination of start dates and promotion of each new 17 week program

Exercise – Intervention Planning

Using the information from the Step 3 (Research & Discovery/Identify Needs) and Step 4 (Goals and Objectives) exercises complete this worksheet for each individual intervention that will be included in the Worksite Wellness program. A blank form is found on the Toolkit CD.

Intervention Name	
Program Description	
Type of Intervention	
Need program fulfills	
Problem Identification	
Target Population	
Goal	
Objectives	
Expected Outcomes/Benefits	
Evaluation Process/Techniques	
Skill Building	
Activities/Evaluation	
Supportive Environment Policies	
Intervention Execution Plan	
Budget	
Program Staffing	
Delivery Logistics	
Marketing and Promotion	
Recruitment Tactics	
Incentives	
Implementation Timeline	
Clearance/consent requirements	
Tracking Process	
Program Maintenance	

Case Study - Sample Master Worksheet

The following provides an example of how information gathered and defined from Steps 1-7 may be transcribed directly into the Master Worksheet, providing an overview of the Worksite Wellness Program.

Intervention Planning Resources

The following information provides information that will be helpful when selecting and planning the worksite wellness program interventions. These resources include policies, programs and information sources.

[*Physical Activity Policies, Programs, and Resources*](#)

[*Nutrition Policies, Programs, and Resources*](#)

[*Smoking Cessation Policies, Programs, and Resources*](#)

[*Stress Management Policies, Programs, and Resources*](#)

[*Workplace Policies that Address Optimal Employee Health and Well-being*](#)

[*Lactation Support Policies, Programs, and Resources*](#)

[*Sleep Health Policies, Programs, and Resources*](#)

[*Workplace Policies that Address Asthma*](#)

[*Workplace Policies, Programs and Resources that Address Heart Disease Prevention*](#)

[*Workplace Policies, Programs, and Resources that Reduce Sodium in the Workplace*](#)

[*Workplace Policies, Programs, and Resources that Address Diabetes and Prediabetes Management*](#)

Physical Activity Policies, Programs, and Resources

Policies

- Flextime is an option for all employees to use to be physically active during the work day.
- Flextime is available to hold information and education meetings during the work day to encourage healthy behaviors (e.g., physical activity during the lunch hour, walking clubs, or on-site healthy nutrition programs).
- Meetings are planned so that, after every hour of being seated, employees/visitors are encouraged to move for 3 minutes.
- Organization-wide healthy meeting guidelines that encourage regular physical activity breaks and provide information for physical activity opportunities are adopted.
- Health insurance companies that cover the agency's employees will provide reimbursement for personal fitness assessments.
- On-site physical fitness facility.
- Employee membership in local health clubs is subsidized or reimbursed.
- All new worksite construction/renovations will include accessible showers, accessible changing areas, and access to opportunities for walking.
- Secure bicycle storage is provided on-site.

Programs

In addition to traditional organized company sports teams and events, there are a number of easy to implement and inexpensive initiatives that the wellness team can consider for the workplace. Here are some ideas:

- If the workplace has more than one floor, consider a ***Stairwell Campaign***; encourage employees to use the stairs instead of the elevator/escalator. Work in cooperation with the building's maintenance or operations department to ensure that stairs are well lighted, safe, and clean. Incorporate motivational messages at the "point-of-decision." Posting these next to the elevator to encourage the question: "Should I take the elevator or use the stairs?" These messages are meant to cue people to action, so posting them where the individual is about to act is an opportunity to help encourage them to think about making a healthy choice.

Suggested sources for ***Walking Programs*** that incorporate stairwell programs are:

- American Cancer Society (www.cancer.org)
 - American Heart Association (www.heart.org)
 - CDC's StairWELL to Better Health site located at www.cdc.gov/nccdphp/dnpa/hwi/toolkits/stairwell/index.htm
- Starting an ***Employee Walking Program*** is easy with a little planning. Steps include:
 - Developing an employee walking club name, e.g., the "Plymouth Rockers"
 - Recruiting volunteer walking group leaders/captains; establish roles

- Developing walking schedules (time/place to meet, time/length walk, etc.)
- Planning walking routes along with placing mile markers where possible
- Distributing walking maps
- Creating alternate or indoor routes to use during inclement weather
- Helping participants establish weekly/monthly goals
- Printing cards for walkers to keep track of their progress
- Providing free or low-cost educational materials on the benefits of physical activity for employees
- Distributing pedometers for participants to keep track of their steps
- Posting progress in a central location
- Assessing workplace walkability with this Walkability Audit:
<http://www.cdc.gov/nccdphp/dnpa/hwi/toolkits/walkability/index.htm>
- Creating friendly **physical activity contests** with incentives can help employees have fun and reduce stress while, at the same time, develop new healthy behaviors at work. Consider:
 - Organizing walking teams to “Walk across Massachusetts,” “March into May” or a local scavenger hunt
 - Establishing guidelines and incentives (e.g., a day off, gift coupons, a “choice” parking space, etc.) for individual and team participants
 - Providing free pedometers to keep track of participants’ steps
 - Organizing up-dates on the workplace’s walking teams’ or individuals’ progress as they “Walk Across Massachusetts” or “March into May”
 - Creating an awards/recognition event for participating teams and individuals.
- Offering on-site fitness classes during the work day (e.g. yoga classes)
- Other efforts to promote more opportunities for employees to be physically active during the work day include:
 - Creating and distributing maps of walking and bicycling paths with measured distances in/near the worksite and in the local community
 - Establishing regular short-term opportunities to allow employees to practice new physical activity (or other wellness) behaviors in a safe setting, such as “Walk to Work Day” or “Take the Stairs for a Week”
 - Asking Senior Management to sign a policy or proclamation supporting physical activity as a means of promoting employee wellness for all employees; include formal recognition of, and events or activities for, participants
 - Working with health insurance companies to reduce rates for employees who are physically active on a regular basis.
- An evidence-based program for increasing physical activity called “Active Living Every Day” was developed at the Cooper Institute and is available from Human Kinetics
<http://www.activeliving.info/index.cfm>

Resources

- Physical Activity Toolkits
http://www.cdc.gov/nccdphp/dnpa/hwi/toolkits/other_physical_activity.htm
- Physical Inactivity Cost Calculator <http://www.ecu.edu/picostcalc/>
- Tips to Help You Get Active (National Institute of Diabetes and Digestive and Kidney Diseases): www.win.niddk.nih.gov/publications/tips.htm
- What Is Physical Activity? (United States Department of Agriculture):
www.mypyramid.gov/pyramid/physical_activity.html
- Updated Physical Activity Guidelines (American College of Sports Medicine):
www.acsm.org
- Physical Activity for Everyone (CDC):
www.cdc.gov/nccdphp/dnpa/physical/everyone.htm
- Physical Activity in Your Daily Life (American Heart Association):
www.americanheart.org/presenter.jhtml?identifier=2155
- America on the Move
www.americaonthemove.org
- Green Streets Initiative
www.gogreenstreets.org
- Motivational physical activity signs (CDC):
www.cdc.gov/nccdphp/dnpa/hwi/toolkits/stairwell/motivational_signs.htm
- Walk Boston
www.walkboston.org
- Yoga and stretching desk videos
(Alberta Centre for Active Living):
www.centre4activeliving.ca/workplace/trr/tools.html
- StairWELL to Better Health Program Ideas on worksite stairwell interventions
<http://www.cdc.gov/nccdphp/dnpa/hwi/toolkits/stairwell/index.htm>
- Virgin HealthMiles Inc.
www.virginhealthmiles.com
- Shape Up The Nation
www.shapeupthenation.com

Nutrition Policies, Programs, and Resources

A healthy diet and good eating habits is an essential component of wellness. Always having healthy choices, whether in vending machines, in cafeterias, at meetings/ conferences, at parties/events, or in break rooms, will encourage employees to eat healthy throughout the day.

Policies

Access to Healthy Foods

- Use the 2005 *United States Dietary Guidelines for Americans* as a basis for making decisions when making food purchases and preparing recipes and meals
- Establish healthy food and beverage purchase guidelines (using the dietary guidelines) for the organization's funded meetings, trainings and events
- Require the purchase of locally produced food including fruits and vegetables or other foods if appropriate
- Implement a policy that promotes healthy snacks in vending machine and company concession stands
- Adopt a policy that promotes healthy foods through educational programming
- Develop a policy and make available appropriate physical space to support breastfeeding moms
- Develop a food safety policy that addresses proper food storage, food handling, hand washing and spills

Food/meal program guidelines

Follow the 2005 *United States Dietary Guidelines for Americans* when making food purchases and preparing recipes and meals. These guidelines should be used in all aspects of the Food Services operations (patient meals, cafeteria service, vending operations and catering services).

- Transition to using only non-saturated/trans fat-free cooking oils in food
- Develop and implement a reasonable timeline to eliminate purchase of packaged food products that contain Saturated and Trans fats (listed as hydrogenated or partially hydrogenated vegetable oils on labels).
- Purchase low-fat and non-fat dairy and meat products.
- Develop strategies to purchase local food products including locally grown fresh fruits and vegetables in season.
- 100% fruit juices are available in all settings i.e. no "juice drinks" with less than 100% juice should be made available through meal service or vending machines.
- Reduced fat sources from hydrogenated and partially hydrogenated fats; use fats from vegetable sources.
- 0 Trans fats – product labels must state 0 grams of Trans fat/serving
- Procurement of Meats, Poultry, Dairy and Seafood which do not have inappropriate antibiotic use

Programs

- Implement informational campaigns that educate employees about the *Food Guide Pyramid* and about the importance of a well-balanced meal plan that includes eating whole grains, low-fat products, fruits and vegetables.
- Coordinate on-site healthy nutrition programs with food services so that healthy eating messages are supported by more nutritious foods in the cafeteria and in a visually pleasing manner.
- Arrange for on-site “brown-bag lunch n’ learn” education programs, e.g., with dietitians or health educators from local hospitals, universities, etc. Utilize some of the free or low-cost speakers and/or resources that are available through many of the voluntary health organizations.
- Arrange for Weight Watchers Program on site for employees interested in losing or maintaining a health weight.
- Implement a program that helps employees connect with nutrition assistance programs such as food stamps.
- Implement a program that helps employees identify low-cost healthier food choices through point-of-purchase nutrition information on menu items in a cafeteria or vending machines.
- Establish a nutrition information hotline or “Ask the Dietitian” program that enables employees to get answers to individual nutrition related questions.
- Implement a refrigerator cleaning schedule.

Resources

Massachusetts

- Massachusetts Department of Public Health Nutrition and Physical Activity Unit <http://www.mass.gov/dph/dphorg2.htm>
- Massachusetts Health Promotion Clearinghouse <http://www.maclearinghouse.com>
- Farm to Table: Working with Local Farmers to Access Fresh Fruits and Vegetables: Resource Guide (<http://www.mass.gov/agr/massgrown/nutritioncouncil.htm>)
- Dept of Agricultural Resources <http://www.mass.gov/agr/massgrown/nutritioncouncil.htm>
- Mass in Motion <http://www.mass.gov/massinmotion>
- The John C. Stalker Institute of Food and Nutrition has The A-List, of vending and snack products that meet the *Massachusetts A La Carte Food & Beverage Standards to Promote a Healthier School Environment (Massachusetts Standards)*.
- Massachusetts Partnership for Healthy Weight (www.MPHW.org)
- The Massachusetts Dietetic Association (www.massnutrition.org) lists registered dietitians who are available for presentation in their MDA Speakers Bureau http://www.eatrightma.org/resources/speaker_request.php and will link you to the American Dietetic Association's Find a Nutrition Professional for a listing of RD available to counsel patients <http://www.eatrightma.org/content4087>.

- Massachusetts Breastfeeding Coalition <http://massbfc.org/index.php>
- The Massachusetts Food Safety Partnership www.mafoodsafetyeducation.info
- Fresh to You: a discount, high quality fresh fruit and vegetable delivery program for worksites www.freshtoyou.com

National

- Local Harvest: Listing of farmers markets, farm coops <http://www.localharvest.org/>
- The Worksite Wellness Kit: Washington State Dept of Health. Contains various policies for different settings such as worksites, community, health care and schools, as well as specific nutrition policies
http://www.doh.wa.gov/cfh/NutritionPA/our_work_sites/worksite_data/Worksite_wellness_toolkit.htm
- The American Cancer Society's Food & Fitness resource
http://cancer.org/docroot/PED/ped_3.asp
- The American Diabetes Association *Nutrition & Recipes* resource
<https://www.diabetes.org/nutrition-and-recipes/nutrition/overview.jsp>
- The Center for Disease Control and Prevention (<http://www.cdc.gov/>) Information on the *Fruit and Vegetables More Matters* campaign; prevention and control of obesity; food safety and health information.
- The [Center for Science in the Public Interest](http://www.cspinet.org/) is a nutrition advocacy organization. <http://www.cspinet.org/>. They have a Nutrition Action Health newsletter, information on food safety and Eating Green and other food policies.
- The U S Department of Agriculture website has much information on many topics related to agriculture. May be best known for the new Food Pyramid Steps to a Healthier You <http://www.mypyramid.gov>
- US Dept of Health and Human Services Dietary Guidelines for Americans (<http://www.health.gov/DietaryGuidelines/>).
- Nutrition Environment Assessment, Michigan Department of Community Health, 2005
http://www.mihealthtools.org/neat/NEAT_Print_Version.pdf
- Developing a Breastfeeding Work Policy
<http://www.wicworks.ca.gov/breastfeeding/EmployerResources/BFWorkPolicy.pdf>
- Writing and Evaluating a Breastfeeding Policy
http://www.babyfriendly.org.uk/pdfs/audit_policy_tool_community.pdf
- Workplace Breastfeeding Support <http://www.usbreastfeeding.org/Issue-Papers/Workplace.pdf>
- The CDC Guide to Breastfeeding Interventions
http://www.cdc.gov/breastfeeding/pdf/BF_guide_2.pdf
- Workplace Breastfeeding Support, United States Breastfeeding Committee, 2002,
<http://www.usbreastfeeding.org/Issue-Papers/Workplace.pdf>

- Fight Bac!: Food Safety website <http://www.fightbac.org/>

Vending Machines and Concession Stands

Although on-site vending machines and concession stands are convenient for employees to grab a snack during the workday, many are filled with low-nutrient, high-calorie food and beverages such as candy bars, chips, and sugary drinks. By replacing these unhealthy options with more nutritious, healthful foods, the Wellness Team can make positive environmental changes to support healthy behavior. The overall guiding principle is to offer healthy choices while still allowing for free choice. The recommendation is that 75% of the total foods in the machines follow the guidelines in Table 1 below. Therefore, 25% of foods would remain unchanged, to provide people both healthy and less healthy choices. By establishing the policy of 75% healthy foods in vending machines, the work environment becomes more conducive to employees who are interested in having healthier food options as a way to promote their own health and prevent chronic disease.

