



Strides to a Healthier Worksite

A guide to help South Dakota employers develop and improve programs for employee wellness

2011



Table of Contents

Introduction	3
Why have a Worksite Wellness Program	4
What are Policy and Environmental Changes?	5
Why focus on Nutrition and Physical Activity?	6
Tobacco Cessation	7
The Process – How to Start a Wellness Program	8
Strategies and Activities to Support Physical Activity & Nutrition Change	11
Planning	17
Workplan	
Objective/Evaluation	
Budget	
Evaluating the Program	19
APPENDICES	
Appendix A: Communication with Employees	
Appendix B: Potential Partners in Worksite Projects	
Appendix C: Worksite Wellness Program Employer Survey	
Appendix D: Worksite Wellness Program Employee Interest Survey	
Appendix E: Baseline Behavior Survey	
Appendix F: Follow-up Behavior Survey	

INTRODUCTION

The Strides to a Healthier Worksite Tool Kit was developed by the South Dakota Nutrition & Physical Activity Program. This program is part of a Healthy South Dakota initiative of the South Dakota Department of Health. The Department of Health and its partners work to help people detect diseases early and address risky behaviors that can lead to disease. The risk factors include physical inactivity, poor nutrition, obesity, tobacco addiction, high blood pressure, and high blood cholesterol. At both local and state levels, these goals are accomplished by working with employers, schools, healthcare systems, and communities to support healthy lifestyles.

PURPOSE

The purpose of the Strides to a Healthier Worksite Tool Kit is to provide tools for South Dakota employers to improve employee health. The kit contains information on the following topics:

- ★ The link between healthy work environments and the bottom line
 - ★ Key elements of successful worksite wellness programs
 - ★ Strategies that support healthy behaviors
 - ★ Resources to support worksite wellness programs

Why have a Worksite Wellness Program?

What is Worksite Wellness?

For the purposes of this toolkit, worksite wellness refers to the education and activities that a worksite may do to promote healthy lifestyles to employees and their families. This toolkit focuses on risk factors that affect obesity and chronic diseases and does not address safety issues and injury prevention, which have often been addressed in the worksite in the past. Examples of wellness programming include such things as health education classes, subsidized use of fitness facilities, internal policies that promote healthy behavior, and any other activities, policies or environmental changes that affect the health of employees.

Why Worksites?

- The cost of health care is increasing every year.
- Worksite wellness programs have been shown to reduce health care-related costs, reduce employee absenteeism and improve productivity.
- Demands of work and fast-paced lifestyles are taxing on healthy eating habits and physical activity.
- Over 65% of South Dakota adults are overweight or obese (SD BRFSS, 2008).
- More than 75% of medical care costs are attributed to chronic diseases, which in large part are preventable. (CDC)

Worksite based programs involve planning and creating environments that make the healthy choice the easiest choice for eating and physical activity.

Science-Based Target Areas

Research shows six target areas that have sufficient science-based evidence to help prevent obesity and chronic disease. Environmental and policy changes and activities on these topics are excellent ways to achieve healthy lifestyles. These six areas are as follows:

- Breast-feeding
- Increased Fruit and Vegetable Intake (Fruits & Veggies—More Matters)
- Increased Physical Activity
- Decreased Television Viewing
- Decreased Energy-Dense Foods (Control Portion Size)
- Decreased sweetened beverages

What are Policy and Environmental Changes?

Policy and environmental changes enable worksites to support healthy behaviors. “It is unreasonable to expect large proportions of the population to make individual behavior changes that are discouraged by the environment and existing social norms”. (Schmid, Pratt and Howze, 1995) It does little good, for example, to encourage people to take a walk outside if their neighborhoods are unsafe or unpleasant, or to promote healthy eating when fresh fruits and vegetables are not readily accessible or affordable. Worksite policies and environment should not discourage healthy behaviors, but rather promote a healthy lifestyle whenever possible.

The focus of this resource kit is on developing policy and environmental changes in the work environment, which ultimately lead to workplaces that support healthy lifestyles.

The kit offers examples of policy and environmental changes that have created healthier work environments with low or no-cost strategies.

EXAMPLES OF WORKSITE POLICY AND ENVIRONMENTAL CHANGES

- Provide safe walking environment on facility grounds.
- Provide clean, safe and appealing stairwells and promote their use.
- Encourage walking during breaks and lunch breaks.
- Promote healthy lifestyles by modeling healthy behaviors.
- Offer and identify healthy food choices in vending machines, snack bars, and/or cafeterias.
- Promote the adoption of Fruits & Veggies—More Matters (increased fruits & veggies) in catering/cafeteria policies.
- Offer healthy food alternatives at meetings, company functions, potlucks and celebrations.
- Make water available throughout the day by providing a bottled water dispenser in your worksite.
- Provide programs and policies that promote breast-feeding.
- Provide a place to express or breast-feed.
- Offer flexible schedule to express or breast-feed.
- Conduct awareness campaigns for families to reduce TV viewing, improve diet and increase physical activity.

Why Focus on Physical Activity and Nutrition?

Physical inactivity and poor nutrition are behavioral risk factors that can have grave consequences on an individual's health. According to the Centers for Disease Control and Prevention (CDC), these two risk behaviors are responsible for at least 365,000 *preventable* deaths each year, second only to tobacco use.

Encouraging physical activity and healthy eating, as well as creating environments and establishing policies which support these behaviors are critical to reducing the burden of a number of chronic diseases, including South Dakota's number one killer—cardiovascular disease.



How much is enough? The South Dakota Department of Health recommends following the guidelines announced in 2008 by the US Department of Health and Human Services. The guidelines recommend adults get:

- 150 minutes (2 ½ hours) of moderate-intensity physical activity per week (i.e. 30 minutes 5 days/week) **OR**
- 75 minutes (1 ¼ hours) of vigorous-intensity physical activity per week (i.e. 25 minutes 3 days/week) **OR**
- An equivalent mix of moderate and vigorous intensity physical activity **AND**
- Muscle-strengthening exercises at least 2 or more days per week that work all major muscle groups

Consuming more fruits and vegetables per day, monitoring portion size and quality of diet, and eating a diet low in saturated fat are key steps towards a healthy diet.



STAGES of CHANGE

The **Stages of Change** model offers levels of a person's "readiness to change". These are:

- ★ **Precontemplation** - not intending to change or resisting change ("I just don't see how this is going to help me.")
- ★ **Contemplation** - Intending to change or considering change ("I know I need to start exercising, but I just can't seem to find the time.")
- ★ **Preparation** - Getting ready for change or making small changes ("I bought a lunch bag so I can start bringing my own lunch to work.")
- ★ **Action** - Making a change or taking action on a regular basis for a short period of time (less than six months) ("I have been meditating at least once a day for a couple of months.")
- ★ **Maintenance** - Sustaining the change ("I have been walking regularly for over a year as a member of the local walking club.")

