Working Well℠ Planning Guidebook

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Overview of Worksite Health Promotion
Brief History of Worksite Health Promotion

Worksite health promotion is not a recent phenomenon. As early as 1879 when the Pullman Corporation formed an athletic foundation for its employees, there has been a gradual shift in interest and adoption of worksite wellness programs.\(^1\) Historically, worksite health programs were mainly fitness focused. Organizations such as National Cash Register (1911), Hershey Foods Corporation (1930s), and Texas Instruments (1953) were among the first to institute recreation/fitness programs for their employees.\(^1\)

The enactment of the 1970 Occupational Safety and Health Act (OSHA) marked a turning point in worksite health promotion. Growth in worksite health promotion gained momentum during this time largely due to OSHA regulations mandating worksite safety programs. It is likely that this Act spawned employers’ awareness of employees’ health, thus providing the impetus to expand safety initiatives into comprehensive worksite health promotion programs.

During the following two decades, worksite health promotion experienced several notable advancements. First, worksite health promotion progressed from the traditional fitness-centered model to a holistic approach offering a wide range of wellness programs. Part of this paradigm shift included moving from a superficial to a strong educational model that emphasized modifying behavior rather than merely changing knowledge and attitudes. Second, professionals representing diverse health-related occupations, rather than primarily exercise physiologists, were hired for program manager positions. These occupations included nurses, health educators, psychologists, and nutritionists as well as exercise physiologists.\(^3\) Lastly, there was a substantial growth in research supporting this field of study, with many universities offering degree programs in worksite health promotion.
These worksite health promotion developments helped pave the way for continued endorsement by governmental agencies and employers. Importantly, scientific support provided evidence that worksite health promotion offers opportunities for employers to promote a healthy workforce while controlling health-care costs. As such, workplace wellness provides a solution to improve the health status of U.S. adults, thus stemming the rise of chronic diseases. Recognizing the merits of worksite health promotion, the federal government established two objectives specific to worksite health promotion in *Healthy People 2010*, a U.S. health agenda (see insert).¹ A comprehensive worksite health program consists of five elements:¹

- health education focusing on skill development and lifestyle change in addition to information dissemination and awareness building;
- supportive social and physical work environments;
- integration of the worksite program into the organization’s administration structure;
- related programs such as employee assistance programs; and
- screening programs linked, if possible, to medical care service delivery for follow-up and appropriate treatment.

Albeit progress in worksite health promotion is encouraging, *Healthy People 2010*’s midcourse review reveals that the worksite health promotion objectives have not been met.¹ For practitioners, academicians, and researchers, this news means that there is more work to be done to make worksite health promotion part of mainstream practice. Critical to this effort is to market worksite health promotion as a benefit for both employer and employee, ultimately improving an organization’s bottom-line.

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**Healthy People 2010 Objectives Specific to Worksite Health Promotion**

**Objective 7-5:** Increase the proportion of worksites that offer a comprehensive health promotion program to their employees.  
*Target: 75 percent*

**Objective 7-6:** Increase the proportion of employees who participate in employee-sponsored health promotion activities.  
*Target: 75 percent*
The Health Problems

Chronic diseases are responsible for 70 percent of U.S. health-care costs. Parallel to national data, seven of the 10 leading causes of mortality in Texas are due to chronic diseases. Type two diabetes, the sixth leading cause of death in Texas, has increased 27 percent between 2000 (6.2 percent) and 2005 (7.9 percent). Nationally, costs associated with these conditions continue to escalate:

- Cardiovascular disease cost increased from $403 billion to $448.5 billion between years 2006 and 2008, respectively.\(^{10,11}\)

- Diabetes expenditures (direct and indirect) rose from $132 billion in 2002 to $174 billion in 2007.\(^{12,13}\)

- In 2004, health care and other related costs related to overweight and obesity (BMI > 30) was estimated to range between $98 billion to $129 billion.\(^{14}\) In Texas, medical expenditure attributable to obesity was estimated to be $5 billion.\(^{15}\)

Prevention through lifestyle changes is central to attenuate the rise in the prevalence of chronic diseases. It is estimated that approximately 50 percent of chronic diseases are attributed to modifiable behaviors due to lifestyle choices because most of these conditions are related to individual choices. The financial burden of unhealthy employees has fueled employer support for worksite health promotions. Employers, who pay the lion’s share of employee health insurance, have been economically impacted by chronic diseases and related risk factors:

- Direct and indirect costs associated with smoking are estimated to be approximately $3,391 per smoker per year.\(^{17}\)

- Overweight and obese employees take more sick leave than non-obese employees and are twice as likely to have high-level absenteeism (seven or more health-related absences in the last six months).\(^{18,19}\)
The Benefits of Worksite Health Promotion

Investing in worksite health promotion is profitable for businesses regardless of the number of employees. Research has shown that worksite health promotion can:

- reduce employers’ health-care costs,
- lower rates of illness and injuries,
- reduce employee absenteeism,
- increase employee productivity, and
- improve employee morale.

Similarly, worksite health promotion provides benefits for employees, such as:

- weight reduction,
- improved physical fitness,
- increased stamina,
- lower levels of stress, and
- increased well-being and self-esteem.

The rewards of worksite health promotion underscore the importance of wellness as a win-win strategy for both employer and employee.

People with diabetes lost 8.3 days per year from work, accounting for 14 million disability days, compared to 1.7 days for people without diabetes.

This evidence illustrates the need for worksite health promotion and/or services to improve employee health, which will lessen the economic toll on employers.
The Concept of Wellness and Health

Worksite wellness programs can target all areas of an individual’s health. The terms health and wellness are often used interchangeably; however, each are distinct concepts. Health is often narrowly viewed as the absence of illness or disease. A broader and more exact definition of health is that it is a dynamic process of achieving individual potential in the physical, intellectual, emotional, social, and spiritual dimensions of life. The sum of these elements makes up the whole person and, as such, a holistic approach to health involves the integration and balance of mind, body, and spirit. Wellness refers to a person’s ability to achieve the highest level of health in several of the health dimensions.

Illustrated in Figure 1, an individual’s progression toward optimum wellness spans a continuum from negative to positive health indicators. The capacity to obtain a high level of health is specific to an individual’s unique strengths and limitations. For example, a physically disabled person has the potential to maintain emotional, intellectual, and spiritual health and enjoy a fulfilling interpersonal relationship.

**Dimensions of Health**

**Physical Health:** Ability to perform activities of daily living. Characteristics include: body functioning, susceptibility to disease and disorders, body shape and size, and physical fitness.

**Social Health:** The ability to have satisfying and fulfilling relationships.

**Intellectual Health:** The ability to learn, which includes thinking clearly, analyzing critically, and reasoning objectively.

**Emotional Health:** The feeling component of a person that encompasses self-esteem, self-efficacy, self-confidence, and other emotions (i.e., love, trust, hate).

**Spiritual Health:** A person’s beliefs or values that give purpose or meaning in life.
Understanding that health is a multifaceted phenomenon, worksite wellness programs can be inclusive of many diverse interventions targeting employees’ well-being. These programs may include topics on family finances, caregiving issues, and work-family balance.

**Levels of Change**

Establishing a worksite culture of wellness involves influencing change at three levels: individual, interpersonal, and organizational (Figure 2). Utilizing this socio-ecological paradigm, a three-tier strategy to develop a worksite health promotion program should include interventions targeting individual behavior change, interpersonal or group activities that provide social support, and organizational efforts (policies, practices, and work environment) that sustain individual health improvements.

Below are two examples of a multilevel worksite wellness program:

- Employees increase their use of the stairs in response to the “Stairway to Health” program (organizational level), join a worksite weight-loss program (interpersonal level), and bring a healthy lunch to work most days of the week (individual level).

- Employees use their one hour company-sponsored release time to attend a lunch n’ learn class (organizational), participate in the Walk Across Texas program (interpersonal level), and get their recommended health screenings (individual level).

As these illustrations demonstrate, creating a culture of wellness requires top-down health promotion activities. Collectively, each level of influence will help ensure a successful and sustainable worksite health promotion program.

*Individual change: increasing knowledge, influencing attitudes or challenging beliefs.*

*Interpersonal change: group activities to provide social support.*

*Organizational change: policy, practices, and physical environment.*

![Figure 2. Socio-ecological Model: Levels of Change](image)
Resource Support for Worksite Wellness Programs
Recognizing that developing a wellness intervention is a daunting task, Texas A&M AgriLife Extension Service (AgriLife Extension) seeks to partner with worksites in this effort. Joining forces with businesses, AgriLife Extension can provide technical support through its county agents and make available this publication as a reference guide once your program is launched. As a “how-to” manual, this guidebook is both an educational resource and toolkit containing assessment and planning materials. The AgriLife Extension county agent’s assistance will be discussed in the following section.

Role of the Extension Agent

AgriLife Extension, through its cadre of Family and Consumer Sciences county agents, has the manpower to deliver evidence-based worksite health promotion programs to worksite constituents statewide – an acute need for businesses in remote and/or rural areas where resources are scarce. While AgriLife Extension’s expertise is in the delivery of health education programs, it can serve as a linkage with community organizations that can provide worksites with assistance in other specialty areas. These entities include public health departments, the medical community, and volunteer health organizations (i.e., American Cancer Society). Thus, AgriLife Extension serves as a catalyst to improve the health status of Texas’ workforce.

The county agent’s primary role is to serve as a resource person for worksites. In this capacity, agents provide technical assistance in the planning, implementation, and evaluation of worksite health education programs. These activities may include the following:
• **Program planning**: forming a worksite wellness task force, conducting needs assessments (employee interest and environment/policy scan), and designing and/or selecting health education programs.

• **Implementation**: the training of a worksite wellness volunteer who, in turn, delivers AgriLife Extension programs.

• **Evaluation**: pre- and post-tests of single and multiple series health education interventions. County agents provide support to worksites in the collection of evaluation data and submission to AgriLife Extension’s central office in College Station, Texas.

• **Ancillary responsibilities**: marketing the program and connecting businesses to health-related community resources. In this task, agents help with formulating strategies to promote the wellness program as well as providing worksites with AgriLife Extension-developed marketing materials.

Many worksites lack the expertise and necessary personnel to deliver worksite wellness programs, but AgriLife Extension is equipped to play an important role in filling this void. County agents are on the front lines to meet this need and can be the resource person to make worksite wellness programs possible.
Worksite Wellness: Planning Basics
Overview of Worksite Health Promotion

Needs assessment, program planning, implementation, and evaluation are the four sequential steps in health promotion programming (Figure 3). This process is dynamic and—based on evaluation data—program modifications can be made, serving as an ongoing feedback loop. With each step, there are specified tasks to be completed. Program success may be impacted if these activities are not performed. For example, if planners deemed there was a need for a cigarette smoking cessation program but failed to conduct a needs assessment, there may be low interest and, importantly, buy-in from employees. Conversely, with data demonstrating a high prevalence of smoking at the worksite, it is likely senior management as well as workers will support this initiative.

