Final Report
Best Practices in School & Worksite Health

for HealtheConnections Population Health Improvement Program

Prepared by Nancy Smith
September 2015
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I. BACKGROUND & METHODOLOGY

This report was prepared for HealtheConnections (HeC) by Apter & O’Connor as part of HeC’s original work plan approved by the New York State Department for a Population Health Improvement Program (PHIP) contract. The specific deliverable was for Apter & O’Connor to “benchmark organizations successfully employing best practices regionally and nationally related to improving the health behaviors of children in school and after school settings and adults in the workplace.”

Apter & O’Connor conducted a comprehensive review between May and July 2015 of publicly available evidence-based practices and tools developed or recognized by government entities (e.g. Centers for Disease Control and Prevention, Occupational Safety and Health Administration, National Heart, Lung, and Blood Institute, United States Department of Agriculture) and professional associations (e.g. American Heart Association, American Cancer Society, National Association of State Boards of Education, Association for Supervision & Curriculum Development, Directors of Health Promotion and Education, or that otherwise had scientific data demonstrating the impact of an intervention or tool (e.g. universities, state departments of health).

The results of our review are presented in this report, beginning with an overview of trends in school and worksite health followed by a summary of evidence based practices for each setting. The report also offers recommendations that we believe are reasonable within HeC’s revised scope of work, which was made necessary with the unexpected 50 percent reduction in State PHIP funds. Additional information on specific school and worksite interventions is provided in three attachments and in a format that allows HeC to readily upload information to the resources page of its PHIP web site.

II. OVERVIEW

There is a sharp contrast in how wellness policies and interventions have developed in school as compared with worksite settings. As discussed below, their evolution is the byproduct of each setting’s unique roots in the public and private sectors respectively, with school health policies and practices driven largely by federal and state legislative and regulatory requirements, and worksite health policies and practices driven largely by private sector interest in controlling employer health care costs.

A. School Health
The passage in 2012 of the Healthy, Hunger-Free Kids Act was a sentinel moment in school health policy that continues to drive adoption of school wellness policies and programs. The Act requires that school districts participating in federal child nutrition financial assistance programs establish and report on local school wellness policies. The Act also sets the following minimum requirements for wellness policies. They must:
- include goals for nutrition promotion and education, physical activity, and other school-based activities that promote student wellness;
- include nutrition guidelines to promote student health and reduce childhood obesity for all foods available in each school district;
• permit parents, students, representatives of the school food authority, teachers of physical education, school health professionals, the school board, school administrators, and the general public to participate in the development, implementation, and review and update of the local wellness policy; and

• inform/update the public about the content/implementation of local wellness policies.

Districts are also required to evaluate their wellness policies to determine whether their schools are in compliance, how local wellness policies compare to model policies, and to track progress toward goals. The results of these assessments are to be made available to the public. The Act also set new standards for school lunches which have proven to be controversial due to increased costs and waste as children elect not to eat the healthier foods.

While extensive tools, guides and resources are available to support districts/schools in complying with federal law, there is limited research supporting the evidence-base for these resources. A notable exception is a joint initiative of the Centers for Disease Control and the Association for Supervision & Curriculum Development that resulted in a comprehensive, integrated best practice model “Whole, Whole Community, Whole Child” that has been adopted by a limited number of states and school districts (described in section III).

Process measures from the 2012 School Health Policies and Practice Study ¹ below demonstrate that steps were being taken to adhere to the Healthy, Hunger-Free Kids Act. Survey results for 2014 will be available in the fall of 2015. Of interest is whether positive trends will continue to be evident in the implementation of school health policies in Central New York and the nation overall in light of growing controversy over the healthy food provisions of the Act and the feasibility of adhering to requirements in the current public education environment (i.e. budget constraints, No Child Left Behind requirements, teacher shortages).


• Percent of districts requiring physical education in elementary schools increased to 93.6% in 2012 from 82% in 2000.
• Percent of schools with food procurement contracts that address nutritional standards increased to 73.5% in 2012 from 55.1% in 2006.
• Percent of districts providing any health education to families increased to 40% in 2012 from 27% in 2000.
• Percent of states with a state-level employee coordinating health promotion activities for faculty and staff increased to 50% in 2012 from 20% in 2000.
• Percent of districts funding or offering weight management to faculty/staff increased to 34.9% in 2012 from 12.7% in 2000.

¹ The School Health Policies and Practice Study is a Centers for Disease Control and Prevention national survey administered periodically to assess state, district, school, and classroom level health policies and practices. http://www.cdc.gov/healthyyouth/data/shpps/index.htm
A final observation on school health policy is that schools represent a public health opportunity. They are major employers for which evidence-based worksite health policies and practices could be adopted for staff and teachers who, in turn, serve as role models for students and families. One of the few resources identified on school worksite health is the “School Employee Wellness: A Guide for Protecting the Assets of our Nation’s Schools.” Developed by the Directors of Health Promotion and Education, this is a comprehensive guide for districts and schools with tools and resources to make the business case for, and plan and implement a school wellness program to enhance the health of all employees and leverage their position as role models in promoting student health as well. This resource is described in section III.

Recommendations
- HeC and its PHIP County Agents should examine district-level data from the 2014 School Health Policies and Practice Study compared to 2012 survey results to assess progress in meeting school wellness regulations.

- County Agents should request and review district school health plans and progress reports and identify potential synergies with PHIP and county priorities and State Prevention Agenda goals.

- County Agents should conduct key informant interviews or focus groups with local district and school officials regarding challenges and needed support in order to meet federal school health requirements as a first step in assessing the merits of school health-directed PHIP activities.

- Include school districts, as major employers, in any worksite wellness initiatives.

B. Worksite Health
Large employers, insurers, insurance brokers, national business associations, and government have been the primary drivers and supporters of worksite wellness policy and program adoption among self-insured employers and, increasingly, small employers. Faced with double-digit increases in employer health care costs, self-insured employers have looked to worksite health as a means of reducing or controlling the increase in insurance rates. For insurers, the potential to reduce claim costs has justified their investment in new initiatives to offer and educate their clients about the benefits of adding worksite health programs to their insurance products. For insurance brokers, offering worksite health consultation and program support provides added value in marketing their services. National business associations were among the first to promote and develop worksite health intervention services for their members, seeing the rise in employer interest in worksite wellness and the lack of available resources. From a public health perspective, the worksite is a large place-based population (59% of adults) on which to focus health promotion measures. 2

The rapid increase in employer adoption of worksite health policies and programs has occurred despite the lack of quantitative data demonstrating the impact or return on investment of these policies and programs.

“... studies yielded mixed results regarding impact of wellness programs on health-related behaviors, substance use, physiologic markers, and cost, while the evidence for effects on absenteeism and mental health is insufficient. The validity of those findings is reduced by the lack of rigorous evaluation designs. Further, the body of publications is in stark contrast to the widespread use of such programs, and research on the effect of incentives is lacking.”

In 2012, 93% of businesses regarded employee health as important to their bottom line. By 2013, 60% of all businesses with 50 or more employees and 22% with less than 50 employees offered worksite health programs. The top motivators cited by businesses are lower health costs, improved morale and increased productivity. Three of the top health concerns cited are mental health and addiction related and account for 66% of all concerns cited (42% stress, 13% psychological well-being, 11% alcohol or other drug habits).

The adoption of worksite health policies and programs was further fueled by the enactment of the Affordable Care Act which, as of January 2014, requires that employers provide employees with health insurance for pay a fine to the federal government (‘pay or play’). The Act also increases the percentage of benefits employers can use for wellness awards and/or incentives from 20% to 30% and to 50% for smoking cessation incentives, and gives employers greater allowance in how they can use such incentives.

With the demand for worksite health policies and programs has come a plethora of for-profit vendors offering comprehensive services from employee health assessment, to program design and evaluation, to personal coaching. In some instances, employers effectively align their insurance contracts with their safety programs and worksite health and EAP vendors to create a seamless support experience for employees. Nonprofit organizations also have developed education and support programs for employers and, notably, the American Heart Association and Cancer Society have created best practice certificate programs for employers meeting standard worksite health criteria. A new public health field, in essence, has developed in the absence of strong data. Additional data on employer trends follows.

