

South Carolina Worksite Wellness Toolkit and Resource Guide

Investing in Good Health Improves Productivity and Contains Health Care Costs



Developed by the Department of Health and Family Services
Division of Public Health
Wisconsin Nutrition and Physical Activity Program

**Modified by the South Carolina Department of Health and Environmental Control
Bureau of Community Health and Chronic Disease Prevention
Division of Obesity Prevention and Control, and Heart Disease and Stroke Prevention Division**

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

South Carolina Department of Health and Environmental Control
Heart Disease and Stroke Prevention Division
1800 St. Julian Place, 4th Floor
Columbia, SC 29204

Phone: (803) 545-4500

Fax: (803) 545-4503

E-mail: robinstm@dhec.sc.gov

Visit our Web site at: <http://www.scdhec.gov/hdsp>



www.scdhec.gov

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Suggested citation:

Department of Health and Family Services, Division of Public Health, Nutrition and Physical Activity Program, Wisconsin Partnership for Activity and Nutrition. Wisconsin Worksite Resource Kit to Prevent Obesity and Related Chronic Diseases. September 2007.

PPH 40135 (rev. 09/07)

Introduction

Did you know that in 2007, South Carolina ranked seventh worst for overweight and obesity rates in the nation? The statistics are staggering: cardiovascular disease is South Carolina's leading killer for both men and women among all racial and ethnic groups; one out of every five adults in our state smokes, and nearly one out of every 10 adults in South Carolina has diabetes.

The obese and overweight populations pose a significant economic impact in terms of illness, diseases and lost productivity. As an employer, you may ask yourself... What can you do? You have the unique opportunity to play a major role in the lives of your employees, by providing sound and responsive health care benefits and implementing worksite wellness initiatives that provide access to healthy choices and also support employees to develop and maintain healthy behaviors that can improve productivity, morale, and employee health.

This toolkit offers a range of proven strategies and resources to support and enhance healthy behaviors and environments in the work setting. The focus of this resource kit is to change policy, systems and environments to reduce risk factors for chronic disease. This toolkit provides worksites with a step-by-step guide to use to assess their worksite, identify the different types of health-promoting strategies that can be implemented, as well as links to additional resources and strategies to plan, implement and evaluate the effectiveness of your efforts.

We know that it will take a commitment on your part to embrace healthier options within your workplace, but we also know that you can achieve a positive return on your investment. By working together, we are confident that you can establish a setting that is supportive of healthy lifestyles, thus leading to a workforce that recognizes your concern and commitment to their health, improved productivity and morale.



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WELCOME

Worksite Wellness: Improve Your Bottom Line and Employee Health While Containing Costs Associated with Poor Health



If you don't have time to read another manual and are about to turn away never to return, allow this brief introduction to convince you otherwise

If We Know That...

- Employees spend approximately 36 percent of their total waking hours at work,
- More and more employees are becoming overweight from poor eating habits and physical inactivity, and
- Heart disease, stroke, cancer, and diabetes are all linked by common risk factors associated with poor eating habits, physical inactivity and tobacco use, then
- As employers, it makes sense for us to get the most out of our employees by creating a work environment that supports and encourages good health.

Employees Who Improve Their Health Can...

- Improve their overall fitness and mental alertness,
- Enjoy improved morale,
- Reduce their absenteeism due to sudden illness or chronic health issues, and
- Live healthier, longer lives.

Worksite Wellness Resources Will Help You...

- Identify the strengths and weaknesses of your wellness and health promotion policies,
- Develop an action plan to implement or improve your worksite wellness program, and
- Provide a multi-faceted payback on your investment.

What is Worksite Wellness?

For the purposes of this resource kit, worksite wellness refers to the education and activities that a worksite may do to promote healthy lifestyles to employees and their families. This resource kit focuses on risk factors that affect obesity and chronic diseases and does not address safety issues and injury prevention, which have been regulated and addressed in the worksite.

Examples of wellness programming include such things as health education classes, subsidized use of fitness facilities, access to healthy food options if food services are provided on-site, policies that promote healthy behavior, and other activities, policies or environmental changes that support the good health of employees.

Why Worksite Wellness?

It Affects Your Company's Bottom Line in Many Ways

Here are key factors:

- Decrease health care costs
- Increase productivity and employee morale
- Reduce absenteeism
- Demonstrate corporate importance and value of a healthy workforce to achieve goals and profits

If any or all of these factors are sufficient justification and you already believe they are likely outcomes of a wellness program, skip right to Step 2. If you need more convincing or background information, read on.

Rising health care benefit costs are a significant concern and poor health habits and unnecessary medical care costs consume portions of corporate resources, as well as the employee paycheck. The worksite is an ideal setting for health education, health promotion and disease prevention programs. Employees spend many of their waking hours at work. The workplace provides a social network for learning, behavior reinforcement and support.

Health-related concerns are not only an issue for employees, but for the nation's employers, too. Health care premiums have doubled for the employee and employer. Employer profits are being consumed by health care costs. In 2000, private business expense for health services as a percentage of profit was **40 percent** before tax and **58 percent** after tax (Cowen, 2002).

Why Start a Company Wellness Program?

Wellness Programs Help Control Costs

An investment in your employees' health may lower health care costs or slow the increase in providing that important benefit. In fact, employees with more risk factors, including being overweight, smoking and having diabetes, cost more to insure and paid more for health care than people with fewer risk factors.

An employee wellness program can raise awareness and reinforce good health behaviors, so employees with fewer risk factors remain in a lower-cost group. A program also can encourage employees with health risk factors to make lifestyle changes, to seek help for physical and mental health problems, improve their quality of life and lower costs. The payoff in dollars as well as in quality of life can have a big impact on your company's bottom line. The average cost/benefit ratio for wellness programs based on a summary of 28 articles was \$3.48 saved per \$1 invested (Aldana, 2001). A good summary analysis of return on investment (ROI) can be found in the issue brief entitled *Employee Health Promotion Programs: What is the Return on Investment?* More recent research gives a much higher return of \$6 for every \$1 invested (Chapman, 2007 summary, WELCOA, Latest ROI).

Wellness programs can be simple or complex. Many programs require a minimal investment of time and money. More substantial programs often use more resources, but the many benefits to supporting and encouraging employee health and safety outweigh the costs.

Quick Resource: *Employee Health Promotion Programs: What is the Return on Investment?*
<http://www.pophealth.wisc.edu/UWPHI/publications/issueBriefs/issueBriefv06n05.pdf>

Increase Productivity

Healthy employees are more productive. This has been demonstrated in factory settings and in office environments in which workers with workplace wellness initiatives miss less work. Presenteeism, in which employees are physically present on the job but are not as productive or effective, is reduced in workplaces that have wellness programs.

Direct costs from lost time totaled nearly 15¢ on every dollar spent on payroll (Strum, 2002).

Reduce Absenteeism

Healthy employees miss less work. Companies that support wellness and healthy decisions have a greater percentage of employees at work every day. Because health frequently carries over into better family choices, your employees may miss less work caring for ill family members. The cost savings of providing a wellness program can be measured against reduced overtime to cover absent employees and other aspects of absenteeism.

Improve Morale and Enhance Image for the Organization

A company that cares about its employees' health is often seen as a better place to work. Those companies save money by retaining workers who appreciate the benefit of a wellness program and they can attract new employees in a competitive market.

Still Not Convinced?

The cost to employers of obesity-related health problems in 2003 was \$13 billion! This includes \$8 billion in medical claims, \$2.4 billion in paid sick leave, \$1.8 billion in life insurance, and almost \$1 billion in disability insurance. Additionally, an estimated 39 million workdays are lost to obesity-related illnesses each year (DHHS 2004).

Here are three quick statistics and the corresponding data on the South Carolina adult workforce:

- Illness and injury associated with unhealthy lifestyles or modifiable risk factors are reported to account for 25 percent of employee health care expenditures (Anderson, 2000).
- Medical costs attributed to obesity and overweight are estimated to be \$395 annually (36 percent) higher than those for normal weight (Strum, 2002).
- Obese employees are nearly 75 percent more likely to experience higher rates of absenteeism (seven or more absences during a six-month period) than normal weight employees (Tucker, 1998).

Percent of Adults with Lifestyle Health Risk Factors

<i>Risk Factor</i>	<i>South Carolina</i>	<i>U. S.</i>
Obese: Body Mass Index (BMI) ≥ 30	29%	26%
Overweight or obese (BMI ≥ 25)	65%	63%
Diabetes	10%	8%
Current smoker	21.9%	20%
High blood pressure	30%	28%
High cholesterol	39%	38%
Less than 30 minutes of moderate physical activity five or more days per week	53%	50%
Less than five servings of vegetables or fruits	81%	75%

Source: Behavioral Risk Factor Surveillance System (BRFSS)

The reality is that employers are already paying for health-related issues. On average, a company can expect to pay an estimated \$10,000 per year for things such as:

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

Many of the risk factors for chronic diseases are both preventable and modifiable. Most wellness experts think and research has shown that between 25 percent and 70 percent of health care costs are potentially avoidable through a well-designed wellness program. Step 2 will provide information on getting started and planning what you can do at your worksite.

Looking for a Way to Estimate Your Costs and Potential Cost Savings?

Obesity, Physical Activity and Chronic Conditions Cost Calculators

- Magellan Health Services Obesity Cost Calculator
<http://www.magellanassist.com/customer/services/obesitycost/default.asp>
- Centers for Disease Control and Prevention Workforce Health Promotion Calculator
http://www.cdc.gov/nccdphp/dnpa/hwi/program_design/cost_calculators.htm

Getting Started

What's the hardest part of developing a worksite wellness program? Getting started! Where do you begin and what do you do? Following is a simple overview of the steps you need to take to implement a successful program that matches your resources. Take two minutes to read this to see that you can do it.

6 Easy Steps to a Worksite Wellness Program

STEP 1: Build Support for Worksite Wellness

Step 1 establishes the need for support from upper-level management, benefits of an employee wellness program and the ROI. If you're already convinced, skip to Step 2. The extent of your program will depend on resources, but you could implement some no-cost components of a wellness program tomorrow!

STEP 2: Take the Team Approach

Step 2 provides an overview of how to get started. This includes developing a company wellness committee. Create a wellness committee that involves cross-sectional representation of your organization to help with the development, implementation and assessment of your wellness program.

STEP 3: Assess Worksite to Drive Your Action Plan

Before you decide what programming to offer, you should:

1. Use the assessment tool in Step 3 to assess your current worksite environment.
2. Learn more from your employees. A sample survey and links to health risk appraisals (HRAs) can be found in Step 4.
3. Collect or use other existing data that may be helpful in your decision-making.

STEP 4: Select Priorities for Your Organization

There are many programs and activities that you could include in your program. Read about the program components in Step 4. The components have been split into low, medium and high resource needs, so you can get a quick glance at what you might be able to quickly implement, and what might take more time or be too costly to include. There are many activities to choose from.

STEP 5: Gather Resources and Tools to Develop Action Plan

There are many components that you could include in your program. Utilize the tools in Step 5 to help you make selections and set up a plan to make them happen. This section also describes how you can clearly define the goals and objectives of your wellness program. Simple policy changes and even small environmental changes can have great impact at little or no cost.

STEP 6: Outcome Evaluation

Evaluation of your program can be very simple to very complex. You will need to evaluate the program at some point, so consider some type of evaluation you need in the beginning. An overview of evaluation resources and how to use them can be found in Step 6, along with a sample evaluation tool.

STEP 1: BUILD SUPPORT FOR WORKSITE WELLNESS

Management Buy-In

The most important factor for program success is the support and participation from senior level management. To ensure support, engage management in the development and launch of the program, regularly inform managers about the program's progress and encourage their participation. Communicate the goals and benefits to the company and participants clearly and often. You will need to direct sufficient resources and staff time to develop and implement your wellness program if you want it to be successful. If you or an outside contract coordinator are not affiliated with the business, it may be worthwhile to list and agree upon your responsibilities and the responsibilities of the worksite at the beginning of your involvement.

The Wellness Council of America (WELCOA) believes that there are four characteristics used to measure senior level management support: 1) communication practices regarding wellness; 2) resource and allocation practices; 3) delegation practices; and 4) management's personal involvement and health promotion practices.

Communicating Wellness Practices

Communicating the benefits of worksite wellness and established goals is crucial to having the support of upper level management. One of the most important contributing factors to the success of any initiative is communication. Clear and consistent communication from senior management on the importance of protecting and enhancing the health and well-being of all employees leads to more effective wellness initiatives. It is proven that CEOs who communicate the wellness message significantly have more effective results.

Resource Allocation

It is essential that management allocate resources to achieve success in the organization's purpose. In the past, a false notion was suggested that wellness programs should cost no money and should require very little means up front. However, after careful reevaluation, it is known that wellness plans require a generous investment to improve and maintain employee health. These assets are also needed for expenses within an organization. According to Dr. Ron Goetzel, a world-class expert on ROI, wellness programs benefits cost approximately \$100 - \$150 per eligible employee per year. Senior management should allocate a distinct dollar value to each of the following areas: staffing, programming, space and time.

Delegation

One person cannot do it all! The more people delegated to complete formal responsibilities for the organization's wellness initiatives, the more likely it is to be successful. Delegation and proper monitoring enhance the success of the wellness initiative. Often, a volunteer wellness committee is formed, but usually does not last due to an increase in normal responsibilities and busy schedules. To ease this burden, it is recommended to formally delegate wellness responsibilities to staff's job duties.

A creative way to delegate is to form a team of senior level executives, middle managers, and front-line employees. Including employees at all levels of the organization as part of the committee has proven to be very effective.

Personal Approach

Management participation in your wellness program is critical to its success. Many people respond to role models or those who have a personal connection, influence, and credibility. Sometimes an employee has an interest in a particular chronic disease and would welcome an opportunity to get involved to improve the health of co-workers.

The most visible and influential role models in your organization are, most likely, your executives and managers. It's not enough to teach the need for healthy habits, it's imperative that your executives practice this behavior as an individual priority. Executives do not have to go overboard, but they should be credible and, value health and wellbeing. If these individuals actively demonstrate their commitment to healthy lifestyles and openly practice good health habits, the rest of the organization is likely to follow that example.

What is it Going to Cost?

Staff Time

Building a successful worksite wellness program requires staff time, as well as money. Appropriate program planning is essential to the success of your wellness program. Some larger organizations may spend 20 hours per week for three to six months preparing all the steps prior to launching a worksite wellness program.

Business Costs

Program costs can vary widely. Depending on the program design and funding structure, the employer pays all costs, the employees pay all costs, or the costs are shared. The Wellness Council of America estimates the cost per employee to be between \$100 and \$150 per year for an effective wellness program that produces a return on investment of \$300 to \$450. A sample expenditure for various levels of programs can be found on the following page.



Selecting a Program Type

<u>Program Type</u>	<u>Cost Per Employee Per Year</u>
Quality of Life program, geared mostly to boosting morale	\$10 - \$45
Traditional program, more activity-based	\$46 - \$150
Comprehensive program, more results oriented	\$151 - \$450

Keep in mind that the return on investment will likely be greater with more comprehensive programs, so the higher cost will also generate a greater return on investment due to lower health care costs and less absenteeism.

Quality of Life Program

If you are new to wellness or if your organization has 50 employees or less, you may want to begin with this model. This type of program is geared more toward raising awareness of health and uses more of a group focus. Various fun and social group activities with low-cost incentives are offered that help boost morale. There are a number of program interventions that characterize this particular program model, for example, health fairs, lunch-and-learn and biometric events or wellness events. If you are not sure about employee reaction, have limited follow-through options and resources, or a weak corporate direction, this type of program will work best. Investment is typically less than \$25 per employee/year and offers a low return of approximately \$1 return for every \$3 invested.

Traditional Program

This model works well for medium-sized organizations or for those that have had a wellness program in place for two to 10 years. This education and knowledge building-oriented model works well if you have some corporate direction, can involve spouses, and offer incentives. This model offers group and some individual health risk reduction programming, and works well if your employees are receptive to a program. There are a number of program interventions that characterize this particular program model, for example, health risk assessments, biometric testing options, fitness club memberships or vending options. If you have limitations on follow-through capability and resources, this may also be a good option. Investment is usually about \$90 per employee/year with a return on investment of \$1 - \$3.

Comprehensive Program

For larger organizations with return on investment a high priority or a very mature wellness program, this type of program design is critical. You must be prepared to educate your employees on individual health risks and have the resources to provide strong follow-through capability. There must be strong corporate direction for this behavior-oriented program that involves heavy screening, includes most spouses, high participation rates, and strong incentives. Investment is about \$240 per employee/year with a return on investment of \$1 - \$6 or higher.

Source: 2006 Wellness Councils of America, Absolute Advantage, Volume 5, Number 4, Planning Wellness, Larry S. Chapman, Summex Corporation, CEO & Co-Founder

A Final Thought on Start-up

After you've made the commitment and laid the groundwork to develop a wellness program, take the time to plan the components that will result in a quality program. Many people want to jump into programming at this point, but following all the steps will ultimately make your program more successful. By assuring that your programming is geared to your employee needs

and interests and that you are using proven strategies, you will greatly increase your likelihood for success.

Quick Resource

Partnership for Prevention: An Essential Health Promotion Sourcebook for Employers, Large and Small

http://www.prevent.org/images/stories/Files/publications/Healthy_Workforce_2010.pdf



STEP 2: TAKE THE TEAM APPROACH: FORM A WELLNESS COMMITTEE

Developing a Worksite Wellness Program

The Wellness Committee is responsible for promoting the worksite wellness program, planning activities, recruiting team leaders, and conducting the evaluation. The size of the committee will depend on the size of your company and the scope of the program or activities. The committee should include staff that represents various employee shifts and departments, such as management, union representatives, Human Resources or administrative assistants. Committee members can focus on recruitment, activities, events, rewards and incentives, and evaluation. There is no minimum or maximum size, but the committee should be large enough to represent your workforce. If you already have a wellness committee or other groups interested in taking on this role, involve them on the committee.

Designate a Coordinator

Member of your management team or the Wellness Committee should identify a Wellness Coordinator to manage the program. Although the wellness committee and others can share some of the responsibilities, having the right person coordinating efforts increases the likelihood that the program will be well managed and delivered. **The level of success for the wellness program is often linked to the coordinator's time and ability. It is essential that some or all of the coordinator's time be dedicated to the wellness program and that those responsibilities are included in their job description. If this isn't possible, then the company should consider contracting with an outside party to provide programming.** Local health care organizations often provide this service. Check with your local contacts to see if this is an option.

Committee Meetings

The Wellness Committee should meet on a regular basis, at a minimum, on a quarterly basis. The committee may meet more often during peak times when planning or implementing activities or programs. The committee's plans and goals will determine the frequency of meetings.

Revitalizing the Committee

Regularly add new members to the committee and include members of groups that you want to target. Maintain a connection with management and report successes. Make it fun and rewarding.

Appoint or Recruit Team Leaders

Effective delivery of many wellness initiatives is often dependent on peer leaders that are creditable and close to the participants. Depending on the structure of your organization, you may want to develop smaller teams that have peer leaders or captains to help provide motivation, information, and support to the program participants. Peer leaders have a major impact on whether the participants have a positive experience. A team leader can be the point of contact or messenger for information shared between the program participants and the Wellness Committee, and vice versa.

It is important that the team leader is creative, enthusiastic, and committed to the program. The team leaders do not have to be the most active and healthy staff members; it is more important that they have the skills to help motivate their team members to success.

STEP 3: ASSESS WORKSITE TO DRIVE YOUR ACTION PLAN

Your worksite assessment should contain three main components:

- Part 1: An assessment of the current worksite environment and policies ([Appendix B](#)).
- Part 2: An employee survey and/or other means for employee input to identify interests and the types of programming that employees are willing to participate in ([Appendix C](#)).
- Part 3: Gathering claims data, which may be helpful in your decision-making.

HOW TO ASSESS THE WORKSITE WELLNESS ENVIRONMENT?

Why Do an Assessment?

The purpose of completing the assessment is to identify your worksite's strengths and areas in need of improvement. The assessment will lead your committee to recommend actions for changes to make the worksite more supportive of healthy behaviors (e.g. healthy food choices in vending machines, policies to enforce no smoking on worksite grounds, or encouraging walking during break times). You may find some of the actions for supporting healthy behaviors are easy to do and others may not be feasible or efficient in your worksite. The assessment results can also be used as a baseline measure for evaluation. The initial assessment can then be compared with a follow-up assessment several months later to measure progress.