Workplace wellness programs focused on environmental issues allow for individual progress to higher stages at their own pace. It is important not to push change beyond an individual's readiness.

Tobacco Cessation

The negative health effects of smoking are well known. Smoking is the leading cause of preventable death each year in the United States and the associated diseases and health care costs are significant. Smokers tend to require more medical costs, see physicians more often and be admitted to hospitals for longer periods than nonsmokers.

Why invest in tobacco cessation for your business?

The business case for covering smoking cessation is clear. According to the Centers for Disease Control, smoking costs the nation \$193 billion a year in healthcare costs and lost worker productivity. The CDC estimates each employee that smokes costs your company \$3,391 per year -- including \$1,760 in lost productivity and \$1,623 in excess medical expenses.

Other reasons to invest:

- Employers have two times as much lost production time per week for smokers as for workers who have never smoked.
- Men who smoke incur \$16,500 (in 2004 dollars) more in lifetime medical expenses than men who do not smoke.
- Women who smoke incur \$17,753 (in 2004 dollars) more in lifetime medical expenses than non-smoking women.
- Smoking increase costly complications of pregnancy, such as pre-term delivery and low birth weigh infants, and women who smoke have an increased risk for other serious health risks such as cancer of the uterine cervix.



Smoking cessation programs have shown some immediate return on investment and a significant return on investment in a relatively short time period (as little as two years).

Health and productivity benefits from quitting tobacco use can be seen almost immediately, so implementing programs to help your employees quit for good would be very positive for your bottom dollar.

The following are ideas of activities that can help:

- Make all areas of the workplace tobacco-free (indoor & outdoor)
- Sponsor tobacco cessation programs
- Cover the cost of nicotine replacement therapy and other medication
- Don't sell tobacco products.

Additional resources and information for implementing a tobacco-free workplace can be found in the South Dakota Department of Health [*Tool Kit for a Tobacco-Free Workplace*](#).

Steps to a Worksite Wellness Program

Coordinator → Committee → Assessment → Goals → Planning → Implementation → Evaluation

Once an organization decides they want a worksite wellness program, the first question is often “How do we put together a wellness program?” Laying the groundwork first and gathering more information is one of the first steps followed by these next items:

Step 1: Identify a committed coordinator & gain support

This individual will be charged with leading the program.

This person will work with the wellness committee to implement the program.

Gain support of stakeholders

The most important factor of program success is the level of support and participation from stakeholders such as senior management, human resource managers, safety offices, etc.

- **Employer Survey-** Conduct inventory for employers regarding employee health and promotion of physical activity and nutrition. Employers are an important component in promoting physical activity/nutrition programs and can build interest and participation in the program. (See appendices for sample survey)

Step 2: Organize a wellness committee

The best way to generate and implement new ideas is through a wellness committee. It is critical a wellness program have a dedicated committee. A wellness committee, drawing members from different work areas within the workplace, establishes motivation, continuity, and ownership of the program. This group will oversee and implement the program.

Step 3: Assess needs, interests, and resources

To best plan for new wellness activities, information must first be gathered from the people who make up the worksite. This information gathering process gives the wellness committee a better sense of employee interests, needs and barriers.

- **Employee Interest Survey-** Short survey of interests and needs is administered to workplace employees that include employees in the planning process. (See appendices for sample survey)

Step 4: Create goals & objectives

Use the survey results and other data to prioritize your program components and to set goals and objectives. Develop an action plan with appropriate strategies to address specified goals. Include a timeline, a budget, and an evaluation plan.

Step 5: Plan activities to meet goals and objectives

Develop an action plan with appropriate strategies to address specified goals. Include a timeline, a budget, and an evaluation plan.

Refer to the barriers, interests and needs identified in the survey. We have provided you with activities focused on the science-based strategies and tobacco to help you generate ideas of activities you can offer in your worksite.

Step 6: Market and Implement Programs

After planning activities, prioritize which ones you will carry out. Policy and small environmental changes in the workplace can have a great impact on employee behaviors with little or no cost.

Step 7: Evaluate and modify the program

Think about evaluation from the start of the wellness program. A well-documented evaluation will help identify areas where change is needed and can also justify a continued or bigger budget for program activities in the future.

Resources for evaluating programs

Develop an evaluation plan to assess activities and programs.

- Baseline Behavior Survey (See appendices)
- Follow-up Behavior Survey (See appendices)

Continue to monitor progress and make changes to the plan to maintain a healthy environment for all employees.

Wellness Program Components

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

What does a well-defined wellness program consist of?

- Have a current policy outlining the requirements and functions of a comprehensive worksite wellness program
- Have a worksite wellness plan in place that addresses the purpose, nature, duration, resources required, targeted participants, and expected results of a worksite wellness program
- Orient employees to the wellness program and give them copies of the physical activity, nutrition, and tobacco use policies
- Promote and encourage employee participation in its physical activity/fitness and nutrition education/weight management program
- Provide health education information through newsletters, publications, websites, email, and other company communications
- Have a wellness committee that meets at least once a month to oversee worksite wellness program
- Offer regular health education presentations on various physical activity, nutrition, and wellness-related topics. Ask voluntary health associations, health care providers, and/or public health agencies to offer onsite education classes
- Host a health fair as a kick-off event or as a celebration for completion of a wellness campaign
- Designate specific areas to support employees such as people with diabetes and nursing mothers
- Conduct preventive wellness screenings for blood pressure, body composition, blood cholesterol, and diabetes
- Provide confidential health risk appraisals
- Offer on-site weight management/maintenance programs for employees.
- Have a worksite budget for employee health promotion that includes some funds for programming and incentives
- Provide adequate healthcare coverage for employees and their families for prevention of and rehabilitation of chronic disease
- Add weight management/maintenance, nutrition, and physical activity counseling as a member benefit in health insurance contracts

Strategies to Support Physical Activity and Nutrition Change

Strategy 1: Activities to Promote Increases Fruits & Vegetables (Fruits & Veggies – More Matters)

1. Offer appealing, low-cost, healthy food options, such as fruits and vegetables, juices, and low-fat dairy products in vending machines, snack bars, break rooms, and/or cafeterias. These can include fresh, canned, and dried fruits, 100 percent fruit or vegetable juice, plain or mixed nuts, low-fat bagged snacks, nonfat yogurt and milk.
2. Post motivational signs about Fruits & Veggies—More Matters (eating more fruits & veggies), nutrition, and healthful eating in the cafeteria and break rooms.
3. Just as employees often organize to purchase coffee or spring water as a group, encourage employees to organize for group purchases of fruits, vegetables, and other healthy snacks.
4. Distribute Fruits & Veggies—More Matters materials and messages on worksite bulletin boards and newsletters.
5. Establish an on-site or neighborhood farmers' market at a workplace or among several workplaces in collaboration with a group of employers.
6. Place nutrition action stickers on phone handsets or other “in your face” locations.
7. Offer coupons for fruits and vegetables as reward for work well done or some other incentive.
8. Distribute educational materials, such as newsletters, recipes, brochures, and posters, at workplaces to show the benefits of eating fruits and vegetables and how to prepare healthy meals throughout the day.