Incentives
- 81% use financial rewards to promote the adoption of healthy lifestyles
- 75% require HRA or biometric screening (for reward/to avoid penalty)
- 62% reward/penalize for tobacco use
- 59% require validation of healthy lifestyle activities (for reward/to avoid penalty)

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3 American Journal of Managed Care, 2012; 18(2):e68-381
http://www.ajmc.com/journals/issue/2012/2012-2-vol18-n2/systematic-review-of-the-impact-of-worksitewellness-programs#sthash.u9LWHHhq.dpuf

4 National Small Business Association & Humana, 2012


6 Towers Watson, Reshaping Health Care, 18th Annual Report, 2013
59% extend rewards/penalties to spouses
47% reward/penalize around biometric outcomes
36% use financial penalties to encourage the adoption of healthy lifestyles

Top strategies
55% focus on compliance with the Affordable Care Act
36% educate employees to be informed consumers of health care
34% develop culture where employees are accountable for health & supported
25% adopt/expand financial incentives
22% develop/expand healthy lifestyle activities

Central New York has had the benefit of a concentrated community effort to promote employer adoption of worksite health policies and programs. Under the leadership of Healthy Syracuse, a coalition of public health agencies, health care providers, health associations, and academia, an awareness and education campaign was launched in 2012 followed by two regional conferences with national, state and local experts on worksite health. Over 300 individuals attended each conference representing primarily large and medium sized businesses and including CEOs, human resource professionals, and worksite wellness coordinators, as well as the public health field. Both conferences received high ratings from participants for content quality and value.

Healthy Syracuse will soon announce a new community worksite health challenge to further promote employer adoption of worksite policies and encourage other organizations that work and interact with employers to incorporate worksite health information into their activities (e.g. in-service training, newsletters, vendor fairs, conferences). In the wake of Healthy Syracuse’s efforts, there has been an increase in complementary activities including the development of the Greater Syracuse Worksite Wellness Collaborative, a networking group of worksite wellness coordinators who meet quarterly to share best practices and discuss challenges. BizEventz’s annual worksite health awards is also being expanded this year to be an all-day conference. While centered in Syracuse, all of the above initiatives have a regional scope and audience base. HeC itself has developed a worksite health program for its employees with the goal of achieving “Fit Friendly” certification from the American Heart Association.

Recommendations
- At a minimum, HeC should incorporate best practice information on worksite health policies and programs into its PHIP website. As resources allow, HeC should consider partnering with Healthy Syracuse to develop a user-friendly web site designed specifically for employers (for- and not-for-profit and government) and linked to the Healthy Syracuse Worksite Health Challenge.

- HeC should dedicate at least one PHIP County Agent meeting to the subject of worksite health to identify areas where there is alignment among worksite health and PHIP, county and State priorities.

- HeC should incorporate worksite health best practices as possible in its educational materials and sessions, including any regional conferences.
III. MODEL PRACTICES & RESOURCES IN SCHOOL HEALTH

Described below are examples of (i) general population health interventions; (ii) school employee health interventions; (iii) student wellness interventions, and (iv) tools supporting assessment, program development and intervention. Additional resources are presented in Attachment A.

(ii.) EVIDENCE-BASED POPULATION HEALTH INTERVENTIONS

**Whole School, Whole Community, Whole Child** (WSCC). Developed jointly by the Centers for Disease Control and Prevention and the ASCD (Association for Supervision & Curriculum Development). The model focuses on the successful, long-term development of the ‘whole child,’ not just academic achievement, through a Coordinated School Health (CSH) program that integrates: health education; physical education; health services; nutrition services; counseling, psychological & social services; healthy and safe school environment, health promotion for staff; and family & community involvement. State/local applications:

- **Mississippi** Building from the Ground Up: Collaborating to Create Healthy Kids.
- **Maine** Coordinated School Program
- **Anderson County** S. C. Fighting Obesity Epidemic

**US Community Preventive Services Task Force.**

Recommends a limited number of evidence-based adolescent interventions including the following.

- **Physical Education.** Enhanced school-based physical education to increase physical activity based on strong evidence of effectiveness in increasing the amount of time students spend in moderate- or vigorous-intensity physical activity during PE classes. [http://www.thecommunityguide.org/pa/behavioral-social/schoolbased-pe.html](http://www.thecommunityguide.org/pa/behavioral-social/schoolbased-pe.html)

- **Alcohol Impaired Driving.** High school instructional programs to reduce riding with alcohol-impaired drivers. Note: the Task Force found insufficient evidence to determine whether these programs reduce alcohol-impaired driving or alcohol-related crashes. Also insufficient evidence to determine the effectiveness of peer organizations or social norming campaigns in reducing alcohol-impaired driving because of the small number of studies. [http://www.thecommunityguide.org/mvoi/AID/school-based.html](http://www.thecommunityguide.org/mvoi/AID/school-based.html)

- **Violence.** Universal school-based programs to reduce violence are designed to teach all students in a given school or grade about the problem of violence and its prevention or about one or more of the following topics or skills intended to reduce aggressive or violent behavior: emotional self-awareness, emotional control, self-esteem, positive social skills, social problem solving, conflict resolution, or team work. In this review, violence refers to both victimization and perpetration [http://www.thecommunityguide.org/violence/schoolbasedprograms.html](http://www.thecommunityguide.org/violence/schoolbasedprograms.html)
• **PE.** Enhanced school-based physical education (PE) to increase physical activity based on strong evidence of effectiveness in increasing the amount of time students spend in moderate- or vigorous-intensity physical activity (MVPA) during PE classes. [http://www.thecommunityguide.org/pa/behavioral-social/schoolbased-pe.html](http://www.thecommunityguide.org/pa/behavioral-social/schoolbased-pe.html)

• **Screen Time.** Not school specific. Behavioral interventions to reduce recreational sedentary screen time among children aged 13 years and younger (e.g. TV, video games, computers). This finding is based on strong evidence of effectiveness in reducing recreational sedentary screen time, increasing physical activity, improving diet, and improving or maintaining weight-related outcomes. [http://www.thecommunityguide.org/obesity/behavioral.html](http://www.thecommunityguide.org/obesity/behavioral.html)

**We Can!** National Heart, Lung & Blood Institute. Community intervention to address childhood obesity. Focuses on healthy food choices, increased physical activity, and reduced TV screen time for children ages eight to 13. Program is unique among obesity prevention programs in its focus on activities for parents and families as a primary group for influencing youth behaviors. The youth and parent materials used in the intervention are science-based and evidence-based. [http://www.nhlbi.nih.gov/health/educational/wecan/](http://www.nhlbi.nih.gov/health/educational/wecan/)

**Alliance for a Healthier Generation.** Evidence based, on-line tools and resources for school assessment and customizable implementation plans spanning policies, nutritional offerings, health education, physical activity, and employee wellness. **Note: Many CNY school districts are registered on the site and may already be using this resource.** [https://www.healthiergeneration.org/](https://www.healthiergeneration.org/)

(ii) **School Employee Wellness Interventions**
(Note: Worksite health resources described under section IV. may also apply to schools.)

**School Employee Wellness: A Guide for Protecting the Assets of our Nation’s Schools.** Directors of Health Promotion and Education. Comprehensive guide with tools and resources to make the case for, plan and implement a school wellness program to enhance the health of employees and, in turn, students. [http://dhpe.site-ym.com/?programs_sew](http://dhpe.site-ym.com/?programs_sew)

**Washoe County School District.** Nevada. Multiple worksite wellness programs offered to promote healthy lifestyles with significant, measurable impact on absenteeism. [http://www.washoeschools.net/wellness](http://www.washoeschools.net/wellness)

**Rock Hill School District.** So. Carolina. District adopted Administrative Rule on School Wellness and developed comprehensive school employee wellness program for district’s 1,200 employees, with an emphasis on first year teachers. Is considering expanding model to 2nd and 3rd year teachers. [https://www.google.com/webhp?sourceid=chrome-instant&ion=1&espv=2&ie=UTF-8#q=rock%20hill%20school%20district%20wellness](https://www.google.com/webhp?sourceid=chrome-instant&ion=1&espv=2&ie=UTF-8#q=rock%20hill%20school%20district%20wellness)
New York City Health Enhancement Program. Worksite Wellness. Administered in one district. Included orientation session on behavioral risk factors and completion of health risk appraisal; health fair with diagnostic screenings; group discussion and education sessions; specific interventions. Measureable impact on absenteeism. http://www.iclinic.net/search-results/school-based-enhancement-program-ps190is-311/

Get in Touch. Texas Independent School District. 10-week health promotion program for district employees focused on exercise and physical fitness, with measureable impact.
Action for Healthy Kids

Description
National organization with tools and resources for comprehensive school health covering wellness policies, snacks and beverages, breakfast and lunch, health education, physical education, physical activity, employee wellness. Organizations must register to access. Also provide small grants to schools. State Teams work with school professionals and policy-makers in all states. Web site includes list of state-specific school wellness trainings, events, other.