Figure 3. Steps in Worksite Wellness Program Development.
Preliminary Data Collection: Needs Assessment

Needs assessment is a foundational activity in the development of worksite health promotion programs. Key questions to be answered in a needs assessment include:

- What are employees’ health concerns?
- What are employees’ program interests?
- What are environmental issues that affect employees’ health and/or safety?
- What are company policies that either promote or hinder a culture of wellness?
- What are general programming considerations, (i.e., budget, staffing, scheduling, etc.)?

At the start of the needs assessment phase, senior management commitment and the establishment of a worksite wellness committee should be in place. Site supervisors of small worksites may personally seek input from employees; however, this approach is not feasible for large companies. Employee representation is a necessary criterion to give workers an opportunity to voice their needs in health promotion programming. Further, program planners are likely to increase employee participation when the wellness programs address workers’ health risks, scheduling preferences, and program topic interests.

Information gathered from this preliminary inquiry provides program planners with data that can be used to design a customized worksite health promotion for a targeted business. There is evidence that approximately 80 percent of worksites’ health claim costs are generated by 5 percent to 20 percent of the insured workers. This smaller segment tends to drive businesses’ medical expenses because of poor health and high-risk health behaviors. Conversely, the larger group or those in “moderate-to-good health” need help to maintain a lower level of health risks. Each of these worker sub-populations has unique characteristics that warrant attention when planning a worksite health promotion program.

Getting Started

Getting started with planning a wellness program can begin with AgriLife Extension. Worksites desiring AgriLife Extension’s assistance are likely to fit in one of the following two scenarios:

- those who are in the initial stages of developing a program and invite AgriLife Extension to partner in this venture, and
- those who have an existing wellness program and desire an “a la carte” approach to fill gaps in health education programming that can potentially be met by AgriLife Extension.
Regardless of your worksite’s need, the Working Well* guidebook can be a valuable resource to plan a wellness program.

Ideally, the county agent will have the opportunity to be part of the needs assessment and planning stages. As a resource person, county agents can offer worksites their skills and knowledge in program planning, which may include conducting the needs assessment if this information was not gathered.

**Needs Assessment Tools**

Health risk appraisals (HRA), employee interest surveys, and environmental surveys are three types of needs assessment instruments. An HRA is a risk identification tool. The aim of this assessment is to promote health and prevent disease; however, the use of an HRA does not lead to behavior change. Three components of an HRA are: 1) the questionnaire, 2) risk calculations, and 3) educational reports. Individualized feedback and follow-up monitoring must accompany the administration of an HRA. Absent of this strategy, an HRA will not likely lead to changes in health and/or disease risks. Employers’ insurance carriers often provide HRAs as a cost-containment strategy to lower workers’ health risks. Typically, this service includes follow-up wellness counseling or coaching. If insurance-sponsored HRAs are available, this avenue should be pursued during the needs assessment process. While employee results are confidential and protected by HIPPA laws, an anonymous summary of findings may be available to the worksite wellness planning team. For employers seeking a vendor to conduct an HRA, there are many commercial HRAs that can be purchased or are available for free. Table 1 below lists three HRA resource levels."
Employee interest surveys assess workers’ interest in various health promotion activities (Appendix A). The questionnaire can be general or specific to a program (i.e., nutrition or exercise classes). Information gathered in this survey may include the following:

- interest in different types of risk-reduction programs (for example, exercise, nutrition, blood pressure, and cholesterol),

- readiness to change levels (precontemplation, contemplation, preparation, action, maintenance),

- program format (web-based, self-help, etc.) preference,

- choice in scheduling times/days, and

- desire to participate in a worksite wellness committee.

### Table 1. Health Risk Assessment Resource Levels

<table>
<thead>
<tr>
<th>RESOURCE LEVELS</th>
<th>DESCRIPTION</th>
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| **Low Resources** | Web-based appraisals for individuals  
  - Assess individual’s current and future health status  
  - Suggest specific interventions to improve health  

Examples of web-based appraisals:  
1. Wellsteps HRA:  
2. Ability Services Network:  
3. University of Michigan Health Management Research Center:  
   [http://www.hmrc.umich.edu/services/hra.html](http://www.hmrc.umich.edu/services/hra.html)  

*Note: The above HRAs can be obtained for a nominal fee.* |
| **Medium Resources** | Send employees to a physician as part of their annual physical.  
  - Monitor the health of an individual over time and as the result of specific interventions. |
| **High Resources** | Hire an organization to conduct HRAs on-site.  
  - Use aggregate data from the company to determine wellness programming.  
  - Use aggregate assessment data over time to determine the effectiveness of the wellness program. |
An environment survey is a measure to appraise a worksite’s culture of wellness. This instrument can provide data relevant to an organization’s support of healthy behaviors. No smoking policies, healthy food choices in vending machines, and incentives to increase screening practices are examples of healthy environmental factors. A worksite wellness task force typically completes the environmental survey. If a committee is not formed, a site manager or supervisor can oversee completion of this survey. The Worksite Wellness Index developed by the Texas Department of State Health Services has been selected as an environment appraisal tool for the Working Well program (Appendix B). In addition to this assessment, the Centers for Disease Control and Prevention (CDC) has developed the Checklist of Successful Health Plan Approaches to Heart Disease and Stroke Prevention. It is a tool to evaluate how well an employer’s health plan and services address heart disease, stroke, and related risk factors, such as high blood pressure and high cholesterol. The aim of this questionnaire is to encourage employers to provide prevention health benefits and services for their employees and establish effective worksite programs to prevent heart disease and stroke (Appendix C). The worksite wellness committee (WWC) should consider using this assessment piece to determine what health services are available through their insurance carrier. Because of the importance of disease prevention, many health plans offer a variety of wellness programs. This inventory can be a first step for the WWC to determine what resources are available to plan their wellness program.

Among the different needs assessment tools, HRAs present the most challenges relevant to the assessments’ administration and cost. However, as noted earlier, in many instances HRAs are available through the employer’s insurance provider or can be purchased through a vendor (see Section 7: Worksite Wellness Resource Materials).

Organizing a Worksite Wellness Committee

Forming a worksite wellness committee is a way to ensure employee involvement in designing a worksite wellness program. Employee health promotion committee (EHPC) and health management task force (HMTF) are other common names for this group. The primary function of a WWC is to organize a team of employees who can meet and plan worksite health promotion activities. In conjunction with this role, a WWC advocates for employees’ interests specific to wellness initiatives. This advocacy includes involving employee representatives in decision making, seeking employee input, generating ideas, and maintaining communication between the WWC and workers. A WWC is most effective if its purpose and authority is clearly delineated and if it is coordinated by an experienced facilitator.

Inviting and/or soliciting employee volunteers are two ways to identify WWC members. In most cases, management initiates the process of organizing a WWC. Six to 16 WWC members is considered the most efficient. The ability to easily manage the committee
while providing the best representation of interested groups are issues to balance when determining membership size.

Management and employee representatives from every department or job classification are optimum. Listed below are types of employee representation:

- top management spokesperson;
- health benefits manager;
- education and training manager;
- recreation programs coordinator;
- medical department coordinator;
- recruiting employment manager;
- employee association representative(s);
- union representative, if applicable;
- employee-at-large representing various departments;
- middle management representative;
- facilitator;
- communication manager; and
- technical expert.

Once WWC members are identified, supervisor or management approval should be secured. Also, employees’ work plans will need to be revised to reflect their new duties serving on the committee.

A consideration when assigning leadership roles is to rotate or share the chairperson and program coordinator(s) positions, which will help the WWC operate efficiently and minimize burn-out. Below is a responsibility description for these two roles:

- **Committee Chairperson(s):** Handles the administration and communication needs of the committee. If two individuals are sharing this position, the co-chair may be responsible for the overall program activities of the committee.

- **Program Coordinator(s):** The number of program coordinators is determined by the wellness activities delineated in the action plan. This strategy will eliminate putting the burden of implementing all the programs on one person. Listed below are possible program coordinators:
  - communications chair,
  - employee interest survey chair,
  - event planner chair,
  - management liaison chair, and
  - action plan chair.
A 12-month period has been suggested by the North Carolina HealthSmart Worksite Wellness program as an optimum timeframe to form a WWC. In this time period, six meetings are recommended. The scheduling of the meetings should be convenient for members so maximum participation can be ensured. Based on these recommended guidelines, the following seven steps are proposed:

**Step 1:** Identify WWC members, and schedule the first meeting.

**Step 2:** First WWC meeting. Agenda items: committee orientation including stimulus for the program; educate on health promotion; establish a mission statement; select a committee chairperson and program coordinator; formulate an employee communication plan; and discuss assessing health problems and employee interests. Other topics to discuss may include funding sources for incentives and scheduling future meetings.

**Step 3:** Second WWC meeting. Agenda items: present the needs assessment data (employee interest survey and environmental questionnaire); educate on health education; and establish program goals.
Formative vs. Process Evaluation

Formative evaluation is sometimes called interim data. It is collected after the start of the program but before its conclusion – for example, 12 months after the start of a three-year intervention. These findings are preliminary and should be viewed cautiously.

Process evaluation is concerned with the implementation of planned activities and can be conducted at any time. The focus of this evaluation is to determine whether the program is delivered as intended to the targeted audience.

Step 4: Third WWC meeting. Agenda items: Establish a Worksite Wellness Action Plan that includes identification of program objectives and health promotion activities; marketing efforts; scheduling the date of implementation; and plans for evaluation.

Step 5: Fourth WWC meeting. Agenda items: update on program progress, and discuss problems with implementation.

Step 6: Fifth WWC meeting. Agenda items: Update on program progress, and discuss process and/or formative evaluation plans for the overall wellness program. Evaluation measures should include conducting an Employee Satisfaction Survey and repeating the policy and environmental survey.

Step 7: Sixth WWC meeting or year-end meeting. Agenda items: Present the worksite wellness program evaluation summary report; identify accomplishments and barriers; and discuss plans for next year’s program. Issues concerning new members or replacement of members stepping down from the committee can be discussed.

Resources for the WWC are found in Appendices D, E, and F: action plan template, sample agenda and a sample employee invitation letter to serve on the committee.
SECTION 3

Implementing Extension Programs
Of the five elements of a comprehensive worksite health promotion program, AgriLife Extension agents can potentially provide assistance in three areas: health education, creating a corporate culture supportive of wellness, and integrating worksite wellness in the administrative structure. AgriLife Extension’s niche in worksite wellness programming is the delivery of community-based health and/or wellness programs. Capitalizing on its assets, AgriLife Extension can offer health education programs that cover a variety of focal areas. Among its outcome or multiple-series programs, many of these interventions have the potential to affect individual behavior, knowledge, and attitude change. Table 2 highlights several of AgriLife Extension’s wellness programs.