Strategy 2: Activity to Decrease TV Viewing

1. Reduce television viewing time by sponsoring a “Turn off TV Night” and offer alternatives for employees and their families to choose from.
2. Build awareness of reduced TV viewing through payroll stuffers, posters and table tents in cafeteria.
3. Provide information to parents in reducing TV viewing time of children.
4. Offer parenting programs addressing parental monitoring and setting of rules (e.g. no TV in a child’s bedroom, not having the TV on all of the time, not letting children watch TV alone, not watching TV during meals).
5. Sponsor family game night for employees and families to encourage alternatives to TV viewing. Include active games such as bocce, croquet or disc golf.

Strategy 3: Activities to Improve Nutrition

1. Provide healthy choices in vending machines.
2. Offer healthful food alternatives at meetings, company functions, and health education events.
3. Make available reliable resources on general nutrition related to portion size (for example, portion size placemat or plate, food models).
4. Promote healthy eating lifestyles by providing cooking classes to educate on techniques of healthy cooking and incorporating healthy foods into meals.
5. Make water available throughout the day by providing a bottled water dispenser in your worksite breakroom.
6. Collaborate with nearby restaurants and/or local dining establishments to offer healthy foods and promote nutritious specials at reasonable prices.
7. Promote healthy eating behaviors by offering nutrition education classes based on assessments of interest and need.
8. Provide protected time and dedicated space away from the work area for breaks and lunch.

9. Place prompters for healthy food choices on vending machines.
10. Make refrigerators available for employees' food storage.
11. Provide incentives for participation in nutrition and/or weight management/maintenance activities.
12. Start a healthy recipes exchange where employees swap recipes.
13. Encourage more family meals.
14. Limit consumption of sweetened beverages.
15. Make water available throughout the day.
16. Offer appealing, low cost healthful drink options in vending machines and the cafeteria.
17. Reduce competitive foods of minimum or low nutritional value that are sold in the worksite.
18. Create opportunities for peer role modeling (i.e. employee led campaigns, demonstrations, or programs).
19. Use point of decision prompts as a marketing technique to promote healthier choices.
20. Modify worksite vending contracts to increase the number of healthy options.
21. Use competitive pricing (price non-nutritious foods at a higher cost)
22. Label foods to show serving size and/or nutritional content.
23. Provide food models, food scales for weighing and pictures to help employees assess portion size.
24. Offer appropriate portion sizes at the cafeteria
25. Encourage local restaurants to offer smaller or ½ portion meals on menus at reduced prices.
26. Create a worksite culture that minimizes consumption of low-nutrition foods and beverages, such as cakes at parties, candy bowls, and sweets as rewards.

Strategy 4: Activities to Increase Physical Activity

1. Provide quality/safe sidewalks, trails, safe pedestrian and bicycle access to your worksite.
2. Promote increased bicycling by providing a bike rack for parking at the worksite and/or organize a "Bike to Work Day/Week" event.
3. Provide clean, safe, and aesthetically appealing stairwells, and post motivational signs at elevators and escalators to encourage usage.
4. Establish on-site fitness rooms or exercise facilities and offer opportunities, such as group classes or personal training.
5. Encourage use of programs like 10,000 Steps, Active for Life, or others as appropriate and of interest to employers and employees.
6. When building new or renovating your facility, set standards for construction so that your facilities will encourage physical activity.
7. Support and promote physical activity breaks during the workday, such as stretching or walking.
8. Implement incentive-based programs to encourage physical activity, such as pedometer walking challenges.
9. Host a 'walk with the manager' program.
10. Post motivational signs at elevators and escalators to encourage use of stairs.
11. Offer flexible work hours to allow for physical activity during the day.
12. Support recreation leagues, community and state park programs with employees.
13. Provide incentives for participation in physical activity and or weight management/maintenance activities.
14. Explore discounted memberships at local health clubs, recreation centers, or YMCA's.
15. Provide articles in employee newsletters promoting physical activity and current opportunities to participate.

16. Display key messages to encourage physical activity on signs or display boards.
17. Post notices of upcoming events in the community, school or faith-based organizations on bulletin boards or email lists.
18. Use multiple channels for interventions, such as community recreation/leisure facilities, on site worksite opportunities, private wellness facilities and state and local parks.
19. Conduct healthy eating and physical activity special events such as a company walk and invite community to join.

Strategy 5: Activities to Increase Breastfeeding

1. Establish workplace programs that promote breast-feeding including a place to pump or breast-feed.
2. Develop resources to target public education that links the impact of breast-feeding to obesity prevention. Make electric breast pumps available at the worksite or provide to employees who breast-feed.
3. Develop social support resources for breast-feeding women (i.e. peer counselor and mother-to-mother networks)
4. Establish workplace programs and policies that promote breast-feeding.
5. Telephone or in-home breast-feeding support (peer counseling).
6. Designate specific areas to support employees with sensitive health issues, such as people with diabetes and nursing mothers.
7. Facilitate breast-feeding or breast milk expression in the workplace by providing private rooms, commercial grade breast pumps, milk storage arrangements, adequate breaks during the day, flexible work schedules and onsite childcare facilities.
8. Establish family and community programs that enable breast-feeding continuation when women return to work in all possible settings.
9. Encourage childcare facilities to provide quality breast-feeding support.

Activities that Support Tobacco Cessation

1. Implement policy prohibiting tobacco use anywhere on the property
2. Provide prompts/posters to support no tobacco use policy.
3. Promote the South Dakota QuitLine
4. Have policy that supports participation in smoking cessation activity during flex-time.
5. Provide counseling through an individual, group. Or telephone counseling program on-site.
6. Provide cessation medications through health insurance.

Planning

Workplan

Briefly detail the plan of strategies you would like to implement at your workplace. Remember to use partners in your community whenever possible to extend your resources.

Objective/Evaluation

In order to show that the changes you make have an impact, it's necessary to develop objectives and determine a means to measure them.

You will need a means of measuring whether or not changing the policy/ environmental barrier and interventions you chose had any impact on physical inactivity or unhealthy eating in your target area. In order to do this, it will be necessary to develop clear, time-oriented, and measurable objectives.