Funders include Walmart, Kellogg, CSX, Giant Foods, Colorado Foundation.

Main site: http://www.actionforhealthykids.org/

New York activities:
http://www.actionforhealthykids.org/in-your-state/new-york/welcome

Goal / Mission
To create healthy changes that build upon one another and create a system, a nation, that makes the healthy choice the easy choice.

Results / Accomplishments
27,000 schools are registered in the school program. Metrics not posted but clearly have impacted schools, reduce beverage calories consumed, other successes.
Alliance for a Healthier Generation

Description

National organization with evidence-based tools and resources for comprehensive school health covering wellness policies, snacks and beverages, breakfast and lunch, health education, physical education, physical activity, employee wellness.

Healthy Schools Program includes over 27,000 schools nationally, including several in CNY. Registered schools have access to personalized assessment tool and customizable action plan.

Schools are part of broader mission to improve health. Founded by Amer. Heart Association and Clinton Foundation in 2004 around obesity.

Main site: https://www.healthiergeneration.org/take_action/schools/

Healthier Schools Program
https://schools.healthiergeneration.org/

Goal / Mission

To create healthy changes that build upon one another and create a system, a nation, that makes the healthy choice the easy choice.

Results / Accomplishments

27,000 schools are registered in the school program. Metrics not posted but clearly have impacted schools, reduce beverage calories consumed, other successes.
Building from the Ground Up: Collaborating to Create Healthy Kids. Mississippi.

Description

Coordinated school health (CSH) program with CDC and foundation funding including:

• The School Health Index assessment.

• School health guidelines for improving nutrition and increasing physical activity.

• Eight-component model for implementing CSH.

Goal / Mission

To create a statewide coordinated school health program.

Results / Accomplishments

• 20 school districts received funding to establish school health councils and coordinators, improve health instruction, reconfigure the use of existing school resources, and nurture school and community support for CSH.

• Many schools removed the deep fat fryers from the kitchens and replaced them with combination oven steamers.

• 41 school districts purchased 104 combination oven steamers—substantially decreasing the amount of high-calorie, fatty foods eaten by approximately 65,000 students.

• Child nutrition staff from 80 schools received equipment and training in techniques to make fruits and vegetables more appealing for students.

• 25 schools received new physical education equipment and their staff were trained to conduct biannual fitness assessments of students.
Building Healthier Schools to Cultivate Healthier Students, Wisconsin

Description

Wisconsin’s Coordinated School Health Program, supported in part through CDC’s Division of Adolescent and School Health, has developed major initiatives to reduce tobacco use and increase physical activity and healthy eating among students, their families, and school staff.

• The School Tobacco Prevention Program—increasing the use of CDC’s tobacco-use prevention guidelines in Wisconsin schools, implementing evidence-based educational programs, improving availability of cessation services to youth, and addressing tobacco control issues among disproportionately affected youth populations.

• The Movin’ and Munchin’ Schools campaign—helping Wisconsin’s young people, families, and school staff develop lifetime skills and habits of physical activity and healthy nutritional choices.

• The Governor’s School Health Award—recognizing schools with policies, programs, and the organizational capacity and parental and community involvement to support and promote healthy lifestyles.

Goal / Mission

To reduce tobacco use and increase physical activity and healthy eating among students, their families, and school staff.

Results / Accomplishments

• Percentage of high school students reporting current cigarette use decreased significantly from 38% in 1999 to 20% in 2007.

• During the 2003–2008 Movin’ and Munchin’ Schools campaign, 101,641 students, 39,143 parents, and 9,265 staff reported increases in physical activity and fruit/vegetable consumption.

• Wisconsin received grant funding, along with the University of Wisconsin Medical School, to increase the use of evidence-based fitness testing in 250 middle schools to improve physical education programs.

• The number of schools recognized by the Wisconsin Governor’s School Health Award program increased from 14 in 2006 to 27 in 2008.
Whole School, Whole Child, Whole Community (WSCC)

Description
Developed jointly by the Centers for Disease Control and Prevention and the ASCD (Association for Supervision & Curriculum Development). The model is designed to change the conversation about education from a focus on narrowly defined academic achievement to one that promotes the long-term development and success of the whole child. It focuses on the successful, long-term development of the 'whole child,' not just academic achievement, through a Coordinated School Health (CSH) program that integrates 8 elements.

http://www.cdc.gov/healthyyouth/wscc/index.htm
www.ascd.org/wholechild

CSH Program Elements (blue rim)
- health education
- physical education
- health services
- nutrition services
- counseling
- psychological & social services
- healthy & safe school environment
- health promotion for staff
- family & community

Goal / Mission
To address the needs of the whole child through a unified and collaborative approach to improving student learning and health.

Results / Accomplishments
- Percent of high school students reporting current cigarette use decreased significantly from 38% in 1999 to 20% in 2007.
- During the 2003–2008 Movin’ and Munchin’ Schools campaign, 101,641 students, 39,143 parents, and 9,265 staff reported increases in physical activity and fruit and vegetable consumption.
- Wisconsin received grant funding, along with the University of Wisconsin Medical School, to increase the use of evidence-based fitness testing in 250 middle schools to improve physical education programs.
The number of schools recognized by the Wisconsin Governor’s School Health Award program increased from 14 in 2006 to 27 in 2008.

**Color Me Healthy, No. Carolina**

**Description**

Developed to reach children ages four and five with fun, interactive learning opportunities on physical activity and healthy eating. Partnership: NC Cooperative Extension, NC Division of Public Health.

Designed to stimulate all of the senses of young children: touch, smell, sight, sound, and, of course, taste.

Color Me Healthy kit includes:
- Teacher’s guide with 12 circle time lessons
- CD with 7 original songs
- Parent newsletters, in English and Spanish
- 5 colorful posters
- Picture cards for circle time lessons

Kits: up to $88 depending on volume plus $29-$34 Spanish add on; $7-$12 music CD, $108 training manual.

[http://www.colormehealthy.com/about](http://www.colormehealthy.com/about)

**Goal / Mission**

Through the use of color, music, and exploration of the senses, teach children that healthy food and physical activity are fun.

**Results / Accomplishments**

1,102 child care provider survey after 8-week follow-up: 93.3% excellent or very good rating; teacher reports: 92% said increased children’s physical activity/93% improved knowledge about healthy eating; 99% improved recognition of fruits/veggies; 87% children spent more time talking about fruits/veggies and nutrition in general; 78% willing to try new fruits and veggies; 20% of centers and daycare homes increased physical activity time.
Dallas Texas Independent School District

Description

“Get in Touch” is a 10 week health promotion program for district employees focused on exercise and physical fitness.

Offers rewards for lifestyle changes, behavior modifications and improvements in overall health and well-being. Employees can win cash and prizes by meeting health goals such as improving daily water-intake, and meeting activity, diet and exercise goals. Devote 2 days in May to health and fitness: health fair and Superintendent’s 5k and Fun Raise funds for deserving senior high school students.

Also has comprehensive wellness policy and plan for students.
http://www.ldisd.net/users/0001/docs/SHAC.Wellness_plan.pdf

Goal / Mission

To foster learning among students through healthy eating. For staff to model healthy eating and physical activity as valuable part of daily life.

Results / Accomplishments

44% of teachers reported change in overall lifestyle, 68% changed their diet, 26% went from being sedentary to engaging in regular exercise, 18% stopped smoking.