Who Should Do the Assessment?

Identify a workgroup (at least four to five members) who will be responsible for completing the assessment. This may be a subset of your wellness committee. Forming a diverse group from all areas and levels of your organization is important for meaningful assessment and successful planning and implementation. Suggested participants include staff from: Human Resources, employees from various departments, administrators, supervisors, employee or wellness representatives.

When Should the Assessment be Done?

Use the assessment as a starting point for your wellness initiative. Once you have completed the assessment, determine which areas the committee will focus on (e.g. healthy eating, physical activity, general health, etc.). Establish a time for the committee to meet and monitor the progress. Also determine a schedule for annual assessments, so that the assessment can serve as a tool for continuous improvement and accountability over time.

Where Can I Get Help?

You may be able to complete the assessment checklist and employee survey without any help. Both documents are ready to use, but if you would like more detail, or want to tailor the assessment to your worksite, you can contact S.C. DHEC staff, Jill Pfankuch at (803) 545-4478 or pfankujm@dhec.sc.gov, or Teresa Robinson at (803) 545-4499 or robinstm@dhec.sc.gov.

What Do I Need?

- An assessment workgroup
- The worksite assessment tool (Part 1)
- The employee survey tool (Part 2)
- Knowledge of and access to other data that might be helpful (Part 3)
- Time
- Someone to collate and summarize the results

Part 1: Worksite Wellness Assessment Checklist

Complete the Worksite Wellness Assessment Checklist to determine what wellness components you currently have at your worksite. This can be done with the full committee or you may want a few key personnel (such as the Human Resources lead, Wellness Coordinator or Committee Coordinator) to do a preliminary scan. Based on information they gather, you can then let the full committee react to their findings.

Completion of the checklist provides a reference point of the wellness policies, environmental supports and program activities that are currently in place or in process, and it provides an overview of some of the items that should be considered for a comprehensive Wellness Program.

CHECKLIST COMPONENTS

1

Categories

There are seven major categories: General Worksite Components, Disease Prevention and Management, Physical Activity, Nutrition, Tobacco Use, Mental Health and Stress Management. Each category has several questions that address what you currently have in place at your worksite.

2

Current Status

Initially, list whether you have the component (Yes), are in the process of instituting or are planning for the component (In Process), if the component is not applicable to your worksite (N/A), or if you don't have the component at all (No). At the end of each category, subtotal the number in each column and then total all of the categories at the end of the checklist to get an overview of where your worksite wellness program currently rates (a sample can be found on the next page). You should also use this baseline measure as a benchmark for later evaluation. By evaluating where your worksite is on each wellness component, you will be able to get a general idea of your status across each category and all 66 items.

3

Potential Priorities

After you have completed the assessment, the employee interest survey and reviewed available data, you can use the *potential priority* column to indicate what components you might want to focus on that are either currently in process or don't exist. This can serve as a first screening of possible areas to focus on as you develop your action plan, which is described in Step 5.

Example:

#	Wellness Component	Yes	In Process	N/A	No	Potential Priority
General						
1	Do you have a formal commitment from key stakeholders such as senior management, Human Resource managers, safety officers, staff members, etc.?		✓			✓

Worksite Assessment Checklist

#	Wellness Component	Yes	In Process	N/A	No	Potential Priority
Infrastructure						
1	Do you have a formal commitment from key stakeholders such as senior management, Human Resource managers, safety officers, staff members, etc.?					
2	Does the worksite have a representative committee that meets at least quarterly to oversee worksite wellness programs?					
3	Does the worksite have a worksite wellness plan in place that addresses the purpose, nature, duration, resources required, participants involved, and expected results of a worksite wellness program?					
4	Does the worksite have a mission statement, clearly defined goals and an action plan to implement the program?					
5	Does the worksite have at least part-time dedicated staff time to implement a wellness program?					
6	Is there a worksite budget for employee health promotion that includes some funds for programming and/or promotion?					
General Area Totals (# of Yes, In Process and No items)						

Sample

FULL WORKSITE SCORECARD (Sample) (Totals for all categories)		Yes	In Process	N/A	No	Potential Priority
Infrastructure (6)						
Program Components (6)						
Health Screening and Disease Prevention (3)						
Physical Activity (15)						
Nutrition (19)						
Mental Health (5)						
Tobacco Use (5)						
Emergency Medical Response Plan (3)						
Assessment and Evaluation (4)						
Worksite Total (66)						

Part 2: How to Get Employee Input

Why Would We Want to Do an Employee Survey?

You should conduct an employee survey to get a better understanding of your target audience (your company's employees) and get an initial idea of their current health habits and interest areas (**Appendix C**). The survey can be tailored to your worksite and can be done in paper form, through the use of survey instruments on the Internet, or can be purchased. Using a computer survey instrument has the added advantage of being able to collect and analyze data automatically.

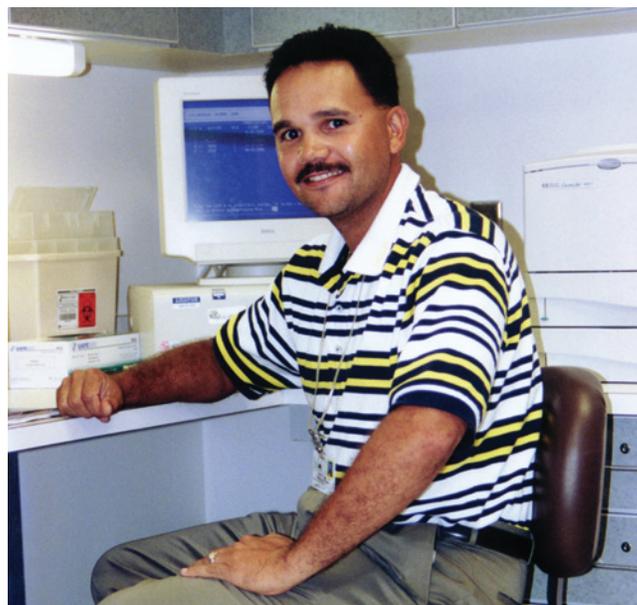
Another opportunity to understand the needs of your employees is by offering an incentive program. Incentive programs can be very effective in motivating your employees by providing rewards for participating in the survey and providing an opportunity to issue challenges for groups or teams with the most involvement or achieving a predetermined goal. Incentive programs can be an effective way to increase survey participation levels in your company.

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

Listed on the next page are sample results of questions answered as part of a survey and how you might use the information. The full sample survey can be found in Appendix B. You can modify the survey to meet your needs.

Other sample surveys can be found at:

- Healthy Workforce 2010: Essential Health Promotion Sourcebook for Employers, Large and Small (pages 62-64)
http://www.acsworkplacesolutions.com/documents/Healthy_Workforce_2010.pdf
- Take Action CA Worksite Evaluation
<http://www.takeactionca.com/take-action-program-evaluation.asp>
http://www.mihealthtools.org/work/Sample_Employee_Survey.pdf
- The Wellness Councils of America: Free Resources
<http://www.welcoa.org/freeresources/index.php?category=11>



Employee Habits & Interest Survey (completed sample)

Wellness Questions	
1. Current physical activity level	
12%	I don't exercise or walk regularly now, and I don't plan to start in the near future.
29%	I don't exercise or walk regularly, but I've been thinking about starting.
36%	I'm doing moderate or vigorous physical activities for at least 30 minutes on some days, but fewer than five days a week.
11%	I've been doing moderate or vigorous physical activities for at least 30 minutes in a day, on five or more days a week, and have been doing it for the last one to six months.
12%	I've been doing moderate or vigorous physical activities for at least 30 minutes in a day, on five or more days a week, and have been doing it for seven months or longer.
2. When do you get most of your physical activity each day?	
9%	Before work
20%	During work hours on break and lunch times
66%	After work
6%	None of the above. I am not physically active or am only active on weekends.
Demographics	
18. Gender	
28%	Male
72%	Female
19. Age	
0%	<20
6%	20-29
16%	30-39
26%	40-49
45%	50-59
7%	60+

Sample

(A blank Employee Survey can be found in Appendix C)

How Do My Survey Results Compare to Other Groups?

Survey return rates will vary depending on a number of factors: ease and time to complete the survey, survey audience, audience interest, etc. Keep in mind that voluntary survey completion tends to attract those that are most interested in the topic, so your survey results may not be representative of all your employees. Using incentives to increase participation in the survey may give you a better idea of the interests and current health habits of your employees. Survey participation rates above 30 percent are good and rates over 50 percent are excellent.

How do your employees compare on certain key health indicators? Average number for South Carolina adults on key health indicators are as follows:

- 21.9 percent are current smokers
- 29 percent are overweight
- 65 percent are obese

Examples of What You Can Do with This Data

The activity information from Question #1 shows that 41 percent of employees are not active at all and that an additional 36 percent are not active at least five times per week. This suggests that any physical activity program proposed will have to start out slowly to engage participants at a relatively low level and build their stamina.

The demographic information in questions 18 and 19 show a largely female workforce (72 percent), and an older work force with 78 percent over age 40 and 52 percent over age 50. This

should greatly influence the type and intensity of any physical activity programming you might do that would have mass appeal.

You should also consider engaging employees in focus groups or informal interviews to gather information on their wants and needs. This can be done either before or after the survey, or if you don't have the resources to survey employees, you could use this method to gather information in place of the survey. More information can be collected about how, when and where to implement worksite wellness strategies.

Whatever method you use to gather information, make it as easy as possible for employees to complete and submit so you get a high return rate. For example, consider offering an incentive or prize for people who complete the survey.

Part 3: Other Available Data

You may be able to access other key data that already exists for your worksite. If your company is large enough to have Human Resources and/or information technology staff, check with them to see what information they may already have available. Your health insurer is also a good source for utilization data based on health claims and pharmacy purchases. Viewing this data as an aggregate for your company's employees will also help focus your efforts.

Examples of Existing Data Might Include:

- Demographic data about your employees
- Absentee rate
- Workers compensation claims
- Health claims data
- Pharmaceutical use data

Identifying this Data Will Serve Two Purposes:

- It will help you decide what the big health issues are for your employees and it will allow you to better target those issues.
- It will serve as baseline data to compare against later to see if your programming has made a difference. Building this evaluation measure in at the beginning will help you prove the value of your wellness program.

STEP 4: SELECT PRIORITIES FOR YOUR ORGANIZATION

Step 4 will help you prioritize the focus of the worksite initiative strategies that you should consider. After reading through this section, you should go through the focus areas to narrow your scope and gather resources to put your action plan in place. **DON'T PRIORITIZE YET** - wait until you have a good idea of what programming options are available and then walk through the process to choose the best options for your worksite. Programming options for wellness components and a health risk assessment are included in this section.

Program Strategies

Now that you've completed the worksite assessment, employee survey, reviewed other available data, and compiled the results, it's time to take a look at the program strategies that have been proven to work, or are best practices, from other worksites. This chapter lists a number of strategies to consider for your wellness program. You should be able to use the Worksite Scorecard at the end of the Worksite Assessment Checklist to get an overview of your current worksite wellness programs or strategies. For those programs or strategies that were checked as either in process or not existing at your worksite, you will have the opportunity to get an overview of the relative resource costs needed to implement the strategy and see what reference or resource materials are available to help with implementation.

Start with the Worksite Assessment Checklist ([Appendix B](#)) that you completed in Step 3. First, look at the strategies that you placed in each category (Yes, In Process and No) and determine ones that are potential priorities to improve or implement as new strategies. Now take what you've learned from the employee survey, and see if that information changes the list. If you have other data from sources such as health risk appraisals, health claims information, or pharmaceutical utilization, use those sources as additional background in making your decisions.

Focus Areas

Wellness programming can include many components and activities. This resource kit focuses on prevention and behavior as well as environmental and policy change to reduce the risk of chronic diseases and obesity. Determining what programming to use for your wellness program should be based on the assessment process. There will likely never be enough resources to provide all of the programs, so it is important to narrow your focus based on your organization's needs. There is a specific programming section provided in this toolkit that can be used once you have completed the assessment process.

Each focus area has its own distinct section that contains information and resources specific to that topic, followed by links to additional information at the end of each section.

PROGRAMMING STRATEGY RESOURCES

Illustrated below is a sample of what you will find in the specific programming section of the toolkit.

1

Strategies Arranged by Resource Level. This provides a summary of programming that you can do at your worksite. The components have been split into **low, medium and high resource needs**, so you can get a quick glance at what you might be able to quickly implement, and what might take more time or be too costly to include at this time. The three levels indicate the relative amount of staff and financial resources that will be needed to implement the program.

2

Influencing Change on a Variety of Levels. The options are further classified by the level where change takes place. In Step 5, there is a summary of the need for change to occur at the **individual, environmental and policy levels**. The tables that follow will indicate which level is being influenced for the related activity.

TABLE KEY

I = Individual level

E/O = Environmental / Organizational level

P = Policy level

1

List of strategies arranged by level of resources (Low, Medium, High) needed.

2

Box indicating at what level change takes place.

First Page Sample of Strategies

LOW RESOURCES

- Offer flexible work hours to allow for physical activity during the day.
- Support physical activity breaks during the workday, such as stretching or walking.
- Map out on-site trails or nearby walking routes.

I	E/O	P
		★
		★
★	★	

MEDIUM RESOURCES

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

I	E/O	P
	★	
	★	

HIGH RESOURCES

- Provide an on-site exercise facility.

I	E/O	P
	★	

Sample

PROGRAMMING STRATEGY RESOURCES

The previous resource provided a sample of how strategies for each of the focus areas (general wellness components for chronic disease management, health risk appraisals, physical activity, nutrition, and tobacco cessation) are shown. This page provides a sample of what the second page looks like. The second page will repeat the strategy list, but it will also provide:

- Links to additional resources;
- Examples or links to examples; and
- Greater details for each of the program areas listed.

By looking at the first page of each program area, you will get an overview of things that can be done in the workplace. If you need additional information or resources to implement a strategy, continue reading for more detailed information. An example of that information is shown below.

Recommended Resources

LOW RESOURCES

- Offer flexible work hours to allow for physical activity during the day. *Supervisors will support this as a standard work practice.*
- Support physical activity breaks during the workday. *Supervisors will support this as a standard work practice.*
- Map out on-site trails or nearby walking routes.
<http://walkingguide.mapmyrun.com/>

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

MEDIUM RESOURCES

- Provide shower and/or changing facilities on-site.
- Implement incentive-based programs to encourage physical activity, such as pedometer walking challenges.
<http://www.sportsinwisconsin.com/lightenup>
<http://dhfs.wisconsin.gov/forms/DPH/dph40075.pdf>

HIGH RESOURCES HIGH RESOURCES

- Provide an on-site exercise facility.
<http://www.cdphe.state.co.us/pp/COPAN/resourcekits/WorksiteWellnessResourceKit.pdf>
(pages 45-46)

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

FINAL REMINDERS

Communication is Key

Regardless of what programming you choose to do, effective communication is essential to your program's success. It is likely that there are some employees who are very experienced in communications and marketing. Make sure you recruit them to be on the wellness committee.

There are many ways to get the word out about your program, including:

- Place information in the company newsletter
- Announce the wellness program through company-wide email
- Announce program information at staff meetings and distribute electronically
- Promote monthly topics and screenings
- Provide educational/awareness trainings using local speakers or providers
- Place informational posters in the hallways or common areas
- Place information in payroll envelopes
- Organize a kick-off event or health fair as part of a larger initiative

Wellness Coordinator

This was highlighted in Step 2, but it is worthy of repeating. The level of success for the wellness program is often linked to the coordinator's time and ability. It is essential that some or all of the coordinator's time be dedicated to the wellness program. If this isn't possible, then the company should consider contracting with an outside party to provide programming. Outside parties that may provide selected wellness programming or complete wellness services include:

- Local health care organizations
- Health insurance agencies
- Hospital educational outreach
- YMCAs
- Local health coalitions – check with your local health department
- Independent contractors or consultants

Check with your local contacts to see if any of these sources might be an option.



Worksite Wellness Components

WHAT

A well-defined program with management support is essential for a successful program. Include educational efforts that address knowledge, attitude and behavior change that are assisted by skill-building sessions and social support to set the groundwork for a wellness program.

WHY

Organizations that have well-defined worksite wellness programs and policies in place will have a greater chance of being successful. Creating a company culture where wellness is encouraged will reinforce healthy behavior.

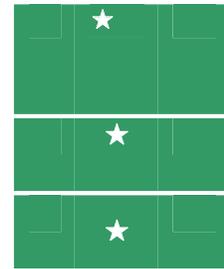
TABLE KEY
I = Individual level
E/O = Environmental / Organizational level
P = Policy level

HOW

LOW RESOURCES	I	E/O	P
<ul style="list-style-type: none"> Have a current policy outlining the requirements and functions of a comprehensive worksite wellness program. 			★
<ul style="list-style-type: none"> Have a worksite wellness plan in place that addresses the purpose, nature, duration, resources required, targeted participants, and expected results of a worksite wellness program. 		★	
<ul style="list-style-type: none"> Orient employees to the wellness program and provide them with copies of the physical activity, nutrition, and tobacco use policies. 	★	★	
<ul style="list-style-type: none"> Promote and encourage employee participation in the organization's physical activity/fitness, nutrition education/weight management, and tobacco cessation program. 		★	
<ul style="list-style-type: none"> Provide health education information through newsletters, publications, Web sites, email, libraries, and other company communications. 	★	★	
MEDIUM RESOURCES	I	E/O	P
<ul style="list-style-type: none"> Have a representative committee that meets at least once a month to oversee worksite wellness program. 		★	
<ul style="list-style-type: none"> Offer regular health education presentations on various physical activity, nutrition, and wellness-related topics. Ask voluntary health associations, health care providers, and/or public health agencies to offer on-site education classes. 	★	★	
<ul style="list-style-type: none"> Host a health fair as a kick-off event or as a celebration for completion of a wellness campaign. 	★	★	
<ul style="list-style-type: none"> Designate specific areas to support the health needs of certain employees' such as diabetics and nursing mothers. 		★	
<ul style="list-style-type: none"> Conduct preventive wellness screenings for blood pressure, body composition, blood cholesterol, and diabetes. 		★	
<ul style="list-style-type: none"> Provide confidential health risk appraisals. 	★	★	
<ul style="list-style-type: none"> Offer on-site weight management/maintenance and tobacco cessation programs for employees. 	★	★	

HIGH RESOURCES

- Have a worksite budget for employee health promotion that includes some funds for programming and/or a portion of a salary for a coordinator (Budget amount will determine level of resources).
- Provide adequate health care coverage for employees and their families for prevention and rehabilitation of chronic disease.
- Add weight management/maintenance, nutrition, and physical activity counseling as a member benefit in health insurance contracts.



Recommended Resources

- Wellness Council of America (WELCOA) for a variety of general wellness information <http://www.welcoa.org/freeresources/index.php?category=12>
- WELCOA <http://www.welcoa.org/>

Additional Resources

LOW RESOURCES

- Policies outlining the functions of a comprehensive worksite wellness program
- Worksite wellness plan summary
- Employee orientation to the wellness program and wellness policies
- Promotional materials
- Health education and information samples

MEDIUM RESOURCES

- Representative wellness committee <http://www.tompkins-co.org/wellness/worksite/workwell/wellcomm.html>
- Health education presentation resources
- Health fair as a kick-off or celebration event or an on-line health fair planning guide http://fcs.tamu.edu/HEALTH/health_fair_planning_guide/health_fair_planning_guide.pdf
- Designate specific areas to support the health needs of certain employees' such as diabetics and nursing mothers
- Diabetes <http://www.eeoc.gov/facts/diabetes.html>
- Nursing mothers http://www.opm.gov/Employment_and_Benefits/WorkLife/OfficialDocuments/HandbooksGuides/Nursing/index.asp
- Preventive wellness screenings for blood pressure, body composition, blood cholesterol, and diabetes <http://www.cdph.state.co.us/pp/COPAN/resourcekits/WorksiteWellnessResourceKit.pdf> (pages 8-9)

- Confidential health risk appraisals
- On-site weight management/maintenance programs at a convenient time for employees

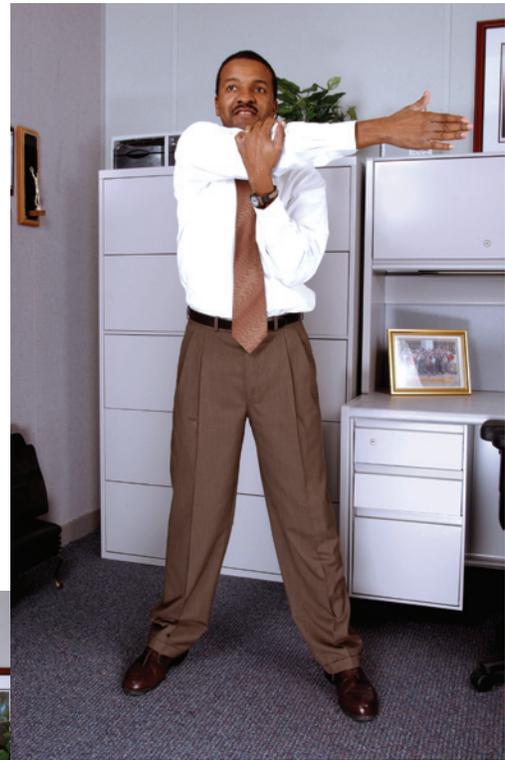
HIGH RESOURCES

- Worksite wellness budget considerations
- Providing health care coverage for prevention of and rehabilitation for chronic disease.
http://www.prevent.org/images/stories/Files/publications/Preventive_Services_Helping_Employers_Expand_Coverage.pdf
- Adding weight management/maintenance, nutrition, and physical activity counseling as a member benefit in health insurance contracts

Looking for Sample Lessons and Materials?

