

The Utah 2005 Worksite Wellness Survey Report:

Measuring the
Healthy People 2010
Objective

June 2007

health education
integration screening
linkage supportive social &
physical environments



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Executive Summary

The Utah 2005 Worksite Wellness Survey Report summarizes survey data collected in order to evaluate Utah worksites. The survey was designed to enable evaluation of Utah's worksite wellness programs against Healthy People 2010 Objective 7.5, "To increase the proportion of worksites that offer a comprehensive employee health promotion program to their employees." A comprehensive worksite wellness program was defined and evaluated based on five elements: Health Education, Supportive Social and Physical Environment, Integration of the Worksite Program into the Organization's Structure, Linkage to Related Programs, and Screening Programs. The worksites were evaluated by each element and overall. The worksites were asked about specific programs their worksites had undertaken within the past year. Only medium (50-99 employees) and large (at least 100 employees) worksites were surveyed. Worksites were grouped by their location and ownership (rural private, rural public, urban private, and urban public).

More than half of Utah's worksites with 50 or more employees are medium sized (60.5 percent), and the remaining are large. More worksites are located in urban areas and are privately owned (64.7 percent). In contrast, only 6.4 percent of Utah worksites are in rural areas and are publicly owned. A total of 482 Utah worksites participated in the survey, a 90% response rate.

Overall, 30.2 percent of the sampled worksites met the Healthy People 2010 Objective for a comprehensive worksite wellness program, or approximately 1,126 of Utah's medium and large worksites. All worksites (100 percent) had at least one supportive social and physical environment program (e.g., a formal written policy about drug and alcohol use) and most worksites (90.1 percent) had at least one health education program (e.g., e-mail, intranet, brochures, posters, lectures, or videos to educate employees about health). Only 56.0 percent of worksites had integration of the worksite program into the organization's structure (i.e., a person or committee responsible for their wellness program), 68.3 percent had linkage to related programs (e.g., Employee Assistance Program (EAP)), and 49.1 percent had at least one screening program (e.g., blood pressure screening).

Significantly more urban public worksites (40.4 percent) met the Healthy People 2010 objective compared to rural private worksites (23.7 percent). Similarly, 40.4 percent of large worksites met the Healthy People 2010 objectives compared to 23.1 percent of medium worksites.

A more stringent criterion, the desirable criterion, was created to represent a mature comprehensive worksite wellness program. All worksites were evaluated based on this criterion and results showed that, overall, only 7.3 percent of the sampled worksites met the desirable criterion.

The findings from the survey indicate it is important to support worksites in their efforts to achieve a mature comprehensive worksite wellness program. Worksite wellness programs need to focus on including both primary and secondary health education programs. It is important to establish more corporate policies to create a supportive social and physical environment, which allows for a healthy lifestyle. It is important to establish a worksite wellness committee to ensure the employees' health needs and interests are addressed. Funding for the wellness program should be included in the corporate budget. Finally, wellness programs should be linked to other health offerings such as employee assistance programs, nurse advice lines, and on-site health screenings to ensure program accessibility by all employees.

Recommendations

- ✓ Worksite wellness programs should focus on including both primary and secondary health education programs.
- ✓ More corporate policies should be established to create a supportive social and physical environment which allows for a healthy lifestyle.
- ✓ Worksite Wellness Committees should be established to ensure that employees' health needs and interests are addressed.
- ✓ Funding for wellness programs should be included in corporate budgets.
- ✓ Wellness programs should be linked to other health offerings such as employee assistance programs, nurse advice lines, and on site health screenings to ensure program accessibility to all employees.

Background

Worksite health promotion has evolved over the past 30 years. In the late 1970s and early 1980s, worksite wellness programs had a medical or safety focus. For instance, programs such as first aid/cardiopulmonary resuscitation (CPR), smoking cessation, safety/accident prevention, and back care were offered to employees. In the late 1980s and into the 1990s, companies expanded their worksite wellness programs to include topics such as physical activity, nutrition, weight management, high blood pressure or cholesterol screening and reduction, stress reduction, and various health-related policies (smoking cessation, seat belt use, safety protocols, and emergency procedures). During this time, peer-reviewed journal articles that documented medical cost savings and increased employee productivity related to worksite wellness programs were published. Cost-benefit analyses estimated that, for every \$1 invested in a worksite wellness program, the company would save \$5 (Association for Worksite Health Promotion, 1998).

Three previous worksite surveys have been conducted in Utah. Surveys were conducted in 1987, 1998, and 2001. In general, the reports from the surveys agree with the overall summary above, though there were never any cost-benefit analyses performed. The most recent survey was conducted in 2005.

The 2005 Worksite Survey was different than previous surveys. Whereas the 1987 and 1998 surveys were conducted to determine the extent and depth of worksite wellness programs, the 2005 Worksite Survey was administered to evaluate wellness programs using the Healthy People 2010 Objective 7-5, "To increase the proportion of worksites that offer a comprehensive employee health promotion program to their employees" (U.S. Department of Health and Human Services, 2000). In order to evaluate the comprehensiveness of the worksite wellness programs, five specific areas, or elements, were evaluated: health education, supportive social and physical environments, integration of the worksite program into the organization's structure, linkage to related programs, and screening programs. As with previous surveys, only medium (50 to 99 employees) and large companies (100 or more employees) were included.

Summary of Evaluation Criteria

Healthy People 2010 Objective 7-5 is comprised of five elements. Within each of the five elements are specific programs that are to be completed. For example, within the health education element, there are specific programs for primary prevention (e.g., physical fitness, nutrition, and weight management classes) and specific programs for secondary prevention (e.g., asthma, diabetes, and hypertension management). The complete list of all five elements and their related programs is found in Appendix I, and a copy of the survey tool is found in Appendix II.

For purposes of this report, two evaluation criteria were created. The first criterion, the HP2010 criterion, required that the company had completed at least one program within each of the five elements. The second criterion, the desirable criterion, required that the company had completed a pre-determined number of programs within each element. Detailed information on both the HP2010 and the desirable criteria is found in Appendix III Table 1.

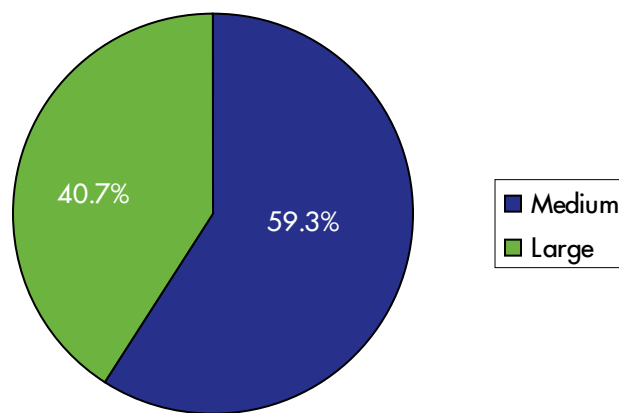
Overall Results

The telephone survey was conducted from May 19, 2005 to August 29, 2005. A total of 536 worksites were called and data were collected on 482 separate worksites (a 90.0 percent response rate). It should be noted that a company could have more than one worksite represented in the survey. For example, one company could have offices, distribution centers, or manufacturing facilities throughout the state. Each of these separate locations would be considered a worksite. See Appendix IV for detailed information about methodology.

Demographics

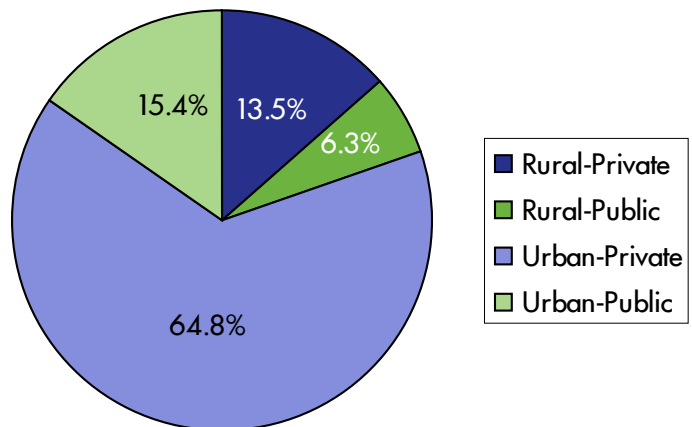
More than half of the surveyed worksites (59.3 percent, 286 worksites) were categorized as medium in size (50 to 99 employees) and the rest of the worksites (40.7 percent, 196 worksites) were categorized as large in size (100 or more employees). This was comparable to the distribution of Utah worksites where 60.5 percent were medium and 39.5 percent were large.

Figure 1. Percentage of Worksites Surveyed by Size



Each of the location/ownership categories comprised a quarter of the sampled worksites. Most Utah worksites are located in urban areas and are privately owned (64.8 percent). The worksites with the lowest representation in Utah are rural publicly owned worksites (6.3 percent).

Figure 2. Percentage of Worksites by Location and Ownership



Overall Worksite Evaluation by Criteria

The overall worksite score was determined by collecting all the individual element scores that met the element criterion. If the worksite met the HP2010 criterion for each element, it was considered to have met the overall HP2010 criterion. Similarly, if the worksite met the desirable criterion for each element, it was considered to have met the overall desirable criterion.

Table 1: Examples of Private and Public Worksites

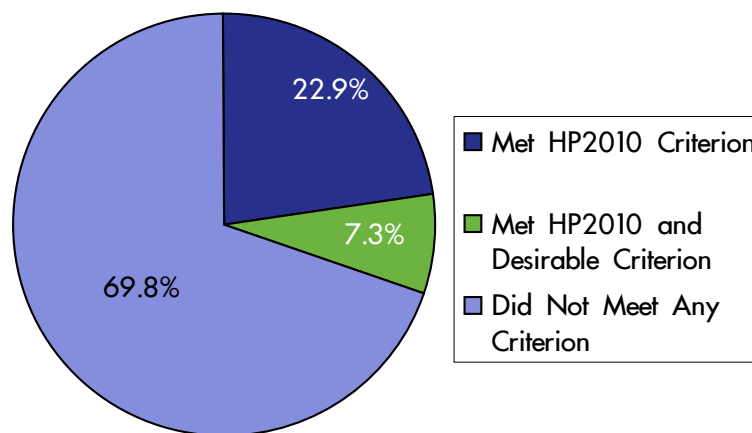
Private	Public
Restaurants	Schools
Grocery Stores	School Districts
Medical Centers	Government Agencies
Department Stores	Police and Sheriff Departments
Trucking Companies	Colleges and Universities
Large Retail Stores	Other public entities
Other privately held companies	

There was no difference in the types of businesses by location (rural versus urban).

Overall HP2010 Criterion

Overall, 30.2 percent of sampled worksites met the HP2010 criterion. See Figure 3. There were significantly more urban public worksites (40.4 percent) that met the HP2010 criterion compared to rural private worksites (23.7 percent; t-test $p=0.0044$). Additionally, more large worksites (40.4 percent) met the HP2010 criterion compared to medium worksites (23.1 percent; t-test $p=0.0029$). See Figure 4. When the rates for the sampled population are extrapolated to the entire Utah worksite population, an estimated 1,126 of 3,728 medium and large Utah worksites met the HP2010 criterion (Department of Workforce Services database).

Figure 3. Percentage of Worksites That Met Criteria



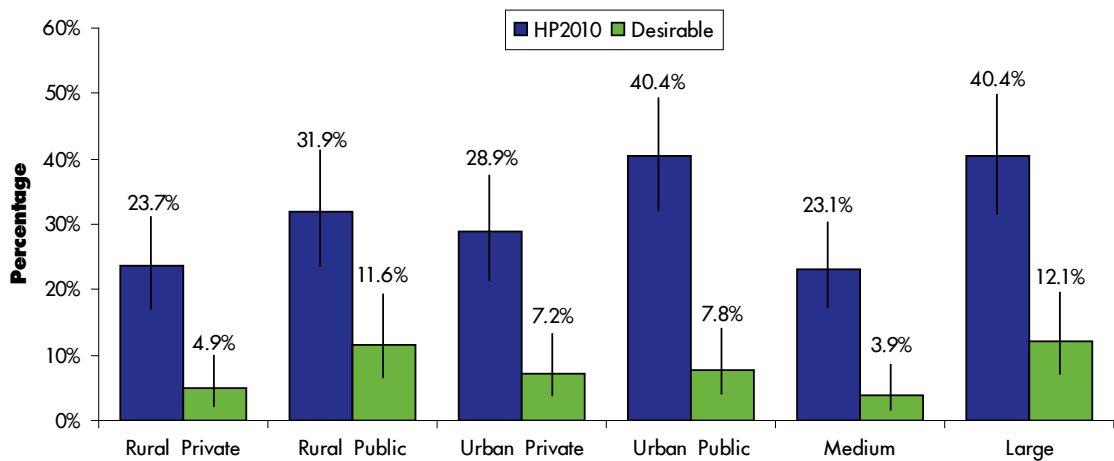
HP2010 criterion: ≥ 1 program in each element.