### Table 2. Texas A&M AgriLife Extension Service Programs

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<tr>
<th>FOcal Area</th>
<th>Extension Program</th>
<th>Program Description</th>
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<tbody>
<tr>
<td>Physical Activity</td>
<td><em>Walk Across Texas</em></td>
<td>An eight-week, team supported physical activity program targeting people of all ages</td>
</tr>
<tr>
<td>Nutrition</td>
<td><em>Healthy eating programs</em> <em>(i.e., Portion Control, Think Your Drink)</em></td>
<td>A multi-series nutritional program to promote healthy eating for chronic disease-risk reduction</td>
</tr>
<tr>
<td>Type 2 Diabetes Self-Management</td>
<td><em>Do Well, Be Well with Diabetes</em></td>
<td>A five-week type 2 diabetes self-management education program</td>
</tr>
<tr>
<td>Family Finances</td>
<td><em>Money Smart</em></td>
<td>Financial education program that helps people build financial knowledge and skills, develop financial confidence, and use banking services effectively</td>
</tr>
<tr>
<td>Family Life Issues</td>
<td><em>Parenting Connection</em></td>
<td>A four-week educational series designed to help parents develop effective parenting skills</td>
</tr>
</tbody>
</table>
To meet the growing needs of worksites, AgriLife Extension is continually expanding, updating, and improving its wellness program offerings. Additionally, providing web-based versus face-to-face delivery of health programs are options planned for Working Well.

Following the collection of needs assessment data, a worksite wellness action plan should be developed to identify and select wellness programs. Implementation of these programs can be conducted using one of the two following approaches:

- **Strategy #1**: Implement one or two initiatives to assess and secure employee interest and support and – if buy-in is obtained – initiate full implementation.

- **Strategy #2**: A full implementation of all program areas. Using a one-year program cycle, the wellness plan can be designed and replicated in succeeding years. Using process evaluation data, it can be modified as needed. Below is an example of a general worksite wellness program rotation:
  - **Fall** – Walk Across Texas,
  - **Spring** – nutritional programs and self-care, and
  - **Summer** – stress management and family finances.

Contingent on AgriLife Extension’s level of involvement in program planning, the agent can be instrumental in helping the WWC identify strategies to promote a healthy work environment. This assistance may include making recommendations for policy change and linking worksites to health-related resources in the community. In the latter example, AgriLife Extension can play a vital role in connecting business to low- or no-cost health screenings and other services provided by medical facilities and/or volunteer health agencies. Because many small- to mid-size companies are less equipped to provide a comprehensive health promotion program, this assistance can be invaluable.

**Single-Session Programs**

Single-session presentations can be offered as part of a lunch n’ learn series or other types of short-term programming. Similar to multi-series programs, an employee interest survey can help with the selection of lesson topics. Feedback from worksites will also help identify potential needs for the development of new programs that are not currently available. A limitation of single-session programs is that these interventions primarily raise awareness and do not lead to behavior change. Therefore, single-session presentations are best delivered in conjunction with multi-series interventions.

**Readiness to Change**

Why do some programs have a low turn-out? Despite your best efforts to reach those in need of intervention, delivering the program does not necessarily equate to a high participation rate.
It is always good to be optimistic, but the reality is that often individuals with at-risk behaviors are not ready to take action. This is one reason why many traditional interventions often have very high dropout rates. Positulated in the Stages of Change Theory, individuals must move through five non-linear stages of change in order to modify negative lifestyle behaviors: precontemplation, contemplation, preparation, action, and maintenance.

Relapse to health-inhibiting lifestyle habits is not uncommon; thus, recycling to a previous stage can occur. For example, quit attempts are typical for cigarette smokers. These individuals may experience success with smoking cessation (action stage) but return to their former behavior with no intention of quitting (precontemplation). Understanding that not all people are ready for change is an important consideration in program planning. A strategy to address this issue is to design health promotion programs that are stage-specific for each of the levels of readiness. This may include an awareness-raising component (environmental cues and media campaigning) for precontemplators and contemplators; offering health education classes and other types of support for those in preparation; and for those who have taken action, provide reinforcement management and follow-up assistance to maintain their behavior change.

The stages of change model is among several individual behavior change theories that help explain intrinsic and extrinsic factors influencing a person’s response to modifying adverse lifestyle habits. Although a discussion on these paradigms is not within the scope of this guidebook, it should be noted that affecting behavior change is complex, and attention should be given on how to best deliver programs that reach those who have the greatest need.
Marketing Activities

Marketing activities will be concentrated on two fronts: promoting *Working Well* to employees and advertising efforts that precede the implementation of individual programs.

Selling the wellness program to employees is a critical first step when planning a worksite wellness program. As discussed previously, securing employee buy-in is part of the planning phase. If needed, two *Working Well* marketing pieces have been provided in this guidebook: *What Working Well Can Do for Your Worksite* and a *Working Well* tri-fold brochure (Appendices G and H). For the various AgriLife Extension health education programs, advertising materials are usually available.

Innovative, creative methods are important to generate workers’ interest and participation in the various wellness program events. Suggestions to promote wellness programs or events are listed below:

- kick-off event,
- health fair (see Section 7: Worksite Wellness Resource Materials),
- worksite email announcement,
- paycheck stuffers, and
- poster campaign (bulletin boards, stairwells, bathroom stalls, etc.).

A four-point suggestion to make your marketing material sellable is detailed in the following “SELL” acronym:

- S
  simple message targeted for your audience.
- E
  explains the information clearly and concisely.
- L
  language and literacy level is appropriate for the audience.
- L
  looks aesthetically pleasing.
It is worth noting that marketing campaigns can be used to raise awareness about health issues. Through social marketing messages, employees can be informed about the benefits of preventive screening tests, physical activity, and other positive health practices. Media prompts, such as printed materials or posters, are ways to communicate health messages. As with any traditional health education program, these strategies require careful planning to achieve any measurable success, such as impacting behavior change.
The 3 W’s of Evaluating Working Well
SECTION 5: The 3 W’s of Evaluating Working Well

Why Evaluate?

The million dollar question to ask about any health promotion program is, “Does your program work?” Evaluation data will give you the answer. Goals and objectives formulated during the planning stage are the steps or road map to reach your program aims. These measures are the basis of evaluation. Absent of parameters to determine what works and doesn’t work, a program will lack direction and vision for what needs to be accomplished. A worst-case scenario is that time, effort, and money are wasted.

Getting a program off the ground does not necessarily mean that the program will achieve its objectives. Therefore, ongoing evaluation is vital to determine the future of the program. Decisions regarding program adjustments, continuation, and cost are made in response to evaluation findings. Elimination of evaluation assessments will ultimately impact the fidelity of the program. Questions often surface about whether or not evaluating a program is important; unequivocally, the answer is yes. Thus, evaluation is a necessary, non-negotiable component of a well-designed program.

What Do We Evaluate?

Two components of Working Well will be evaluated: the overall program and the individual wellness or health education programs. For the former assessment, program accomplishments will be measured using the Working Well Employer Satisfaction Survey (Appendix I), the Working Well Employee Feedback Survey (Appendix J), and a post-intervention Worksite Wellness Index (Appendix B). If worksites adopt AgriLife Extension’s individual programs, evaluation tools are found in the curriculum package.
When Do We Evaluate?

Annual process evaluations should be conducted for the overall program assessments. Individual outcome or output programs include an evaluation piece that is typically conducted pre- and post-intervention. Evaluation assistance can be provided by AgriLife Extension. This assistance includes data collection, analysis, and reporting of findings.

Final Thought

Evaluation must be part of the program package. Decisions specific to program costs, continuation, and revisions rely on evaluation evidence. Importantly, assessing an intervention’s effectiveness rests on methodologically sound evaluation – a critical criterion to establish a best-practice worksite wellness program. Achieving this milestone requires diligence to routinely evaluate.
Policy Recommendations

Worksite wellness policies help cultivate a healthy workforce and organizational environment, providing a visible sign that employers are committed to this effort. A function of the worksite wellness committee is to identify, draft, and seek approval for wellness policies. Management support must be obtained to institute these changes. A consideration when forming a WWC is to have management representation. Further, their involvement helps get senior-level management on board with the worksite wellness program.

The Texas Department of State Health Services suggests adopting policies specific to the following topics:

**Worksite Wellness Program Policy**

- Written policy outlining the requirements and function of the worksite’s comprehensive wellness program.

**Physical Activity**

- Allow flextime for physical activity, including breaks during work hours.
- Provide incentives for physical activity.
- Offer a company-sponsored, fitness-oriented program other than an exercise facility.
- Create a built environment that supports physical activity: walking and/or biking trails and stairwells that are well-lit and ventilated.
**Nutrition**

- Provide healthy food choices in on-site cafeterias.
- Provide healthy food selections for meetings, conferences, or trainings at the worksite.
- Provide healthy snacks in the vending machines.
- Provide healthy nutritional messages to the employees via email, payroll stuffers, or bulletin boards.

**Tobacco**

- Prohibit tobacco anywhere in the worksite.
- Provide smoking/tobacco cessation programs.
- Provide prompts to support a no tobacco use policy.

**Plan to Respond to Cardiac Events**

- Have a written plan for emergency response to cardiac events.
- Provide cardiopulmonary resuscitation (CPR) training for employees.
- Provide training on the use and placement of automated external defibrillators (AEDs).

The availability of resources (i.e., staff and funding) dictates what wellness policies are feasible for worksites to implement. However, within these constraints, policies should be in place to maintain and sustain a worksite wellness program. Ideally, policies serve to both institutionalize and advance this cause.
Incentives: The “Carrot” Approach

Motivating employees to change a behavior is a challenge for any worksite wellness program. Offering incentives is one strategy to overcome this obstacle. Using the “carrot” approach in worksite wellness programs has been shown to increase employee participation and encourage attendance that can lead to long-term behavior change. Kruger and colleagues observed in their investigation of 2,377 adult full- or part-time employees that convenient time (73 percent), convenient location (72.8 percent), and paid time off (69.6 percent) were the most common incentives to take advantage of worksite health promotion services.

The types of incentives vary from tangible to intangible rewards.

**Tangible rewards include:**
- cash,
- merchandise,
- vacation days, and
- avoidance of costs (such as health care premiums or deductibles).

**Intangible rewards include:**
- recognition,
- personal challenges,
- a sense of accomplishment,
- group recognition,
- a sense of belonging, and
- acceptance and approval of peers.
The most meaningful and effective incentives are those tied to the behavior you are trying to reinforce. Additionally, the reward amount should be proportionate to what the individual is asked to do in return.

In the stages of change paradigm, intentional decisions are made by weighing the pros and cons to make lifestyle changes. Incentives can be a useful tool to tip this decisional balance and move a person from a state of contemplation to action. Promoting long-term behavior change is an indicator of an effective incentive. Further, after the desired behavior is established, intrinsic reinforcements rather than rewards will serve to motivate the individual. Intrinsic reinforcements may include physical improvements (i.e., weight loss or smoking cessation) and the personal satisfaction of achieving health goals.