Teachers who exercised had 1.25 days less absenteeism (associated savings of $149,578)

Citations:


Maine Coordinated School Health Initiative

Description
Collaboration between the Maine Departments of Education and Health and Human Services. Created Healthy Maine Partnerships, a statewide network of school and community partnerships, funded 54 full- or part-time school health coordinators (SHCs) across the state. SHCs were tasked with implementing a coordinated approach to school health that organizes health-related programs, policies, and services.

Goal / Mission
To create a statewide coordinated school health program.

Results / Accomplishments
Over 5 years:

- 75% increased time for regular physical activity for K–8 students and offered walking and fitness programs for school staff and community members.
- 100% implemented policy changes improving more than one aspect of school nutrition.
- 100% passed a tobacco-free school campus policy that included banning tobacco use on school grounds and at school functions away from school property.
- LEAs with SHCs were more likely than LEAs without SHCs to offer more intramural physical activity opportunities, improved nutritional options, and tobacco cessation programs.
Make it Happen! School Nutrition Success Stories, Centers for Disease Control

Description

Searchable database of stories of schools and school districts that have implemented innovative strategies to improve the nutritional quality of foods and beverages sold outside of Federal meal programs. The most consistent theme: students will buy and consume healthful foods and beverages—and schools can make money from healthful options. [http://www.cdc.gov/healthyyouth/mih/index.htm](http://www.cdc.gov/healthyyouth/mih/index.htm)

New York City Health Enhancement Program (HEP)

Evidence-based practice

Description

HEP was administered in a city school district with 4 elements: orientation session on behavioral risk factors and completion of health risk appraisal; health fair with diagnostic screenings; group discussion and education sessions; specific interventions (stress management, nutrition education, healthy back, fitness, weight control, smoking cessation, recreation, daily salad delivery service).

Results / Accomplishments

Improved moral

Higher teacher rating of school climate.

Teachers who exercised had 1.25 days less absenteeism (associated savings of $149,578)
Rainbow in my Tummy. Tennessee (RWJF Prize Winner)

Description

Curriculum designed to improve the quality of food served to children in child care. Now a national model for improving early childhood nutrition. Program makes healthy eating a colorful and fun experience for children. Also educates parents and other caregivers on how to create a healthy food culture for their young children. Areas of focus: the kitchen, the childcare center, the classroom and the community.

http://www.rainbowinmytummy.org/

Goal / Mission

To change the food culture around young children.

Results / Accomplishments

None posted.
Fighting Obesity Epidemic: New Partnerships Underscore South Carolina’s Focus on Improving Youth Health.

Description

The Anderson County School Health Improvement Partnership (SHIP) worked with a local community organization, Anderson Partners for a Healthy Community (Partners), and a local hospital, Anderson Medical Center (AnMed), to establish coordinated school health teams in every school in Anderson County. Teams used the CDC’s School Health Index to assess and plan for school health improvement and used a portfolio system to document and track their efforts to promote healthy practices.

Goal / Mission

To help address the overweight problem among school children

Results / Accomplishments

47 school health teams established
44 teams and schools adopted health-promoting policies and practices, including
  • Healthy vending policies.
  • Improving physical activity opportunities available to students.
  • Implementing aerobics, yoga, running, and walking programs for students, faculty, and staff.
  • Providing breakfast in the classroom, eliminating fried foods, and offering more fruits and vegetables.

Number of school nurses increased from 31 before the SHIP to 43 after its initiation
Students Taking Charge to Promote Healthy Eating and Physical Activity, Kentucky

Description

A joint effort by Kentucky’s Coordinated School Health program and Kentucky Action for Healthy Kids spurred creation of Students Taking Charge projects in 19 high schools. This initiative trains high school students to

- Assess their school’s nutritional and physical activity environment.
- Develop an action plan to improve it.
- Implement their plan using mini-grants.
- Learn how to advocate for healthier school environments and policies.

The participating high schools Adapted the Students Taking Charge assessments to support and expand on the steps taken to improve the school wellness environment (e.g., establishing policies to improve nutrition, promoting physical activity opportunities, promoting family and community involvement). Completed required assessments, including a modified version of CDC’s School Health Index. Developed an action plan and received a $500 mini-grant from Kentucky’s Coordinated School Health program, supported by the CDC, to carry out the plan.

Goal / Mission

To address poor nutrition and high obesity rates.

Results / Accomplishments

- Wayne County High School student efforts resulted in the Jammin’ Minutes initiative—a 5-minute break during classes for standing, stretching, and moving in simple exercises—helping students maintain their focus and motivation for learning.
- Mercer County students worked with the district food service director, school principals, the district athletic staff, and agriculture faculty to create a healthy food options plan for their high school, provide a twice-weekly salad bar, feature more locally grown foods, and provide nutritional analysis of menu items.
Washoe County School District, Nevada

Description

Multiple programs offered to promote healthy lifestyles: healthy brushing and flossing, sensible eating during holidays, importance of water, reduced TV time, getting right amount of sleep, exercising, seatbelt safety, brain functioning, fitness challenges, yoga.

http://www.washoeschools.net/wellness

Goal / Mission

To promote and improve employee wellness and reduce health risks through education and wellness activities, goal setting and outreach events.

Results / Accomplishments

Nonparticipants has 20% higher illness-related absenteeism (associated with $15.60 savings for each wellness program $1 and $2.5 million in savings over 2 years).

Citation


We Can! National Heart, Lung & Blood Institute

Description
We Can! (Ways to Enhance Children's Activity and Nutrition) was developed by the National Institutes of Health to help communities and organizations address childhood obesity. The We Can! program focuses on three important behaviors – healthy food choices, increased physical activity, and reduced TV screen time – to help children ages 8-13 maintain a healthy weight. The program combines materials development and dissemination, community involvement, media outreach, national partnerships and program assessment. We Can! is unique among obesity prevention programs in its focus on activities for parents and families as a primary group for influencing youth behaviors. The youth and parent materials used in the intervention are science-based and evidence-based.

http://www.nhlbi.nih.gov/health/educational/wecan/

Goal / Mission
To bring families and communities together to promote healthy weight in children ages 8 through 13 through improved food choices, increased physical activity, and reduced screen time.

Results / Accomplishments
Outcomes included an increase in knowledge of healthier foods, an increase in self-efficacy regarding food attitudes and choices (i.e. making healthier food choices), reduced time in front of the television, and an increase in physical activity. In the analysis of the parent curriculum, there were statistically significant increases in 12 of the 15 measures relevant to We Can! objectives. The outcomes included improvements in a variety of knowledge, attitude, and behavioral intent measures including energy balance, portion size, physical activity and screen time. All increases measured improvements from pre- to post-test among all participants.
Description

Superintendent developed comprehensive school employee wellness program for district’s 1,200 employee, with an emphasis on first year teachers. New teachers were assigned longer-standing mentors. Monthly staff meetings for new teachers included personal health topics. Year-end retreat included reflection on personal health experience. District at the time considering expanding model to 2nd and 3rd year teachers.

Adopted Administrative Rule on School Wellness. Excerpt: “The District will ensure that all areas of the Wellness Policy are reviewed, assessed and revised as needed on an annual basis. All State reporting mechanisms will be completed according to the express deadlines by the parties directed to complete the reports in this Administrative Rule. The areas of focus for Wellness in Rock Hill Schools include all students and all District staff. Goals will be set to ensure that the District maintains achievements and steadily works toward increasing achievements in all aspects of the Wellness. Rock Hill Schools will provide education, advocacy, and opportunities to increase the overall Wellness of the District’s school community in the areas of Nutrition, Physical Activity, Health Care, and Substance Abuse.” Full rule available at: School Wellness - Rock Hill School District

Goal / Mission

To enable first year teachers to thrive.