See pages 13-16 and pages 54-57 in the Arkansas Worksite Wellness toolkit

http://www.arkansas.gov/ha/pdf/worksite_wellness.pdf



Health Risk Appraisal

WHAT

A Health Risk Appraisal (HRA) is a technique for determining the presence of disease and estimating the risk that someone with certain characteristics will develop disease within a given time span. Employers and their employees can use it to identify people at risk and target specific strategies that will keep them well and reduce health care costs.

WHY

The three components of a Health Risk Appraisal are: 1) questionnaire, 2) risk calculation, and 3) educational reports. Normally, individual clients will receive confidential reports and the employer will receive an aggregate report with grouped statistics from all employees. On average, a Health Risk Appraisal costs \$15 - \$50 per employee. Health Risk Appraisals are appealing for several reasons:

- They are easy to complete and are popular with employees,
- They may increase individual motivation and participation in health promotion programs because of risks that are identified, and
- They provide group data that can be used by the employer to identify major health problems and risk factors that can be addressed in wellness programming.

Depending on the type of appraisal, data may be available just for the individual or the company may receive aggregate data to guide programming and evaluation. Online individual appraisals are fast and often free, but most do not provide the employer with aggregate results. See Step 6 Evaluation for a more detailed description of how you can use HRAs.

HOW

Appraisals can be done with paper and pencil surveys or on a computer. Computer appraisals are usually less expensive and have quicker feedback of results.

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

LOW RESOURCES	I	E/O	P
Web-based appraisals for individuals: <ul style="list-style-type: none"> ▪ Provide individuals with an assessment of their current and future health. ▪ Provide individual assessments and suggest specific interventions to improve health. 	★	★	
MEDIUM RESOURCES			
Send employees to a physician as part of annual physical <ul style="list-style-type: none"> ▪ Monitor the health of an individual over time and as the result of specific interventions. 	★	★	
HIGH RESOURCES			
Hire organization to do worksite wellness appraisals on-site <ul style="list-style-type: none"> ▪ Provide aggregate data to the company to determine wellness 	★	★	

- programming.
- Provide aggregate assessment data over time to determine the effectiveness of wellness programming.



Where Can I Get Help?

Many local health plans and health care systems have health risk appraisal or assessment programs for worksites. Contact your local health plan or health care provider to see what services they offer. Online resources are another source for health risk appraisals. Several online HRAs are listed below.

LOW RESOURCES

- Web-based appraisals:
<https://www.asnwellness.com/AW/default.aspx>
<http://www.realage.com/ralong/entry4.aspx>
<http://www.healthstatus.com/index.html>
<http://www.hmrc.umich.edu/services/hra.html>

MEDIUM RESOURCES

- Send employees to a physician as part of annual physical

HIGH RESOURCES

- Hire an organization to do worksite wellness appraisals on-site. There are a number of online companies that provide HRAs as part of their consulting services. Check with local health insurance companies and healthcare providers to see if they provide this service.

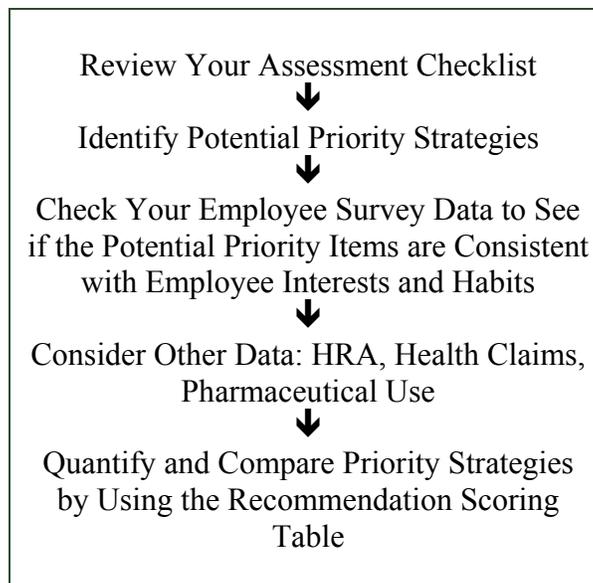
Looking for Tips on Picking the Right HRA?

- How Health Risk Appraisals can take your program to the next level
http://www.welcoa.org/freeresources/pdf/Edington_INTERVIEW_2.pdf
- ASTHO Issue Brief January 2007 - Health Risk Assessments (HRAs): Saving Costs and Improving Health in the Workplace
http://www.astho.org/pubs/HRAUpdatedPaperPAS_2_.pdf

STEP 5: GATHER RESOURCES AND TOOLS TO DEVELOP ACTION PLAN

Now that you've completed the analysis of the worksite assessment, employee survey and other available data, and taken a look at the array of program strategies to be considered, it's time to narrow your focus and collect the resources you will need. This can be a very simple process or can be done in a very structured manner – it's up to you.

At this point you might be able to decide where to focus your efforts. However, an additional step can help you decide where you'll get the biggest return on investment. By considering factors such as importance, cost, time, effort and reach or number of employees likely to participate or be impacted, you can place a defined point value on each strategy and compare the relative value of implementing each strategy. This may be helpful in coming up with a manageable number of strategies. An explanation of this recommendation-scoring table is found later in this section and a blank form can be found in [Appendix D](#). To summarize, the key steps at this point are:



By looking at your current programming, you should be able to see the gaps in areas where there are additional strategies that could be implemented. By identifying those gaps and comparing them with the current health habits and interests of your employees that were gathered in the employee survey, you should be able to match high priority gaps with high priority employee needs or interests. Finally, by answering questions about the importance, cost, time, effort and potential number of employees that will be reached by your program strategies, you will be ready to select what will be included in your wellness program. A model for through this process is included later in this section in the form of a Recommendation Table.

What Do I Need to Consider?

As you make plans as to where to focus your wellness efforts, consider that some efforts may have greater impact than others. Your wellness programming can include many components, such as:

- Health screening and assessment
- Education through presentations, printed materials and Web resources
- Program activities, including campaigns, over a specified time period
- Environmental change
- Policy change

All of your programming should involve creation of a supportive social and physical environment where healthy decisions are the norm. Part of creating this environment is to clearly define the organization's expectations regarding healthy behaviors, and implementation of policies that promote health and reduce risk of disease.

All of the components listed above have merit, but changing the environment and changing policy is crucial to affecting change with most health habits. Policies create the opportunity for widespread behavioral change because they change the existing rules, which can have a powerful effect on employee behavior and habits. Environmental changes, both physical and cultural, provide opportunities to adopt healthier habits and can also result in widespread change.

Company policies and changes in the work environment will influence individual behavior at work, which may also lead to changes outside of work. In many cases, policy and environmental changes make it easier to make the better health choice. An example would be serving bagels and fruit instead of pastries at company events. Some other simple examples are:

Formal written policies:

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

Environmental changes or cues:

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

Listed in the programming section (Step 4) were a number of policy or environmental changes that you could make. You should use the planning tools in this section to determine which changes you want to make. Think about addressing some of the easy changes first to get a taste of success and show that your wellness program is working. As your program develops, you can always tackle some of the more difficult issues.

Unlike trying to bring about change at an individual level, environmental and policy changes have the ability to impact large groups of people and will likely provide the biggest return on investment. The following diagram illustrates why changes in the environment or changes in policy are so important.



The diagram illustrates that interventions which target individual behavior change take a great deal of resources and impact only one person at a time. Policy and higher-level interventions targeting communities and organizations have a much greater potential impact. Although your wellness strategies should address as many levels as possible, it's also important to focus on areas where the greatest potential benefit could occur.



Employee Readiness: Stages of Change and Program Considerations

Be aware of the fact that people vary greatly in their readiness to change behavior. You may want to use your survey of employees to identify what percent of employees are at the various stages, so that you can gear your program accordingly. The specific survey questions that can identify the levels are identified at the end of this section.

Stages of Change

Most people go through five stages in changing behaviors:

- **Pre-contemplation** – At this stage, they are not thinking about changing their behavior in the near future.
- **Contemplation** – They are beginning to seriously think about changing their behavior in the near future (next six months).
- **Preparation** – At this stage, most people have tried to change their behavior at least once in the past year, and they are thinking about trying again within the next month.
- **Action** – Real steps are being actively taken to change behavior. This is the stage where a slip is most likely to occur.
- **Maintenance** – This stage applies to people who have changed their behavior for over six months and are now maintaining that healthy behavior.

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

The pre-survey of employees ([Appendix C](#)) has questions for physical activity (Q #1), nutrition (Q #3) and tobacco use (Q #6) that identify what stage an individual currently is. You should look at the results from these questions to better understand where your employees are and tailor your programming accordingly. As an example, if the majority of employees are over 50 years of age and are only moderately active, a graduated walking program might be a good place to start for physical activity programming.

Developing the Wellness Plan Content

One way to develop your program activities is to take your worksite assessment checklist and evaluate the areas where no policy or program exists, or areas where some policy or program exists, but can be improved. For each of these items, ask the following questions:

- How important is the item?
- How much will it cost to implement the item?
- How much time and effort would be needed to implement the item?
- How great is the potential reach, or how many employees would be affected?
- How well does the item match employee's interests and other relevant data? Use the survey results to help answer this question.

You should also package your activities whenever possible so that they build upon each other, rather than pick a set of unrelated activities that are not connected. By providing the right mix of programs, you can get a multiplier effect that is greater than the effect of adding up individual activities. Packaging related strategies will lead to greater participation and long-term success. For instance, having a policy that encourages physical activity on break time, coupled with using pedometers as incentives and then providing maps or on-site trails to get staff out walking, will lead to greater success.

Recommendations – Narrowing the Scope

You can use the Recommendation Table below to help narrow the scope of your wellness program. Once you’ve identified possible areas to focus, asking the questions about importance, cost, time, effort and reach should get you to a very specific set of activities to implement. A blank Recommendation Table can be found in [Appendix D](#).

RECOMMENDATION TABLE - SAMPLE						
Instructions: Rate each of the recommendations identified in the Worksite Wellness Assessment on the following aspects: importance, cost, time and commitment. Rate each on a scale of 1-5 (low-high) using the chart below. Higher scores should indicate priority items to implement.						
Importance	How important is the recommendation? 1 = Not at all important 3 = Somewhat important 5 = Very important					
Cost	How expensive would it be to plan and implement the recommendation? 1 = Very expensive 3 = Moderately expensive 5 = Not expensive					
Time	How much time and effort would be needed to implement the recommendation? 1 = Extensive time & effort 3 = Moderate time & effort 5 = Low time & effort					
Commitment	How enthusiastic would employees be about implementing the recommendation? 1 = Not enthusiastic 3 = Moderately enthusiastic 5 = Very enthusiastic					
Reach	How many employees will likely be affected by this recommendation? 1 = Very few employees 3 = Some employees 5 = Most or all employees					
Recommendations	Importance	Cost	Time	Commitment	Reach	Points / Ranking
Create policy for use of break & lunchtime to be active	4	5	5	4	5	23
Install bike racks to encourage biking to work	4	3	4	4	3	18
Provide an on-site exercise facility	5	1	1	5	3	15
Make microwaves available to heat meals	4	3	5	4	5	21
Policy to prohibit smoking on property	5	5	5	3	5	23

What Can You Do with This Data?

If you have limited resources and can’t implement all of your company’s recommendations, you should look at total scores and category scores to help select priorities. The policy items (#11 & #55) have low cost and great reach so they might be the items to implement first. On the other end of the spectrum, an on-site fitness facility (item #25) might be problematic because of cost and an alternative such as subsidized memberships to local physical activity facilities may be considered.

Be Realistic!

Limit your initial set of activities so you can focus your efforts and have some early successes. You can always expand your program as it matures, but a realistic set of objectives to begin with will require fewer resources and will keep you from being overwhelmed.

Action Plan & Worksheet

Once you've decided on your priorities, you should develop a specific action plan to implement the programming you've selected. The action plan would include:

- The overall goals and objectives of your wellness program;
- Specific recommendations on strategies to implement. These need to be clearly stated and measurable or your evaluation won't be meaningful;
- The chosen activities;
- The staff, resources and materials needed to make it happen;
- The time frame for completion; and
- The evaluation plan to measure results.

The action plan can also be used as part of a presentation to give to management to reinforce their support of your wellness program and get buy-in for the specific strategies and activities you plan to implement for the program.

A sample action plan is shown below.

ACTION PLAN WORKSHEET - SAMPLE				
Recommendations	Describe the strategies selected from the Recommendation Table			
Activities	List the activities required to meet the recommendation			
Materials, Resources and Personnel	List the individuals who will do the work; and the resources and tools they need to get the job done			
Time Frame	When will implementation begin? How long will it take to finish?			
Evaluation	How will you measure your successes and/or misfortunes?			
Recommendations: Strategies to Implement	Activities	Materials, Resources & Personnel	Time Frame	Evaluation Method
1. Provide incentive-based programs to encourage activity (i.e. pedometer walking campaigns).	Walking challenge	Walking teams, team captains, pedometers, recording sheets	3 months May - July	Pre/Post survey of activity levels
2. Offer appealing, low-cost, healthful worksite food options, such as vegetables and fruits, juices, and low-fat dairy products in vending machines, snack bars and break rooms.	Inventory current options, increase healthy vending options	Mary Smith Sample	4 months Jan. - April	Count of healthy food options before and after the initiative
3. Support physical activity during duty time (flex-time).	Draft and implement company policy on use of break & lunch time for activity	Wellness committee and staff input, management sign-off	1 month January	Policy in place: Could also be a question as part of an annual survey

(A blank action plan can be found in Appendix E)

Maintaining Interest & Motivation

Once you start a program, you will have a range of employee participants. Some will already be very engaged in being active, eating well, practicing stress management and your program will only reinforce and enhance their health. On the other end of the spectrum will be people who may not engage no matter what you do. The remaining group is probably the largest group in most organizations, people who are at various stages of readiness to improve their health, given the right type of programming and motivation. Summarized below are some tips you may want to employ once your program has begun.

Key Factors

In today's society, there are many key factors that influence people's health behaviors. Consider the following list in maintaining participation in your program:

- **Time** – People are busy, so the more you can work activity and healthy eating into their existing schedules, the better your chances for success. Example: A walk at lunch doesn't take away from existing time; it just uses it differently. Also look at the time of the day and length of any activity you might be promoting, since both time components may be factors.
- **Access** – How accessible is your programming? Is it onsite or at a nearby site? Do you offer access at breaks or outside of normal work hours?
- **Knowledge** – People need to know “why” they are participating (the benefits) and also will need information about the “how to” in areas that are not commonly known. There is a wealth of information available on many wellness topics that can be found in the resource sections of this toolkit.
- **Cost** – Being able to provide no cost or reduced cost programs will help participation rates. Coupled with incentives for participation, rates of participation will likely increase dramatically.
- **Incentives** – Some people need incentives to get started in a wellness program. A full list of incentive options are listed on the next page.

Key Time Periods

Good habits are often difficult to develop. There tends to be some critical times when people drop out or fall off of a physical activity or diet program. The first key time period seems to be around **six weeks**. If people can start and stay consistent with a program through the first six weeks, they have made a fairly serious commitment to incorporate the habits into their lifestyle. The second key time is at about **six months**. Those who made it past six weeks may get bored and/or distracted from their program after several months. If people can get past six months and sustain behavior through a full set of weather seasons, they have a very good chance of making the changes permanent.

Consider these time periods and think about how you can boost your employees to get them past these critical time markers. Promoting individual or group challenges, using incentives, or increased publicity and marketing are a few of the things you can do to help get your employees through these key time periods.

Goal Setting

Setting goals has been shown to lead to better participation and more people making a strong commitment. Whether it be a team goal of walking the equivalent of once around South Carolina or an individual goal of so many miles or minutes of activity, the fact that there is something

concrete to aim for increases the likelihood that people will stick with the program. An example of a simple goal-setting form can be found at <http://www.americanheart.org/downloadable/heart/1118082632055ActivityGoals.pdf>

Buddy Systems or Team Goals

The social aspects of improving one's health cannot be underestimated. Many studies point to tight social groups being the backbone for a successful campaign, because each individual has a commitment to something bigger than themselves and besides, it's just more fun for most people. Build your program around some type of teams or partners and see what happens.

Team Campaigns

Some people like competition and others don't. Nevertheless, a worksite-wide campaign has the advantage of keeping the message more visible and alive. Encourage campaign participation, but make it voluntary so that those who prefer that type of motivation can join while others can participate in their own way and at their own pace. If the idea of a campaign seems like too much work, consider tapping into existing campaigns where someone else provides resources for you.

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

- Keeping programming fresh
- Being able to target different health habits
- Keeping people interested and motivated
- Recruiting participants more often as new health habits are targeted over the course of the year

Incentives

Incentives are often helpful in maintaining or raising interest. Significant incentives such as cash or health insurance rebates have proven to be very strong motivators for employee participation. However, even smaller incentives can be beneficial. Listed below are some sample incentives that will support your wellness program vision:

- **Achievement Awards** - Verbal praise and a pat on the back are motivational to some, but a token of recognition and achievement may offer more. A colorful certificate to congratulate an employee for achieving a health-related goal is one example.
- **Public Recognition.** Announced recognition at campaign mid-point or during wrap-up festivities.
- **Food.** Include some healthy foods to kick-off, revitalize or wrap up a wellness campaign.
- **Entertainment.** Events serve a purpose in jump-starting, re-energizing or wrapping up a campaign. Having entertainment of any kind can boost morale.
- **Merchandise.** There is a long list of merchandise incentives, including sports equipment and small gift certificates to use at local merchants.
- **Monetary Rewards.** Nothing says incentive better than cash. Worksites that have used cash or rebates as an incentive have shown much higher participation rates.
- **Time Off.** This may be the next best incentive to cash, or for some people even better. This type of incentive makes good business sense if the number of absences drops significantly and attendance is used as one of the criteria.

STEP 6: OUTCOME EVALUATION

Sample Evaluation Tools and Measures

At the beginning of this resource kit, we listed reasons for having a worksite wellness program. That list included reduced health care costs, increased productivity, decreased absenteeism and improved employee health and morale. In setting up your wellness program, you need to also think about how you are going to evaluate your program. Evaluation will provide you with information to modify your program to better meet your employee needs and to measure whether employees' attitudes, behaviors and health indicators have changed as a result of your program.

What Does it Mean to Complete an HRA?

Workplace health promotion or wellness programs in most settings conventionally ask participants to complete a brief questionnaire that summarizes key individual characteristics and health information through which a statistical estimate of one's overall health risk status can be determined at the beginning of program participation. These questionnaires (or surveys) are often referred to as health risk assessments.

Most would agree that completion of an HRA alone will not likely result in a significant change in one's overall health risk profile. What most experts recommend is that all HRAs should be followed by specific risk-factor counseling and opportunities to participate in health promotion interventions such as nutrition counseling, organized physical activity, or smoking cessation programs relevant to the significant modifiable risk factors identified through the completion of an HRA. HRA results, when aggregated in a confidential manner across multiple members of a workplace population, and where HRA results are periodically available from the same respondents, can provide useful and powerful means of tracking the impact of workplace health promotion and wellness programs over time. For this reason, most experts in the field recommend that HRAs be the fundamental starting point in any workplace health promotion effort and that these measures serve as the primary measuring gauge of program impact and effectiveness.