An objective reflects changes in knowledge, attitudes, or behaviors. This objective should state the change you hope will occur by altering a policy or environmental barrier. For example, by improving a walking path near your facility you hope that more people will use the path and increase their physical activity as a result of this environmental change. (See Sample Workplan, page 21)

The activities are considered the means to accomplish the objective. They are the big steps necessary to ensure that the change you are anticipating actually occurs. These should also be time-oriented, specific and measurable. (See Sample Workplan, page 21)

Budget

Develop a budget bearing in mind the funds you have available and that they directly support a science based strategy. If the activities you have in mind require much more substantial funding, think of smaller steps and processes that can be funded. Start seeking partners who might be interested in contributing time, resources, or money to move ahead with the rest of the plan.

Policy/Environmental Barriers

Worksite: _____

Policy/Environmental Barrier: _____

Using data from surveys of employees and the employer and from your discussion of potential strategies, community resources, etc., write a short description of your plan to increase physical activity and healthy eating through worksite interventions.

Describe the methods you will be using to alter or eliminate the policy or environmental barrier you have found in your worksite culture. It is often necessary to partner with other organizations or individuals in the community in order to make your resources extend further. Think about who your potential partners will be as you develop your plan. (See Potential Partners List, beginning on page 27)

Evaluation

Evaluating Your Program: Is it doing any good?

At the beginning of this toolkit we listed reasons why you should invest in a worksite wellness program. That list included reduced health care costs, increased productivity, decreased absenteeism, and improved employee health and morale. In developing your program, it is important that you think about how you are going to evaluate it. Evaluation will provide you with information to modify your program to better meet your employee needs and interests. Evaluating your program will also help you decide if you are implementing the right strategies and activities and thus spending your dollars wisely.

Other Types of Evaluation

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

- Number of staff enrolled and participating (participation rates)
- Web site hits
- Observation or counts (ex. track number walking at noon)
- Participant satisfaction (via survey, focus groups, interviews, stakeholder survey, etc.)
- Policy or environmental changes/tracking (compare list of policy or environmental changes from initial site assessment with later follow-up at 1 year, 2 years, etc.)

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

- Pre/Post test surveys – Can measure changes in attitude, knowledge and current eating, physical activity and mental health status from an initial assessment to completion of a specified program or campaign (See Baseline Behavior Survey & Follow-up Behavior Survey in the appendices.)
- Quizzes
- Physical activity and diet log sheets
- Vending items being chosen (arrange with vendor to track selections/sales)
- Cafeteria menu options
- Health Indicators / reduced risk factors. Comparison of company combined screening measures such as blood pressure, cholesterol,

body weight, BMI (Body Mass Index), stress or anxiety/depression, etc. before and after a specified program or campaign.

- Corporate costs and return on investment. The expense side, or what it costs to run your wellness program, can be fairly easy to quantify. However, computing savings from reduced health care claims, lost work days or absenteeism may be harder to calculate. Work with your human resources and benefits contacts to determine what can be measured and then setting a “baseline” figure to compare against later.

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

Evaluation Resources:

1. Health Improvement: A Comprehensive Guide to Designing, Implementing and Evaluating Worksite programs. Center for Prevention and Health Services Issue Brief. http://www.businessgrouphealth.org/pdfs/issuebrief_nov2004.pdf

2. WELCOA Article: Evaluating Your Wellness Program (pages 3-9) http://www.welcoa.org/freeresources/pdf/aa_v5.6_mayjune06.pdf

3. Evaluating Comprehensive Workplace Health Promotion <http://www.thcu.ca/workplace/documents/EvaluationInfoPackFinalWeb.pdf>

Sample Workplan

Objective	Partners	Evaluation
By June 2008, 25% of employees will have initiated use of the local walking trail, or increased their use of the trail, due to improvements, beautification efforts and incentives.		Conduct a survey of all employees by May 31, 2008 to assess self-reported trail use resulting from improvement efforts. Provide a small gift for those who return their survey to increase response rate.
<i>The following are some examples of activities—they are not comprehensive, and there are steps before and afterward that should be considered. This is just to give you an idea of the scope of an activity.</i>		
Activity 1: By April 2008, trees will be trimmed and the walking surface improved by adding new gravel along the local walking path.	Meet with local service clubs to explore the possibility of them trimming bushes and trees.	Submit pictures of improved trail.
Activity 2: By May 2008, an article will be placed in the employee newsletter or email regarding the new efforts on the trail and encouraging people to come out and be physically active.	Management will encourage staff to use the trail during breaks and lunch to increase use of the trail.	Employee newsletter will be submitted along with any specific strategies managers use to promote physical activity and trail use

Workplan

Objective	Partners	Evaluation
Activity 1:		
Activity 2:		
Activity 3:		
Activity 4:		
Activity 5:		

(You may add a couple more activities, if necessary)

Budget

Below is a sample budget with operating expenses that are consistent with proposed objectives and planned activities. This will help you plan your budgetary needs and allow the workgroup to search for resources based on funding needs.

Sample Budget and Justification

Description	Cost	Justification
Meeting expense (with local service clubs)	\$100.00	Activity 1-We want to explore the possibility of local service clubs trimming bushes & trees
Environmental change (Walking surface improvement)	\$1,000.00	Activity 1-Trail will be re-surfaced with gravel
Incentives- pedometers	100 employees- \$5.00 each = \$500.00	Provide pedometers for all employees for monitoring of physical activity
Newsletter article	\$500.00	Activity 2-Employee stipend for work on employee wellness communication/organization
	TOTAL	
	\$2,100.00	

Budget and Justification

Description	Cost	Justification

Appendices

Appendix A: Communication with Employees

Appendix B: Potential Partners List in Worksite Projects

Appendix C: Employer Health & Wellness Promotion Survey

Appendix D: Worksite Wellness Program Employee Interest Survey

Appendix E: Baseline Behavior Survey

Appendix F: Follow-up Behavior Survey

Appendix A:

Communication with Employees

1. Provide articles in the newspaper or newsletter promoting physical activity and nutrition activities in the worksite.
2. Display key messages on a community sign or display board at worksite facility.
3. Insert notices of upcoming events in newsletters or emails.
4. Share employee success stories to encourage others to participate and provide recognition.
5. Create a logo that recognizes a healthy choice or wellness participant.
6. Provide shirts or bags for participants in the wellness program.
7. Offer health education/information presentations on various physical activity, nutrition and wellness-related topics.
8. Provide health information through newsletters, publications, Web sites, email, libraries, and other company connections.
9. Conduct preventive wellness screenings for blood pressure, body composition, blood cholesterol, and diabetes.
10. Provide confidential health risk appraisals.
11. Host a health fair.
12. Offer on-site management/maintenance programs at a convenient time for employees.
13. Reward teamwork and social support for employees who adopt and maintain healthy behaviors such as team-based, low or no-cost programs for nutrition and physical activity promotion through friendly competition with recognition of group and individual achievements.
14. Add weight management/maintenance, nutrition, and physical activity counseling as a member benefit in health insurance contracts.