Desirable criterion: Met desirable criterion for each individual element.

Overall Desirable Criterion

Overall, 7.3 percent of sampled worksites met the desirable criterion. See Figure 3. There were significantly more rural public worksites (11.6 percent) that met the desirable criterion compared to rural private worksites (4.9 percent; t-test $p=0.0669$). Additionally, more large worksites (12.1 percent) met the desirable criterion compared to medium worksites (3.9 percent; t-test $p=0.0182$). See Figure 4. When the rates for the sampled population are extrapolated to the entire Utah worksite population, an estimated 272 of 3,728 medium and large Utah worksites met the desirable criterion (Department of Workforce Services database).

Figure 4. HP2010 and Desirable Criteria by Location, Ownership, and Size



HP2010 criterion: ≥ 1 program in each element.

Desirable criterion: Met desirable criterion for each individual element.

Evaluation by Element

Health Education

Health education is an integral part of a company's wellness program. Over the past two decades, theories of health behavior have been refined and techniques to increase participation have been tested and proven successful. Using tailored strategies to adapt programs to reflect the learning styles, motivation, and educational level of individuals and groups is important.

Tailoring and targeting messages cannot be overemphasized.

This process begins with asking individuals to complete a health risk appraisal (HRA). The HRA helps provide the data needed to target follow-up interventions based on the employees' health risks, readiness-to-change, and other factors. (Chapman, 2004 No.4)

Primary prevention focuses on proactive strategies targeting population groups that have not yet experienced the health problem. For example, teaching people how to eat better to prevent heart disease.

Secondary prevention focuses on activities that involve early identification of developing problems and application of corrective interventions. For example, teaching people who have high blood pressure how to prepare low sodium meals.

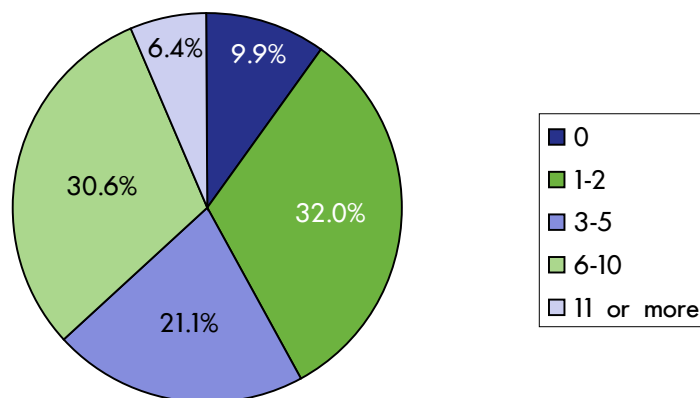
Programs should include options for individuals at different stages of readiness to change. For example, the program can provide printed materials to participants not ready to change, and more intensive behavior change interventions to those who are committed to action. These options should be offered in multiple modalities, and through multiple exposures to increase participation. (Chapman, 2004 No.4)

Survey Results

About 9.9 percent of the worksites surveyed did not have any health education (HE) programs in place at their worksite, 90.1 percent had at least one HE program in place, and 37.0 percent had six or more HE programs in place. When the HE programs were broken down into primary prevention programs and secondary prevention programs, 36.6 percent of worksites had at

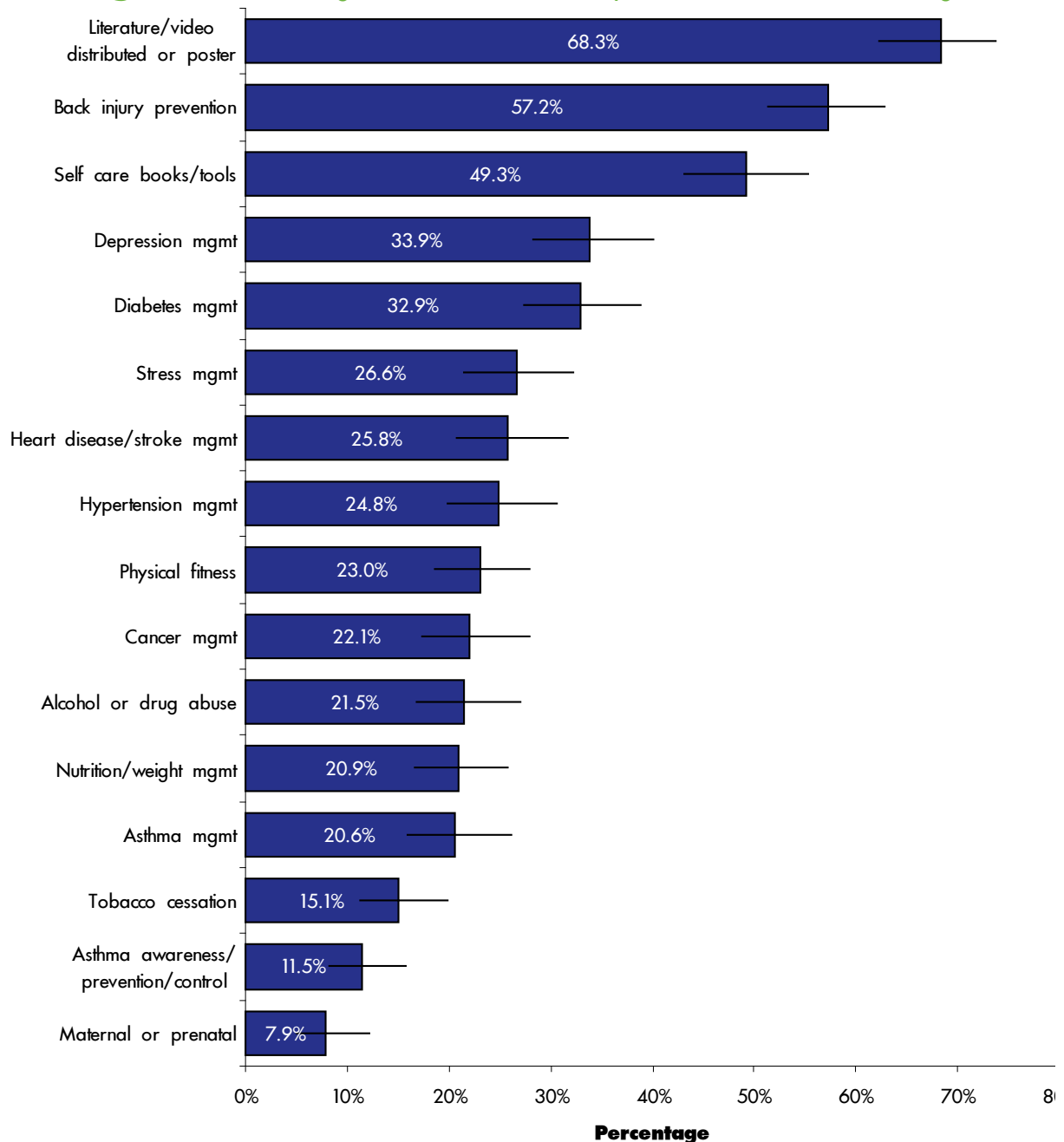
least three primary prevention programs in place and 32.7 percent had a least three secondary prevention programs in place. A total of 18.3 percent had at least three primary and three secondary prevention programs in place. See Appendix III Table 2.

Figure 5. Distribution of the Number of Health Education Programs at Each Worksite, Regardless of Location and Size



The most common HE program was the use of e-mail, intranet, brochures, posters, lectures, or videos to educate employees about their health (68.3 percent). The more common primary prevention HE programs were back injury prevention programs (57.2 percent), offering self care books or tools at the worksite or through one of the health plans (49.3 percent), and stress management classes or programs (26.6 percent). The more common secondary prevention HE programs were depression management programs (33.9 percent) and diabetes management programs (32.9 percent). The less common HE programs offered were tobacco cessation classes or programs (15.1 percent); asthma awareness, prevention, or control activities (11.5 percent); and maternal or prenatal programs (7.9 percent). See Figure 6.

Figure 6. Percentage of Worksites With Specific Health Education Programs



Definition of HP2010 and Desirable Criteria for Health Education Element

A worksite met the HP2010 criterion if the worksite had at least one HE program within the previous year. A worksite met the desirable criterion if the worksite had at least three primary prevention HE programs and at least three secondary prevention HE programs within the previous year. See Appendix III Table 1.

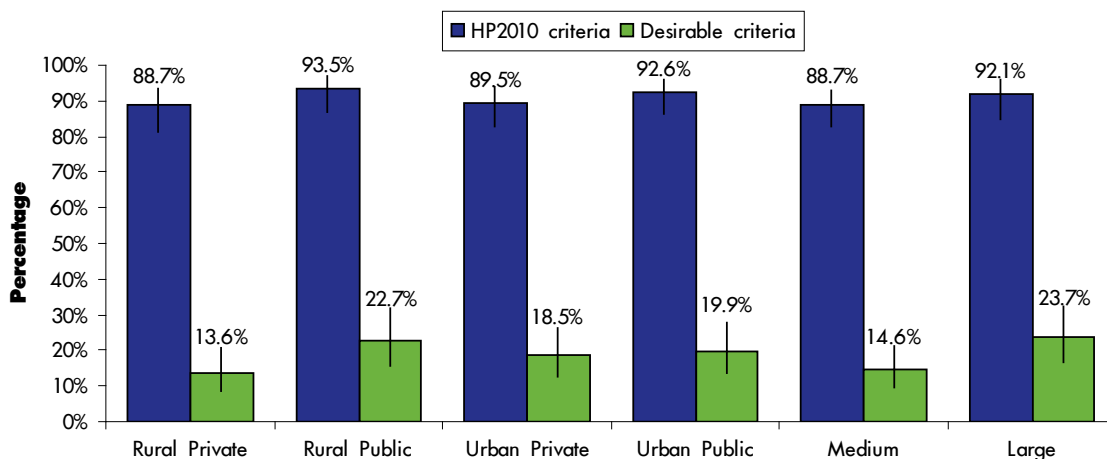
Size, Location, and Ownership

Large worksites were more likely to have three or more primary prevention HE programs (t-test $p=0.0911$), three or more secondary prevention HE programs (t-test $p=0.0601$), and meet the desirable criterion (t-test, $p=0.0678$). Generally, larger worksites were more likely to offer most programs, though some programs were offered equally regardless of worksite size. These programs were tobacco cessation, alcohol or drug abuse support programs, maternal or prenatal programs, and availability of self care books or tools. Additionally, asthma awareness, prevention, or control activities were more likely to be offered at medium-sized worksites compared to larger worksites.

When location and ownership were taken into consideration, there were no significant differences related to location and ownership when the HP2010 criterion was used. However, there was one significant difference using the desirable criterion between rural private worksites (13.6 percent) and rural public worksites (22.7 percent; t-test $p=0.0707$). See Figure 7.



Figure 7. HP2010 and Desirable Criteria by Location, Ownership and Size: Health Education



HP2010 criterion: ≥ 1 program in each element.

Desirable criterion: Met desirable criterion for each individual element.

Supportive Social and Physical Environments

In a supportive workplace environment, employees feel the organization they work for provides them with encouragement, opportunity, and rewards for a healthy lifestyle.

Healthy environments often include nutritious food choices in vending machines and cafeterias; exercise areas at either an on-site fitness facility, or by the availability of other exercise opportunities nearby; providing workstations that comply with ergonomic standards; providing convenient and attractive stairwells; and offering a safe physical environment.