How Do You Choose an HRA?

- Set the goals and objectives of using the HRA (i.e. identify high-risk individuals and interventions to help them, improve the health of high-risk individuals, monitor health changes over time, and evaluate the effectiveness of interventions over time).
- Decide the specific follow-up actions to be taken (i.e. programming).
- Determine whether or not you would like to process your own HRA.
- Create a short list of possible vendors and select a vendor.

What are the Different Types of HRAs?

- **Self-reported – Individual focused**– Only self-reported lifestyle information is collected. This type of HRA generates a computer printout to an individual and is only as reliable as the information reported.
- **Self-reported and medical data – Individual and aggregate focused**– Self-reported lifestyle information and medical data are collected. This comprehensive HRA outputs individual health scores, aggregate data for employers, and educational support materials. It allows individuals to see the cumulative effects of certain lifestyle risk factors. Biometric data included are the following: cholesterol, blood pressure, percent body fat, Body Mass Index (BMI), blood sugar, resting heart rate, frame size, height and weight, carbon monoxide testing, and prostate specific antigen.

How Does an HRA Work?

HRAs calculate the probability that a person with certain risk factors will acquire various chronic diseases or die within a given time period. This probability is calculated by comparing lifestyle information, medical data, and health and family history to people with similar demographics.

Other Types of Evaluation

You can measure process and you can measure outcome (or impact). Both are important and should be used. Process indicators will be easier to measure and will give you quicker feedback on how well your program is being accepted by employees. Examples of process measures are:

- Number of staff enrolled and participating (participation rates)
- Web site hits
- Observations or counts (e.g., track number walking at noon)
- Participant satisfaction (via survey, focus groups, interviews, stakeholder survey, etc.)
- Policy or environmental changes/tracking (compare list of policy or environmental changes from initial site assessment using Worksite Wellness Assessment Checklist with later follow-up at one year, two years, etc.)

Outcome evaluation can be more difficult and takes longer to show up in your data. Examples of outcome measures are:

- Pre-/Post-test surveys – Can measure changes in attitude, knowledge and current eating, physical activity and mental health status from an initial assessment to completion of a specified program or campaign
- Quizzes
- Physical activity and diet log sheets
- Vending items being chosen (arrange with vendor to track selections and sales)
- Cafeteria menu options
- Health indicators/reduced risk factors. Comparison of company aggregate screening measures such as blood pressure, cholesterol, body weight, BMI, stress or anxiety/depression, etc. before and after a specified program or campaign.
- Corporate costs and return on investment. The expense side, or what it costs to run your wellness program, can be fairly easy to quantify. However, computing savings from reduced health care claims, lost workdays or absenteeism may be harder to calculate. Work with Human Resources and benefits providers to determine what can be measured and then setting a baseline figure to compare against later.

Outcome or impact evaluation needs to clearly identify the marker being addressed and have the baseline data for comparison to determine the impact or outcome. One example would be to compare last year's absentee rate with the rate after the wellness program is operational, or compare the absentee rate for employees actively participating in the program with those that are not. This could also be done with health care claims.

SAMPLE EVALUATION TOOL & MEASURES			
SAMPLE PROCESS OBJECTIVES	2005	2006	Change
Number of staff enrolled and participating (participation rates)	200	220	↑ 10%
Company wellness Web site hits	10,620	22,000	↑ 107%
Observation or counts (e.g., track number walking at noon)	60	75	↑ 25%
Participant satisfaction (via survey, focus groups, interviews, stakeholder survey, etc.)	72%	80%	↑ 8%
Policy or environmental changes/tracking (use Worksite Wellness Assessment Checklist and compare list of policy or environmental changes from initial site assessment with later follow-up at one year, two years, etc.)	10 in place	15 in place	↑ 50%
SAMPLE OUTCOME OBJECTIVES	2005	2006	Change
Pre-/Post-test surveys – Can measure changes in attitude, knowledge and current eating, physical activity and mental health status from an initial assessment to completion of a specified program or campaign	Average score = 65	Average score = 80	↑ 15%
Quizzes – test of knowledge on various topics	78%	85%	↑ 7%
Vending items being chosen (arrange with vendor to track selections)	25% Healthy choice	35% Healthy choice	↑ 10%
Cafeteria menu options	35% Healthy choice	40% Healthy choice	↑ 5%
Health indicators/reduced risk factors. Comparison of company aggregate screening measures such as blood pressure, cholesterol, body weight, BMI, etc. before and after a specified program or campaign.	BP = 140/100 Chol = 225 BMI = 30%	BP = 130/90 Chol = 212 BMI = 29%	↓ BP ↓ 6% ↓ 1%
Corporate costs and return on investment. The expense side, or what it costs to run your wellness program, can be fairly easy to quantify. However, computing savings from reduced health care claims, lost workdays or absenteeism may be harder to calculate. Work with human resources and benefits contacts to determine what can be measured and then setting a baseline figure to compare against later.	Sick days = 662 Health Care Claims = \$864,000	Sick days = 604 Health Care Claims = \$789,000	↓ 9% ↓ 58 days ↓ 9% ↓ \$75,000

Evaluation Resources

- Health Improvement: A Comprehensive Guide to Designing, Implementing and Evaluating Worksite programs. Center for Prevention and Health Services Issue Brief
http://www.businessgrouphealth.org/pdfs/issuebrief_nov2004.pdf
- WELCOA Article: Evaluating Your Wellness Program
http://www.welcoa.org/freeresources/pdf/fund_of_evaluation.pdf
- Evaluating Comprehensive Workplace Health Promotion
<http://www.thcu.ca/workplace/documents/EvaluationInfoPackFinalWeb.pdf>

RISK REDUCTION RESOURCES

Worksite Wellness Resource Toolkit Specific Programming

The following section contains specific risk reduction resources in the following areas:

- Hypertension
- Nutrition
- Physical Activity
- Tobacco

How to Use the Specific Programming Section

Programming Strategies

Illustrated below is a sample of what you will find in the programming section. By looking at the first part of each program area, you will get an overview of things that can be done in the workplace. If you need additional information or resources to implement a strategy, look to the second part for more detailed information. An example of the first part is shown below and it will be presented in a shaded color for easy recognition.

- **Strategies arranged by resource level** – This provides a summary of programming that you can do at your worksite. The components have been split into **low, medium and high resource needs**, so you can get a quick glance at what you might be able to quickly implement, and what might take more time or be too costly to include at this time. The three levels indicate the relative amount of staff and financial resources that will be needed to implement the program.
- **Influencing change on a variety of levels** – The options are further classified by the level where change takes place. There is also a summary of the need for change to occur at the **individual, environmental and policy levels**. The tables that follow will indicate which level is being influenced for the related activity.

1 List of strategies arranged by level of resources (Low, Medium, High) needed.

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

First Page Sample of Strategies

LOW RESOURCES	I	E/O	P
▪ Offer flexible work hours to allow for physical activity during the day.			★
▪ Support physical activity breaks during the workday, such as stretching or walking.			★
▪ Map out on-site trails or nearby walking routes.	★	★	
MEDIUM RESOURCES			
▪ Provide shower and/or changing facilities on-site.		★	
▪ Implement incentive-based programs to encourage physical activity, such as pedometer walking challenges.		★	

Sample

HIGH RESOURCES

- Provide an on-site exercise facility.



Physical Activity Resources For the Recommended Strategies

LOW RESOURCES

- Offer flexible work hours to allow for physical activity during the day
Supervisors will support this as a standard work practice.
- Support physical activity breaks during the workday
Supervisors will support this as a standard work practice.
- Map out on-site trails or nearby walking routes
<http://walkingguide.mapmyrun.com/>

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

MEDIUM RESOURCES

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

HIGH RESOURCES

- Provide an on-site exercise facility
<http://www.cdphe.state.co.us/pp/COPAN/resourcekits/WorksiteWellnessResourceKit.pdf>
(pages 45-46)

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

Check with your local contacts to see if any of these sources might be an option.



Hypertension

WHAT

About 74.5 million people in the United States have high blood pressure, which is also called *hypertension*. Hypertension increases the risk for heart disease and stroke, the first and third leading causes of death in the United States. Researchers estimate that high blood pressure will cost \$76.6 billion in direct and indirect costs in 2010.

Blood pressure is written as two numbers. The first (systolic) number represents the pressure when the heart beats. The second (diastolic) number represents the pressure when the heart rests between beats. The following is a classification system for blood pressure:

Normal blood pressure	<i>systolic:</i> less than 120 mmHg and <i>diastolic:</i> less than 80 mmHg
Prehypertension	<i>systolic:</i> 120–139 mmHg or <i>diastolic:</i> 80–89 mmHg
High blood pressure	<i>systolic:</i> 140 mmHg or higher or <i>diastolic:</i> 90 mmHg or higher

Blood pressure that is slightly higher than normal is called *prehypertension*. People with prehypertension are more likely to develop high blood pressure than are people with normal blood pressure levels.

WHY

People with hypertension have three to four times the risk of developing heart disease than those without high blood pressure. What does this mean for your worksite? The statistics are alarming: one out of every three adults in SC has hypertension. Hypertension contributes to 30 percent of heart disease deaths each year. If left untreated, high blood pressure can lead to stroke, heart attack, heart failure or kidney failure.

If your blood pressure is not high now, take steps to keep it healthy. Here's how:

- Aim for a healthy weight.
- Eat less salt and sodium.
- Eat more fruits and vegetables.
- Be physically active every day.
- Don't smoke.



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

HOW

LOW RESOURCES	I	E/O	P
<ul style="list-style-type: none"> Provide access to healthy food via vending machines, cafeteria, etc. 		★	
<ul style="list-style-type: none"> Support physical activity breaks during the workday, such as walking. 	★	★	
<ul style="list-style-type: none"> Ensure employee training and education on hypertension/sodium reduction. 		★	
MEDIUM RESOURCES			
<ul style="list-style-type: none"> Provide worksite screenings and follow-up with employees for blood pressure control. 		★	
HIGH RESOURCES			
<ul style="list-style-type: none"> Provide full coverage/reimbursement for prescription drugs required for individuals in need of anti-hypertensive medications. 			★

Recommended Resources

CDC

http://www.cdc.gov/bloodpressure/hypertension_iom.htm

SC DHEC

<http://www.scdhec.gov/administration/library/ML-002149.pdf>

American Heart Association

http://www.americanheart.org/downloadable/heart/119626772541850%20WhatisHBPMedication%209_07.pdf

National Heart, Lung and Blood Institute

http://www.nhlbi.nih.gov/health/dci/Diseases/Hbp/HBP_WhatIs.html

Additional Resources

LOW RESOURCES

Prevention Works: CDC Strategies for a Heart-Healthy and Stroke-Free America
http://www.cdc.gov/dhdsp/library/prevention_works/pdfs/Prevention_works.pdf

MEDIUM RESOURCES

Prevention Works: CDC Strategies for a Heart-Healthy and Stroke-Free America
http://www.cdc.gov/dhdsp/library/prevention_works/pdfs/Prevention_works.pdf

HIGH RESOURCES

Prevention Works: CDC Strategies for a Heart-Healthy and Stroke-Free America
http://www.cdc.gov/dhdsp/library/prevention_works/pdfs/Prevention_works.pdf

Nutrition

WHAT

Good nutrition is essential for the prevention and management of overweight, obesity and other chronic diseases. Healthy eating includes eating a variety of foods such as vegetables and fruits, whole grains, lean meats and low-fat dairy products. It also means limiting the amount of sugar-sweetened beverages consumed and choosing appropriate portion sizes. Correlating with South Carolina's high rate of overweight and obesity, only 18 percent of adults in the state consume five or more vegetables and fruits per day.

Healthy eating also means monitoring your sodium intake. Consumption of excess dietary sodium contributes to excessive levels of high blood pressure, and premature deaths from heart attack and stroke. The Centers for Disease Control and Prevention states that reducing the average sodium intake to 2,300 mg/day might reduce cases of high blood pressure by 11 million and save \$18 billion in health care costs. The individuals in the following population groups should consume no more than 1,500 mg per day:

- Those 40 years of age or older,
- African American or
- If you have high blood pressure.

A recent CDC report shows that two out of three (69 percent) adults in the United States fall into these three groups who are at especially high risk for health problems from too much sodium.

WHY

Most American adults now spend at least half of their waking hours at work, so it is no surprise that most people eat at least one meal a day at the worksite. Food available at work, in cafeterias, through vending machines, and at on-site meetings often determine what people eat during their workday. Too often, this food is of poor nutritional value and does not support efforts to adopt healthy eating habits. However, worksites have the opportunity to create a supportive environment for eating smart. Providing access and availability to healthy foods, creating a culture where healthy eating is the norm, and making eating smart the easiest choice are recommended approaches for improving nutrition.

Women with children are the fastest growing segment of the workforce. Nearly 55 percent of women with children under the age of 3 are employed. In the United States, more than 70 percent of all new mothers today choose to breastfeed. However, workplace policies and environments can create barriers for a woman returning to work who is trying to make the best choice for both her family and her employer. Breastfeeding can decrease business costs by lowering health care costs, reducing sick time and absenteeism, and increasing retention of experienced employees. Family-friendly workplace policies, programs and environments that provide lactation support for both female employees and partners of male employees are essential components of a worksite wellness program.

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

HOW

LOW RESOURCES	I	E/O	P
<ul style="list-style-type: none"> Send healthy food messages to employees via multiple means (i.e. email, posters, payroll stuffers, etc.). 	★	★	
<ul style="list-style-type: none"> Promote the consumption of vegetables & fruit in catering/cafeteria through motivational signs, posters, etc. 	★	★	
<ul style="list-style-type: none"> Provide protected time and dedicated space away from the work area for breaks and lunch. 			★
<ul style="list-style-type: none"> Offer appealing, low-cost, healthful food options, such as vegetables and fruits, juices, and low-fat dairy products in vending machines, snack bars and break rooms. 		★	
<ul style="list-style-type: none"> Promote healthy choices by increasing the percentage of healthy options that are available, using competitive pricing to make healthier choices more economical, and/or advertise or mark healthy options so that they stand out. 		★	
<ul style="list-style-type: none"> Have on-site cafeterias follow healthy cooking practices. 		★	
<ul style="list-style-type: none"> Have on-site cafeterias follow nutritional standards that align with dietary guidelines for Americans. 		★	
<ul style="list-style-type: none"> Provide appropriate portion sizes and provide portion size information via labeling food to show serving size and calories, by using food models and pictures, or portable food scales for weighing portion sizes. 		★	★
<ul style="list-style-type: none"> Offer healthful food alternatives at meetings, company functions, and health education events. 		★	★
<ul style="list-style-type: none"> Make water available throughout the day. 		★	
<ul style="list-style-type: none"> Track or log food intake. 	★		
MEDIUM RESOURCES			
<ul style="list-style-type: none"> Make kitchen equipment (refrigerators, microwaves, stoves, etc.) available for employee food storage and preparation. 		★	
<ul style="list-style-type: none"> Offer local vegetables and fruit at the worksite (i.e. farmer's market or a community-supported agriculture drop-off point). 		★	
<ul style="list-style-type: none"> Provide on-site gardening. 		★	
<ul style="list-style-type: none"> Provide interactive food opportunities such as taste-testing and food preparation skills. 		★	
<ul style="list-style-type: none"> Provide opportunities for peer-to-peer modeling of healthy eating. 		★	
<ul style="list-style-type: none"> Establish workplace policies and programs that promote and support breastfeeding. 		★	★
<ul style="list-style-type: none"> Provide an appropriate place for breastfeeding/pumping. 		★	
HIGH RESOURCES			
<ul style="list-style-type: none"> Provide incentives for participation in nutrition and/or weight management/maintenance activities (these can range from inexpensive low resource items, such as water bottles, to high resource items, such as health insurance rebates). 	★	★	
<ul style="list-style-type: none"> Include the employees' family members in campaign promoting vegetables and fruit consumption (worksite plus family intervention). 	★	★	
<ul style="list-style-type: none"> Provide lactation education programs. 		★	

Recommended Resources

Eat Smart Move More SC (ESMM SC)

<http://www.eatsmartmovemoreesc.com>

ESMM SC coordinates obesity prevention efforts across the state of South Carolina through a collaboration between state agencies, business and industry, health care organizations, schools, academia, community-based groups and coalitions to capitalize and leverage differing areas of expertise, skill and resources to impact obesity in South Carolina.

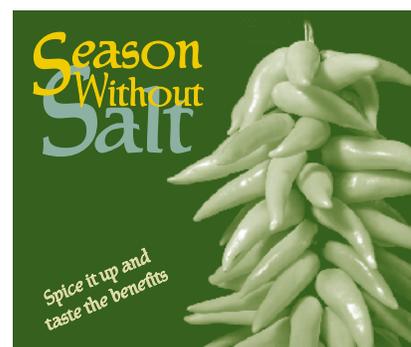
Strategies to Reduce Sodium Intake in the United States

<http://iom.edu/Reports/2010/Strategies-to-Reduce-Sodium-Intake-in-the-United-States.aspx>

Additional Resources

LOW RESOURCES

- Send healthy food messages to employees via multiple means (i.e. email, posters, payroll stuffers, etc.)
<http://health.nih.gov/>
<http://www.mypyramid.gov/>
- NC: Eating smart posters and handouts
<http://www.eatsmartmovemorenc.com/NCHealthSmartTlkt/eatsmart.html>
- Promote the consumption of fruit & vegetables in catering/cafeteria through motivational signs, posters, etc.
<http://www.5aday.gov>
<http://www.fruitsandveggiesmatter.gov/>
- Provide protected time and dedicated space away from the work area for breaks and lunch.
- Offer appealing, low-cost, healthful food options, such as fruits and vegetables, juices, and low-fat dairy products in vending machines and snack bars and break rooms.
<http://www.healthcollaborative.net/assets/pdf/vendingcriteria.pdf>
CA: Vending Machine Foods and Beverage Standards
http://www.dhs.ca.gov/ps/cdic/cpns/worksite/download/FitBusinessKitTools/Vending%20Machine%20Standards_Final.pdf
- Promote healthy choices by:
 - a. Increasing the percent of healthy options that are available
<http://www.eatsmartmovemorenc.com/Resources/wwtoolkit/eatsmart.html>
<http://www.dhs.ca.gov/ps/cdic/cpns/worksite/download/VendingStandards.pdf>
 - b. Using competitive pricing to make healthier choices more economical
<http://www.co.tompkins.ny.us/wellness/worksite/workwell/snackbowl.html> - obj10
 - c. Advertise or mark healthy options so that they stand out
CA: Healthy Menu Dining Guidelines
http://www.dhs.ca.gov/ps/cdic/cpns/worksite/download/FitBusinessKitTools/Health%20Dining%20Menu%20Guidelines_Final.pdf
- Have on-site cafeterias follow healthy cooking practices
<http://healthyculture.com/>



- Have on-site cafeterias follow nutritional standards that align with dietary guidelines for Americans.
<http://www.health.gov/DIETARYGUIDELINES/dga2005/document/pdf/DGA2005.pdf>
- Provide appropriate portion sizes and provide portion size information via labeling food to show serving size and calories and by using food models and pictures or portable food scales for weighing portion sizes.
- Offer healthful food alternatives at meetings, company functions, and health education events.
http://www.sph.umn.edu/img/assets/9103/Nutrition_guide.pdf
- CA: Healthy Meeting Policies (*pages 1 & 2*)
http://www.dhs.ca.gov/ps/cdic/cpns/worksite/download/FitBusinessKitTools/Healthy%20Meeting%20Policies_Final.pdf
- NC: Eat Smart North Carolina: Guidelines for Healthy Foods and Beverages at Meetings, Gatherings, and Events
http://www.eatsmartmovemorenc.com/NCHHealthSmartTlkt/1_docs/eat_smart/ES_AppA_Guidelines.pdf
- Make water available throughout the day.
<http://www.mayoclinic.com/health/water/NU00283>
- Track/log intake
<http://www.mypyramidtracker.gov/>

MEDIUM RESOURCES

- Make kitchen equipment (refrigerators, microwaves, stoves, etc.) available for employee food storage and preparation.
- Offer local fruits and vegetables at the worksite (i.e. farmer's market or a community-supported agriculture drop-off point)
- CA: Simple Steps to Ordering Farm Fresh Produce for the Worksite
http://www.dhs.ca.gov/ps/cdic/cpns/worksite/download/FitBusinessKitTools/Produce%20Delivery_Final.pdf
- A Guide to Establishing a Worksite Farmers' Market
<http://eatsmartmovemorenc.org/pdfs/farmers-market.pdf>
<http://www.cdph.ca.gov/programs/cpns/Pages/WorksiteFitBusinessKit.aspx>
<http://www.cdph.ca.gov/programs/cpns/Documents/CPNS-FarmersMarketTool.pdf>
<http://www.cdc.gov/nccdphp/dnpa/hwi/toolkits/gardenmarket/index.htm#Health%20Challenge>
- Provide on-site gardening
<http://eatsmartmovemorenc.org/pdfs/farmers-market.pdf>
- Provide interactive food opportunities such as taste testing and food preparation skills.
Taste testing and food preparation skills increase the likelihood for trying and continuing to eat new foods.
- Provide opportunities for peer-to-peer modeling of healthy eating.
- Provide appropriate portion sizes and provide portion size information via labeling food to show serving size and calories and by using food models and pictures or portable food scales for weighing portion sizes.
- Establish workplace policies & programs that promote breastfeeding.
<http://dhfs.wisconsin.gov/health/Nutrition/Breastfeeding/bffriendlycomm.htm>
<http://www.cdc.gov/breastfeeding/resources/guide.htm>
- Provide an appropriate place for breastfeeding/pumping.