The guidelines used for vending machines and concession snack items incorporate the Dietary Guidelines for Americans 2005 (DGA) and the 2005 Guidelines for Food & Beverage Sales in British Columbia Schools by the Ministry of Education and Ministry of Health. The guidelines encompass nutrient dense items that are low in fat, sugar, sodium and calories. The Dietary Guidelines for Americans provides evidence-based advice on promoting health and on reducing risk for major chronic diseases through diet and physical activity³.

Table 1: What is a “Healthier” Snack Option?

Calories	
<ul style="list-style-type: none">• 200 calories or less per portion	
Fat	
<ul style="list-style-type: none">• No more than 35% total calories from fat• Less than 10% total calories from saturated fat• No trans fat	
Sugar	
<ul style="list-style-type: none">• No more than 35% total calories from sugar• <15g sugar in energy bars⁵• <12g sugar in candy bars⁵	
Sodium	
<ul style="list-style-type: none">• <140mg sodium per serving	
Adapted from National Academies' Committee on Nutrition Standards for Foods in Schools ⁵ Guidelines for Food & Beverage Sales in British Columbia Schools by the Ministry of Education and Ministry of Health	

On-Site Cafeterias and Restaurants

It’s important to build a relationship with the food services suppliers (in-house or outside vendors) of the cafeteria as well as with the purchasing department to effectively coordinate the efforts to promote healthy nutrition. Planning together with the right players at the table ensures success. Make changes gradually and be sure to offer choices, e.g., be sure that non-fat, low-fat and whole milk products are provided. Following are some ideas for creating a workplace that supports healthy nutrition:

- Coordinate and launch company-wide information campaigns that educate employees about the *Food Guide Pyramid* and about the importance of a well-balanced meal plan that includes eating whole grains, low-fat products, fruits and vegetables. Work with the food services unit or outside vendor and purchasing department to provide healthier food choices, and have these items identified where they are served in the cafeteria. A number of resources to help you with ideas for these activities are provided through state and local voluntary health organizations, including:
 - The American Cancer Society’s *Food & Fitness* resource (http://www.cancer.org/docroot/PED/ped_3.asp);
 - The American Diabetes Association *Nutrition & Recipes* resource (<https://www.diabetes.org/nutrition-and-recipes/nutrition/overview.jsp>).
 - The American Heart Association’s resource that focuses on African American populations, the *AHA Search Your Heart* program (<http://www.americanheart.org/presenter.jhtml?identifier=3041580>)
 - *Boston Best Bites* (bostonsteps@bphc.org).
- Coordinate on-site healthy nutrition programs with your food services unit or outside vendor so that healthy eating messages are supported by more nutritious foods in the

cafeteria. Arrange for on-site “brown-bag lunch n’ learn” education programs, e.g., with dietitians or health educators from local hospitals, universities, etc. Utilize some of the free or low-cost resources that are available through many of the voluntary health organizations.

- Work with your food services supplier to develop menus with calorie counts, heart healthy and other nutrition information. Print and circulate weekly menus with calorie counts and nutrition information for the weeks’ menus.
- Print nutrition information on cafeteria placemats, e.g., use placemats that show a healthy meal with normal portion sizes and plenty of fruits, vegetables and whole grain options on the plate.

Substitutions can be made during preparation of meals offered and substitutions can be made to existing menus to promote health. The Wellness Team may choose to use the Boston Best Bites model, where the restaurant would feature at least one appetizer, entrée and dessert that follow heart healthy criteria, with each item highlighted on the menu.

Nutrition Education Events

The Workplace Wellness Program can also provide useful information about nutrition, how to buy and prepare healthy foods, and how employees and their families can incorporate healthier food choices into their diet. Offering lunch time educational classes for employees will support and encourage them in their decisions for healthy eating.

As part of this effort, the Wellness Team could invite a representative from their local community health center or a local hospital registered dietitian (RD) to be a guest speaker at an employee lunch time educational workshop. An employee survey could be used to identify topics of particular interest to be addressed by the guest speaker. Typically, this would be a combination of a culinary demonstration and preparation tips, taste testing of healthy recipes, and tips on how to modify recipes to be healthier while still being tasteful and appealing.

Local Restaurants

People in the United States eat out in a restaurant or other commercial food establishment an average of 4.2 times per week, according to *Meal Consumption Behavior — 2000*, a recent report by the National Restaurant Association. Lunch is the meal most likely to be prepared in a commercial setting, whether the meal is eaten in the restaurant or taken out. Approximately 2 meals pre week are eaten from a commercial establishment¹⁷.

When dining out, it is easy to eat more calories and fat than you would if you had prepared your own meal. However, more restaurants are changing their menus and cooking processes to support healthy diets. It is important not to be shy about making special requests and substitutions. Equally important is to control the portion size by asking for smaller portions, sharing entrees with a companion, or putting half of your meal in a to-go box to enjoy another

time, before you dig in. Here are some tips for healthy dining out. Also, remember that the same tips apply to prepared, ready-to-eat foods that many supermarkets and specialty stores offer for you to take home when you're in a rush.

Tips for Eating Out

- Request that your meal be prepared with vegetable oil (canola, olive, corn, soy, sunflower or safflower) or soft margarine instead of butter. Ask for soft margarine for your bread.
- Have gravy, sauces, and dressings served on the side.
- Ask if the restaurant has fat-free or 1 percent milk instead of whole milk.
- Even if they aren't on the dessert menu, many restaurants can offer you fruit or sorbet instead of high-fat pastries and ice creams.
- Eat a little less at noon to save for a special dinner later, but don't skip meals, since it might cause you to overeat later.
- Eat a piece of fruit or have a glass of water with lemon 30 minutes before your meal so you are able to make better food and portion choices.
- Avoid buffets and all-you-can-eat specials.
- Fried, au gratin, crispy, escalloped, pan-fried, breaded, batter-dipped, tempura, sautéed or stuffed foods are high in fat and calories. Look instead for grilled, broiled, flame-cooked, steamed, poached, roasted, or baked.
- Avoid croissants, biscuits, pot pies, quiches, and pastries. Pick hard rolls, bread sticks (if not brushed with butter), French bread, or whole-wheat buns.
- For sauces, stick to wine, or thinned, stock-based sauces. Avoid thick butter sauces and cream sauces. If you're unsure, ask the waiter.
- Choose salads made with rich dark greens like spinach, arugula, and romaine rather than pale iceberg lettuce.
- Ask to substitute a baked potato instead of French fries or have a side salad, steamed vegetables, or a cup of broth-based soup.
- Skip the mayonnaise and special sauces and ask for extra lettuce, tomatoes, onions and mustard on sandwiches.
- If ordering pizza, ask for extra vegetable toppings and skip the meats and extra cheese.
- Remember to count alcohol calories as part of your meal, as it is very high in calories and can prevent you from making healthy food choices.

Adapted from: University of Wisconsin Hospitals and Clinics Authority
(http://www.uhs.wisc.edu/docs/uwhealth_eating_out_203.pdf)

Food Sanitation

A healthy environment should include food sanitation policies to prevent food borne illness. The Wellness Team should create a regular cleaning and monitoring program to be sure break rooms and equipment are cleaned, and refrigerators and other appliances are cleaned and running properly.

Office Refrigerator

Temperatures

- Install thermometers in both the refrigerator and the freezer at eye level.
- Maintain the refrigerator at a temperature of 40 degrees F or below, and the freezer temperature at 0 degrees F or below.
- The refrigerator should not be too full; cool air must circulate to maintain proper temperature.
- Establish a no tolerance policy on refrigerator overcrowding using language that states that stacking of food containers on top of each other is prohibited. Give a designated Food Safety Monitor clearance to throw out items that violate this policy.

Assignments

- An employee should be assigned to check temperature daily with appliance thermometer
- Keep some type of marking pen/tape in the break room for people label their food with their name and date.
- Assign 1 or 2 people to be held accountable for cleaning out the refrigerator once a week – rotating this responsibility will help to convince everyone to follow the policies.

Cleaning

- All refrigerators should be cleaned regularly using warm soapy water to wash the interior walls and shelves, the exterior walls, door handles, and gasket.
- Use a clean cloth or paper towels with hot water and a mild detergent like dish soap
- Work from top to bottom to prevent dripping on surfaces that are already clean
- Add two tablespoons of baking soda to one quart of warm water to wash inside
- Rinse everything with warm water and dry with a clean cloth.

Policy

- Designate a day and time each week that food in the refrigerator is thrown away
- Develop a policy with input from staff and post in the break room.
- Post food safety signs in the kitchenettes to educate employees on the proper storage and handling of leftovers, hand washing, and cleaning up of spills.
- Include employees in the policy making process to foster a sense of shared responsibility and respect.

Implementing a Kitchenette Sanitation Program

- Establish a regular cleaning and monitoring schedule on a master calendar.
- Assign teams of employees (by division or randomly) to cleaning and monitoring duties and record on the master calendar.
- Post the master calendar in a visible location of the kitchenette and email it to all employees.
- Offer incentives to teams for performing cleaning duties such as contests.
- Develop a chart that provides information on how to clean each piece of equipment in the kitchenette to post in an easily accessible place (see below example).

<u>Equipment</u>	<u>Frequency</u>	<u>Method</u>	<u>Cleaning Product</u>
Sink	2 x / month	Pour cleaning solution down sink	Solution of 1 tsp bleach in 1 quart cool water
Toaster	1 x / week	Remove crumbs according to manufacturer's directions	None
Refrigerator	1 x / week	Discard all contents. Wipe down unit with cleaning sponge	Solution of 1 tsp white vinegar in 1 quart warm water. DO NOT USE CHEMICAL CLEANERS!
Microwave	1 x / week	Wipe down sides, door, and bottom of oven with cleaning sponge. Wash glass turntable.	Same as for refrigerator
Counters	1 x / day	Wipe down with cleaning sponge	Same as for refrigerator
Sponges	1 x / week (replace every 2 weeks)	Soak	Solution of 1 tsp bleach in 1 quart cool water
Dish towels	1 x / week	Launder	Laundry detergent
Trash can	2 x / month	Wipe down with cleaning sponge and soak	Solution of 1 tsp bleach in 1 quart cool water

*If your organization operates a restaurant or concession stand, the Food Service Director must be trained in food safety and sanitation and must follow your state sanitation code. For further information, contact your state health department.

Marketing Plan for Healthy Vending Machines

A marketing plan will raise awareness about the policies being implemented. Employees need to be aware of the changes being made to the worksite food venues in order to make healthy behavior changes.

Guidelines for introducing healthy alternatives in vending machines

1. Begin by substituting a few items at a time.
2. Promote these options and use discounted pricing for the healthy options while increasing the pricing on unhealthy options.
3. Promote the healthier options to employees by sending out memos as well as by providing information on the company's website, i.e. marketing campaign.
4. Provide the opportunity for employees to provide feedback.

Marketing Ideas for Healthy Vending Awareness

A marketing campaign is important to create awareness for the healthy vending policy. The success of the program relies on the receptiveness of the employees through awareness promotion. Below is list of marketing tactics a company can employ. These examples are geared toward marketing at the MA Department of Public Health, and can be easily adapted to fit any company. Please see Appendix H for sample posters, flyers, and handouts that can be used to market your program.

- 1) Motivational posters describing healthy changes with nutrition requirements of replacements and benefits of healthy snacking, placed in strategic locations, such as:
 - a) On walls adjacent to elevators
 - b) In staff kitchenettes
 - c) Next to vending machines
 - d) On stairwell doors
- 2) Rating guide in vending machines to guide consumers on the healthiness of snacks and beverages. Some types of rating guides to include are:
 - a) Traffic Light:
 - i) Red: Choose rarely; limit consumption to as little as possible; high in calories/fat/sodium.
 - ii) Yellow: Choose occasionally; use caution when choosing to control portion sizes; medium calorie/fat/sodium content.
 - iii) Green: Best choice; choose these healthy options first; low in calories/fat/sodium.⁷
 - b) Change pricing stickers to color codes of health (green for healthy snacks).
 - c) Healthier snacks placed at eye level, less-healthy snacks placed on lower/upper shelves.

- 3) Write up simple fact sheets or any policy changes in newsletters, to post on the website, or to send via email to employees. Include a letter from the commissioner to endorse initiatives.
- 4) Ask for employee input in snack and beverage selections and ask for feedback on any changes made.

Guidelines for Healthy Vending Machines

Guidelines for Snacks

Vending machines often contain many low-nutrient foods such as candy and sugary drinks. Substituting some of the candy with dried fruit or granola bars, for example, would be a healthy replacement option. Additionally, including a variety of 100% fruit and vegetable juice, sparkling water, and unsweetened iced teas will provide healthier alternatives to soda and other sugary drinks.

A healthy vending machine item should meet nutrition criteria for a healthy snack. The nutrition facts label found on food packaging can be used to determine if a snack is deemed healthy.

1. Check the serving size:

✓ Remember calories and other nutrient values are listed *only* for 1 serving, *not* for the whole container!

2. Next check total calories and fat:

✓ Choose foods with fewer calories per serving to lose or help maintain weight

✓ Choose foods with less saturated fat and 0 grams of trans fat

Nutrition Facts	
Serving Size 1 cup (240 mL)	
Servings Per Container: About 8	
Amount Per Serving	
Calories 130	Calories from Fat: 20
Total Fat 2.5g	% Daily Value*
Saturated Fat 1.5g	4%
Trans Fat 0g	8%
Polyunsaturated Fat 0g	
Monounsaturated Fat .5g	
Cholesterol 10mg	4%
Sodium 170mg	7%
Total Carbohydrate 16g	5%
Dietary Fiber 0g	0%
Sugars 15g	
Protein 11g	22%
Vitamin A 10%	Vitamin C 0%
Calcium 40%	Iron 0%
Vitamin D 25%	

*Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

3. Understanding Daily Values

%DV of ≤ 5% is low

Choose *low* for saturated fat, cholesterol and sodium

%DV of ≥ 20% is high

Choose *high* for vitamins, minerals and fiber

Guidelines for Fat Intake

The *2010 Dietary Guidelines for Americans* recommend keeping total fat intake between **20-35%** of a person's total calories. Monounsaturated and polyunsaturated fats are considered healthy fats, because they help to lower bad cholesterol (LDL) and raise good cholesterol (HDL). Saturated fats and trans fats are considered unhealthy fats. Saturated fats are the largest dietary contributor to high cholesterol, and should be limited to 10% of total daily calories. Trans fats come from partially hydrogenated oils or hydrogenated oils, and are detrimental to health because they raise bad cholesterol (LDL) and lower good cholesterol (HDL). Even if a nutrition facts label reports 0 g of trans fat, it is important to remember that this number means there is less than 0.5 g of trans fat in each serving. If the ingredients list contains "partially hydrogenated oil," then the product contains less than 0.5 g of trans fat per serving. Consuming more than 1 serving of the product may result in consumption of a significant amount of trans fat.