Supportive corporate policies are equally important in creating a healthful environment. These include allowing flexible work schedules to allow employees to exercise, enforcing no smoking policies around the building, the company or their health plan providing incentives to reward employees for good health practices, supporting healthy food policies for work-related meetings and events, and the availability of an Employee Assistance Program.

Companies should also recognize and reward employees and wellness leaders in that company for their efforts in making health improvements and promoting positive health practices at their workplace. Companies can show they value wellness through bulletin boards, announcements, during meetings, and at other company functions.

Managers who model and support healthy behaviors are more likely to encourage greater employee participation in wellness. Wellness activities promote interaction between employees from different departments and at different levels in the chain of command.

Finally, employees can give feedback about a company's environment through a culture questionnaire, which can measure how supportive employees feel their work environment is.

Survey Results

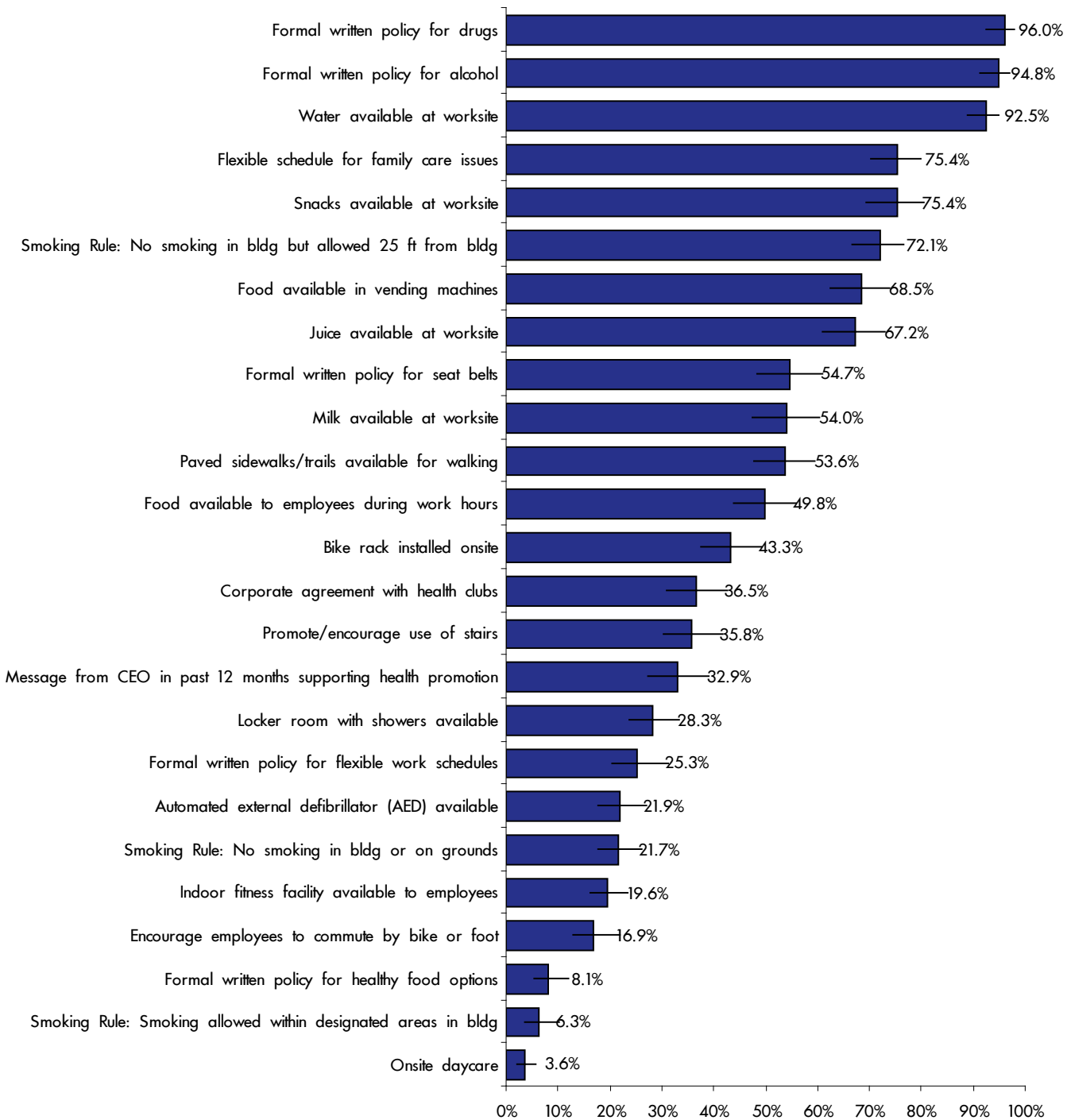
All worksites surveyed (100 percent) had at least one supportive social and physical environment (SSPE) program in place at their worksite within the previous year.

The more common SSPE programs were formal written policies for drugs and alcohol, and water available at the worksite (96.0 percent to 92.5 percent). The less common were a formal written policy for healthy food options, a smoking rule allowing smoking within designated areas of the building and on-site daycare (8.1 percent to 3.6 percent). See Figure 8.

Definition of HP2010 and Desirable Criteria for SSPE Element

A worksite met the HP2010 criterion if the worksite had at least one supportive environment program within the previous year. A worksite met the desirable criterion if the worksite had 10 or more programs within the previous year. See Appendix III Table 1.

Figure 8. Percentage of Worksites With Specific Supportive Environment Programs

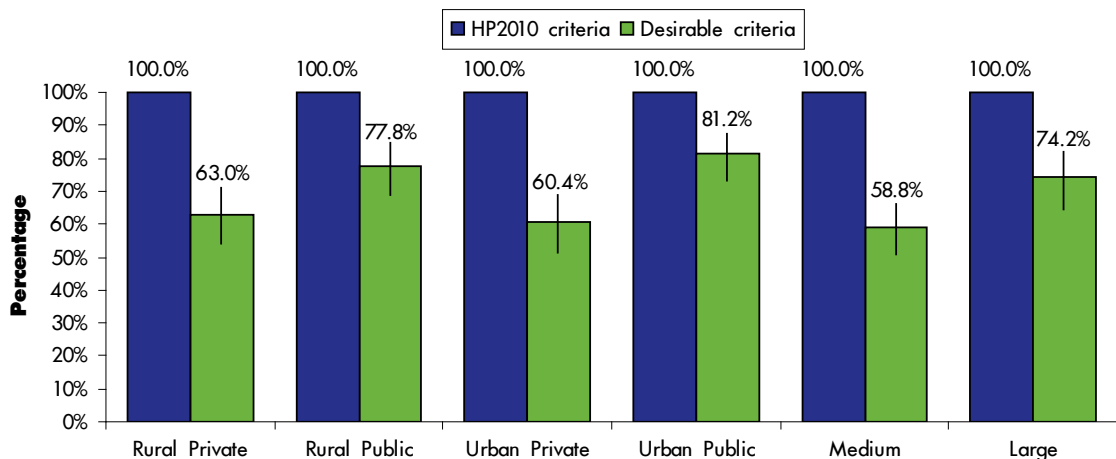


Size, Location, and Ownership

Large and medium worksites were equally likely (both 100 percent) to have at least one SSPE program in place (the HP2010 criterion). This was also true for analyses by location and ownership, and size. See Figure 9.

When the desirable criterion was applied, more large worksites (74.2 percent) met the criterion compared to medium worksites (58.8 percent; t-test $p=0.0098$). In the rural setting, there was a statistically significant difference in the number of private or public worksites that offered at least one SSPE program, 63.0 percent and 77.8 percent, respectively (t-test $p=0.0137$). In the urban environment, there were significantly more public worksites that met the desirable criterion compared to private worksites, 81.2 percent versus 60.4 percent (t-test $p=0.0003$). Additionally, less rural private worksites (63.0 percent) met the desirable criterion compared to urban public worksites (81.2 percent; t-test $p=0.0014$) and more rural public worksites (77.8 percent) met the desirable criterion compared to urban private worksites (60.4 percent; t-test $p=0.0037$). See Figure 9.

Figure 9. HP2010 and Desirable Criteria by Location, Ownership, and Size: Supportive Environment



HP2010 criterion: ≥ 1 program in each element.

Desirable criterion: Met desirable criterion for each individual element.

Integration of the Worksite Program Into the Organization's Structure

Best practices in worksite health promotion are specifically focused on creating a supportive culture throughout the company. Integrating the mission and goals of the company with the worksite wellness program is a key component and an excellent practice for companies to adopt. Wellness programs integrated into the corporate culture create positive norms and expectations about the benefits of healthy employees and provide a payback to the company in terms of increased productivity, increased presenteeism (where an employee is fully present on the job, and not distracted by other life situations), decreased medical costs, and decreased absenteeism. (Chapman, 2004 No.4)

Experts in the field of worksite health promotion recommend having top management support from the CEO/CFO, in addition to integrating the wellness program with organizational and business goals. An interdisciplinary team focus, with strong communication at all levels of the organization, provides a sense of ownership of the wellness program. An effective way to get employees involved is having the CEO/CFO provides personalized messages, invitations, and/or incentives to participate in the wellness program. Wellness programs that can easily merge with existing resources in the company, such as internet/intranets, Web sites, and company databases/informational structures ensure effective transition and optimal use of resources. (Chapman, 2004, No.6)

Survey Results

Forty-four percent of the worksites interviewed did not have a person or committee responsible for their wellness program(s) and thus did not have any integration of their wellness program(s). Of those worksites that did integrate their wellness programs, 45.0 percent gave out material prizes, and only 8.7 percent of worksites with an integrated wellness program offered added vacation "well" days as an incentive. See Figure 10. Of the 23.1% of worksites that had a Wellness Committee, two-thirds (69.8 percent) had a wellness committee budget.

Definition of HP2010 and Desirable Criteria for Integration Element

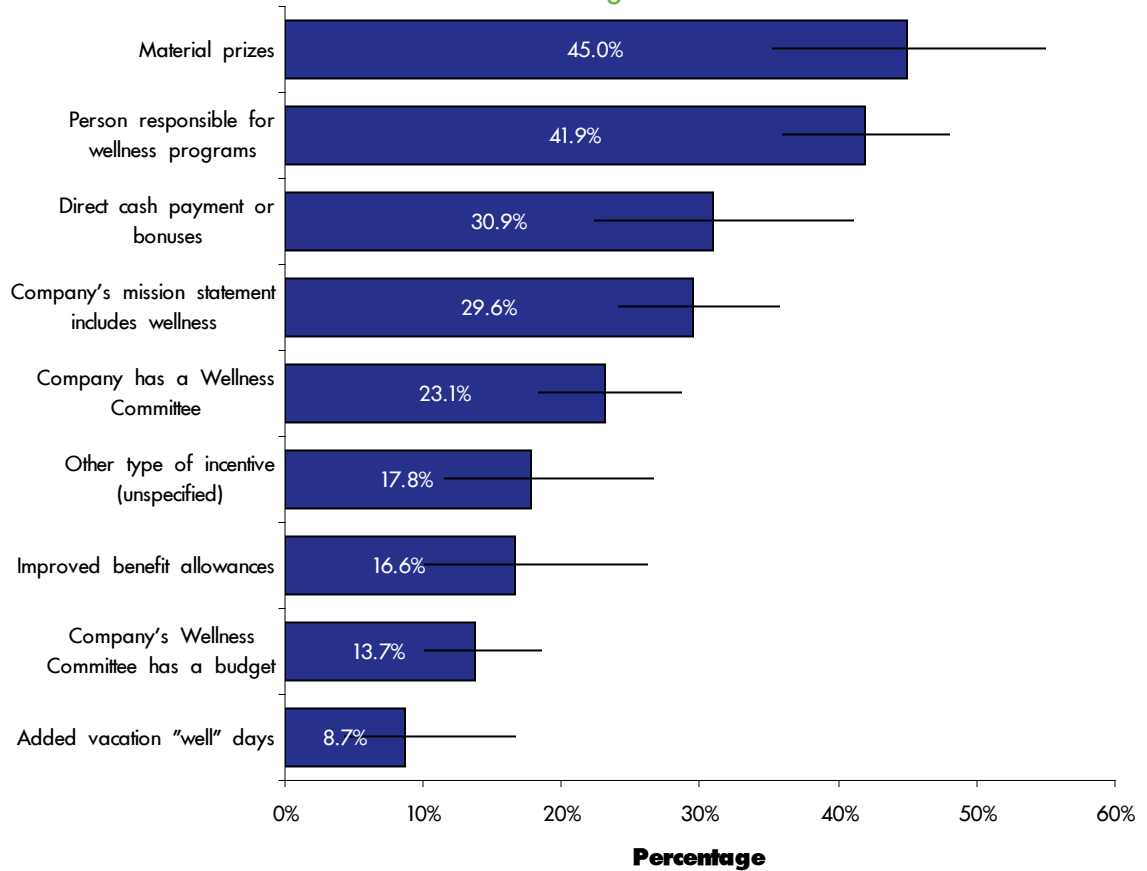
A worksite met the HP2010 criterion if the worksite had one or more programs within the previous year. A worksite met the desirable criterion if the worksite had a person responsible for the wellness program or had a wellness committee, and had at least one linkage program within the previous year. See Appendix III Table 1.