HIGH RESOURCES

- Provide incentives for participation in nutrition and/or weight management/maintenance activities (these can range from inexpensive low resource items, such as water bottles, to high resource items, such as health insurance rebates).
- Include the employees' family members in campaign promoting fruit and vegetable consumption (worksite plus family intervention).
- Provide lactation education programs.

Looking for Sample Lessons and Materials?

- See pages 46-53 in the Arkansas Worksite Wellness toolkit:
http://www.arkansas.gov/ha/pdf/worksite_wellness.pdf
- See the Eat Smart, Move More...North Carolina in the Worksite site:
<http://www.eatsmartmovemorenc.com/Resources/wwtoolkit/eatsmart.html>
- Wisconsin: Building Breastfeeding-Friendly Communities (sample policies)
<http://dhfs.wisconsin.gov/health/Nutrition/Breastfeeding/bffriendlycomm.htm>



Physical Activity

WHAT

Employees who are regularly physically active reduce their risk for nearly all chronic diseases including heart disease, diabetes, stroke, and some cancers. Even small amounts of regular physical activity have been shown to provide substantial health benefits. As little as 2.5 hours of moderate physical activity per week can help not only prevent chronic disease, but can also prevent unwanted weight gain, prevent falls, and reduce depression.

WHY

Despite these well-documented benefits, fewer than half of South Carolinians (46.5 percent) meet the minimum recommendations for physical activity. Furthermore, physical inactivity costs the state an estimated \$4.6 million in medical care costs, workers comp, and lost productivity per year.

Promoting a culture supportive of physical activity at the worksite can provide social support, policies to support physical activity, access to places to be active, and opportunities for physical activity throughout the day. Examples of ways that employers can promote a culture supportive of physical activity are listed below.

HOW

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

LOW RESOURCES	I	E/O	P
<ul style="list-style-type: none"> Create a company culture that discourages sedentary behavior, such as TV viewing on breaks and sitting for long periods of time. 			★
<ul style="list-style-type: none"> Offer flexible work hours to allow for physical activity during the day. 			★
<ul style="list-style-type: none"> Support physical activity breaks during the workday, such as stretching or walking. 			★
<ul style="list-style-type: none"> Map out on-site trails or nearby walking routes. 		★	
<ul style="list-style-type: none"> Host walk and talk meetings. 		★	
<ul style="list-style-type: none"> Post-motivational signs at elevators & escalators to encourage stair use. 		★	
<ul style="list-style-type: none"> Provide exercise/physical fitness messages and information to Employees. 	★	★	
<ul style="list-style-type: none"> Have employees map their own biking or walking route to and from work. 	★		
<ul style="list-style-type: none"> Provide bicycle racks in safe, convenient, and accessible locations. 		★	
MEDIUM RESOURCES			
<ul style="list-style-type: none"> Provide shower and/or changing facilities on-site. 		★	
<ul style="list-style-type: none"> Provide outdoor exercise areas such as fields and trails for employee use. 		★	
<ul style="list-style-type: none"> Provide or support recreation leagues and other physical activity events (on-site or in the community). 		★	

- Start employee activity clubs (e.g., walking, bicycling).
- Explore discounted or subsidized memberships at local health clubs, recreation centers, or YMCAs.
- Implement incentive-based programs to encourage physical activity, such as pedometer walking challenges.

★	★	
	★	
★	★	

HIGH RESOURCES

- Offer on-site fitness opportunities, such as group classes or personal training.
- Provide an on-site exercise facility.
- Provide incentives for participation in physical activity and/or weight management/maintenance activities.
- Allow for use of facilities outside of normal work hours (before or after work).
- Provide on-site childcare facilities to facilitate physical activity.

	★	
	★	
	★	
	★	
	★	

LOW RESOURCES

- Company culture that discourages sedentary behavior
- Offer flexible work hours to allow for physical activity during the day
Supervisors will support this as a standard work practice.
<http://physicalfitness.org/nehf.html>
- Support physical activity breaks during the workday
Supervisors will support this as a standard work practice
<http://possibility.com/PowerPause/>
- Map out on-site trails or nearby walking routes
<http://walkingguide.mapmyrun.com/>
- Host walk-and-talk meetings
Employees are encouraged to participate in “walking meetings” for short check-ins with other staff and supervisors. Rather than sit in an office for a quick discussion, go for a walk in the hallway or on a short outside route to cover the same content, but in a nicer environment with the added benefit of a little physical activity. Supervisors will support this as a standard work practice.
<http://www.cdc.gov/women/planning/walk.htm>
- Post motivational signs at elevators and escalators to encourage stair usage
<http://www.cdc.gov/nccdphp/dnpa/hwi/toolkits/stairwell/index.htm>
- Provide exercise/physical fitness messages and information to employees
<http://wellness-plans.org/employee-wellness-programs-focus-on-exercise-initiatives/>
- Have employees map their own biking route to and from work
<http://walkingguide.mapmyrun.com/>
- Provide bicycle racks in safe, convenient, and accessible locations
<http://www.sctrails.net/Trails/ALLTRAILS/bikeguide/biking.html>

MEDIUM RESOURCES

- Provide shower and/or changing facilities on-site
- Provide outdoor exercise areas such as fields and trails for employee use
- Support recreation leagues and other physical activity events (on-site or in the community)
- Start employee activity clubs (e.g., walking, bicycling)

<http://aom.americaonthemove.org>

<http://www.americanheart.org/presenter.jhtml?identifier=3053031>

A Guide to Creating Worksite Walking Clubs

<http://www.cdph.ca.gov/programs/cpns/Pages/WorksiteFitBusinessKit.aspx> - 8

- Explore discounted or subsidized memberships at local health clubs
Contact your local YMCA, fitness centers or other health groups to discuss reduced group rates.
- Implement incentive-based programs to encourage physical activity, such as pedometer walking challenges
LightenUp4life
<http://www.lightenup4life.com/>
- Pedometer Walking Program
<http://dhfs.wisconsin.gov/forms/DPH/dph40075.pdf>

HIGH RESOURCES

- Offer on-site fitness opportunities, such as group classes or personal training
<http://www.acefitness.com/>
- Provide an on-site exercise facility
<http://www.cdphe.state.co.us/pp/COPAN/resourcekits/WorksiteWellnessResourceKit.pdf>
(pages 45-46)
- Provide incentives for participation in physical activity and/or weight management/maintenance activities
- Allow for use of facilities outside of normal work hours, before or after work
- Provide on-site childcare facilities to facilitate physical activity

Looking for Sample Lessons and Materials?

- See pages 46-53 in the Arkansas Worksite Wellness toolkit:
http://www.arkansas.gov/ha/pdf/worksite_wellness.pdf
- See Eat Smart, Move More...North Carolina in the Worksite site:
<http://www.eatsmartmovemorenc.com/Resources/wwtoolkit/movemore.html>

Tobacco

WHAT

Tobacco use is the single leading preventable cause of death in South Carolina. It is linked to heart disease, cancer and various other respiratory illnesses, and complicates other chronic diseases. In *The Health Consequences of Smoking: A Report of the Surgeon General, 2004*, it was revealed for the first time that smoking causes diseases in nearly every organ and function of the body.

WHY

According to the Centers for Disease Control and Prevention (CDC), smoking costs the nation \$167 billion a year in health care costs and lost productivity. The CDC estimates each employee that smokes costs his or her company \$3,391 per year—including \$1,760 in lost productivity and \$1,623 in excess medical expenses. Currently, 21.9 percent of S.C. adults smoke (BRFSS, 2007), which is above the national average of 19.7 percent (National Health Interview Survey [NHIS], 2007), and the cost to our state due to smoking has escalated to more than \$1 billion per year in direct health care expenses and another \$1.83 billion in lost productivity. Each S.C. household also pays an additional \$578 in state and federal taxes due to smoking-caused government expenditures.

These amounts do not include health costs caused by exposure to secondhand smoke, extra cleaning and maintenance costs made necessary by tobacco smoke and litter; and additional productivity losses from smoking-caused work absences, smoking breaks, on-the-job performance declines and early termination of employment caused by smoking-caused disability or illness.

Classified as a cancer-causing toxin, secondhand smoke is the smoke exhaled by the smoker and emitted between the puffs of a burning cigarette, pipe, or cigar. In a landmark 2006 report, the U.S. Surgeon General said there is no safe level of exposure to secondhand smoke. Up to 1,120 South Carolinians die each year from exposure to secondhand smoke. Fortunately, South Carolina has several resources available to help alleviate the health and economic toll tobacco use takes on the state.

Tobacco-free Workplace Policies

Implementing a tobacco-free workplace policy is a powerful tool for improving a business' environment. It reduces exposure to secondhand smoke, encourages smokers to quit, and helps increase overall productivity.

Hundreds of businesses across South Carolina are adopting a 100 percent tobacco-free campus policy, which means smoking and tobacco use are prohibited in buildings and on grounds including parking lots, sidewalks, breezeways and vehicles on the property. The SC Department of Health and Environmental Control developed a model tobacco-free worksite policy to help businesses throughout our state. The policy includes the following key components:

- Prohibits smoking and tobacco use by all employees, contractors and visitors within all facilities, vehicles, grounds and at sponsored events;
- Provides access to cessation resources;
- Displays appropriate signage; and

- Does not accept gifts, sponsorships or contributions from the tobacco industry and related companies.

Through extensive research, this policy has been proven effective for reducing secondhand smoke exposure, helping people quit smoking and setting positive examples in the workplace. Additional ways that employers can promote a culture supportive of tobacco cessation include the following.

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

HOW

LOW RESOURCES	I	E/O	P
▪ Policy prohibiting tobacco use anywhere on property.			★
▪ Provide prompts/posters to support no tobacco use policy.		★	
▪ Promote the SC Tobacco Quitline 1-800-QUIT-NOW (1-800-784-8669).		★	
MEDIUM RESOURCES			
▪ Policy supporting participation in smoking cessation activities during the workday (flex-time).			★
HIGH RESOURCES			
▪ Provide counseling through an individual, group, or telephone-counseling program on-site.	★	★	
▪ Provide counseling through a health plan sponsored individual, group, or telephone counseling program.	★	★	
▪ Provide cessation medication through health insurance.	★	★	

Recommended Resources

SC Smoke-free Worksite Toolkit

This employer smoke-free toolkit is a comprehensive guide designed to help your business or worksite go tobacco-free and assist interested employees in quitting tobacco.

SC DHEC Division of Tobacco Prevention and Control

www.scdhec.gov/tobacco

SC Tobacco Quitline

This free phone-based counseling service is available to all South Carolinians who want to quit tobacco use. The Quitline is available by calling 1-800-QUIT-NOW (1-800-784-8669) from 8:00 a.m. to midnight, seven days a week. Quit Coaches are on hand to

answer questions, talk callers through cravings and help map out a plan for successfully quitting.

SC DHEC Tobacco Cessation Resources

www.scdhec.gov/quitforkeeps

People trying to quit tobacco need all the support they can get, so with that in mind DHEC launched a Web-based tool that helps smokers find cessation resources in their communities. The interactive Hospital-Based Cessation Services map can be accessed at the link above. Tobacco users can click on their county and find what hospital sponsored cessation services are available in their area.

Professional Assisted Cessation Therapy (PACT) Resource Guide

<http://www.endsmoking.org/resources/employersguide/pdf/employersguide-2nd-edition.pdf>



Additional Resources

LOW RESOURCES

- Policy prohibiting tobacco use anywhere on property
http://www.cdc.gov/tobacco/research_data/environmental/etsguide.htm
- Provide prompts and posters to support a no tobacco use policy
- Promote the South Carolina Tobacco Quitline (1-800-QUIT NOW)
<http://www.scdhec.gov/quitforkeeps>

MEDIUM RESOURCES

- Policy that supports participation in smoking cessation activities during duty time (flex-time)

HIGH RESOURCES

- Provide counseling through an individual, group, or telephone counseling program on-site
<http://www.scdhec.gov/quitforkeeps>
http://www.opm.gov/Employment_and_Benefits/WorkLife/OfficialDocuments/handbooksguides/Tobacco_Cessation/Smoking2.asp_-_Program
- Provide counseling through a health plan sponsored individual, group, or telephone counseling program
- Provide cessation medications through health insurance

Looking for Sample Lessons and Materials?

See pages 17-26 in the Arkansas Worksite Wellness toolkit:

http://www.arkansas.gov/ha/pdf/worksite_wellness.pdf

DISEASE-SPECIFIC RESOURCES

Addressing Chronic Diseases and Disease Risk Factors

What is Chronic Disease?

According to the Centers for Disease Control and Prevention (CDC), chronic diseases—such as heart disease, cancer, and diabetes—are the leading causes of death and disability in the United States. Chronic diseases account for 70 percent of all deaths in the U.S., which is 1.7 million each year. These diseases also cause major limitations in daily living for almost one out of 10 Americans or about 25 million people.

Chronic disease risk factors are characteristics, traits or behaviors that contribute to the development of diseases and conditions. The most common modifiable risk factors for chronic disease are physical inactivity, poor nutrition, tobacco use, high blood pressure (hypertension), high cholesterol (hyperlipidemia), overweight/obesity, and diabetes.

What is the Impact of Chronic Disease?

The impact of chronic disease in the workplace is a growing burden for businesses. Reports warn that over the next 25 years, chronic disease will reduce the available labor supply, savings, investments and the capital markets, and outlines the business rationale for workplace wellness programs.

Given the growing incidence of chronic diseases throughout the world, a great amount of research has been conducted in an effort to combat such conditions. According to previous research as well as new evidence, health promotion programs are effective at reducing the risks associated with chronic diseases in the workplace. The report by PricewaterhouseCoopers suggests that businesses have a vested interest in workplace wellness programs and that public-private partnerships are imperative from a health, bottom-line and national perspective.

Although chronic diseases are among the most common and costly health problems, they are also among the most preventable. Adopting healthy behaviors such as eating nutritious foods, being physically active, and avoiding tobacco use can prevent or control the devastating effects of these diseases.

Given the growing incidence of chronic diseases throughout the world, research has shown wellness programs as an effective tool at reducing the risk of chronic disease.



Arthritis

WHAT

Arthritis is one of the most common diseases and affects approximately 46 million Americans, which amounts to one in five and is the leading cause of disability in the United States. Although it is more common in older adults, it affects people of all ages, and all racial and ethnic groups; and it has a substantial effect on the quality of life for those who experience its painful and disabling symptoms. About three out of every five people with arthritis are younger than 65 years old.

WHY

According to a CDC study, nearly 19 million U.S. adults reported activity limitations because of arthritis each year. Among working age adults, work limitations attributable to arthritis affect about one in twenty adults in the general population, and one-third of those with arthritis. As the population continues to age, the number of people with arthritis will continue to increase due in part to older generations deciding to continue in the workforce. Annually, the total cost of arthritis is estimated at \$128 billion. This includes:

- \$81 billion in direct costs resulting from medical care expenditures;
- \$47 billion in indirect costs resulting from increased absenteeism, reduced productivity, disease-related unemployment disability; and
- Each year, arthritis results in 750,000 hospitalizations and 36 million outpatient visits.

Arthritis in South Carolina

Arthritis has become a challenging public health problem due to the aging population and the dramatic increase in overweight and obesity. It comprises over 100 different diseases and conditions. The most common are osteoarthritis, rheumatoid arthritis, and fibromyalgia.

In 2007, 30 percent of adults aged 18 and older in South Carolina report a doctor diagnosis of arthritis. Fortunately, DHEC is working with the Arthritis Foundation and other partners to offer programs that help people with arthritis manage their condition and take control of their health.

The Arthritis Foundation Exercise Program is an exercise program designed specifically for people with arthritis. Classes are led by certified Arthritis Foundation instructors trained to use gentle activities to help increase joint flexibility, range of motion, and help maintain muscle strength.

<http://www.arthritis.org/af-exercise-program.php>

The Arthritis Foundation Self-Help Program is a six-week group education program designed to provide help for people with arthritis. Arthritis Foundation instructors provide resources and knowledge for people with arthritis to gain confidence and build the skills needed to manage their disease.

<http://www.arthritis.org/self-help-program.php>

Living Well South Carolina is a six-week workshop that teaches proven techniques for self-management of chronic conditions such as arthritis, asthma, bronchitis, diabetes, emphysema, heart disease, hypertension, and others.

What Can Be Done to Prevent and Control Arthritis?

There are effective ways to prevent arthritis, reduce the symptoms, and lessen the disability, thereby improving quality of life. The following are tips and recommendations for arthritis prevention and control.

- **Weight Control** – Maintaining a healthy weight can prevent osteoarthritis, which is the most common form of the disease.
- **Regular Physical Activity** – Make physical activity a regular part of your day. For example, take the stairs, rather than the elevator, or enjoy everyday activities, such as gardening, washing your car or walking.
- **Protect Your Joints** – Joint injury or overuse can lead to osteoarthritis. Preventing overuse of joints and protecting joints reduce the risk of developing arthritis.
- **Early Diagnosis** – Seeing a doctor early and getting appropriate treatment can reduce symptoms and lessen disability.
- **Self-Management** – Or, learning what you can do to help yourself is a critical component to the effective control of all chronic disease including arthritis.

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

HOW

LOW RESOURCES	I	E/O	P
<ul style="list-style-type: none"> ▪ Promote a culture that supports preventive care and interventions for arthritis. 		★	★
<ul style="list-style-type: none"> ▪ Provide a culture that supports healthy food choices. For example, provide water, juice and healthy snack options in vending machines. 		★	★
MEDIUM RESOURCES			
<ul style="list-style-type: none"> ▪ Provide opportunities for physical activities, such as walking groups, posting of sports club locations, or bicycling clubs 	★	★	
<ul style="list-style-type: none"> ▪ Offer regular health education presentations on various physical activity, nutrition, arthritis and wellness-related topics. Ask voluntary health associations, health care providers, and/or public health agencies to offer on-site education classes. For example, host a lunch and learn to educate employees on arthritis prevention and management. 		★	★
HIGH RESOURCES			
<ul style="list-style-type: none"> ▪ Ensure that Health Plans' benefits and services provide access to arthritis care. 			★

Recommended Resources

DHEC Arthritis Prevention and Control Program

<http://www.scdhec.gov/arthritis>

The DHEC Arthritis Prevention and Control Program joins with many public and private partners to focus on increasing awareness of arthritis as a common condition; and to promote primary and secondary prevention of arthritis and self-management.

Additional Resources

LOW RESOURCES

Promote a culture that supports preventative care and interventions for arthritis.

Arthritis Foundation: Arthritis in the Workplace.

<http://ww2.arthritis.org/resources/workplace/relationships.asp>

MEDIUM RESOURCES

Offer regular health education presentations. Ask voluntary health associations, health care providers, and/or public health agencies to offer onsite education classes.

HIGH RESOURCES

Ensure that Health Plans' benefits and services provide access to arthritis care.

http://ww2.arthritis.org/resources/Financial_Planning/Health_Disability/Health_insurance.asp

The following is a listing of some organizations and programs that provide useful information on arthritis.