Guidelines for Sugar Intake

The Dietary Guidelines for Americans recommends limiting intake of food with added sugars and caloric sweeteners³. Some commonly used added sugars in foods are: high fructose corn syrup, sucrose, glucose, corn syrup, fructose and maple syrup. A good tip is to check the order of ingredients in the label. When sugar is listed further down on the list of ingredients, the item contains a smaller amount of added sugar. For specific foods, the 2005 Guidelines for Food & Beverage Sales in British Columbia Schools by the Ministry of Education and Ministry of Health recommends less than 15 grams of sugar for energy bars and less than 12 grams for candy bars⁵.

Explanation of Sodium Claims on Food Labels⁶

Sodium-free: less than 5 milligrams (mg) per serving
Very low sodium: 35 mg or less per serving or, if the serving is 30 grams (g) or less or 2 tablespoons or less, 35 mg or less per 50 g of the food
Low-sodium: 140 mg or less per serving or, if the serving is 30 g or less or 2 tablespoons or less, 140 mg or less per 50 g of the food
Light in sodium: at least 50 percent less sodium per serving than average reference amount for same food with no sodium reduction
Lightly salted: at least 50 percent less sodium per serving than reference amount. (If the food is not "low in sodium," the statement "not a low-sodium food" must appear on the same panel as the "Nutrition Facts" panel.)
Reduced or less sodium: at least 25 percent less per serving than reference food.

The FDA and USDA state that an individual food that has the claim "healthy" must not exceed 480 mg sodium per reference amount. "Meal type" products must not exceed 600 mg sodium per labeled serving size⁶.

Rationale for Healthier Foods in Vending Machine Items

Beverages

Recommendation	Rationale
Milk: non-fat or low-fat or 1%	Adults need at least 1000mg of Calcium daily. Non-fat or low-fat milk is lower in calories and saturated fat.
100% fruit Juice or vegetable juice or contains 50-70% juice with no added sugar in serving size of 6-8oz	One serving 100% fruit or vegetable juice is considered one serving of fruit or vegetable.
Plain or pure water	Water is a great thirst quencher and has no calories or fat and is essential for the body.

Sports Drinks are recommended for individuals who are involved in endurance or performance sports⁴.

Snacks

Recommendations	Rationale
Whole grain bars, crackers, and chips (baked)	<p>The Dietary Guidelines for Americans recommends choosing fiber-rich and whole grains often. Whole grains are high in fiber and complex carbohydrates. Snacks should be between 150-200 calories per packet or bar, thus promoting weight maintenance. Snacks should also contain no trans fat</p> <p>(hydrogenated oils and partially hydrogenated oils)</p> <p>Choosing low sodium snacks provides the opportunity to keep within the limits of the daily recommendation of 2,300mg of sodium, thus reducing the risk of hypertension.</p> <p>Good source of protein and high in monounsaturated fat. Should be consumed in small portions – 1 serving can provide more than 150 calories.</p> <p>Great source of vitamins, mineral, fiber and phytonutrients and are low in calories.</p>
Low-sodium/lightly salted/reduced snacks	
Nuts and seeds	
Fresh fruit and vegetables	

Helpful Resources for Healthy Vending Machine Policies

Many companies are aware that a healthy diet is important in the prevention chronic disease and as a result have produced products that are low in calories, fat, and sugar.

Company Name	Email Address	Phone number
Good Health Food Inc	www.goodhealthnaturalfoods.com	631-261-2111
Kashi	www.kashi.com	877-747-2467
Eat Smart	www.eatsmartsnacks.com	800-233-7125
Every Day Fruit	www.everydayfruit.com	888-262-3997
Sensible Foods	www.sensiblefoods.com	888-222-0170
Nutritious Creations	www.snacksforlife.com	631-666-9815

Source: www.vendingconnection.com/yphealth.html

Please view the John Stalker Institute A-list for distributors of healthy vending machine items, at <http://www.johnstalkerinstitute.org/vending%20project/alist.pdf>.

To contact distributors that offer healthy choices, please visit:
<http://www.johnstalkerinstitute.org/vending%20project/distributor.pdf>.

Selected Existing Vending Policies

Policy title	Summary	Date started	State	Policy details
Vending Machine policy	50% of all food and beverages sold in facilities owned and operated by the county must meet specific nutrition standards	12-15-04	Contra Costa County CA	http://www.publichealthadvocacy.org/PDFs/02_Contra%20Costa%20Vending%20Fact%20Sheet_final.pdf
Public Vending Machines in city facilities	100% of healthy snacks and beverages in all public vending machines	5-23-06	Chula Vista CA	http://www.preventioninstitute.org/sa/policies/pdftext/ChulaVistaVendingPolicy.pdf
On-Site Food Vending	50% food and beverages vending in four DHHS office locations	7-1-04	Marin County CA	http://www.banpac.org/pdfs/healthy_vending/marin_county.pdf
Healthy food and Drink for City library Vending Machine	Stipulates that all San Jose City Public Libraries to stock only healthy food and drinks in their vending machine	3-14-06	San Jose CA	http://www.preventioninstitute.org/sa/policies/policy_detail.php?pid=89
Healthy Food and Drink for City Wide Vending Machines	States that all vending machines in city owned and operated locations to include at least 50% healthy food and beverage choices	6-12-06	San Jose CA	http://www.preventioninstitute.org/sa/policies/policy_detail.php?pid=100
Healthy Snack in Vending Machine at City Owned Facilities	No less than 50% healthy food and beverages provided in all vending machines located at city owned facilities	8-12-06	Santa Ana CA	http://www.preventioninstitute.org/sa/policies/policy_detail.php?pid=176
Worksite Wellness Nutrition Policy	Establishes healthy food and beverages purchase guidelines	5-1-06	Clark County WA	http://www.preventioninstitute.org/sa/policies/policy_detail.php?pid=203
Healthy Choice options in Vending Machines on County Property	Set guidelines to provide healthy options in vending machines on county property		San Diego CA	http://www.preventioninstitute.org/sa/policies/policy_detail.php?pid=204
Health Food Policy	50% of food and beverages sold in county vending machines meet specific nutrition guidelines	11-15-05	Santa Clara County CA	http://www.preventioninstitute.org/sa/policies/policy_detail.php?pid=209

The Health Collaborative	Guidelines for items in vending machines		San Antonio Texas	http://www.healthcollaborative.net/assets/pdf/vendingcriteria.pdf
B. C. Public Buildings Policy Paper	Provides Nutrition Criteria for a variety of food groups	11/06	Public Buildings in B.C	http://www.lcs.gov.bc.ca/HealthierChoices/pdf/CompletePolicy.pdf

Sources: www.preventioninstitute.org/sa/enact/members/index.php
www.lcs.gov.bc.ca/healthierchoices/pdf/completenesspolicy.pdf

Worksite Nutrition Criteria

The task of creating healthy cafeteria meal and snack options may seem daunting initially, but these specific guidelines and simple substitutions can alleviate the burden. The purpose of this guide is to rid the ambiguity of what is considered healthy and to aid in development of a healthy cafeteria policy in the workplace. A workplace cafeteria can transition modifications into a healthy policy by following the nutrition criteria. The “Suggested Substitutions for Healthier Menus” list presents the conventional item on the left (“Instead of current”), and suggests examples to meet the nutrition criteria (Substitute with...). Employees will value the healthy suggestions and options while cafeterias can use health as a marketing tool to increase business.

Nutrition Criteria

Boston Public Health Commission's Boston BestBites Standards for Adult Portions			
	Appetizer (or snack)	Entrée	Dessert
<i>Total calories</i>	<150	<650	<200
<i>Saturated fat</i>	≤1.2 grams (< 7% calories)	≤ 5 grams (<7% of calories)	≤1.6 grams (<7% of calories)
<i>Trans fats</i>	No partially hydrogenated fats	No partially hydrogenated fats	No partially hydrogenated fats
<i>Sodium (Salt)</i>	< 150 mg	<750 mg	< 150 mg
Source: http://www.bphc.org/programs/initiative.asp?i=260&p=190&b=2&d=			

Sodexo's

Your Health Your Way Nutrition Criteria for Entrées

- Less than 30% calories from fat
- No more than 3 grams saturated fat
- Less than 100 mg cholesterol
- Less than 1000 mg sodium
- Less than 600 calories
- At least 3 grams of fiber

Suggested Substitutions for Healthier Menus

Breakfast

Instead of Current...	Substitute with...
Pancakes	100% whole grain flour pancake mix
French Toast	Egg substitutes, 100% whole grain bread, non-fat or low-fat milk
Syrup	Fruit puree, fresh fruit, apple sauce
Scrambled Eggs	Egg substitutes, egg whites
Bacon	Turkey bacon or soy bacon
Sausage	Turkey sausage or vegetarian sausage
Corned Beef Hash	Smoked salmon
Dry Cereal	100% Whole grain cereal, less than 16grams sugar per serving: (ex: Kashi, Chex, Special K)
Hot Cereal	Whole grain, use non-fat or low-fat milk in preparation
Plain Bagel, Bread, English Muffin	100% whole grain
Muffins	Substitute oil with non-fat or low-fat plain yogurt, applesauce, or mashed bananas. Add non-fat or low-fat milk to liquefy
Cream Cheese	Non-fat or low-fat

Lunch

Instead of Current...	Substitute with...
Sandwiches	
• Meats	Lean, chicken and turkey, vegetarian (tofu, hummus)
• Bread	100% whole grain bread, pitas, wraps
• Condiments	Use non- or low-fat condiments on side
Salad Bar	
• Dressings, Toppings	Low-fat, dried Fruits, 100% whole grain croutons, sunflower seeds
• Iceberg Lettuce	Add dark-green salad: Mesclun, Romaine, Arugula, Spinach
• Potato Salad	Healthy oil mayonnaise (ex: Smart Balance), non-fat or low-fat mayonnaise (Hellman's, Miracle Whip)
• Pasta Salad	Use 100% whole grain pasta, low-fat dressing, add chopped vegetables
• Jello, Pudding	Fresh fruit salad
Entrée Meats	Use: chicken breasts, trimmed of excess fat; broiled or grilled fish Substitute: ground Turkey (90% lean) for ground beef.
Sauces, Gravy	Sauce/gravy on side
Soups	
• Cream Based	Replace half of the cream with non-fat or low-fat milk
• Broth Based	Low sodium broth

French Fries	Oven baked potato sticks, sweet potato “fries”
Sautéed Vegetables	Steamed, roasted, no added salt
White Rice	Whole grain rice: brown, basmati, long grain, wild. No butter, salt
Mashed Potatoes	With skin, add herbs, non-fat or low-fat milk

Snacks

Instead of Current...	Substitute with...
Chips	Baked chips, pretzels, pita chips, 100% whole grain chips
Candy Bars	100% whole grain granola bars
Fruit Snacks	Dried fruit
Fruit Cups in syrup	Fruit cups in water, fresh fruit salad
Yogurt w/ fruit on bottom	< 20 g of sugar per 4 oz or 30g of sugar per 6 oz, Non-fat or low-fat
Granola	100% whole grain granola: (ex, Kashi, Kelloggs)
Crackers	Cracker combos with fresh vegetables and hummus

Beverages

Instead of Current...	Substitute with...
Whole Milk	Non-fat or low-fat milk (8 oz), soy, lactose-free
Soda	Sparkling water, diet, caffeine free
Coffee w/ cream	Non-fat or low fat milk, soy milk
Juice Drinks	100% juice, low-sodium vegetable juice
Iced Teas	Unsweetened, diet

Existing Cafeteria and Restaurant Policies

The following are examples of policies that already exist regarding healthy eating in cafeterias and restaurants. Create and implement your own policies that meet your worksite's needs by drawing from currently existing guidelines. Also use the tips listed above as a guide for healthy commercially-prepared foods.