Results / Accomplishments

None available
ATTACHMENT B

Best Practice Examples for Worksite Health
(also see worksite health resources in Attachment C)

- Cardiovascular Risk Management by Community Pharmacists
- National Diabetes Prevention Program, CDC
- National Healthy Worksite Program, CDC
- Centers for Disease Control and Prevention Health ScoreCard
- Coronary Health Improvement Project (CHIP) Worksite Program
- Eat Well Work Well, Minnesota
- Health Links, Colorado
- Employee Lifestyle Program (HELP) Arkansas Dept. of Health Employee Program
- Fit City San Antonio, TX
- Greater Fall River Healthy City/Partners for a Healthier Community, MA (RWJF Prize Winner)
- Healthy Strategy Project & Kansas City Collaborative
Cardiovascular Risk Management by Community Pharmacists

Description

Utilizes pharmacists to provide education about heart disease and healthy lifestyle choices during individual appointments at manufacturing workplaces in rural Iowa. The pharmacists also identify drug therapy problems, and perform regular blood pressure, pulse, and weight measurements. Pharmacists work with healthcare providers and participants to develop drug therapies to meet patient-specific goals. Participants enroll at their worksite for one year at a time; if treatment goals are met at the end of the year they are discharged from the program. Out of University of Iowa.

Goal / Mission

The goal of the Cardiovascular Risk Management by Community Pharmacists program is to reduce cardiovascular risk factors through pharmacist provided case management.

Results / Accomplishments

In a pre- and post-intervention analysis, participants had significantly lower systolic and diastolic blood pressure (\( p = 0.016 \) and \( p = 0.019 \), respectively). Among participants with diabetes, there was an increase in the percentage of patients achieving their low-density lipoprotein cholesterol (LDL) treatment goal. Patients with diabetes also had significant improvements in blood pressure control. No significant differences were found in body mass index.

Citation


National Diabetes Prevention Program, CDC

Description
The National Diabetes Prevention Program (DPP) is a lifestyle change program for preventing type 2 diabetes among individuals who are prediabetic (impaired glucose tolerance). The program teaches participants strategies for incorporating physical activity into daily life and eating healthy. Through a 16-course curriculum, lifestyle coaches help participants identify emotions and situations that can sabotage their success.

The Centers for Disease Control and Prevention funds the program through six organizations in order to reach the most people who are at high risk for diabetes, including: The American Association for Diabetes Educators, America’s Health Insurance Plans, Black Women’s Health Imperative, National Association of Chronic Disease Directors, OptumHealth Care Solutions, and YMCA of the USA. Funded organizations offer the program, provide information to employers about offering the program, and work with third-party payers to facilitate performance-based reimbursement directly to organization delivering the lifestyle change program.

The program maintains a registry of programs that are recognized for effective delivery of lifestyle change intervention programs to prevent type 2 diabetes.

The YMCA of Greater Syracuse is a certified provider.

Goal / Mission
The National Diabetes Prevention Program encourages collaboration among federal agencies, community-based organizations, employers, insurers, health care professionals, academia, and other stakeholders to prevent or delay the onset of type 2 diabetes among people with prediabetes in the United States.

Results / Accomplishments
In a 10-year effectiveness and cost-effectiveness study, the relative risk reduction for participants who adhered to the lifestyle change program and maintained a 5% reduction in initial body weight was 49.4%. The lifestyle change program was found to be more cost-effective than intervention with metformin (oral diabetes treatment medication) or placebo.
National Healthy Worksite Program, CDC

Description

The NHWP will assist up to 100 small, mid-sized and large employers in 8 communities nationally in establishing comprehensive workplace health programs. Each program participant will receive intensive support and expertise through Viridian, a national vendor, putting in place a combination of program, policy and environmental interventions to support physical activity, good nutrition and tobacco-use cessation. Participants will also receive training and technical assistance as well as mentoring through peer relationships.

On-going evaluation will track changes in employee knowledge, behavior and productivity, as well as changes in employer health and safety culture and capture best practices for implementing core workplace health programs, and document unique challenges experienced by employers and strategies to overcome them. Information gathered throughout the program will be shared broadly with participating employers, as well as other employers and organizations nationwide interested in creating or expanding their own healthy worksite programs.

The communities selected for the program are: Philadelphia County PA, Somerest County ME, Marion County IN, Shelby County TN, Harris County TX, Buchanan County MO, Pierce County WA, Kern County CA.

Goal / Mission

To assist employers in implementing science and practice-based prevention and wellness strategies that will lead to specific, measureable health outcomes to reduce chronic disease rates. For most employers, chronic diseases—such as heart disease, stroke, cancer, obesity, arthritis and diabetes—are among the most prevalent, costly, and preventable of all health problems. The National Healthy Worksite Program seeks to promote good health through prevention, reduce chronic illness and disability, and improve productivity outcomes that contribute to employers’ competitiveness.

Results / Accomplishments

Pending.
Centers for Disease Control and Prevention Health ScoreCard

http://www.cdc.gov/healthscorecard/index.html

Evidence-based assessment tool developed in 2008 and updated in 2013 that can be self-administered by employers to benchmark their programs and policies against best practices, identify gaps and priorities needs.

The tool includes 122 questions covering 17 health topics (3-18 question range per topic). Topics include: demographics, organizational supports, tobacco control, nutrition, lactation support, physical activity, weight management, stress management, depression, high blood pressure, high cholesterol, diabetes, signs/symptoms of heart attack and stroke, emergency response to heart attack and stroke, occupational health and safety, vaccine-preventable diseases, community resources.

Could be used for community benchmarking of employers across health topics or against one or more health conditions (e.g. to support a community priority).

Excellus BlueCross BlueShield has created an abbreviated tool for use with their customers.
Coronary Health Improvement Project (CHIP) Worksite Program

Description
Lifestyle intervention to reduce coronary risk factor levels. The program has been implemented in community-based and worksite-based settings. Community-based programming is presented live by the founder of the project, Dr. Hans Diehl. Worksite-based programming is a video version of the community educational program, presented by a licensed CHIP director. Educational sessions occur twice a week, for eight weeks, and include nutrition workshops, food demonstrations, physical activity, and breakout sessions with physicians, nutritionists, and nurses. Following the initial programming, participants can attend monthly alumni meetings. Participants receive an individualized heart health screening report and referrals to health care providers.

Goal / Mission
The goal of the CHIP lifestyle intervention is to reduce coronary risk factor levels.

Results / Accomplishments
In a pre- and post-test cohort study at six worksites in Rockford, IL, employees were evaluated at baseline and following 8 weeks of programming. Participants significantly improved healthful lifestyle knowledge (p < 0.01). All sites individually and collectively demonstrated significant reductions in body weight (p = 0.0001), body mass index (p = 0.0001), systolic and diastolic blood pressure (p's < 0.02), total cholesterol (p = 0.002), low-density lipoprotein cholesterol (p = 0.002), triglycerides (p = 0.04), and fasting blood glucose (p = 0.03). Men demonstrated greater improvement than women, and individuals who began with a higher baseline risk experienced the greatest reductions.

Citation
Eat Well Work Well, Minnesota

Description

Established 2003. Goals: Increase the availability of healthy food options at work; Increase the number of healthy food policies in workplaces; Provide education to the public, businesses, and professional organizations about healthy nutrition practices; Raise awareness of Eat Well Work Well as a resource to businesses and professional organizations. Activities:

- Provide resources for worksites to create a healthier food environment
- Develop educational materials for employers regarding healthier food in the worksite, such as catering, vending and cafeterias
- Share sample worksite food and nutrition policies

http://www.eatwellworkwell.org/about-us.htm

Goal / Mission

To promote healthy eating policies and practices in worksites to reduce the burden of chronic diseases.

Results / Accomplishments
None on website
Health Links, Colorado

Description
https://www.healthlinkscolorado.org

Non-profit organization formed as spin-off from the University of Colorado School of Public Health’s Center for Worker Health and Environment. Very strong and comprehensive worker health and safety programs and services.

- **Health Links™ Healthy Business Certification**, a program that recognizes small businesses for meeting or exceeding worker health and safety standards. Three standards: certified, certified partners, certified leaders. Based largely on The CDC Worksite Health ScoreCard and the WHO Healthy Workplace Framework and Model
- **Kick-Start Program**. For small businesses that are just getting started, awards seed funding and provides free expert advising to qualified business for successfully building worksite wellness and safety programs.
- **Health Links™ Healthy Business Network**. A group of funded and certified businesses that share best practices and ideas through Facebook and other forums.
- **Preferred Vendor Program**. Business owners and wellness coordinators can connect with local or national organizations and companies that provide best health/safety services for their needs.
- **Awards**. Champion of Wellness, Champion of Innovation, Halo award.
- **Workshops**.
- **Website**: Excellent site with map/links to local resources, and on-line resource database.