- **The Arthritis Foundation**

<http://www.arthritis.org/>

The National Arthritis Foundation is a voluntary health organization dedicated to helping people with arthritis, educating patients and the public about arthritis, and supporting arthritis advocacy and research.

- **The Centers for Disease Control and Prevention (CDC)**

<http://www.cdc.gov/arthritis/>

The CDC's arthritis program works to improve the quality of life for people affected by arthritis and other rheumatic conditions. This is done by working with states and other partners to increase awareness about appropriate arthritis self-management activities and expanding the reach of programs proven to improve the quality of life for people with arthritis.

Cancer

WHAT

Cancer is the second leading cause of death behind heart disease, claiming the lives of more South Carolinians than homicide, suicide, motor vehicle crashes, and drug and alcohol use combined (South Carolina Cancer Care Alliance [SCCA], 2005). Cancer is caused by both external (tobacco, chemicals, radiation and infectious organisms) and internal factors (inherited mutations, hormones, immune conditions and mutations that occur from metabolism). As the workforce continues to age, the prevalence of cancer grows, and treatments for cancer become more costly, employers may need to heighten their sensitivity to the needs of these employees (flexible scheduling or enhanced communication) and tailor health care plans to benefit both the employer and the employee.

WHY

Cancer continues to be a costly disease, both in terms of health care costs and lost productivity. The National Institutes of Health estimate overall costs of cancer in 2007 at \$219.2 billion:

- \$89.0 billion for direct medical costs (total of all health expenditures);
- \$18.2 billion for indirect morbidity costs (cost of lost productivity due to illness); and
- \$112.0 billion for indirect mortality costs (cost of lost productivity due to premature death).

Annually, the estimated cost of cancer in South Carolina is \$2.6 billion (SCCA, 2005). Although, there is no guaranteed way to prevent cancer, however, it is not the death sentence it once was. In 2005, approximately 23,136 residents were diagnosed with cancer and 8,617 died from the disease. With improved prevention, detection and treatment of cancer, more than half of those who have cancer will survive and each year the number of cancer survivors will continue to grow. For example, almost two-thirds of cancer deaths are related to lifestyle factors such as tobacco use, diet and physical inactivity. Preventive health screenings and regular visits to health care professionals can result in early detection and removal of cancerous growths when they are most treatable. Making healthy lifestyle changes can reduce their risk for developing cancer.

The DHEC Cancer Prevention and Control Division works with the CDC and other partners to provide programs that address the burden of the disease.

<http://www.scdhec.gov/cancer>

The Best Chance Network (BCN) is a breast and cervical cancer screening program for age and income eligible women. BCN provides screening services through a network of health care providers throughout the state.

<http://www.scdhec.gov/health/chcdp/cancer/bcn.htm>



The South Carolina Cancer Care Alliance (SCCA) is a non-profit organization of more than 900 individuals, agencies, and businesses committed to decreasing the impact of cancer for all South Carolinians. It is the goal of the SCCA to reduce the burden of cancer on all people in South Carolina. The primary purpose of the SCCA is to implement the goals and objectives in the SC Comprehensive Cancer Control Plan.

The Cancer Control and Advisory Committee (CCAC) is a group of cancer experts who provide advice on cancer issues to the DHEC commissioner. The CCAC is authorized by SC law and advises on matters of resource allocation, program development and evaluation, and partnership development.

SCOPE SC is a colorectal cancer-screening program for income and age eligible individuals. Currently, DHEC is partnering with four community health centers, Eau Claire Community Health in Columbia, New Horizons Community Health in Greenville, Community Health Partners in Conway, and Family Health Centers in Orangeburg - to provide colonoscopies for eligible patients. DHEC has applied for additional funding from CDC and hopes to expand the program to four or five in community health centers if approved.

The Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) program provides low-income, under insured or uninsured women aged 40–64 years with chronic disease risk factor screening, lifestyle intervention, and referral services in an effort to prevent cardiovascular disease. It provides knowledge, skills, and interventions to prevent, delay and control cardiovascular and other chronic diseases and live healthier lifestyles.

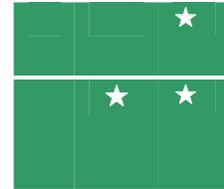
TABLE KEY
I = Individual level
E/O = Environmental / Organizational level
P = Policy level

HOW

LOW RESOURCES	I	E/O	P
<ul style="list-style-type: none"> Establish and enforce tobacco-free worksite policies. 		★	★
<ul style="list-style-type: none"> Provide a culture that supports healthy food choices. For example, provide water, juice and healthy snack options in vending machines. 		★	★
<ul style="list-style-type: none"> Provide access to nutrition and weight-control programs. 		★	
<ul style="list-style-type: none"> Provide a culture that promotes physical activity. 		★	
MEDIUM RESOURCES			
<ul style="list-style-type: none"> Promote a culture that supports preventive cancer screening. For example, provide access for mobile units to conduct routine medical screenings. 		★	★
<ul style="list-style-type: none"> Offer regular health education presentations on various physical activity, nutrition, cancer and wellness-related topics. Ask voluntary health associations, health care providers, and/or public health agencies to offer on-site education classes. 		★	

HIGH RESOURCES

- Ensure that Health Plans' benefits and services provide access to cancer screenings and care.
- Offer health benefit plans that eliminate cost as a barrier to accessing preventive and/or screenings, tests, and exams for the prevention of cancer.



Recommended Resources

DHEC Division on Cancer Prevention and Control

<http://www.scdhec.gov/cancer>

The goal of the South Carolina Division of Cancer Prevention and Control (CPC) is to reduce the number of cancer cases and cancer deaths among our citizens in South Carolina. The CPC collaborates with individuals, organizations and communities to encourage and facilitate cancer prevention, early detection and appropriate care for those diagnosed with cancer.

Additional Resources

LOW RESOURCES

- Provide educational opportunities for employees to learn cancer risk reduction and prevention
- American Cancer Society-The Great American Health Challenge
<http://www.cancer.org/docroot/subsite/greatamericans/index.asp>
- Resources for professionals, patients, and family members: The South Carolina Cancer Report Card
http://www.sccanceralliance.org/resources/report_card.aspx
- CDC Division of Cancer Prevention and Control
<http://www.cdc.gov/cancer/dcpc/about/>
<http://www.cdc.gov/cancer/dcpc/about/programs.htm>

MEDIUM RESOURCES

- Promote a culture that supports preventive cancer screening
American Cancer Society Employer Toolkit.
http://www.cancer.org/downloads/GAHC/GAHC_Employer_Tool_Kit.pdf
- Offer regular health education presentations, and ask voluntary health associations, health care providers, and/or public health agencies to offer on-site education classes

HIGH RESOURCES

- Offer health benefit plans that eliminate cost as a barrier to accessing preventive and/or screenings, tests, and exams for the prevention of cancer
http://www.cancer.org/docroot/subsite/accesstocare/content/Health_Insurance_Guide.asp

- Ensure that Health Plans' benefits and services provide access to cancer screenings and care:
American Cancer Society benefits of early detection and prevention.
http://www.cancer.org/docroot/PED/ped_2.asp?sitearea=PED&level=1

The following is a listing of some organizations/programs that provide useful information on cancer prevention and control in South Carolina.

CDC Division of Cancer Prevention and Control

<http://www.cdc.gov/cancer>

The CDC Division of Cancer Prevention and Control is a leader in nationwide cancer prevention and control, working with national organizations, state health agencies and other key groups to develop, implement and promote effective cancer prevention and control policies. The Web site can find publications and information regarding activities CDC is sponsoring related to cancer, including monitoring, research, public health programs and education.

American Cancer Society

<http://www.cancer.org/>

The American Cancer Society is at work in communities all across the country, providing programs aimed at reducing the risk of cancer, detecting cancer as early as possible, ensuring proper treatment, and empowering people facing cancer to cope and maintain the highest possible quality of life.

National Cancer Institute

<http://www.cancer.gov/>

The National Cancer Institute conducts and supports research, training, health information dissemination, and other programs with respect to the cause, diagnosis, prevention, and treatment of cancer, rehabilitation from cancer, and the continuing care of cancer patients and the families of cancer patients.

SC Central Cancer Registry (SCCCR)

<http://www.scdhec.gov/co/phsis/biostatistics/SCCCR>

The SCCCR is a population-based data system that collects cancer incidence (newly diagnosed cases) in South Carolina. Data in a central cancer registry is used to study trends in how often cancers occur in a defined area, changes in diagnosis and treatment patterns, and patients' survival rates.

Cardiovascular Disease

WHAT

The major conditions of cardiovascular disease (CVD), heart disease and stroke, rank as the first and third highest causes of death in the United States, for men and women of all racial and ethnic groups. According to the CDC, cardiovascular disease claimed nearly 900,000 lives (by 2005 estimates) which means every day of the year, 2,400 CVD-related deaths occur. That's more than the lives claimed by cancer, HIV/AIDS, and accidents combined. The American Heart Association (AHA) estimates one in three Americans have some form of CVD, and nearly one million die each year from CVD, including heart disease, stroke, high blood pressure, congestive heart failure, and other diseases of the circulatory system, which amounts to one death every 33 seconds.

WHY

Heart disease and stroke represent major costs to employers. According the AHA, nationally, the estimates incurred by persons with heart disease and stroke for 2008 will be \$383 billion and \$65.5 billion, respectively for a combined total of \$448.5 billion.

In South Carolina, heart disease and stroke accounted for 85,962 hospitalizations during 2005, with a total hospitalization cost of more than \$3 billion dollars. During the same year, more than 12,693 South Carolinians died from cardiovascular disease, making it the leading cause of death in the state.

By creating healthier worksites, employers are providing an ideal place to promote the cardiovascular health of their employees, by implementing policies and resources that support healthy behaviors or lead to healthier lifestyles. Many of the risk factors of heart disease and stroke, such as high blood pressure, high cholesterol, excess weight or obesity, can be prevented, modified or controlled by adopting a healthy lifestyle with adequate physical activity and appropriate nutrition.

Now that you know the alarming statistics, it is imperative that you know risk factors, know the warning signs, and know how to respond quickly and appropriately if warning signs occur:

Heart Attack Warning Signs

- Chest discomfort – This can involve discomfort in the center of the chest that lasts more than a few minutes, or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain.
- Discomfort in other areas of the upper body – Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw or stomach.
- Shortness of breath – with or without chest discomfort.
- Breaking out in a cold sweat, nausea or lightheadedness.

If any of these heart attack symptoms occur suddenly, call 9-1-1 and seek care immediately!



Stroke Warning Signs

To check if someone is having a stroke, ask the person to give you five. Things to look for or ask:

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

If any of these stroke symptoms occur suddenly, call 9-1-1 and seek care immediately!

The DHEC Heart Disease and Stroke Prevention Division is involved in strategic partnerships and engaged in numerous initiatives throughout the state to improve these statistics.

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

HOW

LOW RESOURCES	I	E/O	P
<ul style="list-style-type: none"> ▪ Develop a written plan for emergency response to cardiac events for your facility. 		★	
<ul style="list-style-type: none"> ▪ Provide opportunities for all employees to adopt healthier lifestyles that reduce risk factors for heart disease and stroke. 		★	★
<ul style="list-style-type: none"> ▪ Provide educational opportunities for employees to learn symptoms, risks and risk reduction techniques for heart disease and stroke. 	★		
MEDIUM RESOURCES			
<ul style="list-style-type: none"> ▪ Ensure that your Health Plans' benefits and services promote cardiovascular health (See Appendix F for a checklist of Successful Health Plan approaches to Heart Disease and Stroke Prevention). 		★	★
<ul style="list-style-type: none"> ▪ Conduct preventive wellness screenings for blood pressure, blood cholesterol, etc. 		★	
<ul style="list-style-type: none"> ▪ Make Cardio Pulmonary Resuscitation (CPR) training available to employees. 		★	
HIGH RESOURCES			
<ul style="list-style-type: none"> ▪ Provide access to Automated External Defibrillators (AEDs) at worksite. 			★
<ul style="list-style-type: none"> ▪ Provide free or low-cost emergency training in CPR and/or AED for response to cardiac events at the worksite. 		★	★

Recommended Resources

DHEC Heart Disease and Stroke Prevention Division (HDSP)

<http://www.scdhec.gov/hdsp>

The HDSP Division's mission is to prevent and reduce heart disease and stroke in South Carolina by focusing on promoting community, institutional, and environmental changes in the areas of physical inactivity, poor nutrition, tobacco use, hypertension, and high cholesterol.

DHEC Heart Disease and Stroke Prevention Resources

<http://www.scdhec.gov/health/chcdp/cvh/resources.htm>

The HDSP Division has a wealth of educational materials, which are available on the Web for downloading. If you are interested in placing an order for a high quantity of materials, please contact the agency's Educational Materials Library at (803) 898-3539.

Reducing the Risk of Heart Disease and Stroke: A Six-Step Guide for Employers

http://www.cdc.gov/dhdsp/library/toolkit/pdfs/six_step_guide.pdf

A handout that makes the case to employers for investing in comprehensive programs and services to prevent heart disease and stroke.

Additional Resources

LOW RESOURCES

- Develop a written plan for emergency response to cardiac events for your facility.
- Provide educational opportunities for employees to learn symptoms, risks, risk reduction.
<http://www.strokeassociation.org/presenter.jhtml?identifier=1020>,
<http://americanheart.org/presenter.jhtml?identifier=1200000>,
<http://mystartonline.org/>
<http://www.americanheart.org/presenter.jhtml?identifier=3053031>
- Resources for professionals, patients, and family members: The Burden of Heart Disease and Stroke in South Carolina.
<http://www.scdhec.gov/health/chcdp/cvh/docs/CR-004470indd.pdf>
<http://www.cdc.gov/DHDSP/library/toolkit/index.htm>
http://www.cdc.gov/DHDSP/library/toolkit/pdfs/six_step_guide.pdf

MEDIUM RESOURCES

- Meet with your health plan representatives to assess benefits and services
<http://www.americanheart.org/presenter.jhtml?identifer=3011764>

HIGH RESOURCES

- Contact a local medical supply vendor for more information
<http://www.americanheart.org/presenter.jhtml?identifier=3011764>

The following is a listing of some organizations and programs that provide useful information on cardiovascular disease and stroke.

Centers for Disease Control and Prevention (CDC)

<http://www.cdc.gov/heartdisease/>

The mission of the CDC's Division of Heart Disease and Stroke Prevention is to provide public health leadership to improve cardiovascular health, reduce the burden of cardiovascular disease, and eliminate disparities associated with heart disease and stroke. This Division's Web site offers statistical information regarding cardiovascular health, fact sheets, journal publications and references. It also provides state health departments, information on heart disease and stroke activities.

American Heart Association (AHA)

<http://www.americanheart.org>

American Stroke Association (ASA)

<http://www.strokeassociation.org>

The American Heart Association/American Stroke Association is a national volunteer association that strives to provide resources on research, statistics, tips, healthy lifestyle and other services to people with cardiovascular disease, their families, health professionals and the public. Specific worksite information can be found at AHA/ASA initiative *Start!* <http://www.americanheart.org/presenter.jhtml?identifier=3053031>

Wellness Councils of America (WELCOA)

<http://www.welcoa.org>

The Wellness Councils of America (WELCOA) is a national nonprofit membership organization dedicated to promoting healthier lifestyles for all Americans, especially through health promotion initiatives at the worksite. WELCOA links communities and coalitions into a supportive network that includes locally affiliated Wellness Councils, Well City initiatives, Well Workplaces, and individual and corporate members throughout the United States. Well Workplaces are companies dedicated to the health of their employees. Well Workplace Award winners are recognized as one of America's Healthiest Companies.

Public Health Regions

<http://www.scdhec.gov/health>

The South Carolina Department of Health and Environmental Control provides health services to citizens throughout state. We work with individuals, families, other agencies, institutions and health care providers to promote and protect the health of the public and the environment in South Carolina. Our services and programs are designed to keep South Carolina residents free from disease or physical harm wherever they live, eat, seek healthcare, work, or play.



Diabetes

WHAT

Diabetes is a disease in which the body does not produce (Type 1) or properly use (Type 2) insulin. Insulin is a hormone that allows glucose to move from the bloodstream into the cells. A lack of insulin or inability to use insulin results in the accumulation of sugar in the bloodstream of people with diabetes. The prevalence of diabetes continues to grow. The CDC released new statistics that indicate the number of people in the U.S. with diabetes now reaching 24 million, or 8 percent of the population. In addition to the 24 million with diabetes, another 57 million people are estimated to have pre-diabetes, a condition that puts people at increased risk for diabetes. Diabetes is a major public health and medical problem in South Carolina. Currently, it ranks second in the nation for diabetes prevalence and seventh leading cause of death (sixth in the U.S.), claiming more than 3,000 lives each year.

WHY

Diabetes is an epidemic that threatens the American workforce, drastically affecting a company's bottom-line. It affects one in three Americans, and over 4,100 people are diagnosed daily. Since it affects men and women of all ages, races, and ethnicities, employees with diabetes can be found at all levels of a company at any time from the mailroom, to the boardroom, no one is exempt. The American Diabetes Association (ADA) reported that one in every five healthcare dollars in the United States is spent on caring for someone with diabetes, while one in ten health care dollars is attributed to diabetes. In 2007, the total annual cost of diabetes in medical expenditures and lost productivity was estimated to be \$174 billion dollars. Nationally, the average health care cost for a person with diabetes is \$13,243, compared to \$2,560 for a person without diabetes (ADA, 2003).

A number of factors contribute to this trend, such as aging, the rising rate of obesity, physical inactivity, and the racial and ethnic composition of the workforce. Many of the risk factors that contribute to diabetes, for example, high blood pressure, high cholesterol, excess weight or obesity, can be prevented, modified, or controlled by adopting a healthy lifestyle with adequate physical activity and appropriate nutrition. If the disease is not maintained or controlled, it can lead to blindness, kidney failure, heart disease, stroke, amputations, and premature death.

What are the Signs and Symptoms of the Disease?

Individuals must see a physician for diagnosis. The below symptoms may or may not be present for diabetics:

- Frequent urination
- Excessive thirst
- Unexplained weight loss
- Extreme hunger
- Sudden vision changes
- Tingling or numbness in hands or feet
- Feeling very tired much of the time
- Very dry skin
- Sores that are slow to heal
- More infections than usual
- Nausea, vomiting, or stomach pains may accompany some of these symptoms in the abrupt onset of insulin-dependent diabetes, now called Type 1 diabetes.

Fortunately, the DHEC Division of Diabetes Prevention and Control has a number of available resources and public health interventions to help lessen the onset and improve the management of diabetes. As a result, this can reduce the health and economic toll diabetes can have on the state.

HOW

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

LOW RESOURCES	I	E/O	P
<ul style="list-style-type: none"> Provide opportunities for physical activities, such as walking groups, posting of sports club locations, or bicycling clubs. 		★	
<ul style="list-style-type: none"> Provide water, juice and healthy snack options in vending machines. 		★	
<ul style="list-style-type: none"> Provide flyers and posters on ways an employee can prevent and manage diabetes. 	★		
<ul style="list-style-type: none"> Provide educational opportunities on diabetes risk factors, signs, and symptoms. 	★	★	
MEDIUM RESOURCES	I	E/O	P
<ul style="list-style-type: none"> Ensure that a health plan’s benefits and services promote diabetes prevention and control. 			★
<ul style="list-style-type: none"> Offer incentives for employees to attend diabetes educational sessions (lunch & learns) on the signs and symptoms of diabetes. 	★	★	
<ul style="list-style-type: none"> Provide a private, convenient place for employees to test their blood sugar and administer insulin. 	★	★	
HIGH RESOURCES	I	E/O	P
<ul style="list-style-type: none"> Create emergency response policies and action plans for staff in response to blood sugar problems (i.e. fainting, slurring of words, disorientation). 		★	★
<ul style="list-style-type: none"> Present on-site health screenings that promote knowing “Your ABC’s of Diabetes,” e.g., A1c exam (three-month average blood sugar), blood pressure, and cholesterol. 		★	★
<ul style="list-style-type: none"> Reimburse expenses for diabetes supplies and education through the company health plan. 			★

Recommended Resources

DHEC Diabetes Prevention and Control

www.scdhec.gov/diabetes

Supports community diabetes education, health systems intervention, and coalition development to help reduce the incidence and severity of diabetes in SC

DHEC Diabetes Prevention and Control Resources

<http://www.scdhec.gov/health/chcdp/diabetes/education.htm>

Provides information on diabetes education, programs and initiatives in South Carolina

Additional Resources

LOW RESOURCES

Provide educational opportunities for employees to learn symptoms, risk and prevention.