Effective July 1, 2007, the Health Insurance Portability and Accountability Act of 1996 (HIPPA) established new regulations impacting the use of wellness incentives for achievement or adherence rewards.

---

**Three Categories of Incentives**

**Activity:** Reward employees for participating in or completing specific activities. For example: attending an educational session, attending a health fair, completing a health risk assessment, or completing a certain number of activities.

**Achievement:** Reward employees for achieving specific goals such as maintaining healthy blood glucose levels, stopping smoking, maintaining a BMI below 25, or lowering cholesterol levels.

**Adherence:** Reward longer-term maintenance of lifestyle goals. For example: remaining tobacco-free for 12 months or maintaining a biometric measure within a healthy range for a specific time.
In conclusion, providing incentives is no longer an option in worksite wellness programs but an essential element. A reward system is critical to produce high levels of participation and engagement and to stimulate employee interest, especially after the novelty of a worksite wellness program wanes.

The five basic requirements are discussed below:

1. The reward must not exceed 20 percent of the total cost of employee-only coverage (or 20 percent of the total cost of coverage if dependents can participate).

2. The program must be reasonably designed to promote health and prevent disease.

3. Eligible individuals must be given the opportunity to apply for the program at least once per year.

4. The reward must be available to all similarly situated individuals. A reasonable alternative standard (or waiver of initial standard) to obtain the reward must be provided to persons who cannot meet the initial standard due to a medical condition or that it is medically inadvisable.

5. All materials of the plan must disclose the availability of a reasonable alternative reward.

Success Story

Wellness at Work, a Denton County, Texas, employee wellness program, instituted a point system for engaging in health-related activities. Based on the total monthly points, employees can receive a discount on their monthly insurance. Illustrated below is an example of the point system and the insurance discount levels. Preliminary evidence indicates that this incentive program motivates employees to get healthy and can reduce health care costs. This success story demonstrates that the “carrot” approach pays!

<table>
<thead>
<tr>
<th>Activity</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Risk Assessment</td>
<td>10</td>
</tr>
<tr>
<td>Comprehensive Physical Exam</td>
<td>30</td>
</tr>
<tr>
<td>Mammogram</td>
<td>10</td>
</tr>
<tr>
<td>Non use of tobacco products</td>
<td>20</td>
</tr>
<tr>
<td>Discontinue use of tobacco products</td>
<td>30</td>
</tr>
<tr>
<td>Wellness classes (5 points each, 50 points maximum)</td>
<td>50</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1st Year Participant</th>
<th>Monthly Insurance Discount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Points Earned</td>
<td></td>
</tr>
<tr>
<td>50-100</td>
<td>$5.00</td>
</tr>
<tr>
<td>101-150</td>
<td>$7.50</td>
</tr>
<tr>
<td>151+</td>
<td>$10.00</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>2nd Year Participant</th>
<th>Monthly Insurance Discount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Points Earned</td>
<td></td>
</tr>
<tr>
<td>50-100</td>
<td>$10.00</td>
</tr>
<tr>
<td>101-150</td>
<td>$12.50</td>
</tr>
<tr>
<td>151+</td>
<td>$15.00</td>
</tr>
</tbody>
</table>
SECTION 7

Worksite Wellness Resource Materials
Resource Materials

The following materials have been selected to compliment Working Well’s repertoire of resource offerings:

1. A Business Case for Breastfeeding

2. Choosing the right Health Risk Appraisals:
   a. “How Health Risk Appraisals Can Take Your Program to the Next Level” by Dee Edington, PhD.
   b. Health Risk Appraisals at the Worksite: Basics for HRA Decision Making

3. Health Fair Planning Guide

4. Healthy Snacks at Worksite Meetings and Seminars

5. Texas Department of State Health Service’s Quitline

6. Stairwell Fitness

7. Vending Machine Guidelines

8. Walking Trails at Worksites

These resources can be accessed through your AgriLife Extension county agent and are available as PDF documents. Each of these tools can be used as part of the worksite wellness plan of action and to provide information for developing policy.
Worksite Wellness Webliography
This webliography is a sampling of materials or websites that can be helpful for planning, implementing, and evaluating a worksite wellness program. Because online information is constantly changing, there is no way to ensure that some websites will be active after the publication of this guidebook. The primary inclusion criterion was that the resources were derived from reliable, credible health and/or medical institutions. Most of these websites/resources have been personally used by the author of this publication.

**Disease-Specific Resources**

**American Cancer Society (ACS)**
ACS is partnering with employers in its national initiative, Workplace Solutions, to fight cancer and build a healthier workforce. The site provides links to ACS’s Workplace Solution products or informational materials. Quitline, Because We Care newsletter, and Active for Life are among these resources.

- **American Cancer Society**
  - 1599 Clifton Road NE
  - Atlanta, GA 30329
  - (800) ACS-2345
  - **ACS main website:** [http://www.cancer.org/](http://www.cancer.org/)
  - **ACS Workplace Solutions:** [http://www.acsworkplacesolutions.com/](http://www.acsworkplacesolutions.com/)

**American Diabetes Association (ADA)**
The American Diabetes Association researches to prevent, cure, and manage diabetes. Winning at Work is an ADA initiative that provides diabetes prevention and management resources to employers.

- **American Diabetes Association**
  - ATTN: National Call Center
  - 1701 North Beauregard Street
  - Alexandria, VA 22311
  - **ADA main website:** [http://www.diabetes.org/home.jsp](http://www.diabetes.org/home.jsp)
**American Dietetic Association**
Nutritional fact sheets and other publications such as Dieting for Dummies.

*American Dietetic Association*
216 West Jackson Blvd.
Chicago, IL 60606
(800) 877-1600 ext. 5000
Website: [http://www.eatright.org/](http://www.eatright.org/)

**American Heart Association (AHA)**
Building healthier lives, free of cardiovascular diseases and stroke, is the mission of AHA. Supporting worksites, AHA offers the Start! workplace walking program. AHA’s websites provide a wealth of information targeting cardiovascular health.

*American Heart Association*
National Center
7272 Greenville Avenue
Dallas, TX 75231
(800) AHA-USA1

**American Lung Association (ALA)**
The mission of the American Lung Association is to prevent lung disease and promote lung health. ALA offers cessation programs for adults (Freedom from Smoking) and adolescents (Not on Tobacco). Other lung health resources include the Open Airways for Schools, asthma management for school-age children, and the publication, *The American Lung Association’s Family Guide to Asthma and Allergies*.

*The American Lung Association*
61 Broadway, 6th Floor
NY, NY 10006
(212) 315-8700
ALA main website: [http://www.lungusa.org](http://www.lungusa.org)

**Arthritis Foundation**
The Arthritis Foundation’s mission is to improve lives through leadership in the prevention, control, and cure of arthritis and related diseases. The website provides information relevant to general information about arthritis, including treatment options and pain management concerns.

*Arthritis Foundation*
P.O. Box 7669
Atlanta, GA 30357-0669
(800) 568-4045
Website: [www.arthritis.org](http://www.arthritis.org)
The Arthritis Program of the Centers for Disease Control and Prevention (CDC)
A program of the CDC devoted to improving the quality of life of people affected by arthritis. This website provides general information as well national data and statistics about this condition.
Website: http://www.cdc.gov/arthritis/

National Cancer Institute
National Cancer Institute conducts and supports research, training, health information, dissemination, and other programs specific to the cause, diagnosis, prevention, and treatment of cancer, rehabilitation from cancer, and continuing care of cancer patients and the families of cancer patients.
1-800-4-CANCER
Website: www.cancer.gov

National Council on Alcoholism and Drug Dependence
The focus of this organization is to fight the stigma and the disease of alcoholism and other drug addictions. Educational publications include fact sheets and print materials that target the general public, parents, and youth.
National Council on Alcoholism and Drug Dependence
244 East 58th Street, 4th Floor
New York, NY 10022
(212) 269-7797
Website: http://www.ncadd.org

Partnership for Workplace Mental Health
The aim of the Partnership for Workplace Mental Health, a program of the American Psychiatric Association, is to advance effective employer approaches to mental health by combining the knowledge and experience of the American Psychiatric Association and its employer partners. Resources in its website include Anxiety Skills @ Work, “Let’s Talk Facts” series, and Parents MedGuide: Helping Parents Help Their Kids.
Partnership for Workplace Mental Health
1000 Wilson Blvd. Suite 1825
Arlington, VA 22209-3901
(703) 907-8561
Website: http://www.workplacementalhealth.org
Professional Associations

American College of Sports Medicine (ACSM)
The overall goal of ACSM is to advance health through science, education, and medicine. ACSM’s Deskside Learning Webinars are a series of short, online courses covering health and fitness topics that can be used at the worksite. The Calendar of Events, found on the homepage menu bar, provides a listing of these trainings.

American College of Sports Medicine
401 W. Michigan St.
Indianapolis, IN 46202-3233
(317) 637-9200
Website: http://www.acsm.org/

Cooper Institute
The Cooper Institute is a nonprofit organization that conducts research and provides educational programs focusing on exercise physiology, behavior change, health communication, children’s health, obesity, nutrition, aging, diabetes, hypertension, physical activity intervention, and health promotion. Numerous fitness and nutritional educational resources are available at the Cooper Institute’s website. The Personal Empowerment Program (PEP) is a program that promotes healthy eating and moderate physical activity at the worksite.

Cooper Institute
12330 Preston Road
Dallas, TX 75230
(972) 341-3200
Website: http://www.cooperinstitute.org/index.cfm

National Business Coalition on Health (NBCH)
The National Business Coalition on Health is a national, non-profit membership organization of employer-based health care coalitions. NBCH provides support services for worksites implementing a wellness program.

National Business Coalition on Health
1015 18th Street, NW, Suite 730
Washington, DC 20036
(202) 775-9300
Website: www.nbch.org
Wellness Councils of America (WELCOA)

WELCOA is dedicated to helping worksites build and sustain wellness programs. Free educational resources are available online; however, some materials have a charge.

Wellness Councils of America
9802 Nicholas Street, Suite 315
Omaha, NE 68114
(402) 827-3590
Website: www.welcoa.org

Governmental Organizations

Centers for Disease Control and Prevention

- National Institute for Occupational Safety and Health (NIOSH)
- National Center for Chronic Disease Prevention and Health Promotion
- Division of Nutrition and Physical Activity
- National Center for Chronic Disease Prevention and Health Promotion

The CDC website is an online communication channel for health and safety information. This website is a portal to CDC’s offices/centers listed above. Of the four centers, NIOSH focuses on workplace health promotion. NIOSH offers the Work Life Initiative whose goal is to sustain and improve worker health through better work-based programs, policies, and practices.