Cafeteria Policies

Resource	Location	Description	Website
CDC Garden Market Example	CDC	Pilot Project Description <ul style="list-style-type: none"> • Planning process • Promotion • Evaluation • Lessons learned 	http://www.cdc.gov/nccdphp/dnpa/hwi/toolkits/gardenmarket/example.htm
Healthful choices at work	Worksite Wellness for Tompkins County, NY	<ul style="list-style-type: none"> • 5 sample worksite policies on healthy food choices • Catering Policy Template 	http://www.co.tompkins.ny.us/wellness/worksite/workwell/foodpolicy.html#2
Healthful Eating	NY State Department of Health	Description of activities: <ul style="list-style-type: none"> • Improve Cafeteria Options • Improve Vending Machine Options • Direct Market Fresh Produce at Worksites • Create a Food Policy 	http://www.health.state.ny.us/prevention/worksite/healthful_eating.htm
Worksite Nutrition Fit City Challenge Fit City for Worksite Wellness	Mecklenburg County, NC Healthy Weight Task Force	<ul style="list-style-type: none"> • Employee Wellness Article Archive • Fit City Workplace tool kit 	http://www.fitcitychallenge.org/Worksite/ShowNutrition.aspx?ID=1 http://www.fitcitychallenge.org/Worksite/Resources.aspx
California Fit Business Kit Healthy Dining Menu Guidelines	State of California, Department of Human Resources	Guidelines to implement healthy cafeteria choices. Fax sheet to communicate healthy requests with food service provider	http://www.dhs.ca.gov/ps/cdic/cpns/worksite/download/FitBusinessKitTools/Healthy%20Dining%20Menu%20Guidelines_Final.pdf
NC HealthSmart Worksite Wellness Toolkit: Eat Smart	North Carolina Division of Public Health	Examples of worksite food policies Posters to motivate employees	http://www.eatsmartmovemorenc.com/Resources/wwtoolkit/eatsmart.html
The Mayor's Challenge "Shape up SF"	San Francisco Shape Up SF Coalition	Environmental strategies for food policy: Work Web Toolkit Work Web Guidelines	http://sfworks.org/docs/shape_up_6-07.pdf

Resource	Location	Description	Website
Eat Smart Workplace Cafeteria Program	Ontario, Canada	<ul style="list-style-type: none"> Program nutrition standards and requirements 	http://eatsmart.web.ca/en/workplace

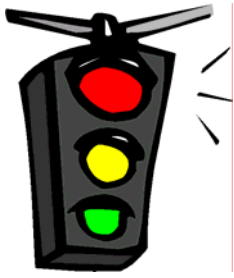
Restaurant Policies

Resource	Location	Description	Website
Healthy Dining in Collaboration with National Restaurant Association	Healthy Dining Corporate Office 4849 Ronson Court, Suite 115 San Diego, CA 92111	<ul style="list-style-type: none"> Restaurants consult company to analyze and display healthy menu options Guidelines/criteria Participating restaurants Nutrition info on healthy options 	http://www.healthydiningfinder.com/site/
Boston Best Bites	Boston Public Health Commission, Mayor Menino 1010 Massachusetts Ave Boston, MA	<ul style="list-style-type: none"> Guidelines for participating restaurants based on the American Heart Association Logo for healthy menu items 	http://www.bphc.org/programs/initiative.asp?b=2&d=&p=190&i=260
Ruby Tuesday, Inc	All National Chain Restaurants	<ul style="list-style-type: none"> Smart Eating™ lists calories, grams of fat, net carbohydrates, and fiber for healthy options Downloadable nutrition information 	http://rubytuesday.com/menu/smartEating.asp
Sodexo Foodservice Corporate Responsibility	Nationwide Corporate Office Gaithersburg, MD 1-800-SODEXHO	<ul style="list-style-type: none"> “Your Health Your Way” Cafeteria Guidelines Vending Program Food Facts, Handouts Talk to Dietitian 	http://www.yourhealthyourwayonline.com/about_frame.htm

Useful Resources on Food Sanitation

1. <http://www.dec.state.ak.us/eh/fss/establishments/stickers.htm>: printable kitchen sanitation stickers (for general kitchen area, for fridge, sanitizing solution recipe, hand washing, proper fridge temperature)
2. <http://www.mass.gov/?pageID=eohhs2subtopic&L=5&L0=Home&L1=Provider&L2=Guidance+for+Businesses&L3=Food+Safety&L4=Retail+Food&sid=Eeohhs2>: MA state policies and procedures for food and kitchen sanitation
3. <http://pubs.cas.psu.edu/freepubs/pdfs/ui302.pdf>: detailed instructions on cleaning a refrigerator
4. www.foodsafety.gov: wealth of links for consumers and industry food service professionals
5. <http://www.cfsan.fda.gov/~dms/ftteats.html>: tips for employees of how to safely store and eat a packed lunch

Sample Fact Sheet to Post on Vending Machines



Go for Green!

Hungry for a snack? Before you push that button, take a moment to consider your options... and your health!

Snacks can be an important part of a healthy diet, depending on the foods you choose.

Snack smart by choosing foods that meet these six nutritional criteria¹:

- Low in calories
- Low in total fat
- Low in saturated fat
- Trans fat free
- Low in sugar, relative to weight
- Contains plenty of fiber or protein

Vending machine items are categorized below according to their nutritional quality. And remember: the keys to healthy snacking are balance, variety, and moderation!

● = Best Choice: These items meet all 6 of the healthy criteria:

Nature Valley Crunchy Granola Bars
Snyder's Mini Pretzels
Stacy's Cinnamon Sugar Baked Pita Chips
Luna S'mores Bar

▼ = Choose Occasionally: These items meet 5 of the 6 healthy

Act II Light butter Popcorn (1 cup popped)	Oreo Cookies (3 cookies)
Austin Cheese Crackers with Peanut Butter	Ruffles Baked! Cheddar and Sour Cream Crisps
Austin Toasty Crackers with Peanut Butter	Kar's Original Unsalted Trail Mix (1 oz)
Baked Lay's Crisps (1 oz, or 11 crisps)	Mixed Berry Fruity Snacks (10 pieces)
Balance Bar Gold (1 bar)	Sun Chips (1 oz)
Big 'n Crunchy Salted Peanuts (1 oz)	Zoo Animal Crackers
Chex Mix Traditional (2/3 cup)	NutriGrain Apple Cinnamon Cereal Bar

● = Choose Rarely: these items meet fewer than 5 of the healthy

Crunch Crisp	Junior Mints
Doritos Nacho Cheese	O'Brien's Beef Sticks
Duplex Sandwich Cremes (3 cookies)	Planter's Salted Peanuts
Famous Amos Chocolate Chip Cookies	Skittles Original Fruit Flavor
Worksite Wellness Toolkit	

Sample Lunch Time Workshop Flyer



Snack Smart!

Snacks can be a great part of a healthy diet. They keep you energized, while providing your body with the nutrients it needs. Snack smart by choosing foods that meet these six nutritional criteria:

- Total Calories: 250 calories or less
 - Total Fat: 7 grams maximum per serving, or less than 30% of calories from fat
 - Saturated Fat: 3 grams maximum per serving, or less than 10% of total calories from saturated fat
 - Trans Fat: Trans fat free (less than 0.5grams/serving), unless already a low fat food (3grams fat or less)
 - Sugars: No more than 35% sugar by weight
 - Fiber: At least 3 grams of fiber per serving
- OR-

Protein: At least 3 grams of protein per serving

Rationale behind fiber “or” protein as a nutrient criteria: Many healthy snacks that help to stabilize blood sugar levels can contain fiber and no protein (fruit and vegetables), **or** protein and no fiber (yogurt and other low-fat dairy). While a combination of both is ideal, if an item is a good source of one or the other (3 grams or more per serving), it meets the nutritional criteria.

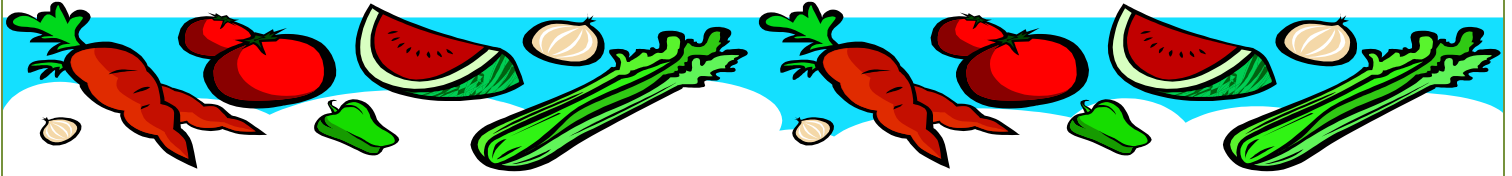
Please join us for more information on healthy eating in the workplace at:

Add Location

(Bring your lunch and eat while you learn something new)

Add Date & Time

Sample Flyer for Lunch Time Employee Workshop



Making Health Work at Work

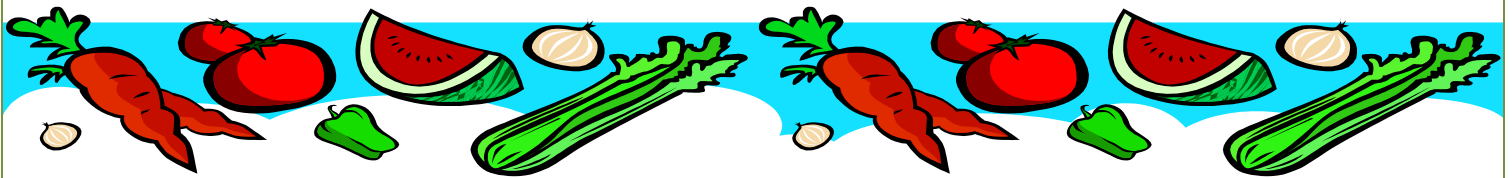
Lunch and Learn Series

(Bring your lunch while you learn something new)

Add Location Date & time

Come join us for a discussion of a variety of nutrition “hot” topics including: Trans Fats, food labels; planning a healthy event/meeting/ party; and vending machine changes at MDPH. .

The workshop will also feature Meredith Berger, a Culinary & Nutrition Graduate Student at BU who will share some tips on preparing taste, fast lunch & snack recipes.



Sample Lunch Time Employee Workshop Outline

National Nutrition Month

Employee Brown Bag Lunch Presentation

March 2008

- 1) Intro **(2 minutes)**
 - a) What Worksite Wellness is
 - b) Healthy eating as an essential component
 - c) What DPH has been doing
- 2) Fruits and Vegetables – More Matters **(5 minutes)**
 - a) Why fruits and vegetables are important
 - b) How to incorporate more fruits and vegetables into daily life
- 3) Healthy Meeting/Events Guide **(5 minutes)**
 - a) Hints/tips
 - b) What to look out for/avoid
 - c) Sample menus
- 4) Vending Machines **(5 minutes)**
 - a) In progress: aiming for 75% of vending machine items to be deemed “healthy”
 - b) How to read the nutrition label
 - i) Trans fats discussion
 - ii) Serving sizes
 - c) Red, Yellow, Green tools that are posted on vending machines
- 5) Bringing your own food **(5 minutes)**
 - a) “You Make it Best” tool – Making your own healthy snacks to bring to work
 - b) Portion control
- 6) WIC **(2 minutes)**
- 7) Student chef demonstration **(15 minutes)**

Sample Lunch Time Employee Workshop Evaluation Form

“Making Health Work at Work” Evaluation Form

3.20.2008

How did you hear about this workshop?

_____ Advertisements at DPH _____ Word of mouth
_____ Commissioners email

Other (please specify): _____

1. Did you notice the nutrition month displays in the lobby? _____ Yes _____ No

Were they informative? _____ Yes _____ No

Suggestions: _____

2. Did you find this workshop informative? _____ Yes _____ No

What aspect did you find most helpful? _____ PowerPoint _____
Handouts _____ Food display

Other (please specify): _____

Please list any other topics you are interested in seeing presented in the future:

1.

2.

3. Are you aware of the healthy changes being made to the vending machines at DPH?

_____ Yes _____ No

















4. Are you planning to make healthy changes to your diet? _____ Yes _____ No

Did this presentation affect that? _____ Yes _____ No

8. Other Comments/Recommendations:

What Are You Drinking?

Drinking fluids during the day is important, but what are you drinking? Take a look and see how your favorite beverage rates, you will see that not all are created equal! Beverage choice affects our health; it's not just the food we eat!

Type of Beverage per 8 oz.	Carbohydrate (grams)	Carbohydrate Type	Calories per 8 oz.	Quality of Choice
 Water	0	none	none	 Excellent Choice
 Milk, low-fat, 1% milkfat	12	Galactose	90	 Excellent Choice
 100% fruit juice	26	Sucrose, Fructose, Glucose	112	 Excellent Choice
 Diet Soda	0	Sugar Substitutes	0	 Good in Moderation
 Sport Drinks	14	Sucrose syrup, Glucose-Fructose Syrup	70	 O.K. Choice
 Energy Drinks	11	Sucrose, Glucose	108	 Unnecessary Calories
 Fruit Drinks	32	High Fructose Corn Syrup	120	 Unnecessary calories
 Regular Soda	26	High Fructose Corn Syrup, Sucrose	93	 Unnecessary Calories

For more information: www.eatright.org
www.mypyramid.gov

Sample Beverage Facts Handout (front side)

Beverage Facts:

Water:



- Water is an “Excellent Choice” when choosing a beverage. It’s healthy, low cost, and has no calories.
- **Our body is made up of 50-75% water, so we need to give the body what it needs.**
- **Recommendations are 4-8 cups including high water content foods for ages 2-12 years, and for adults 8 cups or more a day.**
- Carry a water bottle with you to remind you to drink enough.



Reduced Fat (1%-2%) or Skim Milk:

- **Once a child reaches 2 years of age it is recommended to switch from whole milk to reduced fat or skim milk, the fat in whole milk and other foods can lead to conditions such as heart disease or obesity.**
- Choosing milk as a healthy beverage during the day can help to meet your daily calcium requirements.



100% Fruit Juice:

- Some juices may seem healthy but be sure to read the label.
- Look for the words “100% juice” and “Unsweetened”- these are the best choices.
- Stay away from words like “Cocktail” or “ades”- these have little juice and more sugar.
- Juice is not recommended for children under 6 months of age. For ages 1-6 years only 4-6 oz. per day is recommended and should be given in a cup (never a bottle). Older children and adults should not consume more than 8-12 oz. per day.
- Enjoy whole fruit instead of juice. It has more fiber and less calories.



Other Beverages:



- Beverages containing High Fructose Corn Syrup (HFCS) contain the same amount of calories as table sugar and studies are finding that they may be harmful to your health by increasing weight gain (Be on the look out for new studies on HFCS).
- On average, soda and fruit-flavored drinks account for 30% of the calories we eat. In addition to the excess calories you get by drinking these products, HFCS may also cause you to eat more since they may make you feel less full than other foods with the same amount of calories.
- Sports drinks such as Gatorade® or Powerade® are designed for the endurance athlete. For the average athlete and as a regular beverage these added calories are unnecessary.
- Energy drinks such as Red Bull® may give you a “pick-me-up” when you are tired, but the high amount of calories from straight sugar may bring you right back down later, and could cause weight gain if drunk regularly.

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Smoking Cessation Policies, Programs, and Resources

The **Massachusetts Smoke-free Workplace Law** effective July 5, 2004, prohibits smoking in workplaces, including private offices, taxis, restaurants and bars in order to protect employees and the public from secondhand smoke. This law amends the 1988 Massachusetts Clean Indoor Air Law.

Secondhand smoke, also known as environmental tobacco smoke (ETS), is the combination of smoke exhaled by a smoker and smoke from a burning cigarette, cigar or pipe. This combination is dangerous for both the smoker and the nonsmoker. Secondhand smoke contains a mixture of more than 4,000 chemicals, more than 50 of which are cancer-causing agents (carcinogens).

Cities and towns may have additional local secondhand smoke regulations that are stricter than the state law. For information about local tobacco control regulations, contact your local health department/board of health.