MEDIUM RESOURCES

Contact your health plan representative to assess benefits and services.

HIGH RESOURCES

Develop a written plan for emergency response to diabetic events for your facility.

Looking for Sample Lessons and Materials?

Resources for people with or at risk for diabetes

<http://diabetesatwork.org/NextSteps/LessonPlans.cfm#general>

<http://diabetesatwork.org/DiabetesResources/DiabetesAndPrimaryPrevention.cfm>

The following is a listing of some organizations and programs that provide useful information on diabetes.

American Association Diabetes Educators

<http://www.aadenet.org/>

This association offers information to health care professional and the public on many issues of diabetes.

American Diabetes Association (ADA)

<http://www.diabetes.org/>

The ADA is the leading national non-profit organization providing diabetes information, research, and advocacy to prevent and cure diabetes. The ADA can put you in contact with your local chapter, and link you with excellent diabetes education programs.

Centers for Disease Control and Prevention (CDC)

<http://www.cdc.gov/nccdphp>

The CDC offers a wealth of information on diabetes for professionals and the public.

Diabetes at Work

<http://diabetesatwork.org>

This online resource tool includes information to help employers assess the impact of diabetes in the workplace. It also provides easy to understand information for employers to help employees manage their diabetes and takes steps toward reducing the risk of diabetes-related complications such as heart disease. Information is provided on the link between heart disease and diabetes. Some materials are available in Spanish.

Juvenile Diabetes Research Foundation (JDRF)

<http://www.jdrf.org/>

The Juvenile Diabetes Research Foundation International is the leading charitable funder and advocate of Type 1 (juvenile) diabetes research worldwide. The mission of JDRF is to find a cure for diabetes and its complications through the support of research.

Appendix A

Traumatic Brain Injury

A traumatic brain injury (TBI) is caused by a blow or jolt to the head or a penetrating head injury that disrupts the normal function of the brain. Not all blows or jolts to the head result in a TBI. The severity of a TBI may range from “mild,” i.e., a brief change in mental status or consciousness to “severe,” i.e., an extended period of unconsciousness or amnesia after the injury. There are over 1.4 million who sustain a TBI each year in the United States. TBI can result from motor vehicle accidents, falls, abuse, sports, and work-related injuries.

In South Carolina, TBI is a major cause of injury, disability, and death. Each year TBI leads to 1,000 deaths, 3,000 hospital discharges (HD) and 12,000 emergency department (ED) visits. People between the ages of 20 to 34 years old die from TBI more than any other age group. TBI ranks as the number one cause of death for persons age 1 to 44 years in the state.

A TBI can greatly impact employees in the workplace. Two percent of TBI non-fatal and fatal injuries occur in industrial and construction sites in South Carolina, but the affect of TBI extends into the office place, as well. In South Carolina today, over 61,000 residents live with permanent disability due to TBI after being discharged from hospitals. The difficulties that are faced by these residents include physical, cognitive, and behavioral limitations, ranging from trouble with memory and problem solving, to difficulty in managing stress or emotional upsets. Just this year, over 1,300 South Carolinians will incur a permanent TBI-related disability and will return to the workforce with a host of challenges that could significantly affect work performance. In fact, an average of four weeks is lost after an employed person is injured (Binder, Rohling and Larrabee 1997). In the United States, lost productivity carries with it a 16.3 billion dollar price tag. The societal cost of TBI in South Carolina – or the intangible value lost when an avid worker is unable to do his/her job – is estimated to be \$3 million. Since TBI is neither contractible nor hereditary, TBI can happen to anyone and prevention is the only cure. Awareness of the magnitude of traumatic brain injuries in South Carolina is one method of prevention of the problem.

What are the signs and symptoms of TBI?

It is imperative that you know the warning signs that may exist after a blow or blunt force to the head. If warning signs occur, please seek *immediate* medical attention from a physician or call 9-1-1. The following warning signs are:

- Headaches or neck pain that do not go away
- Difficulty remembering, concentrating, or making decisions
- Slowness in thinking, speaking, acting, or reading
- Getting lost or easily confused
- Feeling tired all of the time, having no energy or motivation
- Mood changes (feeling sad or angry for no reason)
- Changes in sleep patterns (sleeping a lot more or having a hard time sleeping)
- Light-headedness, dizziness, or loss of balance
- Urge to vomit (nausea)

- Increased sensitivity to lights, sounds, or distractions
- Blurred vision or eyes that tire easily
- Loss of sense of smell or taste
- Ringing in the ears

The S.C. Department of Health and Environmental Control has a number of available resources and public health interventions to help prevent TBI, and can connect TBI survivors and their families with available resources within the community.

Brain Injury Alliance of South Carolina (BIASC)

<http://www.scdhec.gov/health/chcdp/diabetes/education.htm>

BIASC offers TBI information and resources, support groups, prevention materials, awareness events, statewide conferences and workshops for individuals with TBI, caregivers and the general public. BIASC provides presentations and training on the following issues:

- **ThinkFirst:** The BIASC has partnered with the Spinal Cord Injury Association of South Carolina to help decrease the number of new injuries through an award-winning curriculum. A health educator and “VIP,” or Voice of Injury Prevention, brings the curriculum into middle schools to emphasize personal vulnerability and the importance of making smart choices.
- **Falls Prevention:** The BIASC has partnered with S.C. Department of Health and Environmental Control to offer a Matter of Balance curriculum to seniors and other relevant groups. The BIASC also provides training to groups on fall prevention, upon request.
- **Shaken Baby Syndrome:** A curriculum and simulator doll is brought into schools and social service agencies to help all mothers, fathers and caretakers understand how to prevent Shaken Baby Syndrome.
- **Helmet or Protective Head Gear Usage:** The BIASC provides information and tip sheets on correct sports and recreational helmet usage, upon request.

S.C. Department of Health and Environmental Control (DHEC) Division of Injury and Violence Prevention (DIVP)

<http://www.dhec.sc.gov/health/chcdp/injury/tbi.htm>

DHEC DIVP provides hospital inpatient and emergency department TBI data and prevention information on injury-specific topics. DHEC DIVP partners with several public and private injury prevention partners who focus on increasing the awareness and education about TBI; providing TBI data to injury prevention stakeholders; linking TBI survivors and their families to available resources in the community; and promoting prevention of TBI.

Centers for Disease Control and Prevention (CDC)

<http://www.cdc.gov/ncipc/tbi/TBI.htm>

CDC provides TBI publications, fact sheets, brochures, and data to distribute.

South Carolina Department of Disabilities and Special Needs, Head and Spinal Cord Injury Division (DDSN)

<http://www.state.sc.us/ddsn>

DDSN offers information and referral, service coordination to directly assist an individual in accessing all appropriate public and private resources, and an array of services and supports.

South Carolina Vocational Rehabilitation Department (SCVRD)

http://www.scvrd.net/i_tbi_eval.html

SCVRD provides rehabilitation and job retention services for people with disabilities leading to competitive employment. The agency also serves eligible school-age individuals in an effort to support their transition into the competitive work environment. The Brain Injury Program provides services to identify barriers to employment and develop behavior and compensatory strategies to improve their work-related performance.

South Carolina Lieutenant Governor's Office on Aging (SCLGOA)

<https://scaccess.communityos.org/cms/>

SCLGOA links persons with TBI and their families to information about TBI and about services appropriate to their needs through their web-based SC ACCESS that post information about TBI in the "Learn About" section.

Palmetto Cycling Coalition (PCC)

<http://www.pccsc.net/>

PCC is a non-for-profit organization that promotes bicycle safety by providing education along with distributing bicycle helmets, ankle reflective bands, and bicycle lights at bicycle rodeos, schools, workplace, and community events through their bicycle clubs.

Appendix B

Worksite Wellness Assessment Checklist							
#	Wellness Component	Yes	In Process	N/A	No	Potential Priority	Comments
INFRASTRUCTURE							
1	Do you have a formal commitment from key stakeholders such as senior management, human resource managers, safety officers, staff members, etc.?						
2	Does the worksite have a representative committee that meets at least quarterly to oversee worksite wellness programs?						
3	Does the worksite have a worksite wellness plan in place that addresses the purpose, nature, duration, resources required, participants involved, and expected results of a worksite wellness program?						
4	Does the worksite have a mission statement, clearly defined goals, and an action plan to implement the program?						
5	Does the worksite have at least part-time dedicated staff time to implement a wellness program?						
6	Is there a worksite budget for employee health promotion that includes some funds for programming and/or promotion?						
Infrastructure area totals (# of Yes, In Process and No items)							
PROGRAM COMPONENTS							
7	Does the worksite offer programs for health promotion such as physical activity, nutrition, breastfeeding, stress management and tobacco cessation?						
8	Does the worksite promote and encourage employee participation in its physical activity/fitness, nutrition education/weight management and stress						

#	Wellness Component	Yes	In Process	N/A	No	Potential Priority	Comments
	<p>management programs? Examples of ways to “promote and encourage employee participation” include:</p> <ul style="list-style-type: none"> -Information at new employee orientation -Information on programs provided within paychecks or email -Flyers on the wall, bulletin boards or resource tables -Letters mailed directly to employees -Announcements at employee meetings -Employee newsletter articles -Incentive/reward programs -Public recognition -Health insurance discounts -Sponsor employee sports teams 						
9	Does the worksite provide or arrange for health counseling, employee assistance programs or other support mechanisms to modify behavior?						
10	<p>Does the worksite provide incentives to encourage participation in worksite wellness activities? Examples would include:</p> <ul style="list-style-type: none"> -Small merchandise (i.e. water bottles, pedometers) -Gift certificates -Monetary awards -Health insurance rebates or discounts 						
11	Does the worksite offer or provide healthcare coverage for employees and their families for screening, prevention of and rehabilitation from chronic disease?						
12	Does the worksite offer wellness programming to family members of employees?						
Component area totals (# of Yes, In Process and No items)							

#	Wellness Component	Yes	In Process	N/A	No	Potential Priority	Comments
HEALTH SCREENING AND MANAGEMENT							
13	Does the worksite offer health risk appraisals on a regular basis (at least every other year)?						
14	Does the worksite offer or provide easy access to free or reasonably priced health screenings (height and weight measurements, blood pressure checks, cholesterol screening, diabetes/blood sugar screening, stress or anxiety/depression screening, etc.)?						
15	Does the worksite use health risk appraisals and other screenings as a tool for planning their wellness program?						
Screening area totals (# of Yes, In Process and No items)							
PHYSICAL ACTIVITY							
16	Does the worksite support physical activity during duty time (flex-time)?						
17	Are employees provided with breaks during working hours and are employees encouraged to be active during break time?						
18	Does the worksite allow for "walk & talk" meetings instead of conference room meetings?						
19	Can all employees use the worksite's indoor/outdoor physical activity facilities outside of work hours?						
20	Does the worksite provide free, discounted, or employer subsidized memberships to fitness centers?						
21	Does the worksite map out on-site trails or nearby walking routes or encourage employees to map their own biking or walking route to and from work?						
22	Does the worksite provide bike racks in safe and convenient locations?						
23	Does the worksite provide prompts to promote physical activity near each stairwell or elevator and other key locations?						

#	Wellness Component	Yes	In Process	N/A	No	Potential Priority	Comments
24	Does the worksite provide outdoor exercise areas, playing fields, or walking trails for employee use?						
25	Does the worksite provide showers and/or changing facilities?						
26	Does the worksite provide an on-site exercise facility?						
27	Does the worksite provide or contract for fitness assessments such as cardiovascular fitness, % body fat, strength tests, etc.?						
28	Does the worksite offer company sponsored fitness oriented programs or clubs for employees other than at an exercise facility?						
29	Does the worksite provide on-site physical activity classes such as aerobics, kick-boxing, dancing, yoga, etc.?						
30	Does the worksite hold long-term (several weeks) physical activity campaigns?						
	Activity area totals (# of Yes, In Process and No items)						
NUTRITION							
31	Does the worksite promote healthy choices by modifying vending contracts to: -Increase the percent of healthy options that are available -Use competitive pricing to make healthier choices more economical						
32	Does the worksite on-site cafeteria follow nutritional standards that align with Dietary Guidelines for Americans and follow healthy cooking practices?						
33	Does the worksite provide protected time and dedicated space away from the work area for breaks and lunch?						

#	Wellness Component	Yes	In Process	N/A	No	Potential Priority	Comments
34	Does the worksite advertise or mark healthy options so that they stand out, and limit advertising of less nutrition foods?						
35	Does the worksite provide nutritional labeling of foods?						
36	Does the worksite provide appropriate portion sizes or options for smaller portion sizes?						
37	Does the worksite promote the consumption of healthy foods in catering/cafeteria policies through motivational signs, posters, etc.?						
38	Does the worksite make water available and promote drinking water throughout the day?						
39	Does the worksite offer healthful food alternatives at meetings, company functions and health events?						
40	Does the worksite provide on-site gardening?						
41	Does the worksite make kitchen equipment (refrigerators, microwaves, stoves, etc.) available for employee food storage and cooking?						
42	Does the worksite offer local fruits and vegetables at the worksite (e.g. farmer's market or a community-supported agriculture drop-off point)?						
43	Does the worksite offer appealing, low-cost, healthful food options, such as vegetables and fruit, juices, whole grains, lean meats and low-fat dairy products in vending machines, snack bars, and break rooms?						
44	Does the worksite provide interactive food opportunities such as taste testing and food preparation?						
45	Does the worksite have activities or long-term (several week) campaigns that focus on healthy eating and weight management?						
46	Does the worksite provide an appropriate place for breastfeeding/pumping (Mother's Room)?						

#	Wellness Component	Yes	In Process	N/A	No	Potential Priority	Comments
47	Does the worksite provide refrigerated space for breast milk storage?						
48	Does the worksite provide flex-time opportunities for breastfeeding employees to pump or breastfeed during the workday?						
49	Does the worksite insurance coverage include employee benefits that cover lactation visits and breast pumps?						
Nutrition area totals (# of Yes, In Process and No items)							
MENTAL HEALTH / STRESS MANAGEMENT							
50	Does the worksite provide flexible scheduling to attend or participate in mental health activities offered at work or to allow for medical appointments related to mental health?						
51	Does the worksite train supervisors to understand mental health issues and better assist employees?						
52	Does the worksite insurance coverage include mental health as part of the employee benefits?						
53	Does the worksite provide or contract for an Employee Assistance Program?						
54	Does the worksite provide stress reduction through “quiet rooms,” relaxation classes and proper lighting and sound reduction measures?						
Mental Health area totals (# of Yes, In Process and No items)							
TOBACCO USE							
55	Does the worksite policy prohibit tobacco use anywhere on the property?						
56	Does the worksite promote the South Carolina Tobacco Quit Line (800-QUIT-NOW)?						

#	Wellness Component	Yes	In Process	N/A	No	Potential Priority	Comments
57	Does the worksite policy support participation in smoking cessation activities during duty time (flex-time)?						
58	Does the worksite provide cessation medications through health insurance?						
59	Does the worksite provide counseling through an individual, group, or telephone counseling program on-site or through a health plan?						
Tobacco area totals (# of Yes, In Process and No items)							
EMERGENCY MEDICAL RESPONSE PLAN							
60	Does the worksite have a written plan for emergency response to medical events at their facility?						
61	Does the Worksite provide emergency training in Cardiopulmonary Resuscitation (CPR) and/or Automated External Defibrillators (AEDs) for response to cardiac events in the facility?						
62	Does the worksite have trained medical responders or equipment such as a defibrillator on-site?						
Response area totals (# of Yes, In Process and No items)							
ASSESSMENT AND EVALUATION							
63	Has your worksite completed an employee wellness interest survey within the past year?						
64	Has your worksite completed a worksite wellness assessment (such as this checklist) within the past year?						
65	Does your worksite have a formal evaluation process in place to evaluate its worksite wellness program? (Evaluation examples may range from participant counts for various campaigns to the return on investment of money spent on wellness vs. cost savings).						

#	Wellness Component	Yes	In Process	N/A	No	Potential Priority	Comments
66	Does your worksite do an annual wellness program review and report significant results to management?						
	Evaluation area totals (# of Yes, In Process and No items)						

(See next page for results summary table)

Worksite Assessment - Results Summary

Worksite Scorecard (Totals for all categories)	Yes	In Process	N/A	No	Potential Priority	Comments
Infrastructure (6)						
Program Components (6)						
Health Screening and Disease Prevention (3)						
Physical Activity (15)						
Nutrition (19)						
Mental Health (5)						
Tobacco Use (5)						
Emergency Medical Response Plan (3)						
Assessment and Evaluation (4)						
Worksite Total (66)						

Appendix C

Employee Habits & Interest Survey

Wellness Questions

1. Current physical activity level.

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

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

2. When do you get most of your physical activity each day?

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

3. Vegetables and Fruits.

Please read the statements below. Select the statement that best describes your current intake of 100% juices and fresh, frozen and/or dried fruits and vegetables. A serving is $\frac{1}{2}$ cup or 1 medium piece of most fresh or frozen fruits and vegetables, 6 ounces of 100% juice and $\frac{1}{4}$ cup of dried fruits or vegetables.

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

4. Fat in Foods.

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

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

5. Whole grains.

Please read the statements below. Select the statement that best describes your current intake of whole grain foods. The serving size for whole grains is one ounce (ex. 1 slice of bread, 1 oz. of cereal, $\frac{1}{2}$ cup of cooked rice or pasta).

- I don't cook, eat or purchase whole grain foods now, and I don't plan to start in the near future.
- I don't cook, eat or purchase whole grain foods regularly, but I've been thinking about starting.
- I'm cooking, eating or purchasing whole grain foods three to four times a week.

- I've been cooking, eating or purchasing whole grain foods every day, for the past one to six months.
- I've been cooking, eating or purchasing at least three servings of whole grain foods every day, for seven months or longer.

6. Tobacco Use.

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

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

7. Anxiety.

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

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

8. Depression.

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

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

PARTICIPANT INTEREST AREAS

9. Please rate your interest in any of the following individual physical activity resources that might be available.	Very Low	Low	Neutral	High	Very High
a. Attending regular presentations on physical activity topics					
b. Receiving regular physical activity tips via email					
c. Having access to web resources on physical activity					
d. Getting information on existing activities in the area					
e. Point of decision prompts to help you be active (stair/elevator signs)					

10. What physical activity topics are you interested in learning more about?

11. Please rate your interest in any of the following group physical activity resources that might be available.	Very Low	Low	Neutral	High	Very High
a. Joining small groups for regular activity (walking groups, yoga class)					
b. Forming clubs for particular physical activities					
c. Discounted memberships at local health clubs, recreation centers, etc.					
d. Participating in a division-wide fitness program initiative with friendly competition between groups					
12. Please rate your interest in any of the following nutrition resources that might be available.	Very Low	Low	Neutral	High	Very High
a. Attending regular presentations on nutrition topics					
b. Receiving regular healthy eating tips via email					
c. Having access to web resources on nutrition/healthy eating					
d. Getting information on existing food/diet groups in the area					
e. Recipes/healthy meal ideas					
f. Point of decision prompts to help you eat well (i.e., strategically placed healthy eating reminders)					
g. Joining small groups for regular information on diet (i.e. Weight Watchers)					
13. What nutrition topics are you interested in learning more about?					
14. Please rate your support for any of the following policy or environmental worksite changes.	Very Low	Low	Neutral	High	Very High
a. Review healthy food options for the cafeteria and vending machines; healthy food options labeled					
b. Develop an organization recommendation on food choices for meetings and conferences					
c. Schedule meetings within the organization on day/time which allow for open time for wellness activities					
d. Provide preventive wellness screenings (blood pressure, body composition, blood cholesterol, diabetes)					
e. Provide Health Risk Appraisals					

f. Provide incentives for participation					
g. Develop policies to support breastfeeding women					
15. Please rate your interest in any of the following mental health resources that might be available.	Very Low	Low	Neutral	High	Very High
a. Attending regular presentations on mental topics					
b. Receiving regular mental health tips via email					
c. Having access to web resources on mental health					
d. Getting information on existing mental health groups in the area					
e. Joining small groups for regular stress reduction classes (relaxation or yoga classes)					
16. If more opportunities were available for wellness at the worksite, when would be the best time for you? Check all that apply: <input type="checkbox"/> Before work <input type="checkbox"/> During the workday on break and lunch times <input type="checkbox"/> After work <input type="checkbox"/> None of the above - I'm not interested in any physical activity or nutrition programming at work					
17. What other things could be done in the worksite to help promote wellness? What would you like to see?					
Demographics. We would like to get some demographic information as background. The following questions are optional, but will really help tailor programs and potential group areas of common interest.					
18. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female					
19. Age <input type="checkbox"/> <20 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60+					
20. Work Unit (customize if units are defined in the organization) <input type="checkbox"/> Administration <input type="checkbox"/> Regional staff <input type="checkbox"/> 1 st shift					

Remove this section prior to using this survey tool.