Centers for Disease Control and Prevention
1600 Clifton Rd
Atlanta, GA 30333
(800) 232-4636

CDC main website: http://www.cdc.gov
CDC’s NIOSH website: http://www.cdc.gov/niosh/
NIOSH Work Life website: http://www.cdc.gov/niosh/programs/worklife/
**MEDLINEplus**
Sponsored by the National Library of Medicine at the National Institutes of Health – the world’s largest medical library – this site provides up-to-date information for anyone with a medical question. MEDLINE plus health information is available in Spanish and other languages.

*Website: http://medlineplus.gov*

**National Heart, Lung, and Blood Institute (NHLBI)**
The National Heart, Lung, and Blood Institute provides leadership for a national program in diseases of the heart, blood vessels, lung, and blood; blood resources; and sleep disorders. NHLBI’s website provides resources specific to these conditions including information on its various educational campaigns. COPD: Learn More, Breath Better and Hearts n’ Parks are among NHLBI’s initiatives.

*Website for NHLBI: http://www.nhlbi.nih.gov/*
*Website for NHLBI publications: http://www.nhlbi.nih.gov/health/pubs/pub_gen.htm*

**National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)**
The National Institute of Diabetes and Digestive and Kidney Diseases conducts and supports research on many of the most serious diseases affecting public health. The NIDDK website links to various clearinghouse information sites that focus on various conditions: diabetes, kidney and urologic diseases, weight control, nutrition, and hematologic diseases.

*National Institute of Diabetes and Digestive and Kidney Diseases*
*31 Center Drive*
*Bethesda, MD 20892*
*Website: http://www.niddk.nih.gov*

**Texas Department of State Health Service (DSHS)**
Texas’ state health department’s mission is to improve the health and well being of Texans. To meet this objective, Texas DSHS provides many resources to the public specific to both chronic and infectious diseases. A variety of practical, lay-friendly health-related material can be found on their website on topics such as emergency preparedness, chronic disease prevention, and maternal/child health. Statistical reporting (e.g., death, birth and disease) can also be found in their website.

*Texas Department of State Health Services*
*1100 West 49th Street*
*Austin, TX 78756*
*(512) 458-7111*

*Website: http://www.dshs.state.tx.us/*


APPENDIX A

Employee Interest Survey

This employee interest survey is designed to assess employee interests in worksite wellness programs and to find out more about their health habits. Information will be used to help plan a wellness program that meets the needs of employees at your worksite. All information is anonymous and confidential. This survey will take approximately 10 minutes to complete.

If you have any questions about this questionnaire, contact Ninfa Peña-Purcell, PhD, Texas A&M AgriLife Extension Service health specialist, at (979) 845-1804 or email at ncpurcell@ag.tamu.edu.

Thank you for completing this survey!

DIRECTIONS:
Check, circle, or fill in your answer to the questions below.

SECTION A: Tell us about yourself

1. The month, day and year of your birthday: ___-___-___
2. The last four numbers of your telephone number: ___-___-___-___
3. Gender: __ Male __ Female
4. Age: ___
5. Your company’s name: ____________________________________________________
6. What is your race and/or ethnicity?
   a. __ Hispanic or Latino
   b. __ American Indian, Alaskan Native
   c. __ Asian
   d. __ Black or African American
   e. __ Native Hawaiian or other Pacific Islander
   f. __ White, not Hispanic

NEXT PAGE
## SECTION B: Wellness activity interests

<table>
<thead>
<tr>
<th>Rate your interest to participate in any of these wellness activities on a regular basis if offered at your worksite.</th>
<th>Very Low</th>
<th>Low</th>
<th>Neutral</th>
<th>High</th>
<th>Very High</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Learning more about healthy food choices</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2. Learning about food portion sizes to control my weight</strong></td>
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<tr>
<td><strong>3. Learning more about the benefits of physical activity</strong></td>
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<tr>
<td><strong>4. Engaging in a walking program to increase physical activity</strong></td>
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<tr>
<td><strong>5. Learning ways to manage stress</strong></td>
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<tr>
<td><strong>6. Learning time management skills</strong></td>
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<tr>
<td><strong>7. Learning more about parenting skills and how to be an effective parent</strong></td>
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<tr>
<td><strong>8. Learning skills on how to better manage my money</strong></td>
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<tr>
<td><strong>9. Learning about the elements of a healthy marriage.</strong></td>
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<tr>
<td><strong>10. What other wellness activities would you like to see offered?</strong></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

_________________________________________________________________________________________________________
SECTION C: Wellness activity participation options

<table>
<thead>
<tr>
<th>Rate how likely you would be to attend wellness activities based on the following participation options.</th>
<th>Very Unlikely</th>
<th>Unlikely</th>
<th>Neutral</th>
<th>Likely</th>
<th>Very Likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Participate in wellness activities during my regular work schedule</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Participate in wellness activities before work</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Participate in wellness activities after work</td>
<td></td>
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<td></td>
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<tr>
<td>4. Participate in 10 to 15 minute activities I can do two to three times a day</td>
<td></td>
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<tr>
<td>5. Participate in activities that last 30-60 minutes</td>
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<tr>
<td>6. Health information that I can read, listen to, or watch on my own</td>
<td></td>
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</tr>
</tbody>
</table>

SECTION D: Support for policy or environmental worksite changes

<table>
<thead>
<tr>
<th>Rate your support for any of the following policy or environmental worksite changes.</th>
<th>Very Low</th>
<th>Low</th>
<th>Neutral</th>
<th>High</th>
<th>Very High</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Healthy food options for the cafeteria (if applicable) and vending machines</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Organizational recommendations for healthy food choices for meetings and conferences</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3. Allow open time for employees to attend wellness activities</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
SECTION E: If you smoke, complete the following questions.

<table>
<thead>
<tr>
<th>If you smoke, rate your interest in attending the following wellness activities.</th>
<th>Very Low</th>
<th>Low</th>
<th>Neutral</th>
<th>High</th>
<th>Very High</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Getting information about quitting tobacco use</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Attending information sessions or classes about quitting tobacco use</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Using my meal or lunch time to learn about quitting the use of tobacco</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>4. Using time before or after work to learn about quitting the use of tobacco</td>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

SECTION F: General questions

1. Would you personally participate in a health promotion program if it was offered?
   a. ___Yes
   b. ___No

2. In which of the following categories would you place yourself?
   a. ___I am not interested in pursuing a healthy lifestyle.
   b. ___I have been thinking about changing some of my health behaviors.
   c. ___I am planning on making a health behavior change within the next 30 days.
   d. ___I have made some health behavior changes, but I still have trouble following through with them.
   e. ___I have had a healthy lifestyle for years.

3. Would you like a financial incentive to help motivate you to take better care of your own wellness?
   a. ___Yes
   b. ___No

If yes, what kind of incentives would motivate you? ________________________________
4. Would you be interested in completing a confidential health survey that would give you a set of personal health recommendations?
   a. ___Yes
   b. ___Not

SECTION G: Your health status

1. Would you say that in general your health is:
   a. Excellent
   b. Very good
   c. Good
   d. Fair
   e. Poor

2. Now, thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?
   a. ______ days

3. Now, thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?
   a. ______ days

4. During the past 30 days, for about how many days did poor physical and mental health keep you from doing your usual activities, such as self-care, work, or recreation?
   a. ______ days

SECTION H: Comments

1. What health topics are you interested in learning more about?

2. What other things could be done in the worksite to help promote wellness?
APPENDIX B

Worksite Wellness Index

The purpose of the Worksite Wellness Index is to assess your worksite’s wellness policies and environment. Results from this survey will be used to help plan a wellness program that meets the needs of employees at your worksite. Worksite wellness is defined as an organized program in the worksite that is intended to assist employees and their family members (and/or retirees) in making voluntary behavior changes which reduce their health and injury risks, improve their health consumer skills and enhance their individual productivity and well-being.

If you have any questions about this questionnaire, contact Ninfa Peña-Purcell, PhD, Texas A&M AgriLife Extension Service health specialist at (979) 845-1804 or email at ncpurcell@ag.tamu.edu.

Thank you for completing this survey!

Instructions for Coordinator

1. **Review the Worksite Wellness Index assessment tool.**

2. **Assemble a Worksite Wellness Index team.** The first step toward employee wellness is to identify a team of people who will be responsible for completing the Worksite Wellness Index. You may choose an existing team, such as the Employee Wellness Committee or similar group, or create a new team. Broad participation is important for meaningful assessment and successful planning and implementation. Suggested participants include:
   - human resources/benefits coordinator
   - employees from varying departments
   - administrators
   - supervisors
   - employee wellness staff

3. **Meet to discuss the Index.** At the first meeting, explain the Worksite Wellness Index. Set a timeline for the completion of the assessment. Working as a team will increase the accuracy of responses and tap into creative insights. Make sure that everyone gets a copy of the Instructions, Score Card, and Questionnaire.

4. **Complete the Index.** Each team member should answer the questions by getting any needed information and having open discussion. Each question gives directions on how to select from the four scoring choices. Answers should be written on a copy of the Score Card.
5. **Meet as a team.** Discuss each question and its scoring descriptions. Arrive at a consensus on a score for each question, and record the consensus score on a separate Score Card. The team should then use these results to answer the Planning Questions for each section.

6. **Arrive at recommendations.** As a team, arrive at recommendations for action to address any weaknesses identified by the scores earned for each question. List the team’s recommendations in the Recommendation Table and rate each on the five criteria listed in the table.

7. **Prioritize.** Write the sum of the ratings in the “total” column in the Recommendation Table. In the “Priority Ranking” column of the Recommendation Table, indicate the rank order the team has decided for implementing the recommendations. Consider the “Total” column when ranking the recommendations, but do not feel bound to numerical totals. Some very important actions may be too expensive, labor intensive, or too complex to rank as number one. Others may be less important but require fewer resources or staff to implement. Use the collaborative judgment and knowledge of your team members. Together they know the worksite and will arrive at the best mix of important, achievable recommendations.

8. **Make a plan.** Once you have prioritized the recommendations, use the Action Plan Worksheet to further develop the team’s ideas.

9. **Implement the plan.** Present the recommendations and action plan to the worksite’s decision-making authority. After approval, implement the plan and monitor progress.
PART A
Questionnaire
Worksite Policies and Environment

A-1. Worksite Wellness Program Policy

*Does the worksite have a current policy outlining the requirements and functions of a comprehensive worksite wellness program?*

A comprehensive worksite wellness program promotes healthy lifestyle choices through defined polices about the worksite environment and health promotion programs/activities that are conducive to healthy behaviors.

3=Yes
2=There is policy, but it needs modification to meet the needs of the worksite.
1=There is no policy, but there are plans to form one
0= No

A-2. Representative Committee Oversees Worksite Wellness Program

*Does the worksite have a representative committee that meets at least once a month to oversee worksite wellness programs, including physical activity and nutrition programs?*

Representative means that it includes relevant members of the workforce, such as staff, supervisors, administration, human resources/benefits coordinator, etc.