Policies

- The sale of tobacco products at the worksite is prohibited
- Tobacco advertisements are prohibited at the worksite
- Smoking is prohibited except for designed outside areas
- Smoking is prohibited on all worksite property
- Tobacco use is prohibited on paid time
- Tobacco use is prohibited at all workplace-sponsored events
- The worksite will provide free, accessible, on-site tobacco treatment and will publicize its availability
- The worksite will provide on-demand access, directly or through purchased health insurance coverage, to free or low cost smoking cessation counseling and all FDA approved medication

Programs

The Try-to-Stop Tobacco Quitline (1-800-Try-to-Stop) provides confidential telephone information, referral and counseling at no charge to smokers and support to quit or make a quit attempt. Counseling is available in English and Spanish and through interpreters in all other languages.

QuitWorks (www.quitworks.org) is a free, evidence-based stop-smoking service developed by the Massachusetts Department of Public Health in collaboration with all major health plans in Massachusetts. QuitWorks links providers and their patients who want to quit smoking to the full range of the state's tobacco treatment services. All it takes to use QuitWorks are a clinician, a patient who uses tobacco, and the QuitWorks tools. Health care providers enroll patients who smoke in QuitWorks by faxing a completed referral form to the Try-to-Stop Tobacco Quitline.

Trained telephone counselors then contact patients proactively to provide counseling and send providers fax-back reports on each patient's progress. QuitWorks can fit into routine patient care - whether the setting is an office practice, a hospital, a health center, a public health program or a worksite.

www.TrytoStop.org is a website for smokers that includes expert advice, self-directed quitting tools, resources and information. Additional information about secondhand smoke and tobacco prevention are available at www.makesmokinghistory.org. Free educational materials on smoking cessation and secondhand smoke are available at the MA Health Promotion Clearinghouse www.maclearinghouse.com

Resources

- **The Massachusetts Smoke-Free Workplace Law** effective 07/05/2004, prohibits smoking in workplaces, including private offices, taxis, restaurants and bars in order to protect employees and the public from secondhand smoke. The law amends the 1988 Massachusetts Clean Indoor Air Law. Information is available at www.mass.gov/dph/mtpc. Some local municipalities have stricter regulations than the state law. For more information about local tobacco control regulations, contact your local health department or board of health.
- Make It Your Business www.makeityourbusiness.net
- Resources for quitting smoking:
 - www.trytostop.org
 - www.smokefree.gov
 - American Cancer Society:
www.cancer.org/docroot/PED/content/PED_10_13X_Guide_for_Quitting_Smoking.asp?from=fast
 - American Heart Association:
www.americanheart.org/presenter.jhtml?identifier=3038010
 - American Lung Association:
http://www.lungusa.org/site/c.dvLUK9O0E/b.22931/k.8550/Smoking_Cessation_Support.htm
 - The EX Campaign: www.becomeanex.org
- CDC tobacco information: www.cdc.gov/tobacco
- Massachusetts tobacco information: www.makesmokinghistory.org
- Massachusetts information about addictions: www.talkaboutaddiction.org

Stress Management Policies, Programs, and Resources

Policies

- Policies that support a culture of workplace flexibility having a variety of work options:
 - *Flextime*: Workday start and end times differ from the workgroup's standard, yet the same number of hours per day is maintained
 - *Compressed Workweeks*: Full-time options that allow employees to work longer days for part of the week or pay period in exchange for shorter days or a day off during the week or pay period
 - *Part-time*: Working less than 35 hours a week
 - *Job Sharing*: Full-time position shared by two people, each working part-time hours
 - *Telecommuting*: Working from a remote location one or more days a week
 - *Working Remotely*: Working full-time from a remote location
- Worksite provides directly or promotes health insurance companies that sponsor programs for stress reduction or related issues (e.g. relaxation training, assertiveness, communication, time management, conflict resolution)
- Written job descriptions for each employee with defined clear expectations that are set by the employees manager
- Scheduled group stretch breaks
- Ergonomically designed workstations will be available to all employees
- Mentoring opportunities for employees
- Policies to address dependent care issues
- Domestic violence awareness seminars for employees
- Regular social events are supported
- Extended disability or sick time allowances and grievance procedures
- An Employee Assistance Programs (EAP) is available, free of charge, for all employees
- Sexual harassment and non-violence policies (including domestic violence) policy
- Policies to prevent against frequent involuntary overtime
- Ensure that employees have input into management decisions about physical space, new work procedures and work schedules that impact them
- Efforts made to seek input/ideas from affected employees before supervisor or management make decisions about physical aspects of the work environment (e.g. equipment, furniture, work space layout), new work procedures, or work schedules
- Policies allowing employees paid work-release time to attend evaluated worksite-based parenting education programs such as "Talking Parents, Healthy Teens: A Worksite-Based Program for Parents to Promote Adolescent Sexual Health"
www.cdc.gov/pcd/issues/2006/oct/06_0012.htm

Programs

- Training on meditation, muscle relaxation, tai chi, and other relaxation methods
- Providing physical space for meditation and other relaxation

- Providing a walking route and/or exercise space for use during work hours
- Offering periodic massage therapy at the workplace
- Insurance sponsored programs for stress reduction or related issues (e.g. relaxation training, assertiveness, communication, time management, conflict resolution).

Resources

- The Center for the Promotion of Health in the New England Workplace:
<http://www.uml.edu/centers/cph-new>
- Employers Against Domestic Violence: www.employersagainstdomesticviolence.org.
- Women's Bureau- U.S Department of Labor:
<http://www.we-inc.org/flex.cfm>.
- "Talking Parents, Healthy Teens: A Worksite-based Program for Parents to Promote Adolescent Sexual Health" www.cdc.gov/pcd/issues/2006/oct/06_0012.htm
- The Boston College Center for Work and Family: <http://www.bc.edu/cwf>
- Center for Mindfulness, Healthcare and Society Stress Reduction Program
<http://www.umassmed.edu/Content.aspx?id=41252>
- Worksite-based Program for Parents to Promote Adolescent Sexual Health"
www.cdc.gov/pcd/issues/2006/oct/06_0012.htm.
- Expanding Our Understanding of the Psychosocial Work Environment; A Compendium of Discrimination, Harassment, and Work-Family Issues:
<http://www.cdc.gov/niosh/docs/2008-104>
- The Center for Stress Reduction at UMASS Medical School:
<http://www.umassmed.edu/Content.aspx?id=41252>
- Sloan Work and Family Research Network: <http://wfnetwork.bs.edu>
- National Institute of Occupational Safety and Health. (1999) Stress at Work. DHHS (NIOSH) Publication Number 99-101. Available online at:
<http://www.cdc.gov/niosh/stresswk.html>
- The Salter School's Massage Therapy Program: <http://www.salterschool.com>
- Parenting in the Workplace Institute:
<http://www.parentingatwork.org/>

Workplace Policies that Address Optimal Employee Health and Well-being

Suggested Policies that Support Safety in the Workplace

- Installation of Automatic External Defibrillators (AED's) and First Aid kits at the worksite
- All employees will have first aid training with a refresher course every 2 years
- All employees will have Cardiopulmonary Resuscitation (CPR) training with a refresher course every 2 years
- All employees will have Automatic External Defibrillators (AED) training with a refresher course every 2 years
- All employees will have Epi-Pen training
- Written emergency response plan for medical emergencies (e.g. heart attack, asthma attack)
- Established policy for reporting injuries at work that is well publicized to all employees and easy to follow
- Written occupational health and safety policy and/or program
- Worksite will have a dedicated person, group or committee who is responsible for employee health and safety
- Policies insuring that occupational safety and health audits, inspections, or walk-arounds are carried out on a regular basis
- Written seatbelt policy that requires employees to wear seatbelts when on company business or operating company equipment

Suggested Policies that Support Substance Abuse Prevention in the Workplace

- Impose and enforce a drug-free workplace policy
- Managers are required to attend a training session on the signs and symptoms of substance abuse
- Mandatory pre-employment physicals/testing that cover tobacco cessation, depression screening and other health risks are required for all employees
- An Employee Assistance Program (EAP) will be provided for all employees
- Work with insurance companies to provide reimbursement for needed treatment for a substance use disorder

Lactation Support Policies, Programs, and Resources

Breastmilk is the ideal source of infant nutrition. Breastfeeding protects infants—and their mothers—from innumerable illnesses and chronic health conditions. Experts universally recommend exclusive breastfeeding for the first year of life, yet returning to work is a significant challenge many new mothers face in reaching this important goal. Employers have the opportunity to ease this challenge with a small investment of time, money, and flexibility by offering their employees policies and programs that support breastfeeding in the workplace. Providing accommodations for breastfeeding also offers tremendous rewards for employers, including health care cost savings, reduced absenteeism, and improved employee morale and retention.

Policies

- Development of a written policy describing the employer’s lactation support program and prohibiting harassment and discrimination against breastfeeding employees.
- Sufficient maternity leave (at least six weeks) for mothers to allow the establishment of breastfeeding.
- Flexible work arrangements for mothers returning to work, such as part-time work, job sharing, flextime, compressed work week, telecommuting or a phase-back to full-time work load over several weeks or months.
- Sufficient break time to breastfeed (if infant is on site or nearby) or express breast milk at work, allowing at least two 20 – 30 minute breaks (one morning and one afternoon) during an eight hour shift.

Programs

- Lactation support programs enable mothers to continue to provide breast milk to their infants upon return to the workplace.
 - Minimal requirements for an employer lactation support program include:
 - A clean, private multi-purpose space (that is not a restroom) with a comfortable chair and an electrical outlet
 - A sink, soap and paper towels near the designated breastfeeding/pumping space
 - More comprehensive lactation support programs include:
 - A designated space used only as a “Nursing Mothers’ Room” that includes a small refrigerator and a sink
 - An employer-provided hospital grade electric breast pump for shared use by employees, and access to pump collection kits required for its use
 - Access to breastfeeding support and education from a trained lactation professional

Resources

- Food and Drug Administration, Breast Pump Information
<http://www.fda.gov/cdrh/breastpumps/>
- Massachusetts Breastfeeding Coalition, Breastfeeding and the Workplace
<http://massbfc.org/workplace/>
- Sloan Work and Family Research Network, Policy Briefing Series, Breastfeeding and the Workplace
http://wfnetwork.bc.edu/pdfs/policy_makers14.pdf
- The United States Breastfeeding Committee, Workplace Breastfeeding Support Position Paper & Checklist:
<http://www.usbreastfeeding.org/Issue-Papers/Workplace.pdf>
<http://www.usbreastfeeding.org/Issue-Papers/Checklist-WP-BF-Support.pdf>
- Vermont Department of Health, Breastfeeding Friendly Employer Project:
http://healthvermont.gov/family/breastfeed/employer_project.aspx
- Work and Pump, Breastfeeding Information and Support for Working Mothers:
<http://www.workandpump.com/>

Sleep Health Policies, Programs, and Resources

Sleeping well for an adequate amount of time is essential for good health and high quality of life. There is increasing evidence that insufficient sleep and a variety of sleep disorders are risk factors for a number of medical and psychiatric conditions including heart disease, hypertension, diabetes, depression and cancer. In addition, sleep disturbances result in higher rates of motor vehicle accidents, reduction in job performance and more job-related injuries and accidents.

Programs

- On site education seminars on the importance of good sleep health and how to obtain better sleep
- On line sleep health education program
- On line sleep disturbance screening questionnaire
- Providing a physical space for napping during breaks
- Evaluating workplace lighting to improve alertness
- For 2nd and 3rd shift employees, making taxi vouchers available for those who believe they are too sleepy to drive home

Resources

- Harvard Medical School Division of Sleep Medicine Sleep and Health Education Program:
<http://understandingsleep.org>
- American Academy of Sleep Medicine:
<http://www.sleepeducation.com>
- The Harvard Medical School Guide to a Good Night's Sleep (Harvard Medical School Guides) by Lawrence Epstein and Steven Mardon
- National Sleep Foundation:
http://www.sleepfoundation.org/site/c.hulXKjM0IxF/b.2420541/k.9E5A/How_Sleep_Works.htm
- National Center on Sleep Disorders Research:
<http://www.nhlbi.nih.gov/about/ncsdr/index.htm>
- Institute of Medicine/National Academies Press: Sleep Disorders and Sleep Deprivation: An Unmet Public Health Problem
http://www.nap.edu/catalog.php?record_id=11617
- Harvard Business Review, October 2006, Reprint R0610B: Sleep Deficit The Performance Killer--A Conversation with Harvard Medical School Professor Charles A. Czeisler <http://www.hbr.org>

Workplace Policies that Address Asthma

The environment plays an important role in causing and making asthma worse. Research has shown that exposure to mold, cockroaches, mice, certain chemicals (sensitizers and irritants), and other factors can cause asthma or make asthma worse. Recent survey data in Massachusetts show that nearly one in ten adults have current asthma, and nearly one in five of those adults with asthma report that conditions at their current workplace either caused their asthma or made their asthma worse. Improving asthma requires both good medical management and improving the workplace environment. This section focuses on assisting employers with improving the workplace environment. Because work environments vary significantly from office buildings to construction sites, this section recommends policies based on the work setting.

Policies

Supporting Safe Work Environments for Persons with Asthma

State and federal law requires reasonable accommodations of persons with asthma, if the asthma meets the criteria for disability. However, employers should consider policies that accommodate all persons with asthma, even if not required by law, as they will help ensure healthy employees and reduce absenteeism due to asthma.

- Reasonable accommodations should be instituted for any employee with doctor-diagnosed asthma who documents that certain environments at work aggravate or cause their asthma. Such accommodations can include: relocation of office to a site that does not aggravate asthma or carpet removal. The employer should work with the employee's physician (with the employee's consent) to identify and remediate any workplace asthma triggers.
- If the asthma qualifies as a disability, the employer should consult with legal counsel to ensure they meet legal requirements.