Appendix B: Potential Partners in Worksite Projects



Government sector

Department of Game, Fish, and Parks, Division of Parks & Recreation, Trails Coordinator
Department of Game, Fish, and Parks, Division of Parks & Recreation, Visitors Services Coordinator
Department of Health, Cardiovascular Health
Department of Health, Community Health Services
Department of Health, Maternal and Child Health
Department of Health, WISEWOMAN
Department of Social Services, Child Care
Libraries
Representatives of state, county, and city government
State, county zoning board
State or county cooperative extension service (SDSU Cooperative Extension)
State and local elected officials



Health sector

Insurance Companies
Local hospital and clinic
Private practicing physicians
State and local health departments
State nursing and medical associations such as:
 South Dakota School Nurses Association
State nutrition and physical activity associations such as:
 South Dakota Dietetic Association
 South Dakota Nutrition Council
 South Dakota Park and Recreation Association, Recreation Branch



Education sector

After-school programs
Day care centers, preschool programs
Local elementary, middle, and high schools

Physical educator
Post secondary education
State department of education



Transportation sector

City and regional planning commissions
County commissioners regulating zoning laws
State and local departments of transportation



Business sector

Business leaders
Chamber of Commerce
Farmers markets
Fitness clubs and health spas
Grocery stores and convenience stores
Restaurant owners/managers
Shopping mall managers



Media and communication sector

Chamber newsletter
Employee newsletter
Newspaper editors
Radio station managers
Television stations (cable and public)
Websites



Recreation sector

Community centers
Community team sports clubs (softball, soccer, basketball, volleyball, football, ice hockey)
Local park and recreation departments
State and local parks
Walking, hiking, running clubs



Religious sector

Churches
Church-owned recreation facilities, camps, etc
Parish nursing
Women's groups and men's groups
Youth groups



Voluntary or service organization sector

Action for Healthy Kids representative
American Cancer Society
American Heart Association
Girl Scouts of America, Boy Scouts of America, Boys' and Girls' clubs, 4-H clubs and other youth organizations
Midwest Dairy Council
Rotary, Lions, Kiwanis, Jaycees, and other service organizations

Appendix C: Employer Health & Wellness Promotion Survey



South Dakota Worksite Health and Wellness Promotion Survey - Employer

Opinions about worksite health and wellness promotion:

1 For each statement, please mark the box that best describes your level of agreement or disagreement.

	Strongly Agree	Agree	Slightly Agree	Neutral	Slightly Disagree	Disagree	Strongly Disagree	Not Sure
A. Establishing policies or programs that promote healthy habits would improve our employees' health.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Worksites with healthier employees have lower health insurance costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Healthier employees have better morale, fewer sick days, and are more productive employees.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. This worksite's budget could provide the resources needed to develop and implement programs that would improve our employees' health.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Health and wellness services that are available to your employees:

2 In the community where your worksite is located, are there any health clubs or community centers where your employees can exercise or participate in fitness programs?.....

	Yes	No	Not Sure
3 Please indicate whether or not each of these health or wellness-related services is offered to <u>any</u> employees at your worksite.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A. Offer discounted memberships to off-site exercise facilities.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Provide on-site indoor exercise programs or facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Provide on-site outdoor exercise programs or areas such as a walking path or track.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Provide access to fitness testing or assessments - either on- or off-site.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Provide a worksite environment that promotes physical fitness by promoting stair use, allowing flexible work schedules, or encouraging other physical activities for employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Have signs that inform employees and visitors of your worksite's smoking policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Provide incentives - such as discounts on health insurance premiums, increased pay or periodic bonuses, or additional paid time off - to employees who participate in physical activities or maintain their physical fitness.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Provide incentives for non-tobacco users <u>or</u> those who quit tobacco.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Health Insurance:

4 Which one of the following best describes the types of employees who are eligible to participate in the health insurance plan offered at your worksite?

5

<input type="checkbox"/> None of the employees (If None, Go to Q. 6)	<input type="checkbox"/> Management only	<input type="checkbox"/> Management and full-time employees only
<input type="checkbox"/> All full-time and part-time employees	<input type="checkbox"/> Not sure/Choose not to answer	<input type="checkbox"/> Other (Please specify) <input style="width: 100px; height: 20px;" type="text"/>

If one or more employees at your worksite are eligible for health insurance, please indicate whether or not each item is covered by your health insurance plan.

	Yes	No	Not Sure
A. Routine check-ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. General health risk assessments.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Classes on nutrition and healthy eating habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Classes on healthy cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Weight control and/or weight loss services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Cholesterol screening.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Blood pressure screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Diabetes screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Cancer screening services, such as mammograms, prostate exams, or PAP tests.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Adult immunizations, or shots for flu, pneumonia, or hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Tobacco cessation programs that help people stop smoking.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Foods available to employees at your worksite:

6 Please indicate whether or not each of these food or snack sources is available for any employees at your worksite.

	Yes	No	Not Sure
A. Food or beverage vending machines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. A cafeteria or snack bar that serves food.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Outside vendors that sell food or snack items at your worksite during work days.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 7** If food or snacks are available for employees at your worksite, please indicate whether or not each item (either individually or as a part of a meal) is available for employees at your worksite.
- | | Yes | No | Not Sure |
|--|--------------------------|--------------------------|--------------------------|
| A. Fruit or vegetables..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Milk or yogurt..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Snack foods such as candy, chips, or donuts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Coffee or tea..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Wellness-related policies, practices & interests:

- 8** Which one of the following best describes the tobacco policy in your workplace?
- | | | |
|--|--|---|
| <input type="checkbox"/> Tobacco is prohibited inside the building <u>and</u> on the surrounding grounds | <input type="checkbox"/> Tobacco is prohibited inside the building but is allowed on the surrounding grounds | <input type="checkbox"/> Tobacco is allowed <u>both</u> in designated areas inside the building <u>and</u> on the surrounding grounds |
| <input type="checkbox"/> Tobacco is allowed <u>anywhere</u> in the building and on the surrounding grounds | <input type="checkbox"/> Not sure/Choose not to answer | <input type="checkbox"/> Other (Please specify) <input type="text"/> |

- 9** Does your worksite have any policies or practices regarding women who choose to breast feed their babies? Yes No Not Sure
- If No or Not Sure, Go to Q. 11**