3=Yes
2= There is a committee, but it is not representative or it meets less than once a month
1= There is no committee, but there are plans to form one
0= No

A-3. Worksite Wellness Plan

Does the worksite have a worksite wellness plan in place that addresses the purpose, nature, duration, resources required, participants in, and expected results of a worksite wellness program?

3 = Yes
2 = There is a plan, but it needs modification to meet the needs of the worksite
1 = There is no plan, but there are plans to develop one
0= No
A-4. Written Policies on Physical Activity

Does the worksite have written policies on physical activity that commit to the following?

- Supporting physical activity during duty time (flex-time)
- Providing incentives for engaging in physical activity
- Offering company-sponsored fitness-oriented programs for employees other than an exercise facility
- Providing a broad range of competitive and non-competitive physical activities that help develop the skills needed to participate in lifetime physical activities
- Providing exercise/physical fitness messages and information to employees
- Providing prompts to promote physical activity near each stairwell or elevator

3 = Yes for five or six areas listed above
2 = For three or four areas
1 = For one or two areas
0 = No

A-5. Breaks

Are employees provided with breaks during working hours, and are employees encouraged to be active during break time?

Examples of a break time activity could be structured or unstructured such as walking in groups, performing stretching exercises at your desk, etc.

3 = Yes
2 = Breaks are provided each day, but employees are not given encouragement to be active
1 = Breaks are provided each day, but employees are restricted to the restroom, break room, or immediate work area
0 = Breaks are not provided any work day

A-6. Physical Activity Facilities

Does the worksite provide a facility/designated space or related support system on-site for physical activity by employees?

- On-site exercise facility
- Outdoor exercise areas, playing fields, or walking trails for employee use
- Free, discounted, or employer-subsidized memberships to fitness centers
- On-site physical activity classes such as aerobics, kick-boxing, dancing, etc.
- Provide showers and/or changing facilities
A-7. Employee Access to Physical Activity Facilities outside of Work Hours

Can all employees use the worksite’s indoor/outdoor physical activity facilities outside of work hours?

“Outside of work hours” means before or after work, lunch, evenings, weekends, and on holidays.

3 = Yes, the worksite has identified indoor/outdoor areas that employees can access to engage in physical activity before, during or after work hours
2 = Indoor or outdoor facilities are available, but not both
1 = Indoor or outdoor facilities are available, but the hours of availability are very limited
0 = No indoor or outdoor facilities are available

A-8. Written Policies on Nutrition

Does the worksite have written policies on nutrition that commit to the following?

- On-site cafeterias following healthy food preparation guidelines and practices (e.g., steaming, low-fat, low calorie, salt substitutes, limited frying, etc.)
- Healthy food options for any meetings, conferences, or training offered by the worksite
- Vending machines and/or on-site cafeteria offer nutritious food options as 25 percent of the total choices
- Healthy eating messages to the employee population (delivered via e-mail messages, payroll stuffers, bulletin boards, etc.)
- Supporting participation in nutrition-related activities during duty time (flex-time)
- Providing prompts to promote and identify healthy food/snack/drink choices near vending machine(s) or on-site cafeteria

3 = Yes, for five or six areas listed above
2 = For three or four areas
1 = For one or two areas
0 = No
A-9. Written Policies on Tobacco Use

Does the worksite have written policies on tobacco use that commit to the following?

- Prohibiting tobacco use anywhere on property
- Supporting participation in smoking cessation activities during duty time (flex-time)
- Providing prompts to support no tobacco use policy

3 = Yes  
2 = Yes, but tobacco use is allowed in designated area(s)  
1 = Yes, but flextime is not allowed to attend cessation classes or policy prompts not provided  
0 = No

A-10. Staff Oriented to Policies

Is staff oriented to and given copies of the physical activity, nutrition, and tobacco use policies?

3 = Yes  
2 = Oriented to or given copies, but not both  
1 = No, but there are plans to  
0 = No

A-11. Plan to Respond to Cardiac Events

Does the worksite have a written plan for emergency response to cardiac events at their facility?

3 = Yes  
2 = Plan is in place, but does not meet the needs of the worksite  
1 = No, but there are plans to develop an emergency response plan  
0 = No

A-12. Emergency Response Training

Does the worksite provide emergency training for response to cardiac events at their facility?

- Worksite has provided basic Cardiopulmonary Resuscitation (CPR) training and certification to employees within the current year
- Worksite has a policy on training employees on use and placement of Automated External Defibrillators (AED’s)

3 = Yes  
2 = CPR training or AED training/placement, but not both  
1 = No, but there are plans to do so in the future  
0 = No
### Score Card

#### Worksite Policies and Environment

**Instructions:** To complete this score card, first carefully read and discuss the questionnaire. Answer the specific questions and follow the scoring descriptions. After all questions have been scored, respond to the planning question for each question.

<table>
<thead>
<tr>
<th></th>
<th>Fully in Place</th>
<th>Partially in Place</th>
<th>Under Development</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A-1. Worksite Wellness Program Policy</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>A-2. Representative Committee Oversees Worksite Wellness Programs</td>
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<td>A-3. Worksite Wellness Plan</td>
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<td>A-4. Written Policies on Physical Activity</td>
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<td>A-5. Breaks</td>
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<tr>
<td>A-6. Physical Activity Facilities</td>
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<td>A-7. Employee Access to Physical Activity Facilities outside of Work Hours</td>
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<tr>
<td>A-8. Written Policies on Nutrition</td>
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<tr>
<td>A-9. Written Policies on Tobacco Use</td>
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<tr>
<td>A-10. Staff oriented to Policies</td>
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<tr>
<td>A-11. Plan to Respond to Cardiac Events</td>
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<tr>
<td>A-12. Emergency Response Training</td>
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</tbody>
</table>

Total the number of circled responses in each column

Multiply by the Point Value

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<table>
<thead>
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</thead>
<tbody>
<tr>
<td></td>
<td>× 3</td>
<td>× 2</td>
<td>× 3</td>
</tr>
</tbody>
</table>

Subtotals

**Total Points Earned**

Add all subtotals

**Total Possible Points**

Percentage (total points earned/35) × 100
PART B
Questionnaire
Health Promotion for Employees

**B-1. Healthcare Coverage for Employees**

Does the worksite offer or provide adequate healthcare coverage for employees and their families for prevention of and rehabilitation of heart disease and stroke?

3 = Yes
2 = Offers or provides access to adequate healthcare coverage, but coverage for prevention of and rehabilitation of heart disease and stroke is limited
1 = No, but there are plans to do so
0 = No

**B-2. Health Screening for Employees**

Does the worksite offer or provide easy access to free or reasonably priced health screenings for employees at a minimum of one time a year?

“Provide access to” means that the worksite has a special arrangement for employees to receive either on- or off-site health screening.

Examples of items that are part of a “health screening” include:

- height and weight measurements
- blood pressure checks
- cholesterol screening
- diabetes/blood sugar screening
- individual health risk appraisal

3 = Yes
2 = Offers or provides access to health screening, but is not reasonably priced or not easily accessible
1 = No, but there are plans to do so
0 = No
B-3. Physical Activity/Fitness Programs for Employees

Does the worksite offer or provide easy access to free or reasonably priced physical activity/fitness programs for the employees?

“Provide access to “means the worksite has a special arrangement for employees to take classes on-site or at an off-site facility.

Examples of such “programs” include:

• Classes
• Workshops
• Facilities
• Special Events

3 = Yes
2 = Offers or provides access to physical activity/fitness programs, but they are not reasonably priced or not easily accessible
1 = No, but there are plans to do so
0 = No

B-4. Nutrition/Weight Management Programs for Employees

Does the worksite offer or provide easy access to free or reasonably priced nutrition education/weight management programs for the employees?

3 = Yes
2 = Offers or provides access to nutrition education/weight management programs, but they are not reasonably priced or not easily accessible
1 = No, but there are plans to do so
0 = No

B-5. Promote and Encourage Employee Participation

Does the worksite promote and encourage employee participation in its physical activity/fitness and nutrition education/weight management programs?

Examples of ways to “promote and encourage employee participation” include:

• Information at new employee orientation
• Information on programs provided with paychecks
• Flyers on wall or bulletin boards
• Letters mailed directly to employees
• Announcements at employee meetings
• Employee newsletter articles
• Incentive/reward programs
• Public recognition
• Health insurance discounts
• Provide showers and changing facilities
• Sponsor employee sports teams

3 = Yes, through four or more ways listed above
2 = Through one to three of the ways
1 = No, but there are plans to do so
0 = No

B-6. Awareness and Education Messages

Does the worksite provide awareness and education messages/information on the following?

• Heart disease and stroke prevention including risk factors such as high blood pressure, cholesterol, diabetes, overweight, etc.
• Signs and symptoms of heart attack, stroke, need to call 9-1-1
• Use of AEDs and CPR
• Good nutrition/eating habits
• Physical activity
• Tobacco prevention/control

3 = Yes, for five or six of the above items
2 = For three or four
1 = For one or two
0 = No

B-7. Budget for Employee Health Program

Is there a worksite budget for employee health promotion that includes a salary for a coordinator?

“Coordinator” means a full or part-time employee who is responsible for planning, designing, implementing, and evaluating employee health promotion activities.

3 = Yes
2 = There is a budget, but it does not include a salary for a full or part-time coordinator (although the worksite may have a volunteer coordinator)
1 = No, but there are plans to create a budget
0 = No
**Score Card**

*Health Promotion for Employees*

**Instructions:** To complete this score card, first carefully read and discuss the questionnaire. Answer the specific questions and follow the scoring descriptions. After all questions have been scored, respond to the planning questions for that section.