Note: Questions #1 (Physical Activity), #3 (Fruit and Vegetable Consumption) and #6 (Tobacco Use) all have answers corresponding to employee “readiness” and the stages of change described in Step 5 on page 34. You may want to see how many employees are at the various levels in deciding how to address the health behavior you want to improve.

Core Wording from questions 1, 3 and 6:

- I don't regularly now, and I don't plan to start in the near future. (Precontemplation)
- I don't regularly, but I've been thinking about starting. (Contemplation)
- I'ma day (x / week, but not daily) (Preparation)
- I've been every day for the last zero to six months. (Action)
- I've been every day, for six months or longer. (Maintenance)



Appendix E

Action Plan Worksheet					
Recommendations	Describe the strategies selected from the Recommendation Table				
Activities	List the activities required to meet the recommendation				
Materials, Resources and Personnel	List the individuals who will do the work & the resources and tools they need to get the job done.				
Time Frame	When will implementation begin? How long will it take to finish?				
Evaluation	How will you measure your successes and/or opportunities for improvement or challenges?				
Recommendations: Strategies to Implement	Activities	Materials, Resources & Personnel	Time Frame	Evaluation Method	Comments
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Recommendations: Strategies to Implement	Activities	Materials, Resources & Personnel	Time Frame	Evaluation Method	Comments
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					

Appendix F

Evaluating Health Plans' Benefits and Services to Promote Cardiovascular Health and Prevent Heart Disease and Stroke

Employers should select a health care plan that will provide their employees with important services to promote cardiovascular health. The attached checklist can be used as a guide to determine how well a health plan's programs and services address heart disease, stroke, and related risk factors, such as high blood pressure and high cholesterol prevention and treatment.

Employers or health benefits managers can ask health plans to respond to the questions listed in the checklist if they are unable to find the answers when reviewing health plan benefits and services for their employees, retirees, and dependents. In general, a high number of "yes" responses indicate that the plan will provide sufficient comprehensive and high-quality services to promote cardiovascular health and prevent and treat heart disease and stroke. However, health benefits managers should get detailed information about the cost, quality, and effectiveness of the program and services offered. Managers can use this information when negotiating the purchase of specific health plan benefits and services.

The checklist allows employers to determine whether the health plan supports:

- **Heart disease and stroke risk identification:** Strategies to identify employees at risk for heart disease, stroke, and related risk factors and conditions.
- **Heart disease and risk reduction programs:** Programs and services to help employees prevent heart disease and stroke and improve overall health.
- **National guidelines:** Use of national guidelines for treating and preventing heart disease and stroke.
- **Health care quality assurance systems:** Systems to reinforce and evaluate the delivery of quality care.
- **Strategies to eliminate CVD disparities:** Tailored strategies to reach diverse groups who may be at increased risk for heart disease and stroke.
- **Patient satisfaction surveys:** Evaluations to ensure a high level of patient satisfaction with heart disease and stroke prevention program and services.
- **Cost savings information:** Reports that show cost savings associated with heart disease, stroke, and risk factor prevention over time.
- **Community collaboration:** Evidence of collaboration with other health plans, local, state, and national health organizations around heart disease and stroke prevention.

The checklist below was developed from a number of resources, including:

- American Heart Association (AHA) guidelines for primary prevention of cardiovascular disease and stroke.
- AHA and the American College of Cardiology's guidelines for preventing heart attack and death in patients with atherosclerotic cardiovascular disease.
- AHA and the American Stroke Association's guidelines for the early management of patients with ischemic stroke (2005 update).

- U.S. Preventive Services Task Force’s Guide to Clinical Preventive Services (2nd and 3rd editions).
- The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure. (JNC 8 recommendations to be released in the Spring 2010).
- National Heart, Lung and Blood Institute’s National Cholesterol Education Program (NCEP)—Adult Treatment Panel III.
- A review of literature from 2000-2003 through the National Library of Medicine and selected articles that report on interventions in health care settings with positive clinical outcomes for preventing and treating heart disease, stroke, high blood cholesterol, and high blood pressure.
- An Institute of Medicine report on confronting racial and ethnic disparities in health care.

Experts in health promotion and disease prevention in health care and worksite settings representing the following organizations provided input on the checklist: American Heart Association, America’s Health Insurance Plans, Alliance of Community Health, American Institutes for Research, Blue Shield of California, U.S. Centers for Disease Control and Prevention, Dallas-Fort Worth Business Group on Health, Georgia Division of Public Health, Maine Department of Human Services, Medstat, National Business Group on Health, Partnership for Prevention, The Center for Prevention Medicine, UCLA Corporate Health Improvement Program, and the Wellness Councils of America.

Checklist of Successful Health Plan Approaches to Heart Disease and Stroke Prevention

		YES	NO
Cardiovascular Risk Identification			
1	Does the health plan use some type of strategy to identify those most at risk for heart disease, stroke, related conditions, and risk factors (e.g., routine screenings, health risk assessments, chart reviews, analysis of claims data)?	<input type="checkbox"/>	<input type="checkbox"/>
2	Does the health plan stratify and use targeted approaches for members at different risk levels? For example, low risk = no risk factors; medium risk = one to two risk factors; high risk = three or more risk factors or those who have had a cardiovascular disease (CVD) event.	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular Health and Risk Reduction Program and Services			
3	Does the health plan offer specialized disease management programs for members who have been diagnosed with heart disease, stroke, or related risk factors?	<input type="checkbox"/>	<input type="checkbox"/>
4	Does the health plan provide programs and services in the following areas to promote cardiovascular health and to prevent or manage heart disease and stroke? <i>(check all that apply, and see Key Services for Heart Disease and Stroke Management and Prevention)</i>		
	• Blood pressure control	<input type="checkbox"/>	<input type="checkbox"/>
	• Lipid management	<input type="checkbox"/>	<input type="checkbox"/>
	• Tobacco cessation	<input type="checkbox"/>	<input type="checkbox"/>
	• Nutrition/dietary intake	<input type="checkbox"/>	<input type="checkbox"/>
	• Weight management.....	<input type="checkbox"/>	<input type="checkbox"/>
	• Physical activity.....	<input type="checkbox"/>	<input type="checkbox"/>
	• Diabetes management.....	<input type="checkbox"/>	<input type="checkbox"/>
	• Cardiac and stroke rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>
	• Depression management.....	<input type="checkbox"/>	<input type="checkbox"/>
	• Other: _____.....	<input type="checkbox"/>	<input type="checkbox"/>
5	Does the health plan have a system to refer members who are at risk for heart disease and stroke to these programs and services?	<input type="checkbox"/>	<input type="checkbox"/>
6	Can members who are at risk for heart disease and stroke self-refer into these cardiovascular health programs?	<input type="checkbox"/>	<input type="checkbox"/>
7	Are these lifestyle and behavioral modification, education, and counseling programs available to members via: <i>(check all that apply)</i>		
	• Telephone	<input type="checkbox"/>	<input type="checkbox"/>
	• Groups or classes at the worksite.....	<input type="checkbox"/>	<input type="checkbox"/>
	• Groups or classes offered offsite, e.g., community clinic	<input type="checkbox"/>	<input type="checkbox"/>
	• Web sites	<input type="checkbox"/>	<input type="checkbox"/>
	• E-mail	<input type="checkbox"/>	<input type="checkbox"/>
	• Regular mailings	<input type="checkbox"/>	<input type="checkbox"/>
	• Primary care providers.....	<input type="checkbox"/>	<input type="checkbox"/>
8	Does the health plan provide education and risk factor counseling and support to members at high risk?	<input type="checkbox"/>	<input type="checkbox"/>
9	Does the health plan offer members incentives to participate in lifestyle and behavior education/modification programs (e.g., free services for members, discounts to fitness centers)?	<input type="checkbox"/>	<input type="checkbox"/>
10	Does the health plan provide coverage for prescription drugs to prevent heart disease and stroke?	<input type="checkbox"/>	<input type="checkbox"/>

		YES	NO
16	Does the health plan systematically evaluate whether providers follow CVD guidelines for patient care (e.g., through chart review, claims data)?	<input type="checkbox"/>	<input type="checkbox"/>
17	Does the health plan track the Health Plan Employer Data and Information Set (HEDIS) ^{®*} performance or other cardiovascular health measures? If yes, please provide the most recent year results, expressed as a percentage: Controlling high blood pressure _____ % Beta-blocker treatment after a heart attack _____ % Persistence of beta-blocker treatment after a heart attack _____ % Cholesterol management after acute cardiovascular event _____ % Comprehensive diabetes care _____ % Medical assistance with smoking cessation _____ % Physical activity in older adults _____ % Other (non-HEDIS) clinical quality indicators for cardiovascular health monitored by the plan: Indicator: _____ % Indicator: _____ % Indicator: _____ %	<input type="checkbox"/>	
Strategies To Eliminate CVD Disparities			
18	Does the health plan provide culturally and linguistically competent educational materials, newsletters, and other information aimed at diverse high-risk populations?	<input type="checkbox"/>	<input type="checkbox"/>
19	Does the health plan offer disease management programs that are tailored to diverse groups that are at increased risk for CVD?	<input type="checkbox"/>	<input type="checkbox"/>
Patient Satisfaction and Compliance			
20	Does the health plan evaluate—at least annually—member satisfaction with the cardiovascular health and risk reduction program and services?	<input type="checkbox"/>	<input type="checkbox"/>
21	If yes to question #20, does the health plan evaluation show that members have a high level of satisfaction with program?	<input type="checkbox"/>	<input type="checkbox"/>
22	If yes to question #20, does the health plan evaluation show that members understand self-management and compliance techniques for risk factor control and cardiovascular health?	<input type="checkbox"/>	<input type="checkbox"/>
Cost Savings			
23	Does the health plan report cost savings over time as a result of its cardiovascular health and risk factor control program (e.g., reductions in the number of emergency room visits or hospitalizations directly related to CVD, pharmacy costs, or specialty physician visits)?	<input type="checkbox"/>	<input type="checkbox"/>
Community Collaboration			
24	Has the health plan collaborated with other plans and organizations in the local community or region on CVD prevention strategies, such as screening, educational events, and risk factor counseling?	<input type="checkbox"/>	<input type="checkbox"/>
25	Has the health plan collaborated with local, state, or national organizations on public health initiatives related to CVD prevention?	<input type="checkbox"/>	<input type="checkbox"/>

*HEDIS is a set of standardized performance measures designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of managed

health care plans. HEDIS is sponsored, supported, and maintained by the National Committee for Quality Assurance. (See their Web site at <http://www.ncqa.org/>).

Key Services for Heart Disease and Stroke Management and Prevention

Concern over the burgeoning problem of heart disease and stroke has prompted health plan providers from across the nation to ask what they can do to help. In response, the National Center for Chronic Disease Prevention and Health Promotion at the U.S. Centers for Disease Control and Prevention has summarized the following national guidelines that are important elements of a program to manage and control heart disease and stroke. Employers can assess whether their provider groups follow these guidelines. More detailed information on the guidelines can be found in the attached references.

Primary Prevention

Screening: All people should receive recommended general preventive screenings (blood pressure, height, weight, waist circumference, pulse, glucose, and cholesterol levels).

Blood pressure control: People with either high blood pressure (systolic >140 mmHg or diastolic > 90 mm Hg) or prehypertension (systolic 120–139 mmHg or diastolic 80–89 mmHg) should be provided with lifestyle modification counseling (weight control, physical activity, alcohol moderation, moderate sodium restriction, and emphasis on fruits, vegetables, and lowfat dairy products). Blood pressure medications should be prescribed according to guidelines.

Lipid management: People with high lipids should be provided dietary therapy (goal: 7 percent saturated fat, <200 mg/day of dietary cholesterol), with emphasis on physical activity, weight management, and increased consumption of omega–3 fatty acids and soluble fiber.

Diabetes management: People with diabetes should be provided appropriate hypoglycemic therapy to achieve near–normal fasting plasma glucose or as indicated by near–normal HbA1c. Diet and exercise counseling should be provided, followed by the prescription of oral hypoglycemic drugs. Treatment for weight management and physical activity should also be provided to offset other risk factors.

Tobacco use: People should be provided with an assessment of tobacco use, and they and their families should be strongly encouraged to stop smoking and to avoid secondhand smoke. Counseling, pharmacological therapy (including nicotine replacement), and formal smoking cessation programs should be provided.

Dietary intake: All people should receive dietary counseling encouraging them to consume a variety of fruits and vegetables per day, as well as low–fat dairy products, lean meats, poultry, fish, and legumes; reduce sodium intake, and moderate alcohol intake.

Physical activity: All people should be advised/counseled to engage in moderate–intensity physical activity for at least 30 minutes each day.

Weight management: Body mass index (BMI) and waist circumference should be measured and monitored as part of evaluation and therapy for weight management and physical activity. All people who are overweight or obese should receive weight management advice or counseling to achieve and maintain a desirable weight.

Aspirin: People at higher risk of coronary heart disease (CHD) should be provided low–dose aspirin (especially those with 10–year risk of CHD >10 percent).

Comprehensive Risk Reduction for People with Coronary or Other Vascular Disease

People who have experienced a heart attack, stroke, or other coronary event, should get the following additional health care services:

Lipid management: Fasting lipid profile should be assessed in all people and within 24 hours of hospitalization for those with an acute event. If patients are hospitalized, drug therapy on discharge should be provided according to American Heart Association guidelines.

Antiplatelet agents/anticoagulants: People should be provided aspirin 75 to 325 mg/d, if not contraindicated.

Angiotensin–converting enzyme (ACE) inhibitors: People who are post–myocardial infarction (MI) should be provided ACE inhibitors on an indefinite basis. This therapy should be started early in stable high–risk patients (anterior MI, previous MI, Killip class II). All other patients with coronary or other vascular diseases, unless contraindicated, should be considered for chronic therapy.

Beta–blockers: All people who are post–MI and those with acute ischemic syndrome should get beta–blocker therapy indefinitely. Usual contraindications should be observed. Beta–blockers are used as needed to manage angina, heart rhythm, or blood pressure in all other patients.

Tissue plasminogen activator (tPA): This clot–busting drug should be provided to all people who are suffering acute ischemic stroke.

Cardiac and stroke rehabilitation: All people and caregivers should be provided with stroke recovery education. All post–MI patients should be referred to cardiac rehabilitation. All patients with congestive heart failure should be provided follow–up care after discharge.

References

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Huskamp HA, Deverka PA, Epstein AM, et al. The effect of incentive–based formularies on prescription–drug utilization and spending. *The New England Journal of Medicine* 2003;349(23):2224– 2232.

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9. Snedley BD, Stith AY, Nelson AR, editors. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington, DC: Institute of Medicine, National Academies Press. 2002. Available at <http://www.nap.edu/books/030908265X/html/>

Source: CDC's Successful Business Strategies to Prevent Heart Disease and Stroke Toolkit

Appendix G

Sample Policies

GENERAL POLICIES

California Sample Policies

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

PHYSICAL ACTIVITY POLICIES

Policy for Paid Time Off to Attend Worksite-Sponsored Health Promotion Programs/Classes During Work Hours

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

Policy Supporting Physical Activity

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

NUTRITION POLICIES

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

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

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

http://www.sph.umn.edu/img/assets/9103/Nutrition_guide.pdf

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

<http://www.healthysd.gov/Workplace/Healthymeetings.aspx>

CO: Guidelines for offering healthful food alternatives at meetings, company functions, and health education events (Page 34)

<http://www.cdphe.state.co.us/pp/COPAN/resourcekits/WorksiteWellnessResourceKit.pdf>

NC: Eat Smart Move More North Carolina: Guidelines for Healthy Foods and Beverages at Meetings, Gatherings, and Events

http://www.eatsmartmovemorenc.com/NCHHealthSmartTlkt/1_docs/eat_smart/ES_AppA%20Guidelines.pdf

CA Vending Machine Food and Beverage Standards

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

Sample Vending Standards

<http://www.healthcollaborative.net/assets/pdf/vendingcriteria.pdf>

CA Healthy Dining Menu Guidelines

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

Establish Workplace Policies & Programs that Promote Breastfeeding
<http://dhfs.wisconsin.gov/health/Nutrition/Breastfeeding/bffriendlycomm.htm>

TOBACCO POLICIES

Policy prohibiting tobacco use anywhere on property
http://www.cdc.gov/tobacco/research_data/environmental/etsguide.htm

100 percent Smoke-Free Workplace
http://www.mihealthtools.org/work/100_PERCENT_SMOKEFREE_POLICY.PDF

Smoke-Free Workplace with Designated Outside Smoking Areas
http://www.mihealthtools.org/work/Designated_Outside_Smoking_Areas_Policy.pdf



My Life Check™
Live Better With Life's Simple 7™

small steps to

BIG
changes



Get
Active



Control
Cholesterol



Eat
Better



Manage
Blood Pressure



Lose
Weight



Reduce
Blood Sugar



Stop
Smoking

Take small steps toward a healthier life by getting
your free heart score and custom plan today at

heart.org/MyLifeCheck

Appendix I

Coordinator's Guide

This section is designed to help Coordinators who might be providing facilitation, technical assistance or leadership to a worksite that wants to develop or expand a worksite wellness program. Coordinators might be employed directly by the worksite, providing contracted services for the worksite or assisting the worksite as part of a broader mission. Some examples of coordinators from outside the worksite would be healthcare provider staff, insurance provider staff, representatives from local health departments or local chambers of commerce.

6 EASY STEPS TO A WORKSITE WELLNESS PROGRAM: Coordinator Tips

STEP 1: Why? Convince Me I Need a Wellness Program.

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

STEP 2: How Do I Get Started? I'm Convinced, But Need Help Getting Started.

It's essential in starting out that management is fully supportive of developing or enhancing a worksite wellness program. If you are an outside coordinator not affiliated with the business, it may be worthwhile to list your responsibilities and the responsibilities of the business at the beginning. [A sample memorandum of understanding is at the end of this appendix.](#) Ideally the business will approach the coordinator with an interest for a wellness program, but regardless of who initiates the idea, senior management buy-in is essential. If that buy-in is not apparent from the beginning, save everyone some time and effort and look to help somewhere else.

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

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

STEP 3: How “Healthy” is my Worksite? Do An Assessment.

Use the assessment tool in Step Three to assess your current worksite environment. **DON’T SKIP THIS STEP!** This step ensures that the worksite at least understands and considers the varied aspects of a worksite wellness program and doesn’t just focus on activities.

2. Learn more from your employees: A sample survey can be found in Step Three.
3. Use health risk appraisals (HRA) and other data as tools providing specific information about your worksite. Establishing an effective HRA evaluation system can give you more information about your workforce and suggest specific interventions, which is extremely useful in defining target areas. HRAs can also monitor health changes over time and aid in determining the effectiveness of wellness programming. Bottom line: tailor your wellness program based on everything you know about employees at your worksite because “one size does not fit all” when it comes to worksite wellness programs.

Once you finish the assessment, be practical in choosing priorities. More is not better, if it spreads resources so thin that the program is ineffective. Look first at the assessment for wellness components that your worksite already has in place or are in process. If you have sufficient resources to complete or improve those components, then look at the list of components that your worksite does not have and prioritize them using the tools in Step 5.

STEP 4: What Activities Can I Do? See a List of Additional Resources.

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

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

STEP 5: What Do I Do? What Determines Program Components for My Wellness Program? Pick Areas of Interest Where you Have Resources to Do Well.

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

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

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

STEP 6: How Will I Know if the Wellness Program is Working? Think About Evaluation Before you Start the Program.

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



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

Worksite Wellness Program Responsibilities of a Coordinator

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

**Worksite Wellness Program
Responsibilities of Business Partners**

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

The above Memorandum of Understanding was provided by Wood County Health Department, WI, Chronic Disease Team.



South Carolina Department of Health
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