Preventing Asthma Symptoms in the Office and School Environment

- Develop smoke-free policies that discourage smoking at entrances to buildings and near air intakes
- Enforce anti-idling requirements with particular attention to idling at school entrances and near air intakes
- Prevent moisture incursion—address plumbing or roof leaks *immediately*; remediate water damage
- Ensure ventilation systems are working in accordance with state building code, ASHRAE standards, and recommendations by the Massachusetts Department of Public Health⁶
 - Operate at all occupied times

⁶http://www.mass.gov/?pageID=eohhs2terminal&L=6&L0=Home&L1=Consumer&L2=Community+Health+and+Safety&L3=Environmental+Health&L4=Environmental+Exposure+Topics&L5=Indoor+Air+Quality&sid=Eeohhs2&b=terminalcontent&f=dph_environmental_c_iaq_overview&csid=Eeohhs2

- Provide fresh air
 - Replace or clean filters on a regular schedule
- Ensure that construction, renovation or repair activities are isolated from occupants. Select building materials that do not emit formaldehyde to the environment
- Institute Integrated Pest Management systems that remove pests without hazardous pesticides
 - Remove trash daily
 - Reduce clutter to prevent pest infestations
- Avoid use of air fresheners in bathrooms and kitchen areas and discourage the use of perfumes by occupants
- Take steps to limit dirt brought into the building
 - Provide walk-off mats at entrances
 - Reduce clutter to make it easier to clean
- Use Environmentally Preferable Products (EPP) for cleaning as recommended by the MA Operational Services Division. Make sure that any use of cleaning or other chemicals that cause asthma are disclosed to employees as required by law.
- Install easy to clean surfaces – flooring, counter tops, kitchens. Carpets require extra care—avoid spills, prevent dust and dirt incursion, and use HEPA vacuum cleaners in schools.

Preventing Asthma Symptoms in Health Care Settings

- Address all indoor air quality issues recommended in office and school environments
- Develop a policy that limits use of chemicals and products with asthma-causing ingredients
 - Provide alternatives to latex gloves in all areas
 - Develop safer cleaning practices; use disinfectants appropriately and selectively only where needed
 - Avoid exposures to glutaraldehyde, formaldehyde and other known asthma-causing agents
 - Develop floor care strategies that limit floor stripping

Preventing Asthma Symptoms in Manufacturing, Construction, and Service Industries

- Comply with OSHA Hazard Communication Standard which requires training about chemicals in the work environment
- Develop policies that review chemical ingredients and minimize use of chemicals in the workplace known to cause or exacerbate asthma (see the table for likely hazards by industry.)
 - Ensure that safety and health committees address hazards for asthma
 - Encourage review of chemicals for hazards for asthma
 - Pay attention to cleaning products that cause asthma symptoms in product users and bystanders
- Ensure that workplace exposures are evaluated for any employee with new-onset asthma
- Provide respirators on a voluntary basis for employees who seek extra protection from certain exposures

ASTHMA-CAUSING AGENTS Examples by occupations at risk

Industry	Exposures
Agriculture	Animal urine/dander, Grain dusts, Grain mites, Insects
Animal Handling	Animal urine/dander
Baking	Enzymes (fungal amylase), Flour/grain dust, Grain mites
Carpentry	Acrylate, Amines, Diisocyanates, Epoxy resins, Wood dusts
Cleaning, Janitorial Work	Cleaning products, Dusts, Molds
Daycare	Cleaning products, Dusts, Latex gloves (natural rubber), Molds
Electronics	Amines, Colophony, Metals, Soldering flux
Hairdressing	Henna, Persulfate
Health Care	Formaldehyde, Glutaraldehyde, Latex (natural rubber), Methyldopa, Penicillins, Psyllium
Laboratory Work	Animal urine/dander, Bird feathers, Enzymes, Formaldehyde, Glutaraldehyde, Insects, Latex (natural rubber)
Machining/Tool setting	Metal working fluids, Oil mists
Office Work	Cleaning materials, Dusts, Molds
Pharmaceuticals	Cephalosporins, Pancreatin, Papain, Pepsin, Psyllium
Photography	Complex amines
Plastics/Rubber	Anhydrides, Diisocyanates
Manufacture	
Sawmills	Wood dusts (Eastern white/western red cedars, mahogany, oak, redwood)
Seafood Processing	Crabs, Prawns
Teaching	Cleaning products, Molds, Dusts
Textile Manufacture	Dyes, Gums
Welding	Welding fumes, especially stainless steel

Table adapted from New York State Department of Health

Workplace Policies, Programs and Resources that Address Heart Disease Prevention

Cardiovascular disease is the leading cause of death in Massachusetts. In 2008 alone, total hospital charges for cardiovascular disease approached \$4 billion.⁷ Businesses are impacted by absenteeism, lost productivity and health care costs. Managing blood pressure and cholesterol are two important ways to prevent cardiovascular disease.

About High Blood Pressure

High blood pressure (HBP) is a serious condition that can lead to [coronary heart disease](#), [heart failure](#), [stroke](#), [kidney failure](#), and other health problems. “Blood pressure” is the force of blood pushing against the walls of the arteries as the heart pumps out blood. If this pressure rises and stays high over time, it can damage the body in many ways.

About 1 in 3 adults in the United States has HBP. HBP itself usually has no symptoms and one third of people with HBP are not aware they have it. In Massachusetts, 25% of adults over the age of 18 have been diagnosed with high blood pressure. Of those diagnosed, 75% report taking medication for their high blood pressure. However, 29% of Massachusetts adults still have uncontrolled high blood pressure. A person with high blood pressure can have it for years without knowing it. During this time, though, it can damage the heart, blood vessels, kidneys, and other parts of the body.

While blood pressure tends to increase with age, the target is to maintain a normal blood pressure. As blood pressure increases so does risk.

Blood Pressure Levels⁸	
Normal	Systolic: less than 120 mmHg Diastolic: less than 80 mmHg
At Risk (Prehypertension)	Systolic: 120–139 mmHg Diastolic: 80–89 mmHg
High (Hypertension Stage 1)	Systolic: 140 -159 mmHg Diastolic: 90 -99 mmHg

⁷ Massachusetts Division of Health Care Finance and Policy. Inpatient Hospital Case Mix and Charge Data, Fiscal Year 2008

⁸ Center for Disease Control and Prevention, High Blood Pressure Conditions, Retrieved January 20, 2011
<http://www.cdc.gov/bloodpressure/conditions.htm>

High (Hypertension Stage 2)	Systolic: 160 mmHg or higher Diastolic: 100 mmHg or higher
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Each increment of 20/10 mmHG **doubles** risk of cardiovascular disease across the entire blood pressure range, starting from 115/75 mmHg.

Preventing High Blood Pressure

The CDC recommends the following lifestyle habits to prevent high blood pressure:

- **Eat a healthy diet.** Studies have shown that people who eat a healthy diet can lower their blood pressure. Eating healthy can help keep your blood pressure down. Eat lots of fresh fruits and vegetables, which provide nutrients such as potassium and fiber. Also, eat foods that are low in saturated fat and cholesterol. Adopting a [DASH](#) eating plan can result in a Systolic blood pressure reduction of 8-14 mmHg. [Avoid sodium](#) by limiting the amount of salt you add to your food. Be aware that many pre-packaged or processed foods and restaurant meals are high in sodium. Adopting a low sodium diet can result in a Systolic blood pressure reduction of 2-8 mmHg.
- **Maintain a healthy weight.** Being overweight can raise blood pressure. Losing weight can help lower blood pressure. A loss of 10kg or 22 pounds can result in a Systolic blood pressure reduction of 5 – 20 mmHg.
- **Be physically active.** Physical activity can help lower blood pressure. The Surgeon General recommends that adults should engage in moderate physical activities for at least 30 minutes on most days of the week. Increasing physical activity can result in a Systolic blood pressure reduction of 4-9 mmHg.
- **Don't smoke.** Smoking injures blood vessels and speeds up the hardening of the arteries. Smoking is a major risk for heart disease and stroke.
- **Limit alcohol use.** Drinking too much alcohol is associated with high blood pressure. Moderating alcohol consumption can result in a Systolic blood pressure reduction of 2-4 mmHg.
- **Follow medication treatment plans.** Once diagnosed with high blood pressure, it is important to follow the treatment plan prescribed by your doctor.

About High Cholesterol

High blood cholesterol is one of the major risk factors for heart disease. The higher your blood cholesterol, the greater your risk of developing heart disease or having a heart attack. Heart

disease is the number one killer of men and women in the United States. Each year, more than a million Americans have a heart attack, and about half a million people die of heart disease.

Cholesterol is a waxy, fat-like substance found in the body and needed for normal body function. When there is too much cholesterol in the body it is deposited in the arteries including those around the heart which can lead to narrowing of the arteries and to heart disease. [High blood cholesterol](#) is one of the major risk factors for heart disease. In adults, total cholesterol levels of 240 mg/dL or higher are considered high risk. Levels from 200 to 239 mg/dL are considered borderline-high risk.⁹

Managing Cholesterol Levels

A variety of things can affect cholesterol levels, these are a few key elements.

- **Diet**—Saturated fat and cholesterol in food may increase cholesterol level.
- **Weight**—Being overweight tends to increase cholesterol level.
- **Physical activity**—Being inactive is a risk factor for heart disease. Regular physical activity can help lower LDL cholesterol and raise HDL cholesterol.

Policies

- Offer a Health Risk Assessment (HRA), a tool to assess an individual's risk of developing a disease or condition, annually to all employees with screenings for employees who have high blood pressure or are at risk for developing high blood pressure.
- Offer on-site health screenings/preventive services (i.e. blood glucose screening, blood pressure screening, cholesterol screening). Options may include free or low-cost community screenings offered by hospitals or health care providers, hire an occupational health vendor or health care provider to conduct screenings on-site. Individual counseling on the meaning and importance of the numbers should be provided during screenings. Alternatively encourage employees to get their numbers checked by their health care provider.
- Have a written policy that allows employees paid work time to participate in health promotion activities.
- Provide incentives or rewards for employees who engage in health promotion programs that prevent, control, and manage high blood pressure.
- Provide coverage, directly or through purchased health insurance, for hypertension screening, counseling and treatment.
- Promote awareness of and participation in disease management programs provided through health insurance carriers.

⁹ Center for Disease Control and Prevention.

<http://www.cdc.gov/workplacehealthpromotion/implementation/topics/cholesterol.html> Retrieved December 27, 2010

- Eliminate or reduce financial barriers for employees with high blood pressure to receive recommended preventive care (i.e., co-pays and deductibles for specialty care or medications, and chronic disease self-management).
 - Provide accessible blood pressure monitors and Automated External Defibrillators (AEDs).
 - Provide incentives or rewards for employees who engage in health promotion programs or who manage their health by not using tobacco products, maintain a normal weight, are physically active and eat a healthy diet.
- Establish policies that prohibit smoking or use of tobacco products on company property and in company vehicles.
- Subsidize or reimburse employee membership to an off-site physical activity facility directly or through a health plan.
 - Provide employees with an on-site exercise facility and/or access to exercise classes on-site.
 - Provide point of decision prompts and/or signs to encourage employees to incorporate physical activity into the workday, including taking the stairs, or by parking further from the building.
 - Encourage employees to be active commuters (walking or biking to work) by providing showers and locker rooms, and bike storage.
 - Develop a policy that allows employees to participate in physical activity during the workday.
 - Create a library of videos, books, and equipment to encourage physical activity.
 - Develop a policy for stretch breaks at the beginning of shifts or during meetings that last longer than one hour.
 - Encourage employees in sedentary jobs to move every 30 minutes.
 - Arrange for and/or subsidize an on-site Weight Watchers® at Work Program for employees interested in losing or maintaining weight.
 - Have a written policy to ensure that healthy food options are offered in vending machines, at meetings or catered events, and in the cafeteria.
 - Provide point of purchase nutrition information for foods served in vending machines, in the cafeteria, and at catered events.
 - Subsidize food items by charging more for high fat/high sugar items and less for healthier food items.
 - Establish healthy food and beverage purchase guidelines (using dietary guidelines) for food purchased for the company. (i.e., at company sponsored meetings/events/trainings, in the cafeteria, in the vending machine).
 - Provide employees with an on-site farmers market or Community Sponsored Agriculture (CSA) drop off.
 - Prohibit the purchase and provision of high-sodium foods in the workplace.
 - Provide a private space for meditation or prayer to encourage employees to practice stress management/reduction techniques.

Programs

Conduct a “Know Your Numbers” program by offering on-site screenings or encouraging employees to visit a medical professional to get their numbers checked. The American Heart Association’s [Go Red for Women](#) program provides useful information.
http://www.goredforwomen.org/know_your_numbers.aspx?id=522&tm=know+your+numbers

- Start a walking club or launch a [“Start!”](#) worksite walking program from the American Heart Association. http://www.startwalkingnow.org/start_workplace.jsp
- Offer on-site health education classes, workshops or lectures on health and wellness (e.g. nutrition and healthy, weight management, physical activity and/or exercise, stress management and chronic disease self-management) to all employees.
- Offer smoking cessation programs that support employees’ efforts to quit smoking, including quit lines, group smoking cessation programs, and nicotine replacement therapy.
- Conduct an educational session that teaches the [signs and symptoms of stroke](#). Information on stroke is available from the Department of Public Health.
http://www.mass.gov/?pageID=eohhs2terminal&L=5&L0=Home&L1=Consumer&L2=Prevention+and+Wellness&L3=Disease+Prevention&L4=Heart+Disease+and+Stroke+Prevention&sid=Eeohhs2&b=terminalcontent&f=dph_com_health_heart_stroke_c_stroke_signs_symptoms&csid=Eeohhs2
- Create an intranet web site that includes links to interactive websites, informational resources or podcasts on heart disease, high blood pressure and high cholesterol.

Resources

Massachusetts

- Massachusetts Department of Public Health – Heart Disease and Stroke Prevention information
<http://www.mass.gov/?pageID=eohhs2subtopic&L=5&L0=Home&L1=Consumer&L2=Prevention+and+Wellness&L3=Disease+Prevention&L4=Heart+Disease+and+Stroke+Prevention&sid=Eeohhs2>
- Partnership for a Heart-Healthy, Stroke-Free Massachusetts
<http://www.heartstrokema.org>
- Massachusetts Health Promotion Clearing House
<http://www.maclearinghouse.com/CatalogHDSP.htm>
- Framingham Heart Study – Risk Factor Tool
<http://hp2010.nhlbi.nih.net/atpiiii/calculator.asp?usertype=prof>
- SmartBeat – Self-monitoring and management program
<http://www.connected-health.org/programs/smartbeat.aspx>

National

- CDC Blood Pressure Home Page:
<http://www.cdc.gov/bloodpressure/>
- CDC High Blood Pressure Fact Sheet
http://www.cdc.gov/dhdsp/library/fs_bloodpressure.htm
- CDC High Blood Pressure Guidelines and Recommendations
http://www.cdc.gov/bloodpressure/guidelines_recommendations.htm
- CDC How to Prevent High Blood Pressure
http://www.cdc.gov/bloodpressure/what_you_can_do.htm
- Successful Business Strategies to Reduce Blood Pressure Toolkit
http://www.cdc.gov/dhdsp/pubs/employers_toolkit.htm
- Workplace Health Promotion – Implementation Strategies for Cholesterol Screening and Control
<http://www.cdc.gov/workplacehealthpromotion/implementation/topics/cholesterol.html>

- State Heart Disease and Stroke Prevention Program
http://www.cdc.gov/dhdsp/library/fs_state_hbp.htm
- American Heart Association [Tools and Resources](#) (videos, quizzes, materials)
- [High Blood Pressure Wallet Card](#)
<http://www.nhlbi.nih.gov/health/public/heart/hbp/hbpwallet.htm>
- National Cholesterol Education Program -
Risk Assessment Tool for Estimating 10 year Risk of Having a Heart Attack
<http://hp2010.nhlbi.nih.gov/atpiii/calculator.asp?usertype=pub>
- CDC Cholesterol Home Page
<http://www.cdc.gov/cholesterol/>
- CDC Cholesterol Fact Sheet
http://www.cdc.gov/dhdsp/data_statistics/fact_sheets/fs_cholesterol.htm
- CDC Cholesterol Guidelines and Recommendations
http://www.cdc.gov/cholesterol/guidelines_recommendations.htm
- CDC Cholesterol What You Can Do
http://www.cdc.gov/cholesterol/what_you_can_do.htm
- National Heart Lung and Blood Institute – National Cholesterol Education Program
<http://www.nhlbi.nih.gov/about/ncep/>
- National Cholesterol Education Program – Live Longer, Live Healthier
<http://www.nhlbi.nih.gov/chd/index.htm>
- Matson Koffman DM, Lanza A, Campbell KP.
A purchaser's guide to clinical preventive services: a tool to improve health care coverage for prevention. Prev Chronic Dis 2008;5(2).
http://www.cdc.gov/pcd/issues/2008/apr/07_0220.htm
- A Purchasers Guide to Clinical Preventive Services
www.businessgrouphealth.org/preventive
- Chronic Center Workplace Health Portal and Toolkit
<http://www.nhlbi.nih.gov/chd/index.htm>

Workplace Policies, Programs, and Resources to Reduce Sodium in the Workplace

Americans consume about twice the recommended amount of salt each day. A diet high in sodium increased the risk of cardiovascular disease and stroke, the first and third-leading causes of death in the U.S. The 2005 Dietary Guidelines for Americans (DGA) recommend that Americans consume less than 2,300 mg/day of sodium. Specific populations, those who are hypertensive, blacks, and middle-aged or older Americans, should consume less than or equal to 1,500 mg/day.

Encouraging the reduction of salt in diets and providing healthier foods in the workplace can reduce the risk of heart disease and stroke for employees and improve their overall health. Research shows that lower salt consumption reduces blood pressure within just a few weeks. Healthier employees could mean more productive employees, with lower healthcare costs and less sick time.

Salt consumption, however, is not a matter of choice for most people. Nearly 80% of the salt in our foods is added during the manufacturing or cooking process.

Educating employees about the benefits of choosing fresh, local, seasonal produce and foods that are low in sodium, and establishing healthier standards for the food served in your workplace will help improve the health of your organization.

Policies

- Establish sodium specifications and nutrition standards for foods purchased and served at the worksite. For sample language of food procurement guidelines visit Executive Order 509 at:
http://www.mass.gov/?pageID=gov3terminal&L=3&L0=Home&L1=Legislation+%26+Executive+Orders&L2=Executive+Orders&sid=Agov3&b=terminalcontent&f=Executive+Orders_executive_order_509&csid=Agov3
- Provide total number of milligrams of sodium (in addition to other nutrition standards e.g. total number of calories, total number of grams of saturated fat, total number of grams of carbohydrates etc) for all menu items served at the company cafeteria, at meetings or catered events, and in the vending machine to help employees make healthier food choices.
- Establish a policy ensuring that healthy food and beverage offerings will be standard at all company-sponsored meetings and events. Visit the Massachusetts Health Promotion Clearinghouse at www.maclclearinghouse.com for the Healthy Meeting and Event Guide.

- Establish policies to serve fresh and minimally processed foods at the worksite.
- Work with your insurance provider to incorporate sodium reduction strategies into disease management standards of care for employees.
- Prohibit the purchase of and provision of high-sodium foods at the worksite.
- Have a written policy to ensure that low-sodium healthy food options are offered in vending machines, at meetings or catered events, and in the cafeteria.
- Subsidize food items by charging more for high fat/high sugar items and less for healthier food items.

Programs:

- Offer on-site health education classes, workshops or lectures on health and wellness with a focus on healthy eating and low-sodium options.
- Offer a cooking demonstration that features low-sodium foods.
- Hold on-site health education seminars and programs teaching employees about the link between excessive salt consumption and poor health outcomes to increase consumer understanding.
- Have a potluck lunch that features low-sodium foods and recipes.
- Organize a Farmers' Market at your worksite through local farmers or through your employee base. Some percentage of employees plant gardens each year, and there is always extra harvest to be sold at your company's Farmers Market.
- Provide recipes for items sold at the Farmer's market, especially for unusual produce. Great recipes can be found at www.fruitsandveggiesmorematters.org.
- Proudly display Fruits & Veggies—More Matters signage throughout the market. Scroll through the Produce for Better Health online catalog, www.pbhcatalog.org, to find a variety of signs and posters.

Resources:

- CDC Heart and Stroke Website
<http://www.cdc.gov/dhds>

- CDC Salt Home Page
<http://www.cdc.gov/salt/>
- CDC Sodium Feature
<http://www.cdc.gov/Features/dsSodium/>
- CDC Sodium Fact Sheet
http://www.cdc.gov/salt/pdfs/Sodium_Fact_Sheet.pdf
- CDC LEAN Works
<http://www.cdc.gov/leanworks>
- American Heart Association – Sodium Intake Information
<http://www.americanheart.org/presenter.jhtml?identifier=4708>
- American Heart Association – Low Sodium Cookbook
http://www.heart.org/HEARTORG/GettingHealthy/NutritionCenter/CookbooksandHealthGuides/Special-Diet-Cookbooks_UCM_303871_TabbedPage.jsp
- The Institute of Medicine’s A Population-Based Policy and Systems Change Approach to Prevent and Control Hypertension: <http://www.iom.edu/Reports/2010/A-Population-Based-Policy-and-Systems-Change-Approach-to-Prevent-and-Control-Hypertension.aspx>.
- Your Guide to Lowering High Blood Pressure
<http://www.nhlbi.nih.gov/hbp/prevent/sodium/sodium.htm>
- What’s in Food? www.usda.gov “Search What’s in Food and Salt”
- US Food and Drug Administration Lowering Salt in Your Diet:
<http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm181577.htm>

Additional Useful Web Sites and Links to Cost Calculators

The following websites contain information that employers can use to find information about workplace health promotion programs.

- C. Everett Koop National Health Awards Winners:
<http://healthproject.stanford.edu/koop/work.html>
- Diabetes at Work: www.diabetesatwork.org
- Guide to Community Preventive Services: www.thecommunityguide.org
- Healthy Workforce 2010: www.prevent.org/images/
- Massachusetts Health Promotion Clearinghouse: <http://www.maclearinghouse.com/>
- National Business Group on Health: www.businessgrouphealth.org/
- Partnership for Prevention: www.prevent.org
- Partnership for Workplace Mental Health: www.workplacementalhealth.org
- U.S. Centers for Disease Control and Prevention: www.cdc.gov
- Wellness Council of America: www.welcoa.org

Links to Cost-Calculators

Alcohol Misuse

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

Diabetes

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

Obesity and Physical Activity

- CDC's LEAN Works Obesity Cost Calculator
<http://www.cdc.gov/leanworks/>
- American Cancer Society ROI Calculator for Obesity and Physical Activity,
<http://www.acsworkplacesolutions.com/obesitycalculator.asp>

- Magellan Health Services Obesity Cost Calculator
<http://www.magellanasist.com/customer/services/obesitycost/default.asp>
- Quantifying the Cost of Physical Inactivity
<http://www.ecu.edu/picostcalc>

Return on Investment of Wellness Programs

- WellSteps ROI Calculator
http://www.wellsteps.com/resources/resources_tools.php

Tobacco

- American Cancer Society ROI Calculator for Tobacco,
<http://www.acsworkplacesolutions.com/tobaccocalculator.asp>
- America's Health Insurance Plans (AHIP) and Center for Health Research, Kaiser Permanente Tobacco ROI calculator,
<http://www.businesscaseroi.org/roi/default.aspx>

Workplace Policies, Programs, and Resources that Address Diabetes and Prediabetes Management

According to the American Diabetes Association (ADA), the national cost of diabetes in the U.S. in 2007 exceeded \$174 billion. This estimate includes \$116 billion in excess medical expenditures attributed to diabetes, as well as \$58 billion in reduced national productivity. The ADA estimates that the cost of diabetes in Massachusetts alone is \$4.3 billion annually. People with diabetes, on average, have medical expenditures that are approximately 2.3 times higher than for people without the disease. Diabetes is costly to employers in terms of medical costs, indirect costs related to absenteeism and lost productivity, as well as lost productive capacity due to mortality.

According to the 2007 Massachusetts Behavioral Risk Factor Surveillance System (BRFSS), there are approximately 360,000 Massachusetts adults (7.4%) diagnosed with diabetes and an estimated 115,000 additional adults living with diabetes who do not know it. Furthermore, the Centers for Disease Control and Prevention (CDC) estimates that 35% of adults have prediabetes, having blood glucose levels that are higher than normal but not high enough to be diagnosed as diabetes. Identifying this group of employees is crucial, as progression from prediabetes to diabetes can be prevented or delayed by modest weight loss and regular physical activity.

By focusing on modifiable risk factors (i.e., by increasing physical activity, improving nutrition, and smoking cessation) employers will help to keep employees healthy and provide employees with diabetes or prediabetes resources to manage their conditions and reduce their risk of developing additional chronic diseases.

Preventing Diabetes

The CDC recommends the following lifestyle habits to prevent type 2 diabetes:

- **Eat right.** Studies have shown that people who eat a healthy diet, focusing on smaller portions, can reduce their risk of developing diabetes. Eat lots of fresh fruits and vegetables, which are important sources of fiber and other nutrients. Also, eat fewer high-fat foods, especially those high in trans fats and saturated fats, which are the worst ones for your health.
- **Maintain a healthy weight.** Being overweight or obese can increase your risk of developing diabetes. Studies show that people can delay and possibly prevent diabetes by losing a small amount of weight (5 to 7% of their total body weight).

- **Be physically active.** Physical activity can help lower your risk of developing diabetes. Experts recommend moderate-intensity physical activity for at least 30 minutes on 5 or more days of the week.

Policies

- Develop a supportive work environment that provides employees with a convenient and private place (besides the bathroom) to test blood sugar with a blood glucose monitor.
- Offer a Health Risk Assessment (HRA), a tool used to assess an individual's risk of developing a disease or condition, annually to all employees with screenings for employees who are at risk for developing diabetes.
- Offer on-site health screenings/preventive services (i.e., blood glucose screening, blood pressure screening, cholesterol screening).
- Provide coverage, directly or through purchased health insurance, for:
 - weight management programs for employees with diabetes or prediabetes
 - preventive services for employees with diabetes and prediabetes (blood glucose screening, Hemoglobin A1c, eye exams, flu vaccine, foot exams)
 - diet and nutrition counseling for employees with diabetes or prediabetes.
- Educate employees on disease management programs provided by health insurance providers that help individuals manage their diabetes.
- Provide employees with an on-site exercise facility and/or access to exercise classes on-site.
- Subsidize or reimburse employee membership to an off-site physical activity facility directly or through a health plan.
- Offer on-site health education classes, workshops or lectures on health and wellness (e.g., nutrition, weight management, physical activity and/or exercise, stress management and chronic disease self-management) to all employees.
- Provide incentives or rewards for employees who engage in health promotion programs that prevent, control, and manage diabetes.
- Arrange for and/or subsidize an on-site Weight Watchers at Work® Program for employees interested in losing or maintaining weight.

- Have a written policy to ensure that healthy food options are offered in vending machines, at meetings or catered events, and in the cafeteria.
- Provide point of purchase nutrition information for foods served in vending machines, in the cafeteria, and at catered events.
- Subsidize food items by charging more for high fat/high sugar items and less for healthier foods.
- Establish healthy food and beverage purchase guidelines (using dietary guidelines) for food purchased for the company (i.e., at funded meetings/events/trainings, in the cafeteria, and in vending machines).
- Provide employees with an on-site farmers market or Community Supported Agriculture (CSA) drop off.
- Have a written policy that allows employees paid work time to participate in health promotion activities.
- Partner with an outside vendor, local hospital, or health insurance plan to offer free or subsidized on-site flu vaccines to employees.
- Eliminate or reduce financial barriers for employees with diabetes or prediabetes to receive recommended preventive care (i.e., co-pays and deductibles for specialty care, test strips, medical nutrition therapy, diabetes self-management education, and chronic disease self-management).

Programs

- Create links to interventions in the community to prevent or manage diabetes both within and outside of the workday.
- Coordinate all corporate diabetes prevention and control efforts to make them more efficient and accountable within the organization.
- Offer or promote the My Life, My Health Chronic Disease Self-Management Program, a 2 ½ hour workshop given once a week for 6 weeks, to employees with diabetes or prediabetes. Visit the following website for more information: www.mass.gov/dph/healthyaging.

- Launch Winning at Work, a program of the American Diabetes Association that provides the resources your employees need to live healthier lives — whether they are working to prevent diabetes or to manage diabetes if they have already been diagnosed. For more information, visit: <http://www.diabetes.org/in-my-community/programs/winning-at-work/>.
- Educate employees about the importance of preconception counseling for women with diabetes or who are at risk for diabetes.

Resources

Massachusetts

- Massachusetts Department of Public Health Diabetes Prevention and Control Program: <http://www.mass.gov/dph/diabetes>
- Joslin Diabetes Center: <http://www.joslin.org/>
- Diabetes Association Inc: <http://www.peopleinc-fr.org/programs-dai-adult.html>
- Diabetes Coalition of Massachusetts: <http://www.diabetescoalitionma.org/>
- Massachusetts Guidelines for Adult Diabetes Care: <http://www.maclearinghouse.com/PDFs/Diabetes/June2009%20ADULT%20GL.pdf>
- Holyoke Health Center Advancing Diabetes Self Management: <http://diabetesnpa.im.wustl.edu/programs/DIHC.html>
- Massachusetts Health Promotion Clearinghouse: <http://www.maclearinghouse.com/CatalogDiabetes.htm>

National

- Diabetes at Work: <http://www.diabetesatwork.org/>
- American Diabetes Association: <http://www.diabetes.org>
- Diabetes Prevention Program: <http://www.bsc.gwu.edu/dpp/manuals.htmlvdoc>
- Winning at Work: <http://www.diabetes.org/in-my-community/programs/winning-at-work/>
- Group Lifestyle Balance Program (Evidence-based diabetes prevention and education program): http://www.diabetesprevention.pitt.edu/diabetesPrevention_ProfessionalServices.htm
- Small Steps, Big Rewards Campaign: <http://ndep.nih.gov/partners-community-organization/campaigns/SmallStepsBigRewards.aspx>

- Information about Prediabetes: www.diabetes.org/diabetes-basics/prevention/prediabetes
- Centers for Disease Control and Prevention (CDC) Diabetes Public Health Resource: <http://www.cdc.gov/diabetes/projects/business.htm>
- Centers for Disease Control and Prevention (CDC) Type 2 Diabetes Prevention and Control: <http://www.cdc.gov/workplacehealthpromotion/implementation/topics/type2-diabetes.html>
- The National Diabetes Program, National Institutes of Health 'Making a Difference: The Business Community Takes On Diabetes': <http://www.ndep.nih.gov/resources/business.htm>
- BD Medical Worksite Diabetes Prevention Program Yields Successful Results: http://www.bd.com/contentmanager/b_article.asp?Item_ID=22824&ContentType_ID=1&BusinessCode=20001&d=&s=&dTitle=&dc=&dcTitle=
- Diabetes Prevention Tip Sheets: <http://ndep.nih.gov>
- National Business Group on Health: <http://www.businessgrouphealth.org/>
- National Wellness Institute: <http://www.nationalwellness.org/>
- National Diabetes Information Clearinghouse: <http://diabetes.niddk.nih.gov/dm/pubs/preventionprogram/>

Step 6

Plan Approval

Step 6 – Plan Approval

Purpose In this phase, the task is to seek approval for the plan from the Wellness Team, Wellness Committee (as appropriate), the program sponsor and the organization's management.

Tasks

1. Prepare Wellness Program Plan using Master Worksheet
2. Present to Wellness Team for Review
3. Present to Management for Approval

Tools

Wellness Program Master Worksheet (From Step 4 & 5)

Intervention Worksheets (From Step 5)

1. Prepare Wellness Program Plan using Master Worksheet

The length and level of detail of the program plan will usually be determined by the managers who have approval authority over the proposed program and the culture of the organization. The complexity of the approval process will vary based on the size and management structure of the organization. The format and level of information required should be defined prior to developing a formal Plan for approval.

Considerations

When preparing your plan for approval, some of the following considerations may be helpful to incorporate:

- Identify the rationale for selecting specific goals, objectives and interventions. For example, weight management was selected as a goal in the case study because 38% of the target population is overweight or obese; or a walking program was selected as an intervention because 83% of the employees lack regular physical exercise.
- Identify the long-term expected outcomes and potential for return on investment (ROI) as a reflection of the values and benefits of the program. For example, reduced absenteeism, reduced health care costs and improved morale are likely outcomes as measured by the baseline data gathered in Step 3.

2. Present Plan to Wellness Team for Review

Now that the plan has been developed, the next step is usually to get formal review and approval for the program plan. Define the approval process based on the level of review and input that the key stakeholders require. For example, if the Wellness Team has been involved or provided input during the planning process, a detailed review should be scheduled with this group. Various levels of management may be involved in preliminary reviews of drafts before presenting the final plan to the senior management. Keep the plan in draft format until all key stakeholders have reviewed it and their suggestions and input have been incorporated.

3. Present Revised Plan to Management for Approval

It is important to understand the organization and approach the approval process with a high degree of political acumen. If support hasn't been gathered informally prior to seeking approval for the plan, it can get derailed quickly for some unanticipated technical or political reason. Make sure the type of presentation style of the managers is fully understood, so that you are presenting the plan in the most appropriate format

Use **Wellness Program Master Worksheet** as a guide for the contents of the plan.

Step 7

Implement the Plan

Step 7 – Implement the Plan

Purpose	The final step is to implement the program. Now that the program is approved, it is time to begin implementation of the wellness program. Implementation will “convert planning, goals, and objectives into action through administrative structure, management activities, policies, procedures, regulations, and organizational actions of new programs” (Timmreck, 1997). The plan should provide a reasonably detailed roadmap for the implementation activities and should be referenced often.
Tasks	1. Review and Discuss Implementation Considerations
Tools	Wellness Program Master Worksheet (From Step 5 & 6)

1. Implementation Considerations

Putting the Wellness Program into action may require a phased approach such as conducting a pilot with a small portion of the population phasing in or initiating a total program launch. This model should be considered based on the available budget and resources and level of investment required by the proposed interventions.

Leadership Support

Support from management is a critical success factor for worksite wellness programs. Throughout the program implementation, it is important to keep management informed about the program and have them demonstrate visible support for the program, in the forms of ongoing communication to encourage participation, physical presence at program activities, and personal participation in award/recognition events.

Project Management

A system and processes should be established to manage the financial, human and technical resources required to deliver the programs. Utilizing the detailed program plans, identify the many detailed tasks that are required to execute the programs. Consider using tools such as Excel worksheets and Gantt or PERT charts to manage the details. Resources on Gantt and PERT charts can be found at Project Management Institute (www.pmi.org).

Communication and Promotion

Effective marketing and promotion will help ensure high levels of participation. Use a variety of media to provide the message, such as posters, email, paycheck inserts, etc. When creating the materials, make them attractive and professional in appearance so as to capture potential participants' attention.

During the planning process, consider using this as an opportunity to let employees know that planning is underway, what to expect and the timeline for the planning effort. If this is not done formally, it will happen informally through the 'grapevine'. Don't underestimate the role the 'grapevine' plays in communications. Planned and purposeful 'grapevine' communications is also a valid and powerful approach.

During planning, consideration should be given to the promotion of both the individual interventions, as well as the overall wellness program. A program kickoff event should be included in the plan as a way of introducing the initiative and creating a positive

image for the program. Creating a 'brand' or program identity and developing standards for the program's image is indispensable in establishing credibility and creating appeal for the program. Marketing and promoting the wellness program and selected intervention activities is an ongoing activity requiring a great deal of attention.

Strategies for Enhancing Participation

Participation in the wellness program is critical to the program's success. Without it, the expected outcomes for health status improvement and economic return, will not results. Consider the following strategies when addressing participation:

- Better program positioning
- Better alignment to areas of interest of participants
- Improving program design
- Improving access to programs
- Improving or increasing promotion activities
- Increasing level of policy support
- Enhancing management support
- Utilizing more personal contact
- Using more incentives
- Enhancing cultural norms. (Chapman, 1998)

Get Feedback

It is a good rule of thumb to start off slowly with the program components that are most likely to succeed or by offering a few high visibility programs at the beginning. (Chapman, 2005) It is also important to design activities that will produce early successes in your overall wellenss program.

Establish checkpoints during the implemenation to ensure that you are getting feedback on how the program is going and assuring success.

Program Evaluation

As each individual intervention comes to an end, a series of program closure activities should take place. These include compiling feedback and evaluation data, review of outcome measures in the context of goals and objectives, and follow-up on any outstanding items with program participants. Ongoing programs will require continued marketing to keep them visible and well attended.

Use the evaluation information to provide periodic updates to the Wellness Team and Management. Keeping the program visible to them will help them see the ongoing benefits and impact of the program.

(Aldana, 2005) (Baun & Pronk, 2006) (Chapman, 2005) (Chenoweth, 2007) (McKenzie, Neiger, & Smeltzer, 2005) (The Health Communication Unit of the Center for Health Promotion, 2001) (Wilson & Glaros, 1994)

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GLOSSARY

Asthma – a chronic disease characterized by constriction and inflammation of and overproduction of mucus in the airways causing shortness of breath, wheezing and other breathing difficulties. Acute episodes known as asthma attacks are perpetrated by the immune system in response to external stimuli.

Automatic external defibrillator (AED) – A device that detects irregular heart rhythms and delivers an electrical pulse to correct them.

Biometric screening – screens various physiological indicators, often including BMI, cholesterol, glucose and blood pressure in order to determine the overall state of a person's health

Blood glucose – The main sugar found in the blood and the body's main source of energy.

Blood pressure – The force blood exerts against the walls of the arteries as the heart pumps. Blood pressure is typically recorded as two numbers: the systolic pressure (as the heart beats) over the diastolic pressure (as the heart relaxes between beats). For example: 120/70.

Body mass index (BMI) – A measure of weight in relation to height that is used to screen for overweight and obesity.

Cardiopulmonary Resuscitation (CPR) – A lifesaving technique useful in many emergencies in which someone's breathing or heartbeat has stopped.

Cardiovascular disease (CVD) – Any disorder that affects the ability of the heart and blood vessels to function normally. Cardiovascular disease includes stroke and heart disease.

Centers for Disease Control and Prevention (CDC) – The Centers for Disease Control and Prevention serves as the national focus for developing and applying disease prevention and control, environmental health, and health promotion and health education activities designed to improve the health of the people of the United States through a variety of means including disease surveillance, operational research and national health programs

Cholesterol – A soft, waxy substance, manufactured by the body and found in certain foods. Excess cholesterol can build up in blood vessels, contributing to cardiovascular disease.

Colorectal – describes the lower area of the digestive system spanning the colon in the lower small intestines and rectum in the lower large intestines.

Colorectal cancer – is a cancer originating in this area of the digestive system. Along with heredity and prior disease, certain environmental factors are thought to increase the likelihood of colorectal cancer including physical inactivity, alcohol consumption and diet.

Diabetes – A disease in which the body does not produce or properly use insulin. The major types of diabetes are:

Type 1 – A disease in which the body does not produce insulin, most often occurring in children and young adults, although can occur at any age.

Type 2 – A disease in which the body does not produce enough insulin or cannot properly use the insulin it does make. It is the most common form of the disease, accounting for 90-95% of all cases of diabetes.

Gestational – Glucose intolerance (the inability of the body to efficiently convert carbohydrates into energy) during pregnancy.

Prediabetes – A condition in which blood glucose levels are higher than normal but not high enough for a diagnosis of diabetes.

Employee Assistance Program (EAP) – programs offered at the employer’s discretion by the employer aimed at providing assistance to employees for adverse life or health conditions

Employee Interest Survey – A survey to uncover the met and unmet health interests of the employees.

Ergonomics – the discipline of designing workplace equipment to allow maximum comfort and impose minimum strain in order to maximize productivity and minimize as much as possible the conditions that arise from long-term exposure to certain kinds of strain including carpal tunnel syndrome, eye strain, back pain, etc.

Family Leave Medical Act (FMLA) – prescribes the conditions under which employees must be granted twelve weeks of unpaid leave per twelve month period in order to take care of certain personal and medical emergencies.

Glucose – Known colloquially as ‘blood sugar’ glucose is a simple sugar and the most common molecule converted into energy by the human body. Glucose molecules are also stored in the form of fat or glycogen for later use.

Health Insurance Portability and Accountability Act (HIPAA) – a two-part Congressional Act divided into part one which discusses the availability and breadth of health insurance for group and some individual policies. The second section addresses privacy of medical and medical payment records both in terms of non-disclosure and by outlining standards by which privacy is to be enforced.

Health Risk Assessment (HRA) – An electronic or paper tool used to assess an individual’s risk of developing a disease. The HRA organizes and calculates individualized health risk information, compares it to standardized data for normal risk, and provides general quantitative measures of the individual’s risk of acquiring a disease.

Heart disease – Any disease or condition of the heart. Abnormalities of the arteries, valves, and muscle of the heart are all forms of heart disease.

Hypertension (high blood pressure) – Blood pressure that is consistently above 140/90 or above 130/80 for those with diabetes. Chronic hypertension has hereditary and environmental components which include diet, smoking and stress.

Insulin – A natural hormone made by the pancreas that is needed to convert sugar, starches, and other food into energy needed for daily life; it controls the level of sugar (glucose) in the blood.

Insurance claims – Claims including pharmaceutical costs, workers' compensation costs, and medical costs that can be analyzed to determine the specific health conditions facing employees. Claims data may be available through insurance brokers and/or insurance companies.

Lactation – the body's production of milk, in this Toolkit relating to breastfeeding

Mammography – imaging of the breast tissue using x-rays used in breast cancer detection

National Institute for Occupational Safety and Health (NIOSH) – a subsidiary of the Centers for Disease Control and Prevention concerned with research and implementation of programs relating specific to the impact of the work place on an individual's safety and health

National League of Cities – an organization providing information and political resources as well as idea exchange to the cities and elected officials thereof

Obesity – An excessively high amount of body fat in relation to lean body mass. Obesity is defined as a Body Mass Index of 30 or more for both men and women.

Osteoporosis – Osteoporosis is condition wherein bone mineral density (BMD) decreases resulting in increased bone fragility resulting in a high probability of fractures and breaks in bones from falls as well as an increase in the severity of these injuries. Symptoms of advanced osteoporosis include shrinking and disability.

Overweight – Excess weight for height. A Body Mass Index between 25 - 29.9 is considered overweight for adults. Children are considered overweight when their BMI is at or above the 95th percentile for their sex and age.

Papanicolaou (Pap) test – Named for the doctor who developed the screen, a Pap test or “smear” swabs the cervix and screens the retrieved cells for signs of cervical cancer. Pap tests are crucial for early detection of cervical cancer.

Risk factor – A behavior, clinical condition, or characteristic that is associated with an increased possibility of developing a chronic illness.

Stroke – Brain cell damage caused by either insufficient blood flow (ischemic stroke) or bleeding (hemorrhagic stroke) in part of the brain. A stroke can impair movement, vision, and speech, among other functions.

Wellness – The optimal balance between body, mind, and spirit, regardless of health status or ability. Wellness involves conscious choices and responsible actions which are influenced by one’s social and physical environment.

Wellness Council of America (WELCOA) - A not-for-profit, non-governmental organization dedicated to the improvement of the health and general well-being of the American worker, WELCOA provides resources and assistance to people in a position to effect program adoption and/or policy changes at the corporate level.