Size, Location, and Ownership

When the HP2010 criterion was applied, rural public worksites (62.0 percent) had more integrated wellness programs compared to rural private worksites (49.9 percent; t-test $p=0.0642$). Additionally, urban public worksites (64.2 percent) had more integrated wellness programs compared to rural private worksites (49.9 percent; t-test $p=0.0225$). Large worksites (62.9 percent) had more integrated wellness programs compared to medium worksites (51.3 percent; t-test $p=0.0613$). See Figure 11.

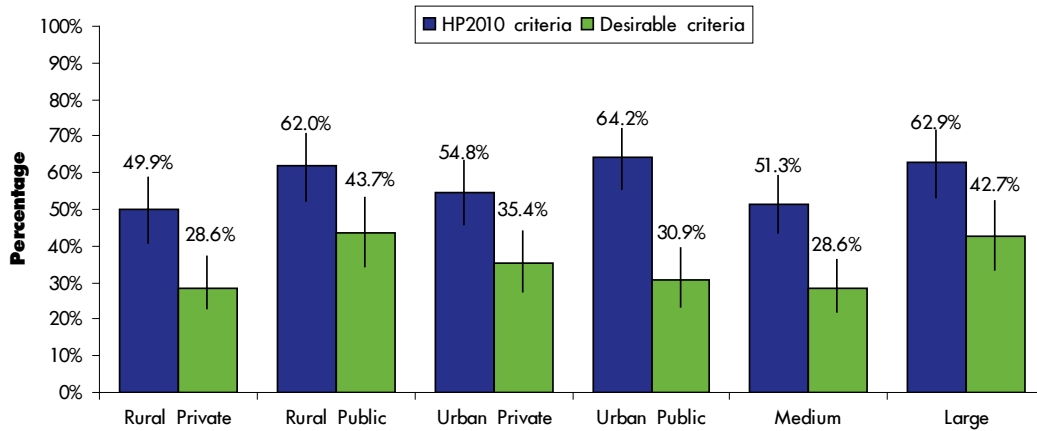
When the desirable criterion was applied, rural public worksites (43.7 percent) had more integrated wellness programs compared to rural private worksites (28.6 percent; t-test $p=0.0165$). The integration of wellness programs in public worksites was better at rural public worksites (43.7 percent) compared to urban public worksites (30.9 percent; t-test $p=0.0438$). Large worksites (42.7 percent) had more integrated wellness programs compared to medium worksites (28.6 percent; t-test, $p=0.0192$). See Figure 11.

Figure 10. Percentage of Worksites With Specific Integration of Worksite Programs



HP2010 criterion: ≥ 1 program in each element.
 Desirable criterion: Met desirable criterion for each individual element.

Figure 11. HP2010 and Desirable Criteria by Location, Ownership, and Size: Integration



HP2010 criterion: ≥ 1 program in each element.
 Desirable criterion: Met desirable criterion for each individual element.

Linkage to Related Programs

Through the use of industry's most advanced technology, we are able to target program delivery, offer hands-on and online access to health programs, track employee participation, measure and report real-time results, and evaluate program impact and return on investment. Attempts to change behavior should be based on current behavioral science, and individuals must be targeted at their current stage of readiness to change, maximizing impact (Wellness Council of America Web site).

Population Health Management is a comprehensive strategy that theoretically improves the overall health of a defined population by identifying those at high-risk (e.g., pre-diabetics) or those diagnosed with disease (e.g., diabetics) and then targets interventions to meet the needs of that specific population. There is evidence that these programs can improve disease compliance under selected conditions (e.g., long-term patient follow-up and monitoring, involvement of physicians/nurses, health counselors, and monitoring of laboratory values for diseases such as diabetes, asthma, and heart disease) (Musich, 2006).

While the survey measured the percentage of Employee Assistance Programs, Nurse Advice Lines, and risk-factor counseling and/or support services, each as a standalone intervention, these are most likely not sufficient to help employees manage disease or facilitate reduced health care cost for employers. Effective health promotion programs designed to prevent disease (reducing the incidence, prevalence, and severity of chronic disease conditions), rather than treat disease, are a much more efficient use of valuable resources.

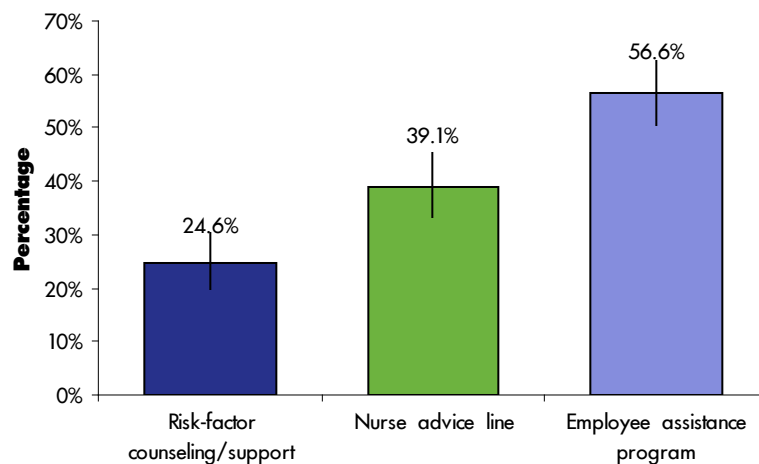
Survey Results

About 31.7 percent of worksites did not link their wellness program to other programs, such as a Nurse Advice Line or an Employee Assistance Program (EAP). More than half (56.6 percent) of the worksites offered an EAP program, 39.1 percent of worksites offered a Nurse Advice Line, and only 24.6 percent of worksites offered a risk-factor counseling/support program. See Figure 12.

Definition of HP2010 and Desirable Criteria for Linkage Element

The HP2010 and desirable criteria for this element were identical: at least one program during the past 12 months. See Appendix III Table 1.

Figure 12. Percentage of Worksites With Linkage to Related Programs

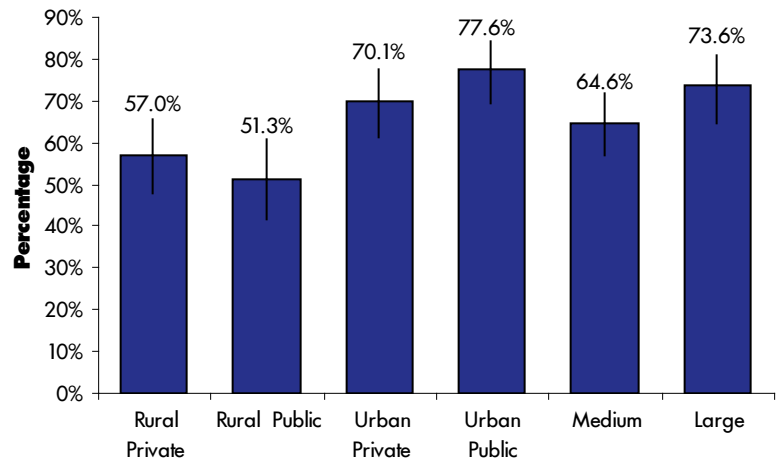


Size, Location, and Ownership

Regardless of ownership, more urban worksites had linkage of their worksite programs to other programs compared to rural worksites (urban private 70.1 percent, rural private 57.0 percent; t-test $p=0.0328$; urban public 77.6 percent, rural public 51.3 percent; t-test $p=0.0000$). Additionally, more urban public worksites (77.6 percent) had linkage of their worksite programs compared to rural private worksites (57.0 percent; t-test $p=0.0005$) and more urban private worksites (70.1 percent) had linkage of their worksite programs compared to rural public worksites (51.3 percent; t-test $p=0.0032$).

Though large worksites (73.6 percent) appeared to have more wellness programs that were linked to related programs compared to medium worksites (64.6 percent), these differences were not statistically significant. See Figure 13.

Figure 13. HP2010 and Desirable Criteria by Location, Ownership, and Size: Linkage



Screening Programs

Routine screenings historically have been a common component of worksite health promotion programs. In the early 1990s, a blood pressure check, a cholesterol test, and “brown bags” on various health topics comprised the employee wellness program. This later evolved into worksites offering more comprehensive prevention screening programs.

A worksite survey conducted in 1999 indicated that health plans were an important source for worksite wellness activities, including preventive screening (National Worksite Health Promotion Survey, 1999).

Regardless of whether routine preventive screenings are offered as part of the health plan or as part of the employee health promotion program, the literature is clear that an individualized screening program designed to reach those at high-risk for various chronic diseases is more effective than a general approach (Chapman, 2003).

Resources expended on routine biometric testing in worksite settings provide greater health improvement benefit if they are instead used for active recruitment and follow-up strategies for those at greatest risk. Unfortunately, many employees at smaller worksites rarely have access to preventive screenings unless offered by the health plan.

Survey Results

Slightly more than half (50.9 percent) of the worksites did not have any screening program during the past 12 months. The more common screening programs were for high blood pressure (32.8 percent) and elevated cholesterol (25.9 percent). The least common program was a cancer screening program (4.6 percent). See Figure 14.

Definition of HP2010 and Desirable Criteria for Screening Element

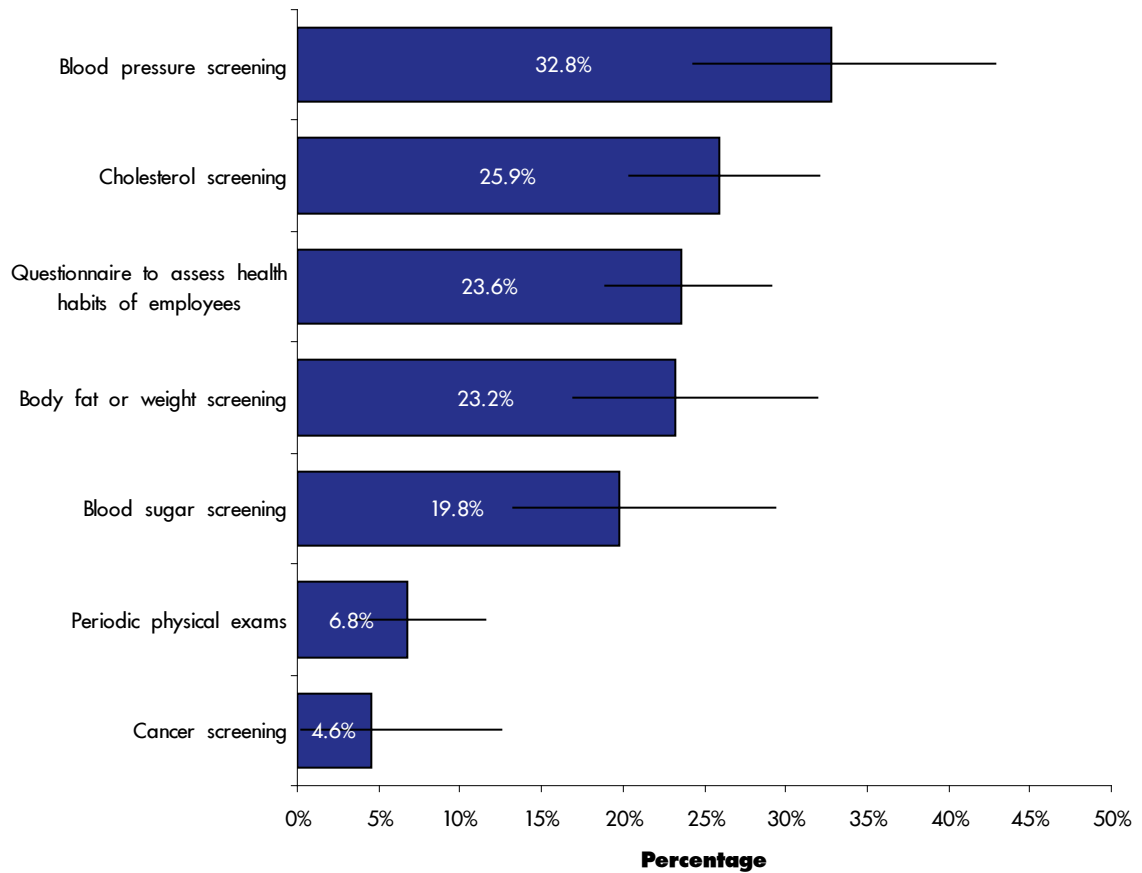
The HP2010 criterion required that the worksite had at least one screening program during the past 12 months and the desirable criterion required that the worksite had at least three screening programs during the past 12 months. See Appendix III Table 1.

Size, Location, and Ownership

When the worksites were evaluated using the HP2010 criterion, statistically more public worksites had at least one screening program during the past 12 months compared to private worksites, regardless of location (rural public 61.4 percent, rural private 41.5 percent; t-test $p=0.0024$; urban public 64.6 percent, urban private 45.8 percent; t-test $p=0.0026$). More rural public worksites (61.4 percent) met the HP2010 criterion compared to urban private worksites (45.8 percent; t-test $p=0.0171$). More large worksites (59.1 percent) had at least one screening program during the past 12 months compared to medium worksites (42.2 percent; t-test $p=0.0061$). See Figure 15.

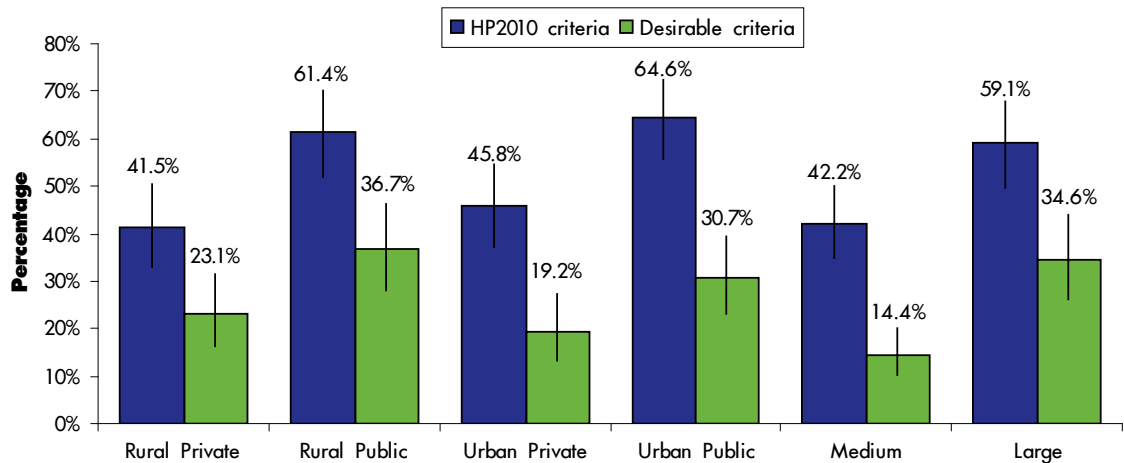
When the desirable criterion was applied, more large worksites (34.6 percent) met the criterion compared to medium worksites (14.4 percent; t-test $p=0.0001$). Regardless of location, more public worksites met the desirable criterion compared to private worksites (rural public 36.7 percent, rural private 23.1 percent; t-test $p=0.0235$; urban public 30.7 percent, urban private 19.2 percent; t-test $p=0.0349$). Additionally, more rural public worksites (36.7 percent) met the desirable criterion compared to urban private worksites (19.2 percent; t-test $p=0.0030$). See Figure 15.

Figure 14. Percentage of Worksites With Specific Screening Programs



HP2010 criterion: ≥ 1 program in each element.
 Desirable criterion: Met desirable criterion for each individual element.

Figure 15. HP2010 and Desirable Criteria by Ownership, Location, and Size: Screening Programs



HP2010 criterion: ≥ 1 program in each element.
 Desirable criterion: Met desirable criterion for each individual element.

Overall Summary of Results

Demographics

The targeted population for this survey was comprised of 3,728 worksites in the public and private sectors in Utah and 482 completed surveys were obtained. The survey sample comprised 59.3 percent (286/482) medium-sized (50-99 employees) worksites and 40.7 percent (196/482) large-sized (100+ employees) worksites. The majority of worksites in Utah are privately owned in urban areas (64.7%). Public worksites and rural privately owned worksites were oversampled to obtain an approximately equal number of surveys from urban public (n=125), urban private (n=124), rural public (n=108), and rural private (n=125) areas.

Overall HP2010 Criterion

Overall, 30.2 percent of worksites met the HP2010 criterion for a comprehensive worksite wellness program. When the rates for the sampled population are applied to the entire Utah worksite population, an estimated 1,126 Utah worksites met the HP2010 criterion. Significantly more urban public (40.4 percent) worksites met the criterion compared to rural private (23.7 percent) worksites (t-test $p=0.0044$). Additionally, significantly more large (40.4 percent) worksites met the HP2010 criterion compared to medium (23.1 percent) worksites (t-test $p=0.0029$).

Overall Desirable Criterion

Overall, 7.3 percent of sampled worksites met the desirable criteria for a comprehensive worksite wellness program. There were more rural public (11.6 percent) worksites that met the desirable criterion compared to rural private (4.9 percent) worksites (t-test $p=0.0669$). Additionally, more large (12.1 percent) worksites met the desirable criterion compared to medium (3.9 percent) worksites (t-test $p=0.0182$). When the rates for the sampled population are extrapolated to the entire Utah worksite population, an estimated 272 Utah worksites met the desirable criterion.

Summary by Element

Health Education

- There were no differences in the percentage of worksites who met the HP2010 criterion when evaluated by location and ownership and size.
- Worksites evaluated using the desirable criterion had the following significant differences:
 - More rural public worksites versus rural private worksites met the criterion
 - More large worksites versus medium worksites met the criterion

Supportive Social and Physical Environment

- There were no differences in the percentage of worksites who met the HP2010 criterion when evaluated by location and ownership and size.
- Worksites evaluated using the desirable criterion had the following significant differences:
 - More rural public worksites versus rural private worksites met the criterion
 - More urban public worksites versus rural private worksites met the criterion
 - More rural public worksites versus urban private worksites met the criterion
 - More urban public worksites versus urban private worksites met the criterion
 - More large worksites versus medium worksites met the criterion

Integration of the Worksite Program into the Organization's Structure

- Worksites evaluated using the HP2010 criterion had the following significant differences:
 - More rural public worksites versus rural private worksites met the criterion
 - More urban public worksites versus rural private worksites met the criterion
 - More large worksites versus medium worksites met the criterion
- Worksites evaluated using the desirable criterion had the following significant differences:
 - More rural public worksites versus rural private worksites met the criterion
 - More rural public worksites versus urban public worksites met the criterion
 - More large worksites versus medium worksites met the criterion

Linkage to Related Programs

- Worksites evaluated using the criterion (HP2010 and desirable criteria were identical) had the following significant differences:
 - More urban private worksites versus rural private worksites met the criterion
 - More urban public worksites versus rural private worksites met the criterion
 - More urban private worksites versus rural public worksites met the criterion
 - More urban public worksites versus rural public worksites met the criterion

Screening Programs

- Worksites evaluated using the HP2010 criterion had the following significant differences:
 - More rural public worksites versus rural private worksites met the criterion
 - More urban public worksites versus rural private worksites met the criterion
 - More rural public worksites versus urban private worksites met the criterion
 - More urban public worksites versus urban private worksites met the criterion
 - More large worksites versus medium worksites met the criterion
- Worksites evaluated using the desirable criterion had the following significant differences:
 - More rural public worksites versus rural private worksites met the criterion
 - More rural public worksites versus urban private worksites met the criterion
 - More urban public versus urban private worksites met the criterion
 - More large worksites versus medium worksites met the criterion

Discussion

Employers have a unique opportunity to influence the health of the vast majority of the adult working population. With the large range of options available for worksite health promotion programs, it would seem an easy task to implement such programs for employees at work. However, with limited resources and fluctuations in the economy, many companies find it difficult to allocate resources to reduce health care costs, increase productivity, and reduce absenteeism.

A seemingly reasonable place to start is the Healthy People 2010 (HP2010) Objectives, specifically Objective 7-5, which states, “Increase the proportion of worksites that offer a comprehensive employee health promotion program to their employees” (U.S. Department of Health and Human Services, 2000). The HP2010 report defines five elements of a Comprehensive Worksite Health Promotion Program: Health Education, Supportive Social and Physical Environments, Integration of the Worksite Program into the Organization’s Structure, Linkage to Related Programs, and Screening Programs, with corresponding criteria to determine what makes a worksite program comprehensive (U.S. Department of Health and Human Services; Work Settings, 2000).

Tracking worksite progress using the Healthy People Objectives is not a new endeavor. A Worksite Health Promotion Summary report published in 1992 showed substantial progress from 1985 to 1992 toward achievement of the Healthy People 2000 Worksite Objectives (National Survey of Worksite Health Promotion Activities, 1992). In 2000, Missouri surveyed private sector worksites to determine the type and percentage of health promotion activities offered and progress toward achieving HP2000 Objectives (Cox, 2000). Most recently, Waukesha County in Wisconsin conducted a survey of businesses in the county asking questions specifically related to the five worksite elements outlined in HP2010 (Heart Healthy Waukesha County, 2006).

The Association for Worksite Health Promotion conducted the 1999 National Worksite Health Promotion Survey (National Worksite Health Promotion Survey, 1999). It was a landmark survey, and was the first to expand on what a comprehensive worksite program could and/or should look like. While the 1999 Survey was very thorough in reporting key components of a comprehensive worksite health promotion program, it is unclear from the 1999 data report what collectively constitutes or defines comprehensive worksite health promotion.

The Partnership for a Healthy Workforce developed the “Healthy Workforce 2010, An Essential Health Promotion Sourcebook for Employers” (Healthy Workforce 2010, 2001). This resource is for companies to realize the larger scope of worksite health promotion and how implementing comprehensive worksite health programs can positively influence the company’s bottom line.

How are worksites supposed to determine whether they are on track or even close to a comprehensive worksite health promotion program for their company without specific direction or recommendations from industry leaders? Even expert opinion by a select team of academic and practitioner experts defines the components of best practices in worksite health promotion differently (Chapman, 2004 No.6).

It is clear that the HP2010 comprehensive worksite health promotion elements are a start, yet the criteria to define comprehensive falls short. The information provided in this Utah report defines HP2010 criterion, which measures the HP2010 objectives and further defines a desirable criterion that begins to move toward a definition of comprehensive. Yet this is still not all-encompassing and should only be used as a start for companies when developing a comprehensive program.

Each company is unique and will implement comprehensive worksite health promotion programs in its own way. Companies should start by creating an inventory of the worksite health promotion strategies they currently provide using the HP2010 elements list and the items reported on in the national worksite survey (National Worksite Health Promotion Survey, 1999). After that is completed, a company can begin to determine what a comprehensive worksite health promotion program will be for its particular business. Finally, a key document for companies to use is "An Essential Health Promotion Sourcebook for Employers," specifically the section on Planning a Worksite Health Promotion Program (U.S. Department of Health and Human Services; Worksite Setting, 2000). This is an excellent blueprint from which companies can build a comprehensive worksite health promotion program.

Recommendations

- ✓ Worksite wellness programs should focus on including both primary and secondary health education programs.
- ✓ More corporate policies should be established to create a supportive social and physical environment which allows for a healthy lifestyle.
- ✓ Worksite Wellness Committees should be established to ensure that employees' health needs and interests are addressed.
- ✓ Funding for wellness programs should be included in corporate budgets.
- ✓ Wellness programs should be linked to other health offerings such as employee assistance programs, nurse advice lines, and on site health screenings to ensure program accessibility to all employees.

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Appendices



Appendix I. Five Elements of a Comprehensive Employee Health Promotion Program

1. Health Education – focuses on skill development and lifestyle behavior change along with information disseminated and awareness building, preferably tailored to employees' interests and needs.

Primary Prevention

- Physical fitness or exercise classes or programs
- Nutrition or weight management classes or programs
- Tobacco cessation classes or programs
- Stress management classes or programs
- Alcohol or drug abuse support programs
- Back injury prevention programs
- Maternal or prenatal programs
- E-mail, intranet, brochures, posters, lectures, or videos used to educate employees about their health

Secondary Prevention

- Asthma awareness, prevention, or control activities
- Self-care books or tools
- Diabetes management programs
- Asthma management programs
- Cancer management programs
- Depression management programs
- Hypertension management programs
- Heart disease or stroke management programs

2. Supportive Social and Physical Environment – these include an organization’s expectations regarding healthy behaviors, and implementation or policies that promote health and reduce risk of disease.

Formal written policy:

- for alcohol
- for drugs
- for seat belts
- that addresses healthy food options
- on flexible work schedules, breaks, or extended lunch periods to support employee exercise or physical activity during work time

Indicate which smoking rule your company has:

- Allowed in designated areas within the building
- No smoking in building; allowed 25 feet from building
- No smoking in building or on grounds

Is food available to employees:

- Cafeteria or coffee shop
- Vending machines
- 1% skim or chocolate milk

Water or flavored water

- 100% fruit juice
- Lowfat snacks

Have a corporate agreement with health clubs or gyms to offer discounted memberships

Promote or encourage the use of stairs

Have paved sidewalks or trails for outdoor walking

Install bike racks on site

Encourage employees to commute to work by bike or foot

Have an indoor fitness facility

Have a locker room with showers

Have an Automated External Defibrillator (AED)

Offer a flexible work schedule for family care issues

Offer on-site daycare

Have CEO give messages to employees supporting health promotion

3. Integration of the Worksite Program into the organization's structure.

Have a person responsible for the wellness program

Include employee health and wellness in the company's mission statement

Have a wellness committee

Have a wellness committee budget

Incentives worksite provides to employees for engaging in worksite wellness activities

- Improved benefit allowance
- Direct cash payment or bonuses
- Material prizes
- Added vacation "well" days
- Other

4. Linkage to Related Programs – e.g., EAP's and programs to help employees balance work and family.

Offer Nurse Advice Line

Offer Employee Assistance Program (EAP)

Sustained follow-up risk factor counseling and support to employees at high risk for health problem

5. Screening programs – ideally linked to medical care to ensure follow-up and appropriate treatment as necessary.

Provide a health questionnaire that assesses health habits of employees

Offer blood pressure screening

Offer blood sugar screening

Offer cancer screening

Offer body fat or body weight screening

Offer periodic health or physical exam

Appendix II. Survey Questionnaire

May 10, 2005

Utah 2005 Worksite Health Promotion Policies and Practices Survey

[Interviewer: if you reach an answering machine, please leave the following message:

Hello, my name is _____ and I am calling on behalf of the Utah Department of Health. We are conducting a survey of worksite policies and activities affecting the health of Utah workers. The information we gather from all businesses is combined to help us develop employee health programs. The survey takes a short time and your participation is greatly appreciated. Please call our office at (801) 538-9439 to learn more about this important survey. Thank you.

Hello, my name is _____ and I'm calling from the Utah Department of Health. Is this ____'busname'_____ at 'busaddress' in 'buscity' ?

[Interviewer: If not the correct business at the given address, get the correct phone number for that business at the address given if possible from the person contacted and, if not, explain that you are trying to reach the business listed and will attempt another phone number. If it is the correct business and address, proceed. Also, if the address is a previous address for a business that moved, please continue.]

May I speak with the person who knows the most about employee health and wellness programs at your worksite? Could you please give me the name and phone number of that person?

Name: _____

Phone: _____

When talking to the correct person above:

Hello, my name is _____ and I'm calling on behalf of the Utah Department of Health. We are conducting a survey of worksite policies and activities affecting the health of Utah workers.

[Interviewer: Use the bulleted text if needed to help promote participation.]

- The information gathered from this survey will help us develop programs to improve the health of Utah workers and other residents.
- Your participation is very important for the completeness and accuracy of the survey.
- The information you provide will be combined with responses from other companies. You and your company will not be identified by name.
- If you would like to see the report of our 2001 Work Site Wellness Study, it is available on the web at http://health.utah.gov/worksitewellness/facts_figures/facts_figures.html
- or we can mail you a copy. (get mailing information if requested)

We are striving to assure a healthy and productive workforce for Utah, and the information about your company is very important.

[Interviewer: Please refer the respondent to Lynne Nilson – Director of the Utah Council for Worksite Health Promotion if requested, phone (801) 538-6256, or ask the Supervisor to contact Lynn by cell phone if necessary]

This survey will take approximately 20 minutes to complete. Is this a good time to ask you some questions?

A. Are you the best person at your worksite to answer these types of questions?

1. Yes (IF YES, SKIP TO Q.D)
2. No (IF NO, READ Q.B-Q.C)

B. What is the name of the person at your worksite location who could answer these types of questions?

NAME: _____
RR (DO NOT READ) Refused

C. What is that person's telephone number?

PHONE: _____
RR (DO NOT READ) Refused

D. Do you work in human resources or employee health?

1. Yes
2. No (If no, what is your job title _____?)

E. Are there fifty or more employees at this location?

1. Yes
2. No (IF NO, TERMINATE INTERVIEW)

F. How many full-time employees are currently employed at this worksite?

_____ Number
_____ None
_____ (DO NOT READ) Don't Know
_____ (DO NOT READ) Refused

G. How many part-time employees are currently employed at this worksite?

_____ Number
_____ None
_____ (DO NOT READ) Don't Know
_____ (DO NOT READ) Refused

(THE SUM OF QUESTIONS 4 AND 5 MUST BE = 50. IF NOT, THEN TERMINATE INTERVIEW)

Component 1: Health Education

Now I'm going to ask you some questions related to employee health programs, classes or activities offered at your worksite during the past 12 months. If your company has more than one worksite, I am only interested in your worksite and not the entire company.

1. During the past 12 months, have physical fitness or exercise classes or programs been offered at your worksite?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

2. During the past 12 months, have nutrition or weight management classes or programs been offered at your worksite?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

3. (During the past 12 months, have) tobacco cessation classes or programs (been offered at your worksite)?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

4. (During the past 12 months, have) stress management classes or programs (been offered at your worksite)?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

5. (During the past 12 months, have) alcohol or drug abuse support programs (been offered at your worksite)?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

6. (During the past 12 months, have) back injury prevention programs (been offered at your worksite)?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

7. (During the past 12 months, have) maternal or prenatal programs (been offered at your worksite)?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

8. (During the past 12 months, have) workplace violence prevention programs (been offered at your worksite)?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

9. (During the past 12 months, have) asthma awareness, prevention or control activities (been offered at your worksite)?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

10. Does your company track worksite incidents of asthma?

1. Yes
2. No
7. Don't know/Not sure
9. Refused (Skip to Q.12)

If 'yes' to either Q.9 or Q.10 ask Q.11, otherwise skip to Q.12

11. Who is the person responsible for monitoring worksite asthma activities in your company?

1. Occupational Safety & Health Manager
2. Occupational Health Nurse
3. Industrial Hygienist
4. Human Resource Personnel
5. Other (write in: _____)
7. Don't know/Not sure
9. Refused

12. During the past 12 months, has your worksite used e-mail, intranet, brochures, posters, lectures or videos to educate employees about their health?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

Component 5: Screening Programs

13. During the past 12 months has your company provided a health questionnaire that assesses the health habits of employees?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

Now I'm going to ask you some questions about health screenings offered at your worksite during the past 12 months.

14. During the past 12 months, has blood pressure screening been offered at your worksite?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

15. During the past 12 months, has cholesterol screening been offered at your worksite?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

16. (During the past 12 months, has) blood sugar screening (been offered at your worksite?)

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

17. (During the past 12 months, has) cancer screening (been offered at your worksite?)

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

18. (During the past 12 months, has) body fat or body weight screening (been offered at your worksite?)

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

19. (During the past 12 months, has) periodic health or physical exam (been offered at your worksite?)

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

For the next questions, I am interested in knowing if your company offered any of the following programs, materials, or services to your employees at the worksite or through one of your health plans during the past 12 months. This does not include an employee's personal medical care that was provided through one of your health plans.

20. During the past 12 months did your company offer self care books or tools at the worksite or through one of your health plans?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

21. During the past 12 months did your company offer diabetes management programs at the worksite or through one of your health plans?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

22. (During the past 12 months did your company offer) asthma management programs at the worksite or through one of your health plans?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

23. (During the past 12 months did your company offer) cancer management programs (at the worksite or through one of your health plans?)

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

24. (During the past 12 months did your company offer) depression management programs (at the worksite or through one of your health plans?)

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

25. (During the past 12 months did your company offer) hypertension management programs (at the worksite or through one of your health plans?)

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

26. (During the past 12 months did your company offer) heart disease or stroke management programs (at the worksite or through one of your health plans?)

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

27. (During the past 12 months did your company offer) Nurse Advise Line (at the worksite or through one of your health plans?)

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

28. (During the past 12 months did your company offer) Employee Assistance Program (EAP) (at the worksite or through one of your health plans?)

[Interviewer: If the respondent asks: Employee Assistance Plans (EAPs) are programs established to provide employees and their dependents access to confidential and professional assistance in solving any problems that reduce or obstruct performance at work.]

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

29. (During the past 12 months did your company offer) sustained follow-up risk factor counseling and support to employees at high risk for health problems (at the worksite or through one of your health plans?)

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

Component 2: Supportive Social and Physical Work Environment

That was my last question about health programs. The next questions are about worksite policies and the work environment.

30. Does your company have a formal written policy for alcohol, specifically addressing employee use of alcohol at the worksite or on the job?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

31. Does your company have a formal written policy for drugs, specifically addressing employee use of illegal drugs at the worksite/on the job?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

32. (Does your company have) a formal written policy requiring use of seat belts during business travel in an automobile?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

33. (Does your company have) a formal written policy that addresses healthy food options available to the employees?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

34. (Does your company have) a formal written policy on flexible work schedules, breaks or extended lunch periods to support employee exercise or physical activity during work time?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

35. Please indicate which smoking rule your worksite has:

- 1. Smoking is allowed in designated areas within the building
- 2. No smoking in the building, smoking is allowed 25' from the building
- 3. No smoking in the building nor on the grounds
- 7. Don't know/Not sure
- 9. Refused

The next questions are about a variety of things companies offer at the worksite. Please tell me if these are offered at your worksite.

36. Not including the food brought to work, is food available to employees during working hours in cafeteria or coffee shop?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

37. Not including the food brought to work, is food available to employees during working hours in vending machines?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

If 'yes' to either Q.36 or Q.37 ask Q.38, otherwise skip to Q. 39.

38. Please tell me if the following food options are available at your worksite (not including food brought from home)
(READ LIST AND MARK ALL THAT APPLY) (or however it was done last time)

1. 1%, skim or chocolate milk
2. Water or flavored Water
3. 100 % Fruit Juice
4. Lowfat snacks (e.g. pretzels, low fat granola bars)

39. Does your company have a corporate agreement with health clubs or gyms to offer employees discounted or subsidized memberships?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

40. Does your worksite promote or encourage the use of the stairs?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

41. Does your worksite have paved sidewalks or trails for outdoor walking?

1. Yes
2. No (Skip to Q. 43)
7. Don't know/Not sure (Skip to Q. 43)
9. Refused (Skip to Q. 43)

42. Do you consider the paved sidewalks or trails safe?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

43. Does your worksite have bike racks installed onsite?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

44. Does your worksite encourage employees to commute to work by bike or foot?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

45. Does your worksite have an indoor fitness facility available to employees?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

46. Does your worksite have a locker room with showers available to employees?

- 1. Yes
- 2. No
- D (DO NOT READ) Don't Know
- R (DO NOT READ) Refused

47. An Automated External Defibrillator or AED is an electronic device that helps reestablish normal contraction rhythms in a heart that's not beating properly. Does your worksite have an Automated External Defibrillator?

- 1. Yes
- 2. No (Skip to Q. 51)
- 7. Don't know/Not sure (Skip to Q. 51)
- 9. Refused (Skip to Q. 51)

48. Is the person responsible for using the AED trained in CPR and how to use an AED?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

49. Is there a licensed physician who provides medical oversight to ensure quality control of the AED?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

50. Was the local Emergency Medical Services office (commonly called the "EMS Office") notified when you purchased the AED for your worksite?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

51. Would you like to receive more information about AED's?

[Interviewer: Respondent will be asked for contact information at the end of the survey if answered 'yes' to this question.]

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

Component 4: Related Programs like Employee Assistance Programs

52. Does your worksite currently offer employees a flexible work schedule for family care issues?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

53. Does your worksite currently offer onsite day-care?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

Component 3: Integration of the Worksite Program into the Organization's Administrative Structure

54. Does your company have a person responsible for wellness programs?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

55. Does your company's mission statement include employee health or wellness?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

56. A wellness committee is a group within the company who identify issues that keep employees healthy and productive. Does your company have a wellness committee?

- 1. Yes
- 2. No (SKIP to Q. 58)
- 7. Don't know/Not sure (SKIP to Q. 58)
- 9. Refused (SKIP to Q. 58)

57. Does your company's wellness committee have a budget?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

58. During the past 12 months, have the employees received a message from the CEO supporting health promotion?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

59. The next questions pertain to all of the health-related programs and activities that are available to employees at your worksite. I will refer to all these worksite health-related programs and activities as "Worksite Wellness". Thinking back on your answers to the previous questions about health-related programs and activities at your worksite, would you say that your worksite has any "Worksite Wellness" programs and activities?

- 1. Yes
- 2. No (skip to Q. 63)
- 7. Don't know/Not sure
- 9. Refused (skip to Q. 63)

60. Which of the following types of incentives, if any, does your worksite provide to employees for engaging in any Worksite Wellness program activities?

(Interviewer: READ LIST. CHECK ALL THAT APPLY. SPECIFY OTHER. THESE SHOULD BE SPECIFIC TO WORKSITE WELLNESS ACTIVITIES ONLY)

- | | | |
|--|-----|----|
| 1. Improved benefit allowances | Yes | No |
| 2. Direct cash payment or bonuses | Yes | No |
| 3. Material prizes | Yes | No |
| 4. Added vacation "well" days | Yes | No |
| 5. Other (SPECIFY) _____ | | |
| 7. (DO NOT READ) Don't Know | | |
| 8. (DO NOT READ) Don't have any Worksite Wellness activities. (Skip to Q.63) | | |
| 9. (DO NOT READ) Refused | | |

61. How do you evaluate the success of your Worksite Wellness programs? Do you use...?

(INTERVIEWER: READ LIST. CHECK ALL THAT APPLY)

- | | | |
|------------------------------|------------|----|
| 01. Employee feedback | Yes | No |
| 02. Behavior change measures | Yes | No |
| 03. Health care claims | Yes | No |
| 04. Productivity | Yes | No |
| 05. Time loss/absenteeism | Yes | No |
| 06. Turn over rates | Yes | No |
| 07. Cost effectiveness | Yes | No |
| 08. Cost benefit analysis | Yes | No |
| 77. (DO NOT READ) | Don't Know | |
| 99. (DO NOT READ) | Refused | |

62. What are the three most important reasons your company has not offered MORE health promotion activities to your employees? (Interviewer: Do Not Probe. Mark three reasons mentioned)

01. Lack of staff to administer program
 02. It's too costly
 03. Increases liability exposure
 04. Too difficult to implement
 05. Disruptive to organizational operation
 06. Cost/benefits not conclusive
 07. Employees not interested
 08. Lack facilities
 09. Have not considered
 10. Not of value or benefit to company
 11. Small company
 12. Non-profit/cost prohibitive
 13. Only in existence a few years.
 14. Lack of management support
 15. Other (SPECIFY) _____
 77. Don't Know
 99. Refused
- SKIP TO QUESTION 64.

63. What are the three most important reasons your company has not offered health promotion activities to your employees? (Interviewer: Do Not Probe. Mark three reasons mentioned)

01. Lack of staff to administer program
02. It's too costly
03. Increases liability exposure
04. Too difficult to implement
05. Disruptive to organizational operation
06. Cost/benefits not conclusive
07. Employees not interested
08. Lack facilities
09. Have not considered
10. Not of value or benefit to company
11. Small company
12. Non-profit/cost prohibitive
13. Only in existence a few years.
14. Lack of management support
15. Other (SPECIFY) _____
77. Don't Know
99. Refused

64. Have you heard of the Healthy Worksite Award or annual Worksite Health Promotion Conference both offered by the Utah Council for Worksite Health Promotion?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

65. Would you like me to send you information about this award program and conference?

1. Yes
2. No (Skip to Q. 67)
7. Don't know/Not sure (Skip to Q. 67)
9. Refused (Skip to Q. 67)

66. Record name, company, address, city/state/zip or e-mail address. (if yes to Q. 51 about AEDs or Q. 65 above about Healthy Worksite Award)

Demographics

67. What is the organizational status of this company?

1. This company has only one location.
 2. This company has several locations and this is the headquarters.
 3. This company has several locations and this is a branch.
 4. This company has several locations and this is a separate division.
- D (DO NOT READ) Don't Know
R (DO NOT READ) Refused

68. How many employees in your company receive health insurance benefits?

Number of employees with benefits _____

D (DO NOT READ) Don't Know

R (DO NOT READ) Refused

69. Number of employees without benefits _____

D (DO NOT READ) Don't Know

R (DO NOT READ) Refused

Approximately what number of your employees are hourly, salaried or contract?

70. Lets start with salaried _____

D (DO NOT READ) Don't Know

R (DO NOT READ) Refused

71. Hourly: _____

D (DO NOT READ) Don't Know

R (DO NOT READ) Refused

72. Contract: _____

D (DO NOT READ) Don't Know

R (DO NOT READ) Refused

73. How long has your worksite been in operation?

years _____

D (DO NOT READ) Don't Know

R (DO NOT READ) Refused

74. Approximately what percentage of your employees are male or female?

Lets start with male: % males _____

D (DO NOT READ) Don't Know

R (DO NOT READ) Refused

75. % females: _____

D (DO NOT READ) Don't Know

R (DO NOT READ) Refused

Appendix III. Criteria and Additional Data

Table 1. HP2010 and Desirable Criteria by Element and Overall Score

Element	HP2010 Criterion	Desirable Criterion
Health Education	≥1 program	≥3 primary prevention programs AND ≥3 secondary prevention programs
Supportive Social and Physical Environment	≥1 program	≥10 programs
Integration	≥1 program	A person responsible for wellness program OR a Wellness Committee AND ≥1 program
Linkage	≥1 program	≥1 program
Screening	≥1 program	≥3 programs
Overall Score	≥1 program in each element	Met desirable criterion for each individual element

Table 2. Percentage of Worksites Meeting Criteria by Size, Location, and Ownership

	All Worksites	Size of Worksite		Location and Ownership			
		50-99 Med.	≥100 Large	Rural Private	Rural Public	Urban Private	Urban Public
Health Education (HE)							
≥1 HE program†	90.1 (85.8, 93.3)	88.7 (82.7, 92.8)	92.1 (84.7, 96.1)	88.7 (81.3, 93.3)	93.5 (86.9, 96.9)	89.5 (82.7, 93.8)	92.6 (86.4, 91.6)
≥6 HE programs	37.0 (31.4, 42.5)	31.1 (24.4, 38.8)	45.6 (36.4, 55.1)	27.5 (20.3, 36.1)	40.2 (31.3, 49.8)	38.6 (30.4, 47.5)	37.5 (29.4, 46.3)
≥3 primary prevention HE programs	36.6 (31.0, 42.5)	32.4 (25.7, 40.0)	42.6 (33.6, 52.0)	31.9 (24.3, 40.8)	47.5 (38.2, 57.0)	33.8 (26.0, 42.6)	47.7 (39.0, 56.5)
≥3 secondary prevention HE programs	32.7 (27.3, 38.7)	28.1 (21.6, 35.8)	39.4 (30.5, 49.0)	28.2 (21.0, 36.8)	34.6 (26.1, 44.1)	34.6 (26.7, 43.4)	27.9 (20.7, 36.5)
≥ 3 primary and ≥ 3 secondary prevention programs‡	18.3 (14.1, 23.5)	14.6 (9.8, 21.2)	23.7 (16.7, 32.6)	13.6 (8.7, 20.6)	22.7 (15.7, 31.8)	18.5 (12.6, 26.4)	19.9 (13.8, 27.9)
Supportive Social and Physical Environment (SSPE)							
≥1 SSPE program†	100	100	100	100	100	100	100
≥10 SSPE programs‡	65.0 (59.0, 70.6)	58.8 (50.8, 66.3)	74.2 (64.7, 81.8)	63.0 (53.9, 71.2)	77.8 (68.9, 84.7)	60.4 (51.5, 68.6)	81.2 (73.3, 87.2)
Integration of Worksite Program Into the Organization's Structure							
≥1 program†	56.0 (50.0, 61.9)	51.3 (43.5, 59.1)	62.9 (53.3, 71.6)	49.9 (41.0, 58.7)	62.0 (52.4, 70.7)	54.8 (45.9, 63.4)	64.2 (55.4, 72.2)
Wellness Person or Committee & ≥1 program‡	34.3 (28.8, 40.3)	28.6 (22.0, 36.2)	42.7 (33.6, 52.2)	28.6 (21.3, 37.1)	43.7 (34.6, 53.2)	35.4 (27.4, 44.2)	30.9 (23.4, 39.5)
Linkage to Related Programs							
≥1 program††	68.3 (62.5, 73.6)	64.6 (57.0, 71.6)	73.6 (64.5, 81.1)	57.0 (47.9, 65.6)	51.3 (41.8, 60.6)	70.1 (61.4, 77.6)	77.6 (69.4, 84.1)
Screening Program							
≥1 program†	49.1 (43.1, 55.1)	42.2 (34.9, 50.0)	59.1 (49.6, 68.1)	41.5 (33.1, 50.5)	61.4 (51.8, 70.1)	45.8 (37.2, 54.7)	64.6 (55.8, 75.6)
≥3 programs‡	22.6 (18.1, 27.8)	14.4 (10.1, 20.0)	34.6 (26.3, 43.9)	23.1 (16.5, 31.3)	36.7 (28.1, 46.3)	19.2 (13.2, 27.1)	30.7 (23.2, 39.4)

† HP2010 Criterion

‡ Desirable Criterion

†† HP2010 and Desirable Criteria are identical

Table 3. Table of Statistically Significant Contrasts Using T-Tests by Element

Element	Criteria	Contrast	t-test p-value
Health Education	Des	Rural private (13.6%) vs. rural public (22.7%)	0.0707
		Large size (23.7%) vs. medium size (14.6%)	0.0678
Supportive Environment	Des	Rural private (63.0%) vs. rural public (77.8%)	0.0137
		Rural private (63.0%) vs. urban public (81.2%)	0.0014
		Rural public (77.8%) vs. urban private (60.4%)	0.0037
		Urban private (60.4%) vs. urban public (81.2%)	0.0003
		Large size (74.2%) vs. medium size (58.8%)	0.0098
Integration	HP2010	Rural private (49.9%) vs. rural public (62.0%)	0.0642
		Rural private (49.9%) vs. urban public (64.2%)	0.0225
		Large size (62.9%) vs. medium size (51.3%)	0.0613
	Des	Rural private (28.6%) vs. rural public (43.7%)	0.0165
		Rural public (43.7%) vs. urban public (30.9%)	0.0438
		Large size (42.7%) vs. medium size (28.6%)	0.0192
Linkage	HP2010 & Des†	Rural private (57.0%) vs. urban private (70.1%)	0.0328
		Rural private (57.0%) vs. urban public (77.6%)	0.0005
		Rural public (51.3%) vs. urban private (70.1%)	0.0032
		Rural public (51.3%) vs. urban public (77.6%)	0.0000
Screening	HP2010	Rural private (41.5%) vs. rural public (61.4%)	0.0024
		Rural private (41.5%) vs. urban public (64.6%)	0.0002
		Rural public (61.4%) vs. urban private (45.8%)	0.0171
		Urban private (45.8%) vs. urban public (64.6%)	0.0026
		Large size (59.1%) vs. medium size (42.2%)	0.0061
	Des	Rural private (23.1%) vs. rural public (36.7%)	0.0235
		Rural public (36.7%) vs. urban private (19.2%)	0.0030
		Urban private (19.2%) vs. urban public (30.7%)	0.0349
Overall Score	HP2010	Rural private (23.7%) vs. urban public (40.4%)	0.0044
		Large size (40.4%) vs. medium size (23.1%)	0.0029
	Des	Rural private (4.9%) vs. rural public (11.6%)	0.0669
		Large size (12.1%) vs. medium size (3.9%)	0.0182

Criteria: Des = Desirable

† For the linkage element, the HP2010 and desirable criteria are identical.

Appendix IV. Methodology

Design and Pretest

The survey questionnaire was developed by Utah Department of Health (UDOH) staff primarily using questions from national and previous UDOH surveys. The questions were designed to be able to measure the Healthy People 2010 objective 7-5: "To increase the proportion of worksites that offer a comprehensive employee health promotion program to their employees."

The survey was pre-tested on March 29, 2005, April 4-5, 2005, and April 13, 2005. Minor revisions were made after the first two pretests; the interviewers reported no major problems. The questionnaire was finalized after the third pretest.

Sample

The sample of Utah businesses was drawn from the Department of Workforce Services (DWS) FirmFind database (<http://jobs.utah.gov/firmfind/pgMain.asp>). There were a total of 72,528 Utah businesses downloaded from the database in February 2005. Small employers (fewer than 50 employees), non-Utah records, and records with missing employer size information were removed from the list, leaving a total of 3,728 medium and large employers.

Urban employers were identified by their 5-digit ZIP code. The list of urban ZIPcodes was obtained from the U.S. Census Bureau Web site (<http://factfinder.census.gov>). A ZIP code was considered to be in an urban county if all or part of that ZIP code was in any one of the Utah counties designated as urban (Salt Lake, Davis, Weber, or Utah Counties). Otherwise, the business was classified as rural.

Using the business ownership field in the database, each geographic group, urban and rural, was sorted by whether the business was a privately held or government employer (code 5 = private, all others were public).

Each record in the remaining four groups: Urban Private, Urban Public, Rural Private, and Rural Public, was then assigned a random 10-digit number. The records were sorted by that number, and calling began with the highest numbers. When missing, business phone numbers were retrieved using an online phone directory.

The interviewer spoke with staff from the Human Resources Department in each organization. In some cases, the Human Resource Department was not in the same location as the sampled business location. In those cases, the interviews were completed with a respondent at the new location, and the location information was updated to reflect the new location.

A goal of 125 completed interviews in each of the four strata had been set. Businesses were called up to 15 times on different days of the week until the sample goal had been met, or until further attempts in a given stratum were deemed unproductive. The overall response rate was 90.0 percent, which was similar for each of the four strata.

Target Population

	Public	Private	Total
Urban	573	2413	2986
Rural	238	504	742
	811	2917	3728

Sampled Worksites

	Public	Private	Total
Urban	125	124	249
Rural	108	125	233
	233	249	482

The target population for this survey consisted of 3,728 worksites in the public and private sectors in Utah. These worksites were stratified into medium-sized (50-99 employees) and large (100+ employees) worksites. There were 2,254 (60.5%) medium-sized worksites and 1,474 (39.5%) large worksites in the population.

The sample consists of 482 worksites. Medium-sized worksites comprised 59.3% (286 of 482) of the sample and large companies comprised 40.7 (196 of 482) worksites.

The sample was weighted to reflect the target population distribution of employers of 50 or more persons by location (urban, rural), ownership (public, private) and size (50-99, 100+ employees).

Analysis

All analyses were performed using SAS software. Confidence intervals were calculated using logit transformations of the binomial proportions and then back-transformed to ensure all bounds were between 0 and 100%. Confidence intervals are shown as error bars on all bar charts. Confidence intervals indicate the reliability of the measure.

Tests of significance were based on contrasts, which are linear combinations of percents. The contrasts follow an approximate t distribution with degrees of freedom equal to the number of observations minus the number of strata involved in each contrast. All tests were performed using SUDAAN software.

Appendix V. Healthy Worksite Award Information and Criteria



UTAH COUNCIL
for Worksite
Health
Promotion

Healthy Worksite Award Criteria

The Healthy Worksite Awards program recognizes the outstanding achievements of businesses in implementing employee health promotion and wellness programs. It acknowledges efforts to facilitate and encourage employee health, enhance productivity and ensure healthy work environments.

To apply for the Healthy Worksite Award visit www.health.utah.gov/worksitewellness. For additional information please contact UCWHP Healthy Worksite Award at (801) 538-6256 or kparas@utah.gov

Please check all that apply for your company:

Policy and Definition	POLICY Written and monitored company policies, procedures and environmental supports	INFRASTRUCTURE Basic facilities, equipment, resources and environmental supports provided in/by the company	*OUTCOMES Expected changes that will result from the implementation of the program/activity
<p>General Website</p> <ul style="list-style-type: none"> ▪ Mission Statement ▪ Business Plan with goals and objectives ▪ Written Policy/Procedure Manual ▪ Programs offered to all employees, spouses and retirees 	<ul style="list-style-type: none"> ▪ Wellness Committee (made up of representatives of each "department" in the company) ▪ Budget for employee health promotion/wellness program ▪ Wellness Coordinator ▪ Health messages from CEO/COFO ▪ Dissemination of health/wellness information (using a variety of media) ▪ Community Resources (resources in the community that would supplement the wellness program) ▪ Environmental supports to wellness program (adequate staffing and equipment, privacy/confidentiality of documents, quality control, screening rooms, to maintain privacy) 	<ul style="list-style-type: none"> ▪ Provides Employee Assistance Programs (EAP's) ▪ Provides tobacco cessation information, classes or programs either directly or through insurance benefits ▪ Provides stress management information, classes or programs 	<ul style="list-style-type: none"> ▪ Behavior Change as measured by employee survey or observational survey (i.e., tobacco use decrease by employees)
<p>Healthy Behaviors</p> <ul style="list-style-type: none"> ▪ Written policy on a smoke free working environment ▪ Written policy on alcohol and drug abuse with referral and treatment programs ▪ Flex-time or work time to participate in Health Promotion Activities 	<ul style="list-style-type: none"> ▪ Promotes heart-healthy messages (nutritious eating, etc.) to employees ▪ Provides microwaves, refrigerators, vending machines, etc. ▪ Encourages healthy food and beverage choices at work meetings ▪ Provides educational information, classes or programs on weight control, portion sizes, healthy eating, etc. 	<ul style="list-style-type: none"> ▪ Promotes heart-healthy messages (nutritious eating, etc.) to employees ▪ Provides microwaves, refrigerators, vending machines, etc. ▪ Encourages healthy food and beverage choices at work meetings ▪ Provides educational information, classes or programs on weight control, portion sizes, healthy eating, etc. 	<ul style="list-style-type: none"> ▪ Behavior change as measured by employee survey or observational survey (i.e., increased fruit and vegetable consumption by employees)
<p>Nutrition</p> <ul style="list-style-type: none"> ▪ Written policy on offering healthy food and beverage choices in cafeterias, vending machines, etc. ▪ Written policy that nutritional information about cafeteria offerings will be provided ▪ Healthy choices provided in vending machines 	<ul style="list-style-type: none"> ▪ Promotes heart-healthy messages (nutritious eating, etc.) to employees ▪ Provides microwaves, refrigerators, vending machines, etc. ▪ Encourages healthy food and beverage choices at work meetings ▪ Provides educational information, classes or programs on weight control, portion sizes, healthy eating, etc. 	<ul style="list-style-type: none"> ▪ Promotes heart-healthy messages (nutritious eating, etc.) to employees ▪ Provides microwaves, refrigerators, vending machines, etc. ▪ Encourages healthy food and beverage choices at work meetings ▪ Provides educational information, classes or programs on weight control, portion sizes, healthy eating, etc. 	<ul style="list-style-type: none"> ▪ Behavior change as measured by employee survey or observational survey (i.e., increased fruit and vegetable consumption by employees)

<p>Physical Activity</p>	<ul style="list-style-type: none"> Physical activity time release policies (i.e. Flextime or an adjusted work schedule to allow for exercise during the workday) Provides bicycle racks 	<ul style="list-style-type: none"> Promotes stair usage Provides physical activity information, classes or programs Allows for alternate forms of transportation/ commuting to and from work. (i.e. discount passes for UTA TriStaus) Provides physical activity resources (gym on-site, off-site gym discounts, walking paths/trails, etc.) Sponsors Gold Medal Mile walk or other physical activity event. GMM Legacy course or other walking options Pedometer program Incentives for physical activity 	<ul style="list-style-type: none"> Behavior change as measured by employee survey or observational survey (i.e., increased physical activity levels of employees)
<p>Preventive Services</p>	<ul style="list-style-type: none"> Recommended prevention services costs are covered by company or insurance provider Allows flex-time, administrative leave or work time to receive recommended prevention services 	<ul style="list-style-type: none"> Provides and promotes to employees information on medical self-care Provides and promotes educational information to all employees regarding Adult Preventive Services (i.e., chart provided on A Healthier You 2002 Personal Health Assessment) Provides educational classes, prevention programs or an annual event in each of the areas 	<ul style="list-style-type: none"> Behavior change: Employees receive recommended screenings (as per criteria specified for age and gender) Behavior change: Preventive services provided at the worksite such as flu shots, etc.
<p>Safety</p>	<ul style="list-style-type: none"> Seat belt use policies for driving or riding in company owned vehicles Written policy on Safety and Emergency Procedures OSHA (where applicable for the company) 	<ul style="list-style-type: none"> Seat belt/helmet signage in parking lots Provides educational classes, prevention programs or an annual event related to this topic Provides childcare and elder care information and resources to employees 	<ul style="list-style-type: none"> Behavior change as measured by employee survey or observational survey (i.e., increased safety belt usage or decrease work-related accidents)

* By when (specific date), who (population) will (do or know what) as evidenced by what (method of measurement – how do you know if you are successful).

Please check all that apply for your company:

- Have a health promotion program with employee health and wellness as the underlying goal
- Program is available to just employees
- Program is available to employees and spouses
- Have a budget for employee wellness
- Have a mission statement with employee health identified as a guiding principle
- Employee health promotion/wellness program in operation less than 5 years
- Employee health promotion/wellness program in operation more than 5 years

Award requirements (Sections/Categories)

Bronze: Have a health promotion program with employee health and wellness as the underlying goal. Complete one item in each section (General Worksite, Healthy Behaviors, Nutrition, Safety, Preventive Services, and Physical Activity). One of your accomplishments must be in the "policy" category.

Silver: Program is available to all employees. Have a budget. Complete 2 additional items in each section (General Worksite, Healthy Behaviors, Nutrition, Safety, Preventive Services, and Physical Activity), including one in the "policy" category and one in the "infrastructure" category.

Gold: Program is available to all employees and spouses. Have a mission statement and a budget. Must complete 3 activities in each section (General Worksite, Healthy Behaviors, Nutrition, Safety, Preventive Services, and Physical Activity). At least one accomplishment must be under "policy," one under "infrastructure," and one under the "outcome" categories.

****You must show documented proof for the activity completed under "outcome". This includes showing what your program was, why you did it, who participated, who was eligible to participate, incentives, how program worked, what were the outcomes. A template will be provided to assist in completing this section.**

Platinum: Program in operation a minimum of 5 yrs. Program is available to all employees and spouses. Have a mission statement and a budget. Complete 4 activities in each section (General Worksite, Healthy Behaviors, Nutrition, Safety, Preventive Services, and Physical Activity). There must be at least two accomplishments under "policy," two under "infrastructure," and two under the "outcome" categories.

****You must show documented proof for the activity completed under "outcome". This includes showing what your program was, why you did it, who participated, who was eligible to participate, incentives, how program worked, what were the outcomes. A template will be provided to assist in completing this section.**