<table>
<thead>
<tr>
<th>B-1. Healthcare coverage for Employees</th>
<th>Fully in Place</th>
<th>Partially in Place</th>
<th>Under Development</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>B-2. Health Screening for Employees</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>B-3. Physical Activity/Fitness Programs for Employees</th>
<th>Fully in Place</th>
<th>Partially in Place</th>
<th>Under Development</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>B-4. Nutrition Education/Fitness Programs for Employees</th>
<th>Fully in Place</th>
<th>Partially in Place</th>
<th>Under Development</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>B-5. Promote and Encourage Employee Participation</th>
<th>Fully in Place</th>
<th>Partially in Place</th>
<th>Under Development</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>B-6. Awareness and Education Messages</th>
<th>Fully in Place</th>
<th>Partially in Place</th>
<th>Under Development</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>B-7. Budget for Employee Health Program</th>
<th>Fully in Place</th>
<th>Partially in Place</th>
<th>Under Development</th>
<th>No</th>
</tr>
</thead>
</table>

Total the number of circled responses in each column

Multiply by the Point Value \( \times 3 \) \( \times 2 \) \( \times 3 \) \( \times 0 \)

Subtotals

Total Points Earned Add all subtotals

Total Possible Points

Percentage (total points earned/35) \( \times 100 \) %
# APPENDIX C

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

<table>
<thead>
<tr>
<th><strong>Cardiovascular Risk Identification</strong></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the health plan use some type of strategy to identify those most at risk for heart disease, stroke, and related conditions and risk factors (e.g., routine screenings, health risk assessments, chart reviews, analysis of claims data)?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>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.</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Cardiovascular Health and Risk Reduction Program and Service</strong></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Does the health plan offer specialized disease management programs for members who have been diagnosed with heart disease, stroke, or related risk factors?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>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? (check all that apply, and see Key Services for Heart Disease and Stroke Management and Prevention)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>• Blood pressure control</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>• Lipid management</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>• Tobacco cessation</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>• Nutrition/dietary intake</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>• Weight management</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>• Physical activity</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>• Diabetes management</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>• Cardiac and stroke rehabilitation</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>• Depression management</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>• Other:</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>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?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. Can members who are at risk for heart disease and stroke self-refer into these cardiovascular health programs?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. Are these lifestyle and behavioral modification, education, and counseling programs available to members via: (check all that apply)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>• Telephone</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>• Groups or classes at the worksite</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>• Groups or classes offered offsite, e.g., community clinic</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>• E-mail</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>• Regular mailings</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>• Primary care providers</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8. Does the health plan provide education and risk factor counseling and support to members at high risk?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>9. Does the health plan offer member’s incentives to participate in lifestyle and behavior education/modification programs (e.g., free services for members, discounts to fitness centers)?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10. Does the health plan provide coverage for prescription drugs to prevent heart disease and stroke?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
### Nutritional Guidelines

11. Does the health insurance plan encourage its health care providers to use standardized treatment and prevention protocols that are consistent with any of the following evidence-based guidelines for heart disease and stroke prevention? If yes, check which guidelines the health plan endorses:
   - National Cholesterol Education Program (NCEP)—Adult Treatment Panel III
   - The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure
   - U.S. Preventive Services Task Force Guide to Clinical Preventive Services
   - American Heart Association guidelines for primary prevention of heart disease and stroke
   - American Heart Association/American College of Cardiology guidelines for patients with coronary and other vascular diseases
   - American Stroke Association guidelines
   - National Stroke Association guidelines
   - Other (please describe)

### Health Care Quality Assurance Systems

12. Does the health plan have policies to encourage the adoption of electronic data systems (e.g., electronic medical records, automated prescription systems) in hospitals, primary care settings, or providers' offices?

13. Does the health plan have policies in place to foster the use of multidisciplinary clinical care teams to deliver coordinated and quality preventive care?

14. Does the health plan communicate with providers about patient conditions and prompt them to prescribe preventive care? (check all that apply)
   - Reminders to providers for patient tests and services
   - Point-of-service notices or reports regarding a patient’s condition and clinical measures needed
   - Notices regarding a patient’s conditions and goals for clinical outcomes
   - Direct-to-physician office calls about a patient’s condition
   - Other:

15. Does the health plan provide incentives and feedback to providers to improve compliance with cardiovascular health guidelines noted in question #11? (if yes, check all that apply)
   - Feedback system on how provider’s compliance compares with peer–based or national benchmarks
   - Financial incentives for individual providers
   - Financial incentives for groups of providers
   - Public recognition through national, local or health insurance plan–specific programs (e.g., Heart/Stroke Physician Recognition Program [HSRP] developed by the National Committee for Quality Assurance and the American Heart Association/American Stroke Association [AHA/ASA])
   - Feedback through other health plan publications
   - Other:

16. Does the health plan systematically evaluate whether providers follow CVD guidelines for patient care (e.g., through chart review, claims data)?
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:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Controlling high blood pressure</td>
<td></td>
</tr>
<tr>
<td>Beta–blocker treatment after a heart attack</td>
<td></td>
</tr>
<tr>
<td>Persistence of beta–blocker treatment after a heart attack</td>
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</tr>
<tr>
<td>Cholesterol management after acute cardiovascular event</td>
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<tr>
<td>Comprehensive diabetes care</td>
<td></td>
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<tr>
<td>Medical assistance with smoking cessation</td>
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<tr>
<td>Physical activity in older adults</td>
<td></td>
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<tr>
<td>Other (non–HEDIS) clinical quality indicators for cardiovascular health monitored by the plan:</td>
<td></td>
</tr>
<tr>
<td>Indicator</td>
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<td>Indicator</td>
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<tr>
<td>Indicator</td>
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</tbody>
</table>

18. Does the health plan provide culturally and linguistically competent educational materials, newsletters, and other information aimed at diverse high-risk populations?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</thead>
</table>

19. Does the health plan offer disease management programs that are tailored to diverse groups that are at increased risk for CVD?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</table>

20. Does the health plan evaluate-at least annually-member satisfaction with cardiovascular health and risk reduction programs and services?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

21. If yes to question #20, does the health plan evaluation show that members have a high-level of satisfaction with the program?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

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?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</thead>
</table>

23. Does the health plan report cost savings over time as a result of the cardiovascular health and risk factor control program (e.g., reductions in the number of emergency room visits or hospitalizations directly related to CVD, pharmacy cost, or specialty physician visits)?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

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?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

25. Has the health plan collaborated with local, state, or national organizations on public health initiatives related to CVD prevention?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

*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 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.

**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 pre-hypertension (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 low fat 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.

Source: Division for Heart Disease and Stroke Prevention, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, US Department of Health and Human Services.
## APPENDIX D

### ACTION PLAN TEMPLATE

### Worksite Wellness Committee Action Plan

<table>
<thead>
<tr>
<th>Year: ________</th>
</tr>
</thead>
</table>

**Worksite:** __________________________________________________________

**Committee Name:** ___________________________________________________

**Committee Chairperson:** _____________________________________________

**Program Coordinator:** ______________________________________________

**Other Chairs:**

1. ________________________________________________________________
2. ________________________________________________________________
3. ________________________________________________________________
4. ________________________________________________________________
5. ________________________________________________________________

**Action Plan for Period Beginning:** _______ **Period Ending:** _______

### Mission Statement:

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

### Overall Communication Plan: (brief description of the WWC’s plan to communicate to employees the formation of the committee, information about upcoming health promotion programs, and periodic updates on the worksite wellness program).

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________
<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>16.</td>
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</tbody>
</table>
Establish short- and long-term goal(s). *Example provided below:*

<table>
<thead>
<tr>
<th>Short-term Goal(s) – Strategies that Focus on Individual/Group Activities and Environmental Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SAMPLE PLAN</strong></td>
</tr>
<tr>
<td><strong>Strategy #1: Walk Across Texas for 8 weeks</strong></td>
</tr>
<tr>
<td><em>Short-term goal:</em> Increase the number of employees engaged in regular physical activity.</td>
</tr>
<tr>
<td>Responsible Members: I. B. Lazy – Chair Frank Foote – Co-Chair</td>
</tr>
<tr>
<td>Communication to Employees: Intranet Listserv, Flyers on bulletin board, Payroll stuffers</td>
</tr>
<tr>
<td>Date of Implementation: 10/1/2008</td>
</tr>
<tr>
<td>Results (Outcomes): 155 employees signed up for the program</td>
</tr>
<tr>
<td><strong>Step #1: Kick-off campaign. Provide sign-up sheets at the office, and send information via email.</strong></td>
</tr>
<tr>
<td>Set up walking teams.</td>
</tr>
<tr>
<td><strong>Step #2: Individual teams set up a weekly walking schedule.</strong></td>
</tr>
<tr>
<td>Same as above.                                    Email to participants and flyers to participants.</td>
</tr>
<tr>
<td>10/08/08                                           Same as above.</td>
</tr>
<tr>
<td><strong>Step #3: Completion ceremony for those participating in the program.</strong></td>
</tr>
<tr>
<td>Same as above.                                    Same as above.</td>
</tr>
<tr>
<td>12/08/08                                           110 completed program.</td>
</tr>
<tr>
<td><strong>Update to Strategy #1</strong></td>
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<tr>
<td><strong>Worksite interested in having the challenge offered in the Spring.</strong></td>
</tr>
<tr>
<td>Short-term Goal(s) – Strategies that Focus on Individual/Group Activities and Environmental Changes</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>Strategy #1: Short-term goal:</td>
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<tr>
<td>Step #1:</td>
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<td>Step #2:</td>
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<tr>
<td>Step #3:</td>
</tr>
<tr>
<td>Update to Strategy #1</td>
</tr>
</tbody>
</table>

Responsible Members Communication to Employees

Date of Implementation

Results (Outcomes)
<table>
<thead>
<tr>
<th>Strategy #2: Short-term goal:</th>
<th>Responsible Members</th>
<th>Communication to Employees</th>
<th>Date of Implementation</th>
<th>Results (Outcomes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step #1:</td>
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<td>Step #2:</td>
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<tr>
<td>Step #3:</td>
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<tr>
<td>Update to Strategy #2</td>
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<td></td>
<td></td>
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<tr>
<td>Strategy #3: Short-term goal:</td>
<td>Responsible Members</td>
<td>Communication to Employees</td>
<td>Date of Implementation</td>
<td>Results (Outcomes)</td>
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<tr>
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<td>Step #1:</td>
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<td>Step #3:</td>
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<tr>
<td>Update to Strategy #3</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Long-term Goal(s) – Strategies that Focus on Policy and/or Environmental Changes</td>
<td>Date of Implementation</td>
<td>Results (Outcomes)</td>
<td></td>
<td></td>
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<tr>
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<tr>
<td>Communication to Employees</td>
<td>Responsible Members</td>
<td>Step #1:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Strategy #1:**

**Long-term goal:**

**Step #1:**

**Step #2:**

**Step #3:**

Update to Strategy #1
<table>
<thead>
<tr>
<th>Strategy #2: Long-term goal:</th>
<th>Responsible Members</th>
<th>Communication to Employees</th>
<th>Date of Implementation</th>
<th>Results (Outcomes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step #1:</td>
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<td>Step #2:</td>
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<td>Step #3:</td>
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<tr>
<td>Update to Strategy #2</td>
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<tr>
<td>Long-term Goal(s) – Strategies that Focus on Policy and/or Environmental Changes</td>
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<tr>
<td>Responsible Members</td>
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<tr>
<td>Communication to Employees</td>
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<tr>
<td>Date of Implementation</td>
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<tr>
<td>Results (Outcomes)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Step #1:</th>
<th>Step #2:</th>
<th>Step #3:</th>
<th>Update to Strategy #3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-term goal:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Strategy #3:**

**Long-term goal:**

**Responsible Members**

**Communication to Employees**

**Date of Implementation**

**Results (Outcomes)**

**Update to Strategy #3**
Year-End Evaluation Summary:

Employee Satisfaction Survey:

Policy & Environmental Survey (committee only):

Recommendations from the Committee for Year #___:

Successes:

Lessons Learned and/or Barriers:

Programs/Activities to Continue:

Programs/Activities to Discontinue:
APPENDIX E

Sample Agenda
Worksite Wellness Committee’s First Meeting

Worksite name: ___________________________________
Date: ___________________________________________
Time: ___________________________________________

AGENDA

Call meeting to order

Introductions – Committee members
  • Members share their name, department, and reason for interest in participating in the wellness committee
  • Members sign the communication list – name, email, and phone number

Orientation to worksite wellness and the benefits of a health promotion program
  • Short presentation from the Texas AgriLife Extension Service county agent
  • Question and answers from attendees

Selection of committee name

Formulate mission statement

Discuss communication plan to disseminate information to employees

Overview of Worksite Wellness Index and Employee Interests Survey
  • Logistics to implement these needs assessment tools. For worksite wellness index, determine persons responsible to complete the survey.