**Funding**: Start-up grant from Pinnacol Assurance, and funding from the Centers for Disease Control and Prevention, the National Institute for Occupational Safety and Health, and the Hollis Family Trust.

**Goal / Mission**
To simplify how worksite health and safety get done. By doing so, we are helping build healthy, vibrant businesses and a stronger local economy.

**Results / Accomplishments**
Not posted but have full time PhD running their Research & Evaluation Program.
Employee Lifestyle Program (HELP)
Arkansas Dept. of Health Employee Program

Description

Original study conducted from 2005-2006 (CDC grant) with Department of Health & Social Service employees and is now available to all State employees. Four components: (1) participants enroll and complete a baseline monitoring/tracking, (3) education and support is provided to employees, and (4) awards are provided as incentives for participation and completion of the follow-up HRA, which generates a personal health report. The education and support component included classes about nutrition, weight management, tobacco cessation, and physical activity. Under the original study, all department employees were encouraged to participate in HELP via emails, newsletters, and other forms of internal communication. HELP Coordinators assisted by encouraging participation and monitoring, identifying employee needs, and organizing and implementing educational activities. Incentives for participation: recognition in the employee newsletter and prizes.

Goal / Mission

To increase healthy behaviors such as eating fruits and vegetables and engaging in regular exercise.

Results / Accomplishments

Of 1,017 employees who enrolled in the program, only 214 completed the program by answering a post-intervention HRA. 26.2% of participants reported they ate 3 or more servings of vegetables per day compared to 13.6% at baseline (p= 0.03). At baseline 41% of participants were in the action or maintenance stage for eating 5 or more fruits and vegetables per day, compared to 59% at the one-year follow-up, a significant increase (p= 0.002). Other criteria assessed in HRA such as consumption of sweets/desserts and fats showed no significant differences. Results suggest the intervention can improve some dietary behaviors.

Citation

Fit City San Antonio, TX

Description

Driven by Mayor’s Fitness Council formed in May 2010 as separate nonprofit. Initiatives include: Student Ambassador Program, Healthy School Summits, San Antonio Walks!, free fitness classes, neighborhood walking groups

- San Antonio Walks! San Antonio Bikes! Fit Pass 2.0. Fitness in the Park
- Veg Out San Antonio! Employer & school challenges/contests
- Restaurant recognition program
- Student Ambassadors, Healthy School Summits
- Support of San Antonio Business Group on Health, Healthy Workplace Recognition, Embrace the Steps, Healthy Meeting Tool Kits

Goal / Mission

“To be one of the healthiest and most active communities in the nation in which residents, groups and organizations work collaboratively to achieve targeted health and fitness goals.”

Results / Accomplishments

- 2013 Strategic Plan lays out specific goals for 2020
- 10% reduction in adult obesity rate (29% to 26.1%)
- 25% reduction in percentage of students with unhealthy weight (30.1% to 22.7%)
- 10% improvement on key health measures equivalent to increase in self-reported health from 54% to 63%
- Increase in percent of adults and children getting enough exercise from 54% to 64%
- Increase percent of adults and children eating more than 5 fruits and vegetables a day from 24% to 34%
Greater Fall River Healthy City/Partners for a Healthier Community, MA (RWJF Prize Winner)

Description

Comprehensive population health effort on: diet/exercise, tobacco, alcohol/drug use; sexual activity/infectious disease, access to dental, health, MH, substance abuse care; education, employment, income & disability; safety; family cultural and social support and housing; environment & infrastructure. Strategies include public, schools, worksites. Wide range of strategies and initiatives including: Fitness Challenge; Healthy dining: voluntary designation for food establishments; Healthy neighborhood markets: survey/directory of healthy markets; Farmers Market Support & Veggie Mobiles: (senior apts); Community gardens; School Wellness: school policy, nutrition/physical activity improvements, resources for home. Worksite Wellness: Southwest Health & Wellness Collaborative works with small businesses that cannot support own program.

http://www.gfrpartners.com/healthycity.htm


Goal / Mission

Collaboration between the Fall River Health and Human Services Department and Partners for a Healthier Community, Inc., the local Community Health Network Area (CHNA) organized by the Massachusetts Department of Public Health (DPH) to establish a working partnership between DPH and area residents to improve the health status of all those who live or work in the CHNA. Partners for a Healthier Community, Inc., is supported in part by DPH linkage funds.

Results / Accomplishments

Healthy Strategy Project & Kansas City Collaborative

Description
Mid-America Coalition on Health Care in 2008 launched data-driven, value-based health initiative with 16 employers. Called the Kansas City Collaborative (KC2), employers received tools, education and skill training to develop strategies to improve employee health.


Goal / Mission
To evaluate place-based multi-employer intervention

Results / Accomplishments

Dallas Fort Worth Business Group on Health Texas Health Strategy Project. 7 employers completed the project (6 small to mid, 1 mid to large, 1 jumbo). Selected results: 2 employers was 30-31% reduction in Metabolic Syndrome. 3 employers saw 4-13% reduction in health risk status. 1 site had 68 employees complete tobacco cessation program in 6 months to avoid premium increases. Self-report tobacco use dropped 49% in 2nd year.

Midwest Business Group on Health Midwest Health Strategy Project. 5 employers implemented value-based design strategy, 6 improved communication strategy for employee engagement, 3 employers saw risk reduction off HRA baseline, participating in disease management programs increased.

Pittsburgh Business Group on Health 11 employers. Process measures only showed high adoption of wellness programs/strategies.

Virginia Business Coalition on Health, Virginia Health Strategy Project. 5 employers. Only process data showing adoption of wellness strategies/programs.
ATTACHMENT C

Worksite Wellness Resources & Tools

Developed by Nancy Smith for Healthy Syracuse
The following resources and tools are publicly available to help employers at every stage of developing worksite wellness programs, from understanding the business case for worksite wellness, assessing worksite health profiles, and implementing and evaluating programs and policies.

The Business Case for Worksite Health

  http://www.commissiononhealth.org/PDF/0e8ca13d-6fb8-451d-bac8-7d15343aacff/Issue%20Brief%204%20Dec%202008%20-%20Work%20and%20Health.pdf

- **Making the Business Case.** Centers for Disease Control and Prevention. Information on the reasons and benefits of investing in worksite wellness.
  http://www.cdc.gov/workplacehealthpromotion/businesscase/index.html

- **Leading by Example.** Partnership for Prevention. Series of publications describing worksite wellness approaches and impacts from a wide range of companies. Documents include: The American Health Strategy Project Early Adopter Experience (2014); The Kansas City Collaborative Experience (2011); The Value of Worksite Health Promotion to Small- and Medium-Sized Employers (2011); Creating Healthy Communities through Corporate Engagement (2011)

- **What's the hard return on employee wellness programs?** Harvard Business Review

Worksite Health Assessment

- **Centers for Disease Control and Prevention Worksite Health ScoreCard**
  Identifies gaps in health promotion programs to help prioritize high-impact strategies for health improvement.
  http://www.cdc.gov/dhdsp/pubs/worksite_scorecard.htm
• **Workplace Health Assessment Data Matrix.** Centers for Disease Control and Prevention checklist of qualitative and quantitative data for assessments and sources.  
  http://www.cdc.gov/workplacehealthpromotion/pdfs/AssessmentDataMatrix.pdf

• **SWAT Tool for Observing Worksite Environments (TOWE).** Centers for Disease Control and Prevention checklist for rapid observation of worksite programs and environments related to body weight.  

• **Analysis of Job Hazards.** Occupational Health and Safety Administration guide for assessing hazards in the workplace.  
  https://www.osha.gov/Publications/osha3071.pdf

• **Incidence Rate Calculator and Comparison Tool.** Bureau of Labor Statistics’ interactive tool allows users to determine the incidence rates of injury and illness in their worksite and compare them to comparable industry, state and national averages.  
  http://data.bls.gov/iirc

• **eTools, eMatrix, Expert Advisors, v-Tools.** Occupational Health and Safety Administration interactive web-based tools on a variety of worksite safety and health topics ranging from noise/hearing conservation to safety and health management to ergonomics.  

• **Workplace Solutions.** American Cancer Society offers a number of tools and programs, including assessments that can be tailored to individual worksites.  
  http://www.acsworkplacesolutions.com

• **Worksite Wellness Infographic.** Pictorial description of creating a culture of health.  
  http://www.lvbch.com/upload/file/Final%20Culture%20of%20Health%20Infographic%202013.pdf

• **Fit Friendly Worksites.** American Heart Association offers information, guides and information to support employers with their worksite program, including an on-line physical activity and nutrition tracker.  
  http://www.startwalkingnow.org/start_workplace_fit_friendly.jsp

• **Worksite Wellness Kit.** American Heart Association offers guides, reproducible materials and tools, including a physical activity and nutrition tracker employers can apply on-site.  
  http://www.startwalkingnow.org/start_workplace_walking_program.jsp
• **Health Disparities Cost Impact Tool.** National Business Group on Health (members only). Employers enter their own data to determine the economic impact of a diverse workforce on medical costs, lost workdays, and other factors. [http://www.businessgrouphealth.org/disparities/](http://www.businessgrouphealth.org/disparities/)

**Program Design & Implementation**

• **Workplace Health Model.** Centers for Disease Control and Prevention step-by-step description of how to develop comprehensive workplace health policies and programs, including definitions, models and checklists. [http://www.cdc.gov/workplacehealthpromotion/model/](http://www.cdc.gov/workplacehealthpromotion/model/)

• **Health Risk Appraisals.** Centers for Disease Control and Prevention guidance on how to select and use health risk appraisals in the workplace. [http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/health_risk_appraisals.htm](http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/health_risk_appraisals.htm)


• **Leading by Example** – Partnership for Prevention. Case studies and success stories of companies of all sizes that have implemented strategies to improve employee health. [http://www.prevent.org/Initiatives/Leading-by-Example.aspx](http://www.prevent.org/Initiatives/Leading-by-Example.aspx)

• **National Wellness Institute**
  [http://www.nationalwellness.org](http://www.nationalwellness.org)

• **School Employee Wellness: A Guide to Protecting the Assets of Our Nation’s Schools**

• **Essential Elements of Effective Programs and Policies for Improving Worker Health and Wellness.**
  NIOSH details the 20 elements of a comprehensive worksite wellness program that includes guiding principles and practical steps related to organizational culture and leadership, program design, program implementation and resources, and program evaluation. [http://www.cdc.gov/niosh/docs/2010-140/pdfs/2010-140.pdf](http://www.cdc.gov/niosh/docs/2010-140/pdfs/2010-140.pdf)

• **Toolkit for worksite wellness.** East Smart Move More North Carolina

• **Guide on wellness incentives**: Wellness Council of America (WELCOA)
  [http://www.welcoa.org/freeresources/pdf/aa_chapman2_aug05.pdf](http://www.welcoa.org/freeresources/pdf/aa_chapman2_aug05.pdf)
• **Worksite Wellness Resource Kit** (December 2010). Wisconsin Department of Health. Detailed guide on worksite wellness from making the business case to program evaluation.  

**Evaluation**

• **Evaluation.** Centers for Disease Control and Prevention. Defines and details approaches to evaluating the impact of worksite health programs and policies.  

• **Seven benchmarks** of results-oriented worksite wellness programs. Wellness Council of America  

• **Publications.** Wellness Council of America. Free worksite wellness publications on range of topics including evaluation.  

**Health Specific Topics**

**Healthy Eating**

• **Nutrition:** Centers for Disease Control and Prevention Workplace Health Promotion  
  [http://www.cdc.gov/workplacehealthpromotion/implementation/topics/nutrition.html](http://www.cdc.gov/workplacehealthpromotion/implementation/topics/nutrition.html)

• **Guidelines for healthy meetings.** New York State Department of Health  

• **Fit Pick™** Identifies products in vending machines that meet specific nutrition guidelines.  
  [http://www.fitpick.org](http://www.fitpick.org)

• **Healthy vending machine programs and policies.** Alabama Department of Public Health  

• **Healthy vending guidelines.** Wellness Council of America.  

• **Improving cafeteria options.** New York State Department of Health  

• **Healthy cafeteria program strategies.** Eat Well Work Well, Minnesota coalition:  
• **Healthy dining menu guidelines.** Network for a Healthy California, California Department of Public Health.  

• **Overhaul the worksite cafeteria.** Society for Human Resource Management.  
  [http://www.shrm.org/hrdisciplines/benefits/Articles/Pages/WorksiteCafeteria.aspx](http://www.shrm.org/hrdisciplines/benefits/Articles/Pages/WorksiteCafeteria.aspx)

• **Connecting to community agriculture programs** and as healthy recipes.  
  [http://thegoodfoodcollective.com/](http://thegoodfoodcollective.com/)

• **NY Farmers markets locations and hours.** New York State Department of Agriculture & Markets.  

• **Healthy Eating for a Healthy Weight.** Centers for Disease Control and Prevention.  

• **Healthy Cooking Everyday,** Food Network.  

• **Eat Well Live Well.** Wegmans. Information on the benefits of physical activity.  

  **Tabacco**

• **Coverage for tobacco use cessation treatments.** Centers for Disease Control and Prevention.  
  [http://www.cdc.gov/tobacco/quit_smoking/cessation/pdfs/reimbursement_brochure.pdf](http://www.cdc.gov/tobacco/quit_smoking/cessation/pdfs/reimbursement_brochure.pdf)

• **Smoking and Tobacco Use.** Centers for Disease Control and Prevention.  
  [http://www.cdc.gov/tobacco/quit_smoking/cessation/](http://www.cdc.gov/tobacco/quit_smoking/cessation/)

• **Ready-to-print information on tobacco cessation help in the workplace.**  
  National Healthy Worksite Program  

• **New York State Smokers’ Quitline**  
  [http://www.nysmokefree.com](http://www.nysmokefree.com)

• **Implementing a tobacco-free campus initiative in your workplace.** Centers for Disease Control and Prevention.  
• **Smoke Free.gov.**
  [http://smokefree.gov](http://smokefree.gov)

• **Getting Help to Quit Smoking.** American Lung Association.

• **Quit For Life** – American Cancer Society Program
  [https://www.quitnow.net/Program/](https://www.quitnow.net/Program/)

• **FreshStart®** – American Cancer Society Four-session group support program that can be implemented by any company representative that completes the free facilitator training. [http://www.acsworkplacesolutions.com/freshstart.asp](http://www.acsworkplacesolutions.com/freshstart.asp)

• **Strategies for Promoting and Implementing a Smoke-free Workplace** – American Cancer Society

• **Freedom from Smoking®** – American Lung Association Telephone counseling or in-person groups *(fee).*

• **Tobacco: The Business of Quitting, An Employer’s Website for Tobacco Cessation** – National Business Group on Health
  [http://www.businessgrouphealth.org/tobacco/](http://www.businessgrouphealth.org/tobacco/)

  **Physical Activity**

• **Workplace Health Promotion – Physical Activity.** Centers for Disease Control and Prevention.
  [http://www.cdc.gov/workplacehealthpromotion/implementation/topics/physical-activity.html](http://www.cdc.gov/workplacehealthpromotion/implementation/topics/physical-activity.html)

• **Physical Activity Guidelines for Adults.** Centers for Disease Control and Prevention.

• **Ready-to-print information on fighting obesity in the workplace.** National Healthy Worksite Program

• **Ready-to-print information on achieving healthy weight in the workplace.** National Healthy Worksite Program
• **Lean Works!** Workplace Obesity Prevention & Control. Centers for Disease Control and Prevention.  
  [http://www.cdc.gov/leanworks](http://www.cdc.gov/leanworks)

• **Establishing a flex-time policy for physical activity.** Centers for Disease Control and Prevention.  

• **Steps to Wellness** - Healthier Worksite Initiative. Centers for Disease Control and Prevention.  

• **StairWELL to Better Health** - Healthier Worksite Initiative. Centers for Disease Control and Prevention.  

• **American Council On Exercise**  
  [https://www.acefitness.org/acefit/programs-for-fitness/](https://www.acefitness.org/acefit/programs-for-fitness/)

• **Active for Life® Online** - American Cancer Society 10-week program using individual and group strategies to help employees become more physically active.  

• **Walking path how-to guide:** American Heart Association  
  [http://www.startwalkingnow.org/start_walking_path_downloadkit.jsp](http://www.startwalkingnow.org/start_walking_path_downloadkit.jsp)

• **My Walking Club.** American Heart Association  
  [http://www.mywalkingclub.org](http://www.mywalkingclub.org)

• **Yoga at work program.**  

  **Heart Disease & Blood Pressure Management**

• **Education on high blood pressure.** Centers for Disease Control and Prevention.  
  [http://www.cdc.gov/bloodpressure](http://www.cdc.gov/bloodpressure)

• **Ready-to-print information on fighting heart disease and stroke in the workplace.** National Healthy Workplace Program  

• **Million Hearts Campaign.** US Department of Health and Human Services.  

• **Blood Pressure Screening and Control.** Centers for Disease Control and Prevention Workplace Health Promotion.  
  [http://www.cdc.gov/workplacehealthpromotion/implementation/topics/blood-pressure.html](http://www.cdc.gov/workplacehealthpromotion/implementation/topics/blood-pressure.html)
• **Lowering Your Blood Pressure with DASH** (Dietary Approaches to Stop Hypertension) National Heart, Lung and Blood Institute.  

• **High Blood Pressure Publications/Fact Sheets** – National Heart, Lung and Blood Institute  
  [http://email.nhlbihin.net](http://email.nhlbihin.net)

• **Resources on heart and vascular disease.** National Heart, Lung, and Blood Institute.  

• **Lowering Your Blood Pressure with DASH** (Dietary Approaches to Stop Hypertension) National Heart, Lung and Blood Institute.  

• **High Blood Pressure Publications/Fact Sheets** – National Heart, Lung and Blood Institute  

• **Policy Statement on heart disease.** American Heart Association  
  [http://circ.ahajournals.org/content/120/17/1725](http://circ.ahajournals.org/content/120/17/1725)

• **Risk Calculator.** American Heart Association  
  [http://www.heart.org/HEARTORG/Conditions/HighBloodPressure/WhyBloodPressureMatters/Assess-Your-High-Blood-Pressure-Related-Risks_UCM_301829_Article.jsp](http://www.heart.org/HEARTORG/Conditions/HighBloodPressure/WhyBloodPressureMatters/Assess-Your-High-Blood-Pressure-Related-Risks_UCM_301829_Article.jsp)

  **Cholesterol Management**

• **Cholesterol education information.** Centers for Disease Control and Prevention.  
  [http://www.cdc.gov/cholesterol](http://www.cdc.gov/cholesterol)

• **Cholesterol Screening and Control.** Centers for Disease Control and Prevention  
  [http://www.cdc.gov/workplacehealthpromotion/implementation/topics/cholesterol.html](http://www.cdc.gov/workplacehealthpromotion/implementation/topics/cholesterol.html)

• **Guide to Lowering Your Cholesterol** with Therapeutic Lifestyle Changes (TLC), National Heart, Lung and Blood Institute.  

• **Cholesterol Education.** American Heart Association  
  [http://www.heart.org/HEARTORG/Conditions/Cholesterol/Cholesterol_UCM_001089_SubHomePage.jsp](http://www.heart.org/HEARTORG/Conditions/Cholesterol/Cholesterol_UCM_001089_SubHomePage.jsp)

  **Diabetes Management**
• **Diabetes Prevention and Control.** Centers for Disease Control and Prevention Workplace Health Promotion.  
  [http://www.cdc.gov/workplacehealthpromotion/implementation/topics/blood-pressure.html](http://www.cdc.gov/workplacehealthpromotion/implementation/topics/blood-pressure.html)

• **Ready-to-print information on fighting diabetes in the work place.** National Healthy Worksite Program  

• **National Diabetes Prevention Program** Publications and Resources.  

**Chronic Disease Self-Management**

• **Resource Portal.** National Center for Chronic Disease Prevention and Health Promotion –Comprehensive information regarding chronic disease, tools and resources, statistics and tracking [http://www.cdc.gov/chronicdisease/index.htm](http://www.cdc.gov/chronicdisease/index.htm)

• **Evidence Based Chronic Disease Self Management Program.** Developed by Stanford University.  

• **Training in Chronic Disease Self Management Program.** Oasis. Interactive 6-week classes for individuals with chronic disease(s).  
  [http://www.oasisnet.org/Programs/LivingaHealthyLife.aspx](http://www.oasisnet.org/Programs/LivingaHealthyLife.aspx)

**Cancer Screening**

• **Breast Cancer Screening.** Centers for Disease Control & Prevention Workplace Health Promotion  

• **Cancer Screening.** Centers for Disease Control & Prevention Workplace Health Promotion  

• **Colorectal Cancer Screening.** Centers for Disease Control & Prevention Workplace Health Promotion  

**Mental Health**
Implementation Strategies to Address Depression in the Workplace – Centers for Disease Control and Prevention Worksite Health Promotion programs, policies, benefits and environmental supports related to depression. http://www.cdc.gov/workplacehealthpromotion/implementation/topics/depression


Workplace Health Program. Substance Abuse and Mental Health Services Administration http://www.drugfreeworkplace.gov


Partnership for Worksite Mental Health – American Psychiatric Foundation Employer case examples, educational materials, and free publications specific to worksite mental health. http://www.workplacementalhealth.org


Lactation Support


General Health & Fitness
• Healthy People 2020  

• Portal to Health Information. U.S Department of Health and Human Services  
http://www.health.gov

• The President’s Challenge  
https://www.presidentschallenge.org/tools-resources/fitness-guides.shtml

• Healthy Sleep: Why sleep matters. Harvard University  
http://healthysleep.med.harvard.edu/

  **Occupational Health and Safety**

http://www.cdc.gov/niosh/topics/smbus/guide

• Comprehensive resources. Occupational Safety and Health Administration – U.S. Department of Labor Worker training, grants, OSHA training institute, training materials and resources gateway. http://www.osha.gov/dte/index.html

• Total Worker Health™ – National Institute for Occupational Safety and Health Information on integrating occupational safety and health protection with health promotion to prevent worker injury and illness.  
http://www.cdc.gov/niosh/TWH/

• On-site Consultation Program – Occupational Safety and Health Administration. 
Free and confidential advice to small and medium-sized businesses with priority given to high-hazard worksites.  
http://www.osha.gov/dcsp/smallbusiness/consult.html

• Health Hazard Evaluation Program (free) – National Institute for Occupational Safety & Health Assesses exposure to suspected (or unknown) hazardous materials or harmful conditions, and provides written recommendations to reduce hazards and prevent work-related illness http://www.cdc.gov/niosh/hhe/

• Best practice guide on fundamentals of a workplace first aid program.  
Occupational Health and Safety Administration.  

• Training and certification opportunities for first aid, CPR, and AED training. American Red Cross. http://www.redcross.org/take-a-class/program-highlights/cpr-first-aid
### Free Apps

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<tr>
<th>Apple Computer Users</th>
<th>Smart Phone Users</th>
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<td>LifeSpan Active +</td>
<td>Livestrong.com calorie counter</td>
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<td>VapeMate</td>
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<td>Fitness FREE</td>
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<td>Calories 2</td>
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<td>Time Out Free</td>
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<td>JEFIT Workout</td>
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<td>Map My Fitness</td>
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<td>Run with Map</td>
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<td>C25K – 5k Trainer</td>
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<td></td>
<td>Lumosity Mobile (iPhone only)</td>
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<td>Fitness Buddy</td>
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<td>Sleep Pillow Sounds</td>
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<td>Health Tap</td>
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<td>Happy Scale (iPhone only)</td>
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<td>First Aid by American Red Cross</td>
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<td>Lose It!</td>
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<td>I Can Be Fearless</td>
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