- 10** If "Yes" in Q9, does your worksite have any policies or practices that...
- | | Yes | No | Not Sure |
|---|--------------------------|--------------------------|--------------------------|
| A. Allow employees to share jobs or "jobshare"? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Allow flexible scheduling for mothers who want to <u>express</u> milk or breast feed their baby? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Provide a private area where mothers can <u>express</u> breast milk or breast feed their baby? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Provide an electric pump for expressing breast milk? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Allow mothers to bring their baby to work? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- 11** Which of the following positions or committees does your worksite currently have?
- | | Yes | No | Not Sure |
|---|--------------------------|--------------------------|--------------------------|
| A. A wellness committee or wellness coordinator | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. A human resources director or department | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- 12** A "worksite needs assessment" typically involves surveying employees to determine their current health status and interest in worksite wellness programs, as well as assessing your worksite's current health and wellness practices. **What steps has your worksite taken to identify opportunities for improving the health of your employees?.....**
- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Have completed a "worksite needs assessment" | <input type="checkbox"/> Are currently conducting a "worksite needs assessment" | <input type="checkbox"/> Have <u>never</u> conducted a "worksite needs assessment" | <input type="checkbox"/> Not Sure choose not to answer |
|---|---|--|--|

- 13** How interested are you in conducting (or updating) a "worksite needs assessment" in the next 2 to 3 years to identify opportunities for improving the health of your employees?
- Very interested Interested Somewhat interested Not very interested Not at all interested Not sure choose not to answer

- 14** A "worksite wellness plan" typically involves determining programming, setting goals to meet employee health needs, and identifying a budget and funding for the plan. **What steps has your worksite taken to specify the action steps you can take to improve the health of your employees?.....**
- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Have completed a "worksite wellness plan" | <input type="checkbox"/> Are currently developing a "worksite wellness plan" | <input type="checkbox"/> Have <u>never</u> developed a "worksite wellness plan" | <input type="checkbox"/> Not Sure choose not to answer |
|--|--|---|--|

- 15** How interested are you in developing (or updating) a "worksite wellness plan" in the next 2 to 3 years to specify the action steps you can take to improve the health of your employees?
- Very interested Interested Somewhat interested Not very interested Not at all interested Not sure choose not to answer

Demographic Information:

16 Which one of the following best describes the industry your worksite is in. (If you are unsure of the correct category, mark the "other" response and provide a description of the industry your worksite is in.)

<input type="checkbox"/> Manufacturing/Processing	<input type="checkbox"/> Wholesale/retail/sales	<input type="checkbox"/> Services/hospitality	<input type="checkbox"/> Transportation	<input type="checkbox"/> Not sure/choose not to answer
<input type="checkbox"/> Communication	<input type="checkbox"/> Agriculture/mining	<input type="checkbox"/> Construction	<input type="checkbox"/> Education	
<input type="checkbox"/> Government	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Repair/maintenance	<input type="checkbox"/> Other (Please specify)	

17 For each category below, based on your organization's definition of a full-time employee, please specify the number of people that are currently employed full-time at your worksite.

Total number of ALL full-time employees at your worksite:

Total number of MALES full-time employees at your worksite:

Total number of FEMALES full-time employees at your worksite:

18 For each category below, please specify the number of all employees (include all full-time, part-time, and seasonal) that are currently employed at your worksite.

Total number of ALL people currently employed at your worksite:

Total number of MALES currently employed at your worksite:

Total number of FEMALES currently employed at your worksite:

19 Which one of the following job titles best describes your title or position at your worksite? (If you are unsure of the correct category, mark the "other" response and provide a description of your title or position.)

<input type="checkbox"/> CEO/president/owner	<input type="checkbox"/> Vice president or senior manager	<input type="checkbox"/> Human resources director
<input type="checkbox"/> Human resources representative	<input type="checkbox"/> Not sure/Choose not to answer	<input type="checkbox"/> Other (Please specify)

20 Which one of the following best describes your involvement in the management of your worksite's health insurance or human resources?

<input type="checkbox"/> You manage your health insurance and human resources	<input type="checkbox"/> Both you and others manage these areas
<input type="checkbox"/> Someone else manages these areas	<input type="checkbox"/> Not sure/Choose not to answer

21 Do any of the computers at your worksite allow you to access the Internet or send/receive external email?

<input type="checkbox"/> Yes, the computers at our worksite <u>do</u> allow us to access the Internet or external email	<input type="checkbox"/> No, the computers at our worksite <u>do not</u> allow us to access the Internet or external email
<input type="checkbox"/> Do not have any computers at our worksite	<input type="checkbox"/> Not sure/Choose not to answer

22 What type of contact would you prefer from the South Dakota Department of Health's Office of Health Promotion about health and wellness promotion programs for businesses?

<input type="checkbox"/> Have someone contact me	<input type="checkbox"/> Send more information to me by mail, fax, or email
<input type="checkbox"/> Prefer not to be contacted or have more information sent	<input type="checkbox"/> Not sure/Choose not to answer

23 If you would like to have someone contact you or have more information sent to you, please provide the contact information below so the Office of Health Promotion will know how to contact you. This survey is confidential, so contact information will never be used to identify your answers by name! The contact information will only be used to provide you with the additional information you requested.

Name: Title:

Email: @

Phone: 6 0 5 - -

FAX: 6 0 5 - -

24 Please indicate your age.

<input type="checkbox"/> Under 25	<input type="checkbox"/> 25 to 34	<input type="checkbox"/> 35 to 44	<input type="checkbox"/> 45 to 54
<input type="checkbox"/> 55 to 64	<input type="checkbox"/> 65 and over	<input type="checkbox"/> Not sure/Choose not to answer	

25 Please indicate your gender

<input type="checkbox"/> Male	<input type="checkbox"/> Female
-------------------------------	---------------------------------

Thank you for your cooperation in completing this survey!

Appendix D: Worksite Wellness Program Employee Interest Survey



Worksite Wellness Program Employee Interest Survey

We are exploring the possibility of developing an employee wellness program and would like to learn about your interests in health promotion and health related activities. Please take a few minutes to complete this anonymous survey.

First Tell Us About Yourself!

I. Male Female

II. Age Group: (Please check your age group.)

Under 21 21-30 31-40 41-50 51-60 60+

III. Your department/Workunit: _____

Your Current Health Habits

Select one number for each question:

- 4= Very likely
- 3= Somewhat likely
- 2= Not very likely
- 1= Not at all likely

- | | 4 | 3 | 2 | 1 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. I buy healthy snacks when they are available (for example: pretzels, cereals, yogurt, fresh fruit, raisins, dried fruit, 1% or skim milk) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1a. I would buy healthy snacks at the worksite if they were available. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If I had a 5-minute break, I would use it for a personal activity- like stretching, yoga, or a walk- if there were a place to do it. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I would eat fruit if available at our staff meetings. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I would use resource guides for healthy eating or physical activity (for ex. How-to books, videos, and recipes) if they were available. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I am satisfied with my current state of health. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I make time for 30 or more minutes of physical activity most days of the week. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I don't think about health when deciding what to eat. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. It's hard for me to get as much exercise as I should. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. How likely are you to obtain the recommended 8 hours of sleep a night? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

10. I try to look for healthier foods, but usually eat whatever is available.

11. I regularly use tobacco products (cigarettes or chew).

12. I eat breakfast every day.

13. I have had my blood pressure checked within the last year.

14. I think that good nutrition and regular physical activity can contribute to better productivity at work.

15. Do you typically take regular breaks during the day?
 Yes, most "typical" days No, I usually don't take a break

If "yes", what breaks do you most often take? *(Check all that apply)*

Morning "coffee" break
 Afternoon break
 Lunch

If "no", you don't take breaks, why not? *(Check all that apply)*

Pressure to get work done Need to catch up on work
 I eat at my desk Just don't want to
 Other_____

16. If you could receive written information for five of the health topics listed below, which five would you select?

<input type="checkbox"/> Tips for reducing cholesterol	<input type="checkbox"/> Controlling blood pressure
<input type="checkbox"/> Weight management techniques	<input type="checkbox"/> Preventive dentistry
<input type="checkbox"/> Starting a walking program	<input type="checkbox"/> Vitamin facts
<input type="checkbox"/> Recipes with fruits & vegetables	<input type="checkbox"/> Women's health
<input type="checkbox"/> Starting a physical activity program	<input type="checkbox"/> Low salt tips
<input type="checkbox"/> Avoiding sports injuries	<input type="checkbox"/> Heart disease prevention
<input type="checkbox"/> Nutritious cooking tips	<input type="checkbox"/> Cancer detection/prevention
<input type="checkbox"/> Second-hand smoke	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Medical self-care	<input type="checkbox"/> Nutrition & Cancer prevention
<input type="checkbox"/> Questions for your doctor	<input type="checkbox"/> Tobacco cessation tips/Quit-Line Info
<input type="checkbox"/> Sleep disorders	<input type="checkbox"/> Breast self-exam
<input type="checkbox"/> Recreational safety	<input type="checkbox"/> Men's health
<input type="checkbox"/> Tips for increasing physical activity	<input type="checkbox"/> Information on alcohol/drug abuse
<input type="checkbox"/> Prevention of sexually transmitted diseases/HIV-AIDS	<input type="checkbox"/> Parenting tips
<input type="checkbox"/> Stretching/Strength tips	<input type="checkbox"/> Adult immunization
<input type="checkbox"/> Small steps to changing nutrition/physical activity	<input type="checkbox"/> Coping with stress

17. Would you personally participate in a health promotion program if we offered one?
Yes No

18. Would you participate in any of the following wellness activities on a regular basis if they were offered at work?

- | | |
|--|---|
| <input type="checkbox"/> Aerobic exercise classes | <input type="checkbox"/> Tobacco cessation program |
| <input type="checkbox"/> Weight management program | <input type="checkbox"/> Blood pressure screening |
| <input type="checkbox"/> Confidential health screening | <input type="checkbox"/> Pot-luck for nutritional foods |
| <input type="checkbox"/> Health fair | <input type="checkbox"/> Blood test for cholesterol |
| <input type="checkbox"/> Fitness or wellness challenge | <input type="checkbox"/> Workshop on self-esteem |
| <input type="checkbox"/> Walking event or club | <input type="checkbox"/> Workshop on stress management |
| <input type="checkbox"/> Monthly wellness seminar | <input type="checkbox"/> Healthy cooking classes |
| <input type="checkbox"/> Other_____ | |

19. If you were to receive information about activities, health topics, news or tips about healthy choices, what would be your preferred way to get that information?
(select one)

- A dedicated bulletin board
- Weekly e-mail tips
- In a flyer distributed with paychecks
- On the intranet
- Discussion at staff meetings
- Other_____

20. Would you be more likely to participate in a wellness program if there were incentives?

- Most likely, Yes Probably Not

If "yes", what incentives would motivate you?_____

Appendix E: Baseline Behavior Survey

Physical Activity:

(For questions 1-17, circle the appropriate response)

1. When you are at work, which of the following best describes what you do?
 - a. Mostly sitting or standing
 - b. Mostly walking
 - c. Mostly heavy labor or physically demanding work

2. In an average week, how many days do you participate in physical activities that cause increase in breathing or heart rate?

0— Never	2—2 days	4— 4 days
1— 1 day	3— 3 days	5— 5 days or more

3. On the days you participate in physical activities, how much time do you spend being physically active?

0—Less than 10 minutes	3—At least 30 minutes
1—At least 10 minutes	4—More than 30 minutes
2—At least 20 minutes	

4. In an average week, how many days do you perform strength activities?

0—Less than 10 minutes	3—At least 30 minutes
1—At least 10 minutes	4—More than 30 minutes
2—At least 20 minutes	

5. In an average week, how many days do you perform stretching activities?

0—Less than 10 minutes	3—At least 30 minutes
1—At least 10 minutes	4—More than 30 minutes
2—At least 20 minutes	

6. Which of the following best describes your physical activity level?
 - 0—Not physically active on a regular basis now and do not intend to start
 - 1—Not physically active on a regular basis now but am thinking of starting
 - 2—Trying to become physically active, or am physically active infrequently
 - 3—Physically active less than 5 times/week for 1-6 months
 - 4—Physically active 5 or more times/week for 1-6 months
 - 5—Physically active 5 or more times/week for 7 months or more

7. My employer provides opportunities for me to be physically active.

Strongly Disagree	Disagree	Somewhat agree	Agree	Strongly Agree
1	2	3	4	5

Nutrition:

8. In a usual week, how many days do you eat 5 or more servings of fruits and vegetables?

- | | |
|----------|------------------|
| 0—Never | 3—3 days |
| 1—1 day | 4—4 days |
| 2—2 days | 5—5 days or more |

9. My employer provides opportunities for me to consume fruits and vegetables.

- | | | | | |
|-------------------|----------|----------------|-------|----------------|
| Strongly Disagree | Disagree | Somewhat agree | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

10. In a usual week, how many cans of regular soda pop do you drink?
(Can = 12 oz)

- | | |
|-----------------|--------------|
| 0—None | 1—One to two |
| 2—Three to five | 3—Six to ten |
| 4—Ten or more | |

11. Do you have access to healthy options in vending?

- | | |
|------|-------|
| 1—No | 2—Yes |
|------|-------|

12. Do you have access to healthy food options at meetings?

- | | |
|------|-------|
| 1—No | 2—Yes |
|------|-------|

13. In a usual day, how many cups of skim or 1% milk do you drink?

- | | |
|-----------------|--------------|
| 0—None | 1—One to two |
| 2—Three or more | |

Tobacco Use:

14. Do you currently use tobacco products (cigarettes, chewing tobacco) everyday, some days, or not at all?

- | | | |
|--------------|-------------|-------------|
| 0—Not at all | 1—Some days | 2—Every day |
|--------------|-------------|-------------|

15. If you smoke, how many cigarettes do you smoke on an average day?

- | | |
|----------------------------|-----------------------------|
| 1—Less than 1 pack per day | 2—2 packs per day |
| 2—1 pack per day | 3—More than 2 packs per day |

16. Have you quit tobacco products?

- | |
|---|
| 0—Never used tobacco products, or quit for at least 5 years |
| 1—Yes, I have for more than 6 months |
| 2—Yes, I have, but for less than 6 months |
| 3—No, but I intend to in the next 30 days and have tried for at least 24 hours in the past year |
| 4—No, but I intend to in the next 6 months |
| 5—No, and I do not intend to in the next 6 months |

Appendix F: Follow-Up Behavior Survey

Physical Activity:

(For questions 1-30, circle the appropriate response)

1. When you are at work, which of the following best describes what you do?
 - a. Mostly sitting or standing
 - b. Mostly walking
 - c. Mostly heavy labor or physically demanding work

2. In an average week, how many days do you participate in physical activities that cause increase in breathing or heart rate?

0— Never	2— 2 days	4— 4 days
1—1 day	3— 3 days	5— 5 days or more

3. On the days you participate in physical activities, how much time do you spend being physically active?

0—Less than 10 minutes	3—At least 30 minutes
1—At least 10 minutes	4—More than 30 minutes
2—At least 20 minutes	

4. In an average week, how many days do you perform strength activities?

0—Less than 10 minutes	3—At least 30 minutes
1—At least 10 minutes	4—More than 30 minutes
2—At least 20 minutes	

5. In an average week, how many days do you perform stretching activities?

0—Less than 10 minutes	3—At least 30 minutes
1—At least 10 minutes	4—More than 30 minutes
2—At least 20 minutes	

6. Which of the following best describes your physical activity level?
 - 0—Not physically active on a regular basis now and do not intend to start
 - 1—Not physically active on a regular basis now but am thinking of starting
 - 2—Trying to become physically active, or am physically active infrequently
 - 3—Physically active less than 5 times/week for 1-6 months
 - 4—Physically active 5 or more times/week for 1-6 months
 - 5—Physically active 5 or more times/week for 7 months or more

7. My employer provides opportunities for me to be physically active.

Strongly Disagree	Disagree	Somewhat agree	Agree	Strongly Agree
1	2	3	4	5

Nutrition:

8. In a usual week, how many days do you eat 5 or more servings of fruits and vegetables?

- | | |
|----------|------------------|
| 0—Never | 3—3 days |
| 1—1 day | 4—4 days |
| 2—2 days | 5—5 days or more |

9. My employer provides opportunities for me to consume fruits and vegetables.

Strongly Disagree	Disagree	Somewhat agree	Agree	Strongly Agree
1	2	3	4	5

10. In a usual week, how many cans of regular soda pop do you drink?
(Can = 12 oz)

- | | |
|-----------------|--------------|
| 0—None | 1—One to two |
| 2—Three to five | 3—Six to ten |
| 4—Ten or more | |

11. Do you have access to healthy options in vending?

- | | |
|-------|------|
| 1—Yes | 2—No |
|-------|------|

12. Do you have access to healthy food options at meetings?

- | | |
|-------|------|
| 1—Yes | 2—No |
|-------|------|

13. In a usual day, how many cups of skim or 1% milk do you drink?

- | | |
|-----------------|--------------|
| 0—None | 1—One to two |
| 2—Three or more | |

Tobacco Use:

14. Do you currently use tobacco products (cigarettes, chewing tobacco) everyday, some days, or not at all?

- | | | |
|--------------|-------------|-------------|
| 0—Not at all | 1—Some days | 2—Every day |
|--------------|-------------|-------------|

15. If you smoke, how many cigarettes do you smoke on an average day?

- | | |
|----------------------------|-----------------------------|
| 1—Less than 1 pack per day | 2—2 packs per day |
| 2—1 pack per day | 3—More than 2 packs per day |

16. Have you quit tobacco products?

- | |
|---|
| 0—Never used tobacco products, or quit for at least 5 years |
| 1—Yes, I have for more than 6 months |
| 2—Yes, I have, but for less than 6 months |
| 3—No, but I intend to in the next 30 days and have tried for at least 24 hours in the past year |

- 4—No, but I intend to in the next 6 months
- 5—No, and I do not intend to in the next 6 months

17. My employer provides opportunities to help me quit tobacco.

Strongly Disagree Disagree Somewhat agree Agree Strongly Agree
 1 2 3 4 5

Worksite Support:

18. Indicate each of the items listed below that you have started or accomplished that were influenced by your company or work setting:

(Place a check beside all that apply.)

- Started being physically active regularly
- Maintained a regular exercise program
- Cut back on tobacco use
- Stopped tobacco
- Developed skills to manage symptoms of depression
- Developed skills to manage stress in your life
- Developed healthier eating habits

Wellness Team Activities:

19. In the past 12 months were you aware of any of the following Wellness activities?
(Place a check beside all that apply.)

Note to Wellness Program Coordinator: List your company's Wellness activities here.

20. In the past 12 months have you participated in any of the following Wellness Activities?
(Place a check beside all that apply.)

Note to Wellness Program Coordinator: List your company's Wellness activities here.

21. Did any of the specific activities listed in question 20 help you increase your physical activity level?

0—No

1—Yes

22. If yes, please list the activities that helped you increase your physical activity level.

23. Did any of the specific activities listed in question 20 help you eat healthier?

0—No

1—Yes

24. If yes, please list the activities that helped you to eat healthier.

25. Did any of the specific activities listed in question 20 help you cut down your use of tobacco products?

0—No

1—Yes

26. Did any of the specific activities listed in question 20 help you **quit** using tobacco products?

0—No

1—Yes

27. If yes to questions 25 or , please list the activities that helped you quit or cut down your use of tobacco products?

28. The activities of the Wellness Program have improved my satisfaction with my job.

Strongly Disagree

1

Disagree

2

Somewhat agree

3

Agree

4

Strongly Agree

5

29. The activities of the Wellness Program have improved my job performance.

Strongly Disagree

1

Disagree

2

Somewhat agree

3

Agree

4

Strongly Agree

5

30. The activities of the Wellness Program have improved my opinion of [employer name] as a positive place to work.

Strongly Disagree

1

Disagree

2

Somewhat agree

3

Agree

4

Strongly Agree

5

*Adapted from Maine Department of Health & Human Services, Healthy Maine Partnerships.



Healthy South Dakota
South Dakota Department of Health
615 East 4th Street
Pierre, SD 57501
605.773.3737
www.HealthySD.gov