Review of the action plan and the process to form a sub-committee with the assigned program coordinator(s).

Schedule future meetings

Adjourn
[Date]

Dear __________,

You’re invited to serve on the Worksite Wellness Committee that is being formed at __________ [name of worksite]. The goal of this committee is to have members who represent the interests of our worksite to help establish an action plan to promote a healthy workforce.

Prior to making a decision, confirm with your immediate supervisor that you have been approved to participate in the committee and that it will be reflected in your annual work plan. I am open to speaking to your supervisor to explain the nature of this committee and general time commitments. Some of these responsibilities may include:

- promoting participation in the wellness activities,
- communicating the wellness program to employees,
- advocating for policies that support a healthy work environment, and
- managing some wellness activities.

Our first meeting is on _____[day/date] at _____[time] in the _____[location]. If you cannot serve on the committee, please notify me at your earliest convenience. I appreciate your time to consider participating in the Worksite Wellness Committee.

Sincerely,

[Signature – Worksite wellness liaison, supervisor, or human resource director]
What *Working Well* can do for your worksite

*Working Well*

*Working Well* is a Texas A&M AgriLife Extension Service (AgriLife Extension) partnership with Texas worksites to promote a healthy, productive workforce. The goal of *Working Well* is to provide businesses with technical support to design a customized wellness program that is cost effective and sustainable. As part of this worksite wellness package, AgriLife Extension assists employers with planning, implementing, and evaluating their individualized program.

**The Benefits**

Worksite wellness is a win-win solution for the employer and worker. Research has shown that worksite health promotion helps employees adopt and maintain healthy behaviors resulting in reduced absenteeism, increased productivity, minimized accidents, and improved employee satisfaction. For employers, worksite wellness is a cost-saving effort to lower employees’ medical care utilization, thus lowering health care expenditure.

**How *Working Well* Works**

After an initial meeting with the worksite wellness coordinator, the AgriLife Extension county agent will work with this individual to complete the following tasks:

- Appoint a worksite wellness taskforce chaired by the coordinator.
- Guided by the worksite wellness taskforce, a needs assessment will be conducted.
- Based on the needs assessment results, the worksite wellness taskforce will develop an action plan that includes identifying health education programs that will be delivered in the first year.
- Ongoing worksite wellness committee meetings will be held to provide oversight of the program.
• Evaluation will be performed at the end of year one and following the delivery of individual interventions.
• On a year-to-year basis, worksites will continually monitor and revise the wellness programs to meet their employees’ needs.

AgriLife Extension Education Programs

As a partner with worksites, AgriLife Extension can offer a menu of science-based wellness programs. Below is a sampling of our education options:

• **Walk Across Texas**: An eight-week physical activity program ideally suited for worksite settings. This program helps people of all ages establish the habit of physical activity through team support.
• **Do Well, Be Well with Diabetes**: Type 2 diabetes self-management education program.
• Other health programs: **Healthy Eating** classes, **Cancer Prevention**, **HealthHints** newsletters, health fairs, and the *Healthwise®* Self-Care handbook (fee for book).
• **Money Smart**: Financial education program that helps people build financial knowledge and skills, develop financial confidence, and use banking services effectively.
• **Thrive by Five**: A bilingual parent education program that helps parents to teach preschoolers about good money management.
• **Parenting Connection**: A 4-week educational series designed to help parents develop effective parenting skills.

**Working Well and Healthy Texans**

The vision of AgriLife Extension’s *Working Well* program is to be a catalyst for healthy behavior change among Texas employees. Through a collaborative effort with worksites, *Working Well* can be a needed resource to help employees deliver a wellness program and, ultimately, help improve the lives and health of Texans.
A printable PDF of this brochure is available through your Texas A&M AgriLife Extension Service county agent.
What is the Texas AgriLife Extension Service?

Extension, a member of the Texas A&M System, provides Texans with how-to, practical education.

The Texas AgriLife Extension Service is excellence in education!

Money Programs

Money Smart: Financial education program helps people build financial knowledge and skills, develop financial confidence and use banking services effectively.

Thrive By Five: A bilingual parent education program helps parents to teach preschoolers about good money management.

Parenting Programs

Parenting Connection: A 4-week educational series designed to help parents develop effective parenting skills.

F.R.E.D. (Fathers Reading Every Day): A program designed to encourage fathers, grandfathers, and other positive male role models to read to their children on a daily basis.

Health Programs

Walk Across Texas: is an eight-week physical activity program ideally suited for worksite settings. This program helps people of all ages establish the habit of physical activity through team support.

Do Well, Be Well with Diabetes: Type 2 diabetes self-management education program.

Other health programs: Healthy Eating classes, Cancer Prevention, HealthHints Newsletters, health fairs and Healthwise® Self-Care (fee for book).

With a team of experts, Extension delivers education programs that are science-based and easy to understand.

How can AgriLife Extension help me?

Extension offers many programs that help improve the lives of workers and their families.

Why should I choose Extension’s programs?

Why should I choose Extension’s programs?
APPENDIX I

**Working Well Employer Satisfaction Survey**

The purpose of this survey is to obtain your feedback about the Texas AgriLife Extension Service’s *Working Well* program. All information is anonymous and confidential.

If you have any questions about this questionnaire, contact Ninfa Peña-Purcell, PhD, Texas A&M AgriLife Extension Service health specialist, at (979) 845-1804 or email at ncpurcell@ag.tamu.edu.

*Thank you for completing this survey!*

**DIRECTIONS:**
*Check, circle, or fill in your answer to the questions below.*

**SECTION A: Wellness Activities**

<table>
<thead>
<tr>
<th>During the past 12 months, did the following occur at your worksite? CHECK YOUR ANSWER.</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Formed a Worksite Wellness Committee</td>
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<td></td>
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<tr>
<td>2. Conducted an Employee Interest Survey</td>
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<td></td>
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<tr>
<td>3. Implemented a Worksite Wellness Index</td>
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<td></td>
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<tr>
<td>4. Administered a Health Risk Appraisal</td>
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<tr>
<td>5. Developed a Worksite Wellness Action Plan</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>During the past 12 months, did your worksite provide programs on the following topics? CHECK YOUR ANSWER.</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Food portion sizes to control weight</td>
<td></td>
<td></td>
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<tr>
<td>7. Walking program</td>
<td></td>
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<td>8. Stress management</td>
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<td>9. Time management skills</td>
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</tbody>
</table>
### SECTION B: Experience with Working Well worksite wellness program

<table>
<thead>
<tr>
<th>Rate your experience with the Texas AgriLife Extension Service Working Well worksite wellness program. CHECK YOUR ANSWER.</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Unsure</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Extension’s technical assistance was helpful.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. My worksite intends to continue with the wellness program.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. Employee participation in wellness activities met our organization’s expectations.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. I will recommend the Working Well worksite wellness program to other businesses in my community.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
5. Please indicate what you found most useful of the *Working Well* worksite wellness program.

6. Please indicate what you found least useful of the *Working Well* worksite wellness program.
The purpose of this survey is to assess employees’ experience after participating in their worksite’s wellness program. Worksite wellness is defined as an organized program in the worksite that is intended to assist employees and their family members (and/or retirees) in making voluntary behavior changes which reduce their health and injury risks, improve their health consumer skills and enhance their individual productivity and well-being. This 10-question survey will take approximately 5 minutes to complete.

Participation is voluntary and anonymous. Filling out the survey indicates your consent and willingness to participate. There is no risk for harm to participants in completing the survey. If you choose not to participate in the survey, simply do not answer the questions.

Information will be used to evaluate your worksite’s wellness program. Changes or improvements may be made to the wellness program based on employee feedback.

If you have any questions about this questionnaire, contact Ninfa Peña-Purcell, PhD, Texas A&M AgriLife Extension Service health specialist at (979) 845-1804 or email at ncpurcell@ag.tamu.edu.

Thank you for completing this survey!

DIRECTIONS:
Check, circle, or fill in your answer to the questions below.

SECTION A: Tell us about yourself

1. Gender: __ Male __ Female
2. Age: ___
3. What is your race and/or ethnicity?
   a. __ Hispanic or Latino
   b. __ American Indian, Alaskan Native
   c. __ Asian
   d. __ Black or African American
   e. __ Native Hawaiian or other Pacific Islander
   f. __ White, not Hispanic
SECTION B: Wellness activity participation

<table>
<thead>
<tr>
<th>During the past 12 months, did you participate in any of the following?</th>
<th>YES</th>
<th>NO</th>
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</thead>
<tbody>
<tr>
<td>1. Learning more about healthy food choices.</td>
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<tr>
<td>2. Learning about food portion sizes to control my weight.</td>
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<tr>
<td>3. Learning more about the benefits of physical activity.</td>
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<tr>
<td>4. Engaging in a walking program to increase physical activity</td>
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<td></td>
</tr>
<tr>
<td>5. Learning ways to manage stress.</td>
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<td></td>
</tr>
<tr>
<td>6. Learning time management skills.</td>
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</tr>
<tr>
<td>7. Learning about self-care skills.</td>
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<td></td>
</tr>
<tr>
<td>8. Learning more about parenting skills and how to be an effective parent.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Learning skills on how to better manage my money.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Getting information about quitting smoking or tobacco use.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Attending information sessions or classes about quitting smoking or quitting tobacco use.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12. List other health and/or wellness programs you attended this past 12 months:

SECTION C: Your Health Status

1. Would you say that in general your health is:
   a. Excellent
   b. Very good
   c. Good
   d. Fair
   e. Poor
2. Now, thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?
   a. ______ days

3. Now, thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?
   a. ______ days

4. During the past 30 days, for about how many days did poor physical and mental health keep you from doing your usual activities, such as self-care, work or recreation?
   a. ______ days

SECTION D: General Questions

<table>
<thead>
<tr>
<th>Rate your experience attending the worksite wellness program. CHECK YOUR ANSWER.</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Unsure</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I am confident to make healthy lifestyle choices.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. The incentives motivated me to attend the wellness program.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. I plan to attend the worksite wellness program in the future.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. I will recommend the wellness program to co-workers.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

5. The best/most helpful of the wellness program was:

6. The wellness program could be improved by: