

AN EMPLOYER'S GUIDE TO POLICY APPROACHES

TO ADDRESS ALCOHOL, DRUGS,
TOBACCO, MENTAL HEALTH,
SUICIDE, AND CHRONIC DISEASE



Wyoming
Department
of Health

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PREFACE

Healthy employees, lower costs, and high productivity are all the appealing aspects to employers when determining whether to implement workplace wellness policies. The aim of this toolkit is to support employers who are seeking ways to improve the health and well-being of their employees. Wellness, as defined by the World Health Organization, is “a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.” This toolkit provides useful tools and resources for employers to use in the planning and implementation of policies that support employee health.

Policy approach: It should be noted that this toolkit is focused on policy approaches to workplace health, which may be just one component of a larger workplace wellness program or initiative. While we recognize that maximum effectiveness is achieved with a combination of policy and individual behavior modification strategies, we have elected to focus on policy approaches as a no-cost or low-cost option for employers of all sizes to consider. It should be further noted that this toolkit does not address how to develop a comprehensive program, nor does it recommend or endorse any workplace wellness program vendors.

Policy, systems, and environmental (PSE) approaches shift the focus of interventions intended to improve from the individuals to a population. Simply put, PSEs seek to change an environment to make healthy choices practical and available to a population. Effectively employing a PSE approach to attack challenging health issues can be more cost effective and sustainable than employing interventions focused on individuals.

The materials presented in this toolkit are provided to support Wyoming employers but are not intended to replace legal counsel. Wyoming employers are encouraged to seek legal counsel to ensure that any policies implemented are in compliance with federal, state, and local laws and regulations including, but not limited to, the Americans with Disabilities Act (ADA); the Genetic Information Nondiscrimination Act (GINA); the Health Insurance Portability and Accountability Act (HIPAA); the Patient Protection and Affordable Care Act (ACA); Family and Medical Leave Act (FMLA); and workers’ compensation laws. Additionally, employers should consider the impact of collective bargaining agreements before implementing policies, such as those described in this toolkit.

CONTENTS

ACKNOWLEDGMENTS 2

Toolkit Development Contributors.....	2
Toolkit Reviewers/Technical Assistance.....	2

PREFACE..... 3

SECTION 1: INTRODUCTION 5

Building the Business Case.....	5
The Case for Change.....	5
Workplace Benefits of Supporting Employee Health.....	9

SECTION 2: GETTING STARTED 10

Writing Effective Policies.....	10
Helpful Steps to Support Policy Creation & Implementation.....	12
Step 1: Getting Leadership Support.....	12
Step 2: Engaging Employees.....	12
Step 3: Assessment.....	12
Step 4: Policy Implementation.....	13
Step 5: Evaluation.....	13
Workplace Wellness Policy Checklist.....	15

SECTION 3: IMPLEMENTATION AND SAMPLE MODEL POLICIES..... 16

Substance Abuse.....	16
Alcohol & Other Drugs.....	17
Tobacco.....	23
Mental Health & Suicide Prevention.....	26
Chronic Disease.....	34
Physical Activity.....	34
Nutrition.....	37
Breastfeeding-Friendly Workplace.....	40

SECTION 4: RESOURCES..... 44

General Resources.....	44
Getting Started Resources.....	46
Step 1: Getting Leadership Support.....	46
Step 2: Engaging Employees.....	46
Step 3: Assessment.....	46
Step 4: Policy Information.....	46
Step 5: Evaluation Options.....	46
Substance Abuse.....	46
Alcohol and Other Drugs.....	46
Tobacco.....	47
Mental Health & Suicide Prevention.....	47
Chronic Disease • Physical Activity.....	48
Nutrition.....	48
Breastfeeding-Friendly Workplace.....	48

REFERENCES..... 49

SECTION 1:

INTRODUCTION

Many employers are unsure whether they should invest in workplace wellness efforts. This first section will highlight the burden of poor health in general and to employers specifically. Section 2 of the toolkit will teach you how and when to get started, what is required and who to involve.

This toolkit offers Wyoming workplaces, of varying sizes and with varying needs, useful guidance, tools, and resources necessary to implement a policy approach that will support the health and wellbeing of employees. While a comprehensive policy approach will produce a larger return, Wyoming employers can use this toolkit to implement one or all policies. Some factors that will influence an employer's decision are need and organizational capacity; with capacity being impacted by such things as resources, time, employee engagement and support, and leadership support.

Building the Business Case

The Case for Change

While most Americans believe they are the healthiest people in the world, Americans actually live shorter lives and suffer more health problems than those in other high-income countries. Furthermore, many Americans suffer from preventable chronic disease. Yet, only 3% of healthcare spending in the country is focused on prevention and public health programs (American Public Health Association, 2015).

To underscore the above findings, a recent report from the Bipartisan Policy Center found that chronic disease conditions account for 86% of United States healthcare costs and affect roughly 50% of the adult population (Bipartisan Policy Center, 2015). Dr. Joe Grandpre, chronic disease epidemiologist for the Wyoming Department of Health (WDH), states that for Wyoming, chronic conditions affect 41.2% of the adult population, according to data from the 2014 Behavioral Risk Factor Surveillance System (BRFSS) survey. The Bipartisan Policy Center report further acknowledges that "it is increasingly important to view effective prevention strategies, that focus on known and modifiable risk factors for such diseases, as critical to improving health and reducing costs" (Bipartisan Policy Center, 2015).

The rising costs associated with poor health undoubtedly impact employers. A 2014 Harris Poll conducted for Castlight Health surveyed 137 United States Chief Financial Officers (CFOs) at large companies (1,000 or more employees). They found that 97% of CFOs agreed that employers must "step up" and get involved in fixing healthcare in America. Additionally, CFOs shared that they would likely invest more in other areas if healthcare costs could be reduced by 30%. Those other investment areas included better technology (49%); salaries for employees (50%); and new products or services (50%) (Castlight Health, 2014).

"IT IS INCREASINGLY IMPORTANT TO VIEW EFFECTIVE PREVENTION STRATEGIES, THAT FOCUS ON KNOWN AND MODIFIABLE RISK FACTORS FOR SUCH DISEASES, AS CRITICAL TO IMPROVING HEALTH AND REDUCING COSTS."

– BIPARTISAN POLICY CENTER

Costs and Consequences

In Wyoming, we are paying the price for risky behaviors that can lead to chronic disease. In this toolkit, we have illustrated the burden of chronic disease and related risky behaviors in Wyoming so employers can grasp the severity of these issues at home.

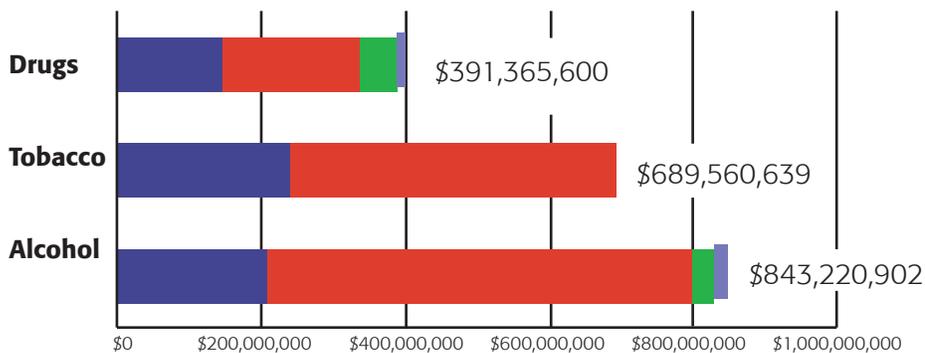
Wyoming Hospital Association discharge data, provided by the WDH, indicates that some of Wyoming's most prevalent chronic diseases cost the state, through public and private payer sources, over a billion dollars annually. For fiscal year 2014 (July 1, 2013, through June 30, 2014), common chronic diseases and their associated costs are listed below in Table 1. These costs are only reflective of inpatient healthcare costs (direct costs) and do not include other disease-related costs such as medication, chemotherapy, rehabilitation, outpatient procedures, or lost productivity (indirect costs) (WDH, 2015).

Table 1 Chronic Disease Hospital Discharge Data and Costs, Fiscal Year 2014 (July 1, 2013 – June 30, 2014)

	Cancer	Heart Disease	Stroke	Diabetes	COPD
Number of Discharges	3,284	11,847	1,635	7,088	8,095
Total Costs	\$103,964,994	\$410,417,973	\$50,279,002	\$232,825,611	\$239,719,982
TOTAL COST: \$1,037,207,562 (or \$1.037 billion)					

Additionally, a study conducted by the Wyoming Survey & Analysis Center (WYSAC) determined the cost of substance abuse in Wyoming in 2010. Healthcare and productivity losses accounted for the majority of costs related to alcohol use, misuse, and abuse (over \$795 million); tobacco use (over \$689 million); and both illicit and licit drug use over \$335 million (WYSAC, 2012). Figure 1 below depicts all costs by substance.

Figure 1 Cost of Substance Abuse in Wyoming, 2010



	Alcohol	Tobacco	Drugs
Healthcare Costs	\$206,297,631	\$239,631,163	\$146,155,714
Total Productivity Losses	\$589,194,744	\$449,929,476	\$189,104,591
Crime Costs	\$30,370,956	\$0	\$53,118,881
Other Costs	\$17,357,571	\$0	\$2,986,414

In addition, a 2015 study published in the American Journal of Preventive Medicine estimated that in 2010, excessive alcohol consumption cost the United States \$249 billion, up from \$223.5 billion in 2006. The median cost to each state was \$3.5 billion, up from \$2.9 billion in 2006. More than 70% of these costs resulted from binge drinking which is defined by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) as a pattern of drinking that brings a person's blood alcohol concentration (BAC) to 0.08 grams

or above (NIAAA, 2004). This typically happens when men consume five or more drinks and women consume four or more drinks in about 2 hours (Sacks, et al, 2015).

In a separate 2010 state study related to tobacco, WYSAC estimated the cost of smoking-attributable inpatient hospital care in Wyoming amounted to \$130,833,717, averaging over \$64,000 per patient. The same study further explained that employers lost an additional \$1,955 per current smoker and \$674 per former smoker (\$2,058 and \$710 in 2012) as a result of health-related absenteeism and presenteeism (a term that refers to a practice of going to work despite illness, injury, anxiety, etc., often resulting in reduced productivity) (WYSAC, 2015).

The cost of prescription opioid abuse to Wyoming is included in “drugs” in Figure 1 and is a growing problem across the country. Castlight Health estimates a cost of \$56 billion to the United States economy and 16,000 lives lost per year related to opioid abuse. Their report further highlights that opioid abuse costs employers approximately \$10 billion from absenteeism and presenteeism alone, noting that opioid abusers cost employers nearly twice as much in healthcare expenses on average than non-abusers (Castlight Health, 2016).

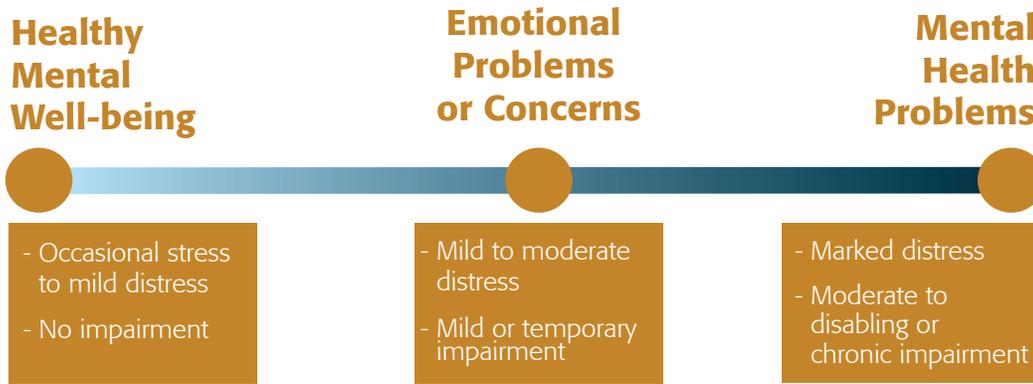
“SUICIDE DEATHS ARE ESTIMATED TO COST WYOMING OVER \$155 MILLION IN COMBINED LIFETIME MEDICAL AND WORK LOSS IN 2010, MEANING EACH SUICIDE DEATH AVERAGES A COST OF \$1,184,336”
(AMERICAN FOUNDATION FOR SUICIDE PREVENTION, 2015)

Also, suicide deaths are estimated to cost Wyoming over \$155 million in combined lifetime medical and work loss in 2010, meaning each suicide death averages a cost of \$1,184,336 (American Foundation for Suicide Prevention, 2015). Suicide is a public health concern in Wyoming, across the country, and globally. Ranking fourth in the nation for suicide deaths, Wyoming’s rate of suicide is about 10 per 100,000 higher than the national average. In Wyoming, middle-aged men, Native American populations, youth, and the elderly are disproportionately affected by suicide (WDH, 2014). All of these populations are represented in the workforce. Additionally, suicide is the tenth leading cause of death in the nation and the second leading cause of death for ages 15-34 (CDC, 2013). In Wyoming, mortality rates are higher; suicide is the second leading cause of death for all people ages 10-44 and the sixth leading cause of death for all residents (CDC, 2013). Considering the above data, it would be reasonable to conclude that suicide death negatively impacts the Wyoming workforce.

Both substance abuse and mental health problems can lead to higher risk for suicide. The Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that nearly 43.7 million adults ages 18 and up have a mental health problem and that more than 20 million people ages 12 and up have a substance use disorder. Thirteen to 20% of children in the United States (up to 1 out of 5 children) experience a mental health disorder each year (Center for Behavioral Health Statistics and Quality, 2015). No community or workplace is unaffected by mental health problems.

The phrase “mental health in the workplace” brings to mind on-the-job stress and/or burnout; the need for conflict resolution between employees; the emotional “fallout” from a traumatic event; or dealing with employee anxiety when major changes occur in the organization. Mental health and mental health problems can be pictured as two points on a continuum (see figure 2) with a range of conditions in between. Mental health issues that employers face range from stress to serious mental health problems such as depression, anxiety, or adult attention deficit/hyperactivity disorder. Mental health problems are surprisingly common.

Figure 2 Mental Health Problems Continuum



Prevalence

Chronic disease, related risk factors (these are things that increase the likelihood of developing a disease, such as high blood pressure), and risky behaviors are prevalent in Wyoming, just as in most of the country. Table 2 below outlines the prevalence of common chronic diseases among adults in Wyoming, while Table 3 highlights the prevalence of risk factors and risky behaviors among the adult population that contribute to costly health conditions.

Table 2 Prevalence of Chronic Disease in Wyoming Adults, 2014

	Cancer	Heart Disease	Stroke	Diabetes	COPD
Prevalence	6.7% (not including skin cancer)	6.4%	2.8%	8.4%	6.7%
Source: Behavioral Risk Factor Surveillance System¹ (BRFSS) 2014					

These conditions and risk factors can be addressed in part through health-promoting policies. In the implementation section of this toolkit, we provide sample model policies that can be used in the workplace. They can be modified to fit the needs of employers, regardless of size and industry. Within each sample policy, we also provide additional rationale related to the chronic conditions and risk factors or risky behaviors presented in this section.

Table 3 Risk Factors and Risky Behaviors, 2014

	Overweight or Obese	High Blood Pressure ²	High Cholesterol ²	Current Smoking	Binge Drinking ³	Heavy Drinking ⁴	Depressive Disorder
Prevalence	64.5%	28.7%	27.5%	19.5%	17.2%	6.2%	18.9%
	Lack of Physical Activity	Inadequate Fruit and Vegetable Consumption²	Source: Behavioral Risk Factor Surveillance Systems (BRFSS) 2014				
Prevalence	67%	83%					

¹The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based adult health survey conducted annually. It collects information on health conditions, behaviors, preventive practices, and access to healthcare. ²High blood pressure and high cholesterol data presented in this table reflect 2013 data, as questions related to these risk factors are only asked in odd-numbered years. Any additional BRFSS data in this document that is cited as 2013 data is also because those particular questions are asked in odd-numbered years. ³The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines binge drinking as a pattern of drinking that brings a person's blood alcohol concentration (BAC) to 0.08 grams or above, which typically happens when men consume five or more drinks and women consume four or more drinks, in about 2 hours (NIAAA, 2004). ⁴Heavy drinking is defined by the Centers for Disease Control and Prevention (CDC) as consuming two or more drinks per day (or more than 15 per week) for men and one or more per day (or more than 8 per week) for women (CDC, 2014a).

Workplace Benefits of Supporting Employee Health

Even with misconceptions of a healthy America, the statistics are hard to ignore. With so many chronic conditions being preventable, implementing workplace wellness policies and fostering a culture of health benefit not only employees but employers as well.

Available research and case studies indicate that employees and employers are seeing benefits of applying workplace wellness efforts to support health. For example, the RAND Corporation reviewed case studies to determine the impact of wellness initiatives. One such case study, of a large service organization employing 4,800 people, found that when the organization created a worksite wellness initiative, it increased productivity, boosted employee morale, supported a culture of health, and produced a financial advantage for the company and the employees (RAND, 2013).



This particular RAND-reviewed case study noted that of the 41% of the company's employees who participated in the program, biometric screening of the participants showed that 70% lost weight, 80% of participants with hypertension lowered their blood pressure, 65% improved cholesterol levels, and 53% reported they stopped smoking (RAND, 2013).



The organization studied in the RAND review concluded that one particular healthy eating program the organization implemented produced significant health outcomes: of the 112 employees who participated, 100% improved their cholesterol levels, 50% reduced their BMI, and 92% improved their blood sugar levels (RAND, 2013).

Lastly, RAND found that the organization, in only three years, benefited from a 2.5:1 return on investment (ROI), based on healthcare savings alone. This ROI did not consider other benefits such as improved morale and productivity (RAND, 2013).

While this toolkit focuses only on policy approaches, this case study highlights compelling evidence that employees and employers stand to benefit from taking a proactive, positive approach to supporting employee health and wellness.

Additionally, unhealthy behaviors correlate with a noticeably higher loss of productive work time. Lifestyle choices that include the use of tobacco, excessive alcohol use, unhealthy eating, and a lack of exercise can lead to elevated health risks and chronic diseases. Using United States Bureau of Labor Statistics wage and benefits data, Integrated Benefits Institute reported in 2012 that "workers' poor health and its drag on productivity costs United States employers \$576 billion annually" (Ceniceros, 2012). These risks and diseases can be prevented through well-developed worksite wellness initiatives (such as the case study above) that increase productivity levels for the company.

Organizations that support employee health are more likely to realize a number of benefits including, but not limited to, reduced medical/insurance costs; reduced absenteeism and presenteeism; reduced workers' compensation costs; improved safety; reduced short- and long-term disability; increased morale; and benefits to recruitment and retention efforts (Aldana, 2015).

SECTION 2: GETTING STARTED

One of the most frequently asked questions about developing a workplace wellness policy is “How do we get started?” In this section, we will provide the “how” with an outline/checklist for success. This is a starting point that will enable you to match your existing resources to the needs of your workplace/employees. Before deciding what you should do, going through the below checklist will enable you to collect more information to help you create the best possible comprehensive workplace wellness policy options.

Before we review the steps you can take on your organization’s wellness journey, we would like to first provide some general guidelines for writing effective policies.

Writing Effective Policies

A policy is any plan of action adopted by an individual, government, organization, or business. It is important to consider what will make your policy most effective. There are some key characteristics of effective policies that are promoted by the Public Health Law Center (PHLC).

Effective policies:

- Are written
- Are enforceable
- Are easy to understand and follow
- Accomplish the goal(s) (PHLC, 2011).

Additionally, the PHLC promotes the following essential policy elements:

Essential Policy Elements (PHLC, 2011)	
Findings	Findings should be at the beginning of a policy. They are brief statements of facts or statistics relevant to the issue being addressed by the policy. It supports the need for the policy or action. In less formal policies, these findings may not be followed by a “whereas” statement, but rather outlined in the background or introduction of the policy.
Purpose	The purpose is an explanation of what the organization wants to accomplish in terms of the policy, systems, or environmental change and should directly address the findings.
Definitions	Definitions are the detailed explanations of key terms contained in the policy. This helps promote clarity and context.
Restrictions/ Requirements	This is the heart of the policy. Restrictions and requirements outline the provisions that promote, control, or restrict action.
Exceptions/ Exemptions	These are exemptions to the restrictions/requirements. It is important to use exemptions with careful consideration. Improper use of exemptions may defeat the purpose of the policy or otherwise make it harder to enforce.
Enforcement	Enforcement provisions address the consequences of not complying with a policy and who is responsible for implementation and enforcement.
Implementation	This section of a policy usually contains an effective date and explanation on how you put the policy into practice.
Evaluation	This section addresses a timeline and process to evaluate the effectiveness of the policy, including how it meets the goals it intends to meet. This can also provide a framework for policy revision.
Severability	This section is typically found more in state or federal laws than in organizational policies. If a judge finds one section of a policy to be invalid, unconstitutional, or unenforceable, the remainder of the policy can continue to be enforced when a severability clause is used properly.

Additionally, there are some clear DOs and DON'Ts of drafting an effective policy, as promoted by the PHLC, which are also highlighted below (PHLC, 2011).

DON'Ts

- Don't forget to do your homework. Involve key employees and legal counsel as you draft your policy. It is also a good idea to review sample policies.
- Don't simply do what has been done before. While reviewing sample policies is a good idea, it is important to consider whether or not that policy needs to be modified to fit the needs and capacity of your organization.
- Don't draft in isolation. Reach out to others who have experience or expertise in drafting and implementing similar policies. Perhaps there is another organization or business in your community that is similar to yours that has implemented similar policies. It's equally valuable to remember that your policy can also be impacted by existing laws and policies at the local, state, or national level.
- Don't misuse or overuse exemptions. It can weaken your policy objective. It can also make interpretation, implementation, and enforcement difficult. Clearly outlining the findings and purpose early on in the policy can reduce the need to include exemptions.

DOs

- Make sure the policy is written. A written policy helps with compliance. It allows for everyone affected by the policy to be treated the same, and the endorsement and penalties are also the same. A written policy is also sustainable.
- Make sure clear and concise language is used. This will eliminate confusion and ambiguity. This helps with defining key words and allows you to eliminate unnecessary words. Plain language is the key to clear and concise policies.
- Make sure the policy is consistent. You want to focus on your policy objectives, so you can be consistent with provisions included in a specific policy. This is also a good time to seek legal counsel to ensure it's consistent with the organization and external laws and regulations.
- Make sure it is practical. Know your organization and any anticipated costs to implement or enforce a policy. You also want to ensure your effective date is far enough out that you have time to communicate the policy effectively within your organization. Lastly, you want to ensure employees have the ability and resources needed to follow a policy.
- Anticipate challenges. Challenges within your organization might be legal or bureaucratic in nature. Other challenges may also include cost, barriers to implementation and enforcement, and lack of supportive leadership and engaged workforce.

PHLC has made available a policy drafting checklist that can also support your organization in the drafting process. The checklist is downloadable at <http://www.publichealthlawcenter.org/sites/default/files/resources/ship-fs-policydraftingchlist-2010.pdf>.

Helpful Steps to Support Policy Creation and Implementation

In this section, we will present helpful guidelines that will support successful policy creation and implementation.

Step 1: Getting Leadership Support

This first step is critical in getting your efforts off to a good start. Getting leadership and management on board is a good way to help model healthy behavior to all employees. What you are striving for is to create a culture of health. There are many other reasons for having leadership support:

- Leadership representation shows ownership and buy-in at every level of the workplace.
- Leadership can help communicate the importance/need for workplace wellness to others in the organization.
- Leadership can help obtain support from staff for workplace wellness policies.

Step 2: Engaging Employees

One way to engage employees is to create a wellness policy "team." Here are some tips for creating a successful wellness policy team and engaging employees:

- Have regular meetings to discuss policy options.
- Utilize agendas and assign someone to take minutes and distribute them.
- Educate everyone in the organization on the priorities, and let others know how to get involved. Some ways of disseminating information on your wellness initiative might include email, blogs, newsletters, bulletin boards, "lunch and learns," or one-on-one meetings with wellness team members.
- Participate in continuing education about wellness via webinars or conferences.

Step 3: Assessment

Assessing your workplace environment allows you to take a look at your organization as a whole. By looking at the work environment, you can begin to identify opportunities for creating changes that will promote healthy choices among your employees. Some questions you might ask during the organizational assessment include the following:

- What parts of the building (e.g., stairs) and surrounding area (e.g., walking path) can be used to encourage physical activity?
- What food choices are available at the workplace (e.g., cafeteria, vending machines)?
- Who makes up your workforce (e.g., gender, age, ethnicity)? How would policies be received by each of these groups?

The CDC offers additional information about how to assess your worksite at the following link:
<http://www.cdc.gov/workplacehealthpromotion/model/assessment/environmental.html>.

In addition to the CDC information, you can use the Hero Employee Health Management Best Practices Scorecard to learn about key best practices related to employee health management:
www.hero-health.org/wp-content/uploads/2014/11/writable_scorecard_10_20_14.pdf.

Be sure to talk to your employees, leadership, and management when completing an assessment. If the policies will include other worksite locations, be sure to visit locations and include them in the assessment as well.

In addition, you may want to also review or assess any existing organizational policies related to the subject you intend to address. It is also helpful to be aware of any state or federal laws that might affect your organization in each of these subjects (e.g., breastfeeding in the workplace laws).

Step 4: Policy Implementation

It is important to inform your employees in advance that a new policy is being developed. Doing so allows employees to talk openly about the changes and prevents unexpected surprises, such as when healthy food replaces unhealthy food at meetings or smoking is no longer allowed around the office building. To help make the transition as smooth as possible, workplaces can encourage open communication, provide a timeline for implementation, and show that leadership and management support the policy changes.

Here are a few ways to inform management and staff:

Management

- Have the senior leadership announce the development of worksite wellness policies.
- Schedule meetings to familiarize mid-level managers/supervisors of their role in implementing and promoting the policies.
- Emphasize the importance of role modeling healthy behaviors.
- Offer short informational meetings about the policy changes.

Staff

- Have management introduce new policies at regular staff meetings.
- Post signs on bulletin boards, in the break room, in restrooms, and in company vehicles (e.g., no smoking signs).

Modes of Communication

- E-mail
- Web-based electronic bulletin boards or the company's website
- Flyers or pamphlets in employees' mailboxes
- Include new/revised policies in training manuals and at new staff orientations

Step 5: Evaluation:

There are a number of ways you might look at evaluation, depending on your organizational capacity to collect and analyze related data. The following page provides some suggested evaluation components for your consideration.

Health Status Questionnaire

- Conduct an annual health status questionnaire for all employees. Key topics to assess include nutrition; physical activity; tobacco use; alcohol use; vehicle safety; stress and depression; specific women's/men's health issues; and biometric measures such as weight, height, blood pressure, blood sugar, and cholesterol. A number of vendors offer online health assessments, such as Wyoming Health Fairs. <https://www.wyominghealthfairs.com/product>.
- Use the information to track changes in behavior and risk factors. The data will help you determine how effective your program may be at improving overall health.
- The data can also help you develop policies to address emerging issues.

Employee Participation and Satisfaction

- Measure employee participation as directly related to policies.
- Measuring employee satisfaction of your workplace wellness policies. At the basic level, this means collecting employee satisfaction data on things such as:
 - the # of hits to the worksite wellness section of your website
 - observations or counts (i.e., the # of employees walking during the work day; # or % of employees

- achieving daily step goals)
- a satisfaction survey, focus groups, or interviews to learn more about employee satisfaction
- employee-supported policy or environmental changes resulting from the original policy

Outcome Evaluation

Outcome evaluations are a bit more complicated than other forms of evaluation because they take more work to gather the data. Outcome evaluations include the following:

- pre- and post-surveys measuring changes in attitudes, knowledge, and behaviors (e.g., current eating and physical activity habits);
- # or % of healthy snacks sold in vending machines;
- changes in the sale of vending machine items or cafeteria menu items;
- comparisons of aggregate data from company health screenings (e.g., blood pressure, cholesterol, body weight, BMI) conducted before and after policies were implemented;
- corporate healthcare costs and return on investment.

Organizational Indicators

Organizational indicators should be tracked over time. These include, but are not limited to:

- # of workers' compensation claims filed;
- # of lost work days due to work-related injuries;
- # of sick days per period of time;
- # of disability days per period of time;
- # of occupational injuries per 1,000 employee work days;
- # of early medical retirements per period of time;
- # of preventive medical screenings completed;
- # of health screenings held;
- per capita health benefit claims cost;
- per capita worker compensation cost;
- per capita sick leave absenteeism cost;
- per capita disability claims cost.

Workplace Wellness Policy Checklist

You can use the checklist below to ensure you are working through all of the steps outlined in the previous page. This will help you achieve maximum support and impact.

Step 1: Getting Leadership Support (may take approximately 1 month)

Present proposed operating plan to senior leadership/management in order to gain buy-in and support

Step 2: Engaging Employees (may take approximately 1-3 months)

Convene a wellness team or assign a wellness coordinator

Assess the interest and needs of leaders and employees

Conduct an assessment of the work environment

Develop an operating plan. Include the following:

Mission statement and objectives

Timeline, including milestones

Roles and responsibilities

Itemized budget

An in-house marketing strategy

Evaluation procedures

Step 3: Assessment (may take approximately 1-3 months)

Collect baseline ROI data (i.e., sick days, disability claims and costs, healthcare costs and types of workers compensation claims and costs)

Design policies

Develop tools to evaluate policies

Assess any needed resources

Step 4: Policy Implementation (may take approximately 1 month)

Launch marketing campaign

Implement the policies

Celebrate successes

Step 5: Evaluation (should be conducted approximately 1 year after implementation; may take about 1 month)

Evaluate outcomes based on the selected measures

Modify policies as needed, based on evaluation results

SECTION 3:

IMPLEMENTATION & SAMPLE MODEL POLICIES

In the following subsections, we will highlight the benefits of implementing policies that address key risk factors or risky behaviors that are known to contribute to chronic disease.

We want to emphasize that a comprehensive approach that promotes a culture of health in your workplace is most effective in achieving positive outcomes. For example, implementing a drug screening policy may not deter use and reduce the negative impacts of impairment if you do not also address other factors that can impair employees – such as stress, depression, fatigue, etc.

We have provided a number of sample policies that address substance abuse, mental health and suicide, and chronic disease. You can use these samples to support employee health in your organization. As mentioned in the preface, this toolkit is intended to support you, but is not intended to replace legal counsel. Wyoming employers are encouraged to seek legal counsel to ensure that any policies implemented are in compliance with federal, state, and local laws and regulations including, but not limited to, the Americans with Disabilities Act (ADA); the Genetic Information Nondiscrimination Act (GINA); the Health Insurance Portability and Accountability Act (HIPAA); the Patient Protection and Affordable Care Act (ACA); Family and Medical Leave Act (FMLA); and workers' compensation laws. Additionally, employers should consider the impact of collective bargaining agreements before implementing policies, such as those described in this toolkit.

All optional provisions contained in the sample model policies are intended to outline a best practice, but depending on the type of organization you are implementing the policy in, it may or may not be applicable. The optional provisions should be considered to the extent it makes sense.

All sample policies can be modified to better suit the employer as well, but should not substantially alter the intent behind the provisions so as to maintain best practices.

Substance Abuse

Alcohol & Other Drugs

When considering the benefits of implementing policies to address alcohol and drug use, it is important to understand your organization's philosophy related to substance use. The United States Department of Labor shares the following guidelines when it comes to determining your organization's philosophy.

"An organization's philosophy concerning alcohol and drugs sets the tone for its drug-free workplace policy and program. Some organizations focus on detection, apprehension and discharge and apply a strong law enforcement model that treats employees who use alcohol and drugs as criminals. Other organizations focus on performance and emphasize deterrence and assistance because they view alcohol and drug use as causing impairment of otherwise capable employees. The most effective drug-free workplace programs strike a balance between these two philosophies. They send a strong clear message and, at the same time, encourage employees to seek assistance if they are struggling with alcohol or drug problems."
(United States Department of Labor, 2015)

Additionally, while the Drug-Free Workplace Act (DFWA) of 1988 applies only to some employers, enacting a drug-free workplace policy can benefit your organization by reducing productivity losses and workplace injuries resulting from employee impairment. We have provided two sample policies that can be implemented.

Sample Complete Alcohol & Drug-Free Policy

Rationale

Excessive alcohol use and drug abuse produce negative health, social, and economic consequences, including health and safety hazards in the workplace. Each year, substance abuse costs the United States billions of dollars in expenditures for healthcare, workplace injuries, disability payments, and productivity losses. Nationally, excessive alcohol use alone was estimated to cost \$249 billion in 2010. Also in 2010, in Wyoming, the cost of alcohol and drug use in lost productivity alone is estimated at over \$778 million – \$589,194,744 for alcohol-related lost productivity and \$189,104,591 for drug-related lost productivity. Drug-free workplaces support employee health and well-being while also improving productivity, contributing to the success of an organization. Drug-free workplaces have been a part of workplace culture for many years in part because of the Drug-Free Workplace Act (DFWA) of 1988.

Purpose

[EMPLOYER] is committed to supporting and promoting the safety, health, and well-being of all employees and other individuals visiting our workplace. We recognize that excessive alcohol use and drug use pose a significant threat to our goals. We have established a drug-free workplace program that balances our respect for individuals with the need to maintain an alcohol and drug-free environment. This organization encourages employees to voluntarily seek help with drug and alcohol problems.

Definitions

As used in this policy:

- A. "Excessive alcohol use" means binge drinking, heavy drinking, or drinking by pregnant women or those younger than age 21.
- B. "Binge drinking" means consuming 4 or more alcoholic beverages per occasion for women or 5 or more alcoholic beverages per occasion for men.
- C. "Heavy drinking" means consuming 8 or more alcoholic beverages per week for women or 15 or more alcoholic beverages per week for men.
- D. "Alcoholic beverage" means a standard drink as follows:
 - i. 12 ounces of beer (5% alcohol content)
 - ii. 8 ounces of malt liquor (7% alcohol content)
 - iii. 5 ounces of wine (12% alcohol content)
 - iv. 1.5 ounces of 80-proof distilled spirits (40% alcohol content)
- E. "Drug use" means consumption, in any form, of illicit drugs or consumption of prescription drugs for non-medical use or to get high.
- F. "Illicit drug" means any illegal drug according to federal and state laws.

Scope

Our drug-free workplace policy is intended to apply to anyone representing or conducting business for [EMPLOYER]. Therefore, this policy applies during all working hours, whenever conducting business or representing the [EMPLOYER], while on call, paid standby, traveling on business, while on [EMPLOYER] property (including company vehicles and equipment), and at [EMPLOYER]-sponsored events such as on- or off-site training. Furthermore, there is no presumption of privacy while representing or conducting business for [EMPLOYER]. All work areas on [EMPLOYER] property are subject to random and unannounced inspection.

Restrictions/Requirements

No individual representing or conducting business for [EMPLOYER] shall use, possess, sell, trade, and/or offer for sale alcohol, illegal drugs, or other intoxicants while on duty or otherwise representing [EMPLOYER] as described in the above section.

Exemptions/Exceptions

This policy does not apply to the legitimate use of prescription medication to manage acute or chronic conditions that is deemed by the employee's prescribing physician to pose little or no threat to his/her ability to meet job duties and expectations. Furthermore, it must be deemed by the employee's prescribing physician that such medication does not pose significant threat to the health and safety of employee or to others.

Communication

Signs stating the [EMPLOYER] drug-free policy are considered the first line of communication for this policy. Signs will be clearly posted on the [EMPLOYER] property, at all entrances and exits, and in other prominent places. Employees are authorized and encouraged to communicate this policy with courtesy, respect, and diplomacy to other employees of [EMPLOYER].

Communicating our drug-free policy to both supervisors and employees is critical to our success. To ensure all employees are aware of their role in supporting our drug-free policy:

- All employees will receive a written copy of the policy.
- The policy will be reviewed in orientation sessions with new employees.
- The policy and assistance programs will be reviewed at safety meetings.
- All employees will receive an update of the policy annually.
- Posters and brochures will be available at all locations.
- Employee education about the dangers of alcohol and drug use and the availability of help will be provided to all employees.
- Every supervisor will receive training to help him/her recognize and manage employees with alcohol and other drug problems, including reasonable suspicion training.

Failure to comply with the drug-free policy may result in disciplinary action, up to and including termination. Employees of [EMPLOYER] are encouraged to seek professional substance abuse counseling and support if dealing with issues of substance abuse.

Optional (if applicable to employer)

[EMPLOYER] will support employees seeking substance abuse counseling/support through the provisions of the [EMPLOYER] employee assistance program (EAP). Such provisions may include the use of Alcohol Screening and Brief Intervention (ASBI), which has been recommended by the United States Prevention Services Task Force for reducing excessive alcohol use among adults. ASBI may be conducted by EAP counselors through traditional or electronic (e-SBI) screening processes.

Optional (if applicable to employer)

[EMPLOYER] will support employees seeking substance abuse counseling/support through the provisions of the [EMPLOYER] health insurance plan, which specifically covers such services (reference employer health insurance plan provision(s), if necessary).

Implementation

Effective [insert date], this policy is in full force and effect. Questions arising regarding the policy for any particular [EMPLOYER] employee shall be directed to the employee's acting supervisor.

The supervisor is responsible for either making a determination or requesting additional support from human resources or other management team members as necessary. Management and supervisory staff are responsible for ongoing compliance with this policy. In addition, management and supervisory staff are expected to adhere to standard practice in resolving any issues of noncompliance.

Evaluation

Every [enter interval of time, e.g., quarter, year, etc.], [EMPLOYER] will review relevant health and safety information to determine whether or not compliance with this policy is effective in protecting the safety, health, and well-being of employees. If at such time the policy is proving ineffective, [EMPLOYER] reserves the right to make necessary policy revisions.

Sample Alcohol & Drug Screening Policy

Rationale

Excessive alcohol use and drug abuse produce negative health, social, and economic consequences, including health and safety hazards in the workplace. Each year, substance abuse costs the United States billions of dollars in expenditures for healthcare, workplace injuries, disability payments, and productivity losses. Nationally, excessive alcohol use alone was estimated to cost \$249 billion in 2010. Also in 2010, in Wyoming, the cost of alcohol and drug use in lost productivity alone is estimated at over \$778 million – \$589,194,744 for alcohol-related lost productivity and \$189,104,591 for drug-related lost productivity. Drug-free workplaces support employee health and well-being, while, also improving productivity, contributing to the success of an organization, and being part of the workplace culture in many organizations for years in part because of the Drug-Free Workplace Act (DFWA) of 1988.

Purpose

[EMPLOYER] is committed to supporting and promoting the safety, health, and well-being of all employees and other individuals visiting our workplace. We recognize that excessive alcohol use and drug use pose a significant threat to our goals. We have established a drug screening policy that balances our respect for individuals with the need to maintain an alcohol and drug-free environment. This organization encourages employees to voluntarily seek help with drug and alcohol problems.

Definitions

As used in this policy:

- A. "Excessive alcohol use" means binge drinking, heavy drinking, or drinking by pregnant women or those younger than age 21.
- B. "Binge drinking" means consuming 4 or more alcoholic beverages per occasion for women or 5 or more alcoholic beverages per occasion for men.
- C. "Heavy drinking" means consuming 8 or more alcoholic beverages per week for women or 15 or more alcoholic beverages per week for men.
- D. "Alcoholic beverage" means a standard drink as follows:
 - i. 12 ounces of beer (5% alcohol content)
 - ii. 8 ounces of malt liquor (7% alcohol content)
 - iii. 5 ounces of wine (12% alcohol content)
 - iv. 1.5 ounces of 80-proof distilled spirits (40% alcohol content)
- E. "Drug use" means consumption, in any form, of illicit drugs or consumption of prescription drugs for non-medical use or to get high.
- F. "Illicit drug" means any illegal drug according to federal and state laws.

Scope

Our drug-free workplace policy is intended to apply to anyone representing or conducting business for [EMPLOYER]. Therefore, this policy applies during all working hours, whenever conducting business or representing the [EMPLOYER], while on call, paid standby, traveling on business, while on [EMPLOYER] property (including company vehicles and equipment), and at [EMPLOYER]-sponsored events such as on- or off-site training. Furthermore, there is no presumption of privacy while representing or conducting business for [EMPLOYER]. All work areas on [EMPLOYER] property are subject to random and unannounced inspection.

Restrictions/Requirements

Each employee, as a condition of employment, will be required to participate in pre-employment; random; post-accident; and reasonable suspicion alcohol and drug testing upon selection or at the request of management.

The substances that will be tested for include : Amphetamines (stimulants), Cannabinoids (THC or marijuana), Cocaine, Opiates (analgesics), Phencyclidine (PCP or hallucinogen), Alcohol (depressant), Barbiturates (depressants), Benzodiazepines (tranquilizers), Methaqualone (hypnotic), Methadone (synthetic opioid), and Propoxyphene (analgesic).⁵

Exemptions/Exceptions

Testing positive for prescription drugs that are listed above may be exempt from disciplinary action in the event such use is legitimate to manage acute or chronic conditions that is deemed by the employee's prescribing physician to pose little or no threat to employee's ability to meet job duties and expectations. Furthermore, it must be deemed by the employee's prescribing physician that such medication does not pose a significant threat to the health and safety of the employee or to others.

Communication

Signs stating the [EMPLOYER] drug screening policy are considered the first line of communication for this policy. Signs will be clearly posted on the [EMPLOYER] property, in locations deemed appropriate by management and human resources. Employees are authorized and encouraged to communicate this policy with courtesy, respect, and diplomacy to other employees of [EMPLOYER].

Communicating our drug screening policy to both supervisors and employees is critical to our success. To ensure all employees are aware of their role in supporting our drug screening policy:

- All employees will receive a written copy of the policy.
- The policy will be reviewed in orientation sessions with new employees.
- The policy and assistance programs will be reviewed at safety meetings.
- All employees will receive an update of the policy annually.
- Posters and brochures will be available at all locations.
- Employee education about the dangers of alcohol and drug use and the availability of help will be provided to all employees.
- Every supervisor will receive training to help him/her recognize and manage employees with alcohol and other drug problems, including reasonable suspicion training.

Any employee who tests positive will be immediately removed from duty and referred to a substance abuse professional for assessment and recommendations. Depending upon the substance abuse professional's

⁵ Note to Employer: Availability of a lab and/or cost may make this list prohibitive. You can modify this section to include only the drugs your organization has the capacity to test for.

assessment, the employee may be required to successfully complete recommended rehabilitation (including continuing care) and pass a return-to-duty test. Upon return, the employee will be required to sign a Return-to-Work Agreement and will be subject to ongoing, unannounced, follow-up testing for a period of up to two years. [EMPLOYER] reserves the right to establish a Last Chance Agreement with employee, in lieu of terminating an employee that tests positive for a second time or violates the Return-to-Work Agreement.

An employee will be subject to the same consequences of a positive test if he/she refuses the screening or the test, adulterates or dilutes the specimen, substitutes the specimen with that from another person or sends an impostor, will not sign the required forms, or refuses to cooperate in the testing process in such a way that prevents completion of the test.

Optional (if applicable)

If an employee tests positive for alcohol and/or drugs while being employed under the [transportation modality (e.g., FRA, FAA)] rules and regulations, [EMPLOYER] is required to follow the Department of Transportation (DOT) regulation – 49 CFR Part 40. The employee will be expected follow all DOT protocols including scheduling an appointment with a Substance Abuse Professional (SAP). A SAP is a person who has met all the DOT criteria, (i.e., participated in DOT training, passed the written test, and is current with their continuing education units (CEUs)). The SAP evaluates an employee who has violated a DOT drug and alcohol regulation and makes recommendations concerning education, treatment, follow-up testing, and aftercare. [EMPLOYER] will provide the employee with the name and contact information for one SAP, minimally. SAP return-to-duty process is required before the employee returns to safety-sensitive functions. Refer to www.transportation.gov/odapc/part40 for additional information.

Optional (if applicable)

[EMPLOYER] will support employees seeking substance abuse counseling support through the provisions of the [EMPLOYER] employee assistance program (EAP). Such provisions may include the use of Alcohol Screening and Brief Intervention (ASBI), which has been recommend by the United States Prevention Services Task Force for reducing excessive alcohol use among adults. ASBI may be conducted by EAP counselors through traditional or electronic (e-SBI) screening processes.

Optional (if applicable)

[EMPLOYER] will support employees seeking substance abuse counseling support through the provisions of the [EMPLOYER] health insurance plan, which specifically covers such services (reference employer health insurance plan provision(s), if necessary).

Implementation

Effective [insert date], this policy is in full force and effect. Questions arising regarding the policy for any particular [EMPLOYER] employee shall be directed to the employee's acting supervisor. The supervisor is responsible for either making a determination or requesting additional support from human resources or other management team members as necessary. Management and supervisory staff are responsible for ongoing compliance with this policy. In addition, management and supervisory staff are expected to adhere to standard practice in resolving any issues of noncompliance.

To ensure the accuracy and fairness of our testing program, all testing will be conducted according to Substance Abuse and Mental Health Services Administration (SAMHSA) guidelines, where applicable. The testing process will include a screening test; a confirmation test; the opportunity for a split sample; review by a Medical Review Officer (including the opportunity for employees who test positive to provide a legitimate

medical explanation, such as a physician’s prescription for the positive result); and a documented chain of custody.

All drug-testing information will be maintained in separate confidential records.

Testing for the presence of the metabolites of drugs will be conducted by the analysis of urine, blood, hair, and saliva.

[EMPLOYER] will consult with a Substance Abuse Professional (SAP) and a Medical Review Officer (MRO) to help guide implementation and monitoring of drug and alcohol testing protocols.

Evaluation

Every [enter interval of time, e.g., quarter, year, etc.], [EMPLOYER] will review relevant health and safety information to determine whether or not compliance with this policy is effective in protecting the safety, health, and well-being of employees. If at such time the policy is proving ineffective, [EMPLOYER] reserves the right to make necessary policy revisions.

Alcohol and Other Drugs Best Practice Action Planning Form

The below table is a sample you can use to help you organize your plan to address alcohol and other drugs in the workplace.

We have started the table by adding some best practice strategies your organization might consider. Depending on the size, structure, and industry of your organization, you can identify which strategies are reasonable, as well as your organization’s expected outcomes and appropriate action steps, completion date, and responsible party(ies).

ALCOHOL AND OTHER DRUGS ACTION PLANNING FORM

Best Practice Strategy	Expected Outcomes (include short-term and long-term when applicable)	Action Steps	Expected Completion Date	Responsible Party(ies)
Drug-free workplace policy that includes alcohol	Example: Maintain a safe and healthy work environment, or reduction in alcohol or drug-related workplace safety violations or injuries.	Example: Identifying risks, providing education & training, developing the policy language.	Example: One year after policy development work begins.	Examples: Leadership, Employee Workgroup, Human Resources
Post appropriate signage to communicate drug-free workplace policy				
Provide employee assistance program and support				
Provide insurance benefits that include coverage for treatment of substance abuse				

Tobacco

The United States Centers for Disease Control and Prevention (CDC) puts a \$3,383 price tag on each employee who smokes, \$1,760 in lost productivity and \$1,623 in excess medical expenditures (Fellows et al, 2002). Employers can cut those costs and improve employees' health and productivity by helping people quit tobacco and by promoting tobacco-free environments.

Secondhand smoke exposure can cause disease and premature death in adults and children who do not smoke. Additionally, exposure to secondhand smoke has immediate adverse effects on the cardiovascular system and causes coronary heart disease and lung cancer. It is widely documented that there is no risk-free level of exposure to secondhand smoke (CDC, 2014b). Establishing smoke-free workplaces is the only effective way to ensure secondhand smoke exposure does not occur in the workplace because ventilation and other air cleaning technologies cannot completely control for exposure of nonsmokers to secondhand smoke (CDC, 2014c). Research shows that smoke-free workplaces and communities can cause youth and young adults to be less likely to start smoking due to lower visibility of people who smoke and can encourage smokers to quit or reduce tobacco use.

Providing support for employees who wish to reduce or quit smoking can play an important role in establishing a tobacco-free workplace policy. It is not only good for the bottom line; it also demonstrates the employer's commitment to enhancing the health of all employees. This kind of organizational philosophy is one that can be shared by employee groups, unions, and management. Creating a supportive environment that enables smokers to quit will help to ease tensions between smokers and nonsmokers, as well as between management and smoking employees. It also projects an image of a business that cares about the safety and health of all employees and visitors.

Sample Tobacco-Free Workplace Policy

Rationale

Chronic diseases, such as heart disease, stroke, cancer, and diabetes, are among the most common, costly, and preventable of all health problems in Wyoming and the United States. The United States Surgeon General has determined that exposure to secondhand tobacco smoke and the use of tobacco products are significant health hazards. Numerous studies have found that tobacco smoke is a major contributor to indoor air pollution and that breathing secondhand smoke is a cause of disease in healthy nonsmokers, including heart disease, stroke, respiratory disease, and lung cancer. Furthermore, the Food and Drug Administration (FDA) has determined that unregulated electronic nicotine delivery systems (ENDS), also known as e-cigarettes or vaping devices, contained not only nicotine, but also detectable levels of known carcinogens and toxic chemicals.

Purpose

The [EMPLOYER] acknowledges and supports the findings, highlighted above, that tobacco use in any form, active and passive, is a significant health hazard. In light of the health risks and the fact that tobacco use continues to be the leading cause of preventable death in the United States, our tobacco-free policy is intended to provide a tobacco-free environment for all employees and visitors to support and promote a safe and healthy workplace environment.

Definitions

As used in this policy:

- A. "Tobacco products" means any substance containing tobacco leaf, or any product made or derived from tobacco that contains nicotine, including, but not limited to, cigarettes, electronic cigarettes, e-liquids, vaporizers, cigars, cigarillos, pipe tobacco, snuff, chewing tobacco or dipping tobacco; or dissolvable tobacco (such as "orbs" or "strips"), or other electronic nicotine delivery systems (ENDS).
- B. "Electronic cigarette" means any product that employs any mechanical heating element, battery or electronic circuit, regardless of shape or size, that can be used to deliver doses of nicotine vapor or any other substance by means of heating a liquid, plant, wax, or other solution contained in a cartridge or alternate delivery system. This term is often used interchangeably with vaporizers and ENDS.
- C. "Smoking" means inhaling, exhaling, burning, or carrying any lighted or heated cigar, cigarette, pipe, or other device designed to accomplish, enable, or imitate the act of smoking, including electronic cigarettes, vaporizers, and ENDS.

Scope

This policy covers the smoking or vaping of any tobacco product and the use of oral tobacco products, chew, and dissolvable tobacco (such as "orbs" or "strips"), and it applies to employees and visitors of [EMPLOYER].

Restrictions/Requirements

No use of tobacco products, as defined above, will be allowed on [EMPLOYER] property, including indoor facilities, outdoor property or grounds, and in vehicles or equipment owned by [EMPLOYER], at any time.

Exemptions/Exceptions

This policy does not apply to the use of noncommercial tobacco for ceremonial, cultural, religious, or medicinal activities that are in accordance with the American Indian Religious Freedom Act, 42 United States C., Section 1996. Exceptions for ceremonial, cultural, religious, or medicinal tobacco use must be pre-approved by the [enter title of executive: e.g., CEO, President, Executive Director] of [EMPLOYER].

This policy does not apply to Nicotine Replacement Therapy (NRT) medications used by employees for the purpose of tobacco cessation.

Communication

Signs stating the [EMPLOYER] tobacco-free policy are considered the first line of communication for this policy. Signs will be clearly posted on the [EMPLOYER] property, at all entrances and exits, and in other prominent places. Employees are authorized and encouraged to communicate this policy with courtesy, respect, and diplomacy to other employees or visitors of [EMPLOYER].

Communicating our tobacco-free policy to both supervisors and employees is critical to our success. To ensure all employees are aware of their role in supporting our tobacco-free policy:

- All employees will receive a written copy of the policy.
- The policy will be reviewed in orientation sessions with new employees.
- The policy and assistance programs will be reviewed at safety meetings.
- All employees will receive an update of the policy annually.
- Posters and brochures will be available at all locations.
- Employee education about the dangers of tobacco use and the benefits of quitting and the availability of help will be provided to all employees.

Failure to comply with the tobacco-free policy may result in disciplinary action, up to and including termination. Employees of [EMPLOYER] are encouraged to seek available tobacco cessation services and medications if they wish to quit tobacco use.

[EMPLOYER] commits to supporting employees seeking to quit tobacco use by helping them access recommended tobacco cessation services, offered at no-cost, through the Wyoming Quit Tobacco Program (WQTP). Employees can enroll in the program by calling 1-800-QUIT-NOW or by visiting www.quitwyo.org.

Optional (if applicable)

[EMPLOYER] will support employees seeking to quit tobacco use through the provisions of the [EMPLOYER] employee assistance program (EAP).

Optional (if applicable)

[EMPLOYER] will support employees seeking to quit tobacco use through the provisions of the [EMPLOYER] health insurance plan, which specifically covers recommended cessation services, such as coaching and tobacco cessation medications and/or nicotine replacement therapy (NRT) medications (reference employer health insurance plan provision(s), if necessary).

Implementation

Effective [insert date], this policy is in full force and effect. Questions arising regarding the policy for any particular [EMPLOYER] employee shall be directed to the employee’s acting supervisor. The supervisor is responsible for either making a determination or requesting additional support from human resources or other management team members as necessary. Management and supervisory staff are responsible for ongoing compliance with this policy. In addition, management and supervisory staff are expected to adhere to standard practice in resolving any issues of noncompliance.

Evaluation

Every [enter interval of time: e.g., quarter, year, etc.], [EMPLOYER] will review relevant health and safety information to determine whether or not compliance with this policy is effective in protecting the safety, health, and well-being of employees. If at such time the policy is proving ineffective, [EMPLOYER] reserves the right to make necessary policy revisions.

Tobacco Best Practice Action Planning Form

The following table is a sample you can use to help you organize your plan to address tobacco in the workplace. We have started the table by adding some best practice strategies your organization might consider. Depending on the size, structure, and industry of your organization, you can identify which strategies are reasonable, as well as your organization’s expected outcomes and appropriate action steps, completion date, and responsible party(ies).

TOBACCO ACTION PLANNING FORM

Best Practice Strategy	Expected Outcomes (include short-term and long-term when applicable)	Action Steps	Expected Completion Date	Responsible Party(ies)
Tobacco-free workplace policy.				
Post appropriate signage on buildings and the premises to inform workers and patrons about the tobacco-free policy.				
Provide cessation medications through health insurance.				
Provide counseling through a health plan-sponsored individual, group, or telephone counseling program.				
Develop a policy supporting participation in tobacco cessation activities during work time (flex-time).				
Promote the free cessation services available through the Wyoming Quit Tobacco Program at (1-800-784-8669) or online at (www.quitwyo.org).				
Provide tobacco-cessation incentives, such as lower deductibles on employee health insurance premiums.				

Mental Health & Suicide Prevention

Many organizations have human resource policies in place that provide financial and referral support for mental health services. Larger organizations may have employee assistance programs as part of their behavioral health services. Including policies and procedures for suicide prevention, intervention, and postvention (policies and practices related to how an organization will support and protect employees after a suicide loss) strengthens employee relations, health, safety and wellness programs, and employee benefits programs.

A mental health-friendly workplace makes good business sense. It benefits owners, managers, and employees in ways that affect the bottom line. Consider the following outcomes:

- *Higher productivity and motivation.* Employees feel valued and secure and work more effectively when employers demonstrate a commitment to their well-being.
- *Reduced absenteeism and presenteeism.* Workplace stress is a major cause of absenteeism and

- presenteeism. Helping employees manage their stress and overall mental health can boost productivity by decreasing time away from work or from presenteeism.
- *Health insurance cost containment.* Instituting health and wellness programs can help reduce controllable health insurance rate hikes by improving employee wellness.
 - *Preparedness for disasters.* Assisting employees in times of sudden unexpected trauma with counseling, peer support groups, and links to needed community services can help businesses resume operations in a timely manner.
 - *Employee loyalty and retention.* Businesses with mental health-friendly practices have documented remarkably low turnover rates, along with cost savings in recruitment, new employee orientation, and training.
 - *Hiring and promoting the most qualified people.* By openly supporting mental health-friendly policies, employers can increase the pool of qualified applicants.
 - *More efficient workplace practices and policies.* The process of thinking about mental health can generate helpful internal policy and benefit reviews and more effective workplace systems and procedures for employees as a whole.
 - *Better workplace relations.* Awareness of and openness to mental health issues help create a positive climate for understanding, conflict resolution, and support.
 - *Diversity, acceptance, and respect in the workplace.* Embracing diversity includes people who live with mental health problems. In becoming more inclusive, businesses can both thrive and set a standard for others.

Businesses that value the health of their employees, including their mental health and well-being, have specific practices and policies in place. Such companies can be small, medium, or large. There are many examples among large corporations in the United States; however, businesses with only a few employees also have found meaningful and innovative ways to be mental health-friendly.

Below are specific practices and policies that characterize a Mental Health-Friendly Workplace, many of which are found in organizations large and small.

The Mental Health-Friendly Workplace

- Welcomes all qualified job applicants; diversity is valued and inclusion is the goal.
- Includes healthcare that treats mental health problems with the same urgency as other physical illnesses.
- Has programs and practices that promote and support employee health-wellness and/or work-life balance.
- Provides training for managers and front-line supervisors in mental health workplace issues, including identification of performance problems that may indicate worker distress and the possible need for referral and evaluation.
- Safeguards confidentiality of employee health information.
- Provides an Employee Assistance Program or other appropriate referral resources to assist managers and employees.
- Supports employees who seek treatment or who require hospitalization and disability leave, including planning for returning to work.
- Ensures “exit with dignity” as a corporate priority, should it become essential for an employee to leave employment.
- Provides all-employee communication regarding equal opportunity employment, the reasonable accommodations provisions of the Americans with Disabilities Act, health and wellness programs, and similar topics that promote an accepting, anti-stigmatizing, anti-discriminating climate in the workplace (Center for Mental Health Services, 2007).

An analysis based on data from the 2008-2012 National Survey on Drug Use and Health (NSDUH), conducted by Beth Han, MD, PhD, MPH, and colleagues at the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Institute on Drug Abuse (NIDA) revealed that a substantial proportion of adults who attempted suicide in the 12 months prior to the survey interview received no mental healthcare or received care they felt was inadequate. Forty-three percent did not receive any mental health treatment, including 32% of those who had been medically treated after an attempt. Half of those who received mental health treatment felt that they still had unmet mental healthcare needs (Han et al., 2014).

Suicide has been acknowledged by national and state government as a public health issue with a need to address the concerns via a public response. The Preventing Suicide in Wyoming: 2014-2016 State Suicide Prevention Plan objective 11 states: "Build statewide capacity for training across multiple levels and disciplines including a focus on cultural competency in diverse populations" (WDH, 2014). The 2012 National Strategy for Suicide Prevention identifies goal one as "Integrate and coordinate suicide prevention activities across multiple sectors and settings (United States Department of Health and Human Services, 2012)." In considering these guiding documents, it is, again, reasonable to conclude that the work setting is one sector that is vital to engage in suicide prevention efforts.

Suicide prevention includes a comprehensive set of programs, practices, and policies such as: skills training (e.g., conflict management), awareness building (e.g., suicide risk factors), changing social norms (e.g., normalizing help-seeking behavior), policy (e.g., sick leave, work re-entry after hospitalization), screening and identification of people at risk, intervention (e.g., EAPs & referral information/resources), and postvention (e.g., policies regarding grief, crisis response teams, EAPs) efforts. The purpose of this toolkit section is to advise workplaces on the best available resources and guidance to be able to address suicide as a public health issue amongst their employee base.

The National Action Alliance for Suicide Prevention has developed a Comprehensive Blueprint for Workplace Suicide. This resource can be accessed via the following link:

www.actionallianceforsuicideprevention.org/task-force/workplace/cspp.

When accessing the link, you will be taken to a chart of resources, which can be used in learning more about effective workplace policies. For your convenience, we have used this blueprint to develop a sample mental health/suicide prevention policy to help you get started. Additionally, we have included a sample policy for addressing the death of an employee.

The Comprehensive Blueprint for Workplace Suicide Prevention includes key components to consider in your policy, such as:

- Screening
- Mental Health Services and Resources
- Suicide Prevention Training
- Life Skills and Social Network Promotion
- Crisis Management, Policy, and Means Restriction
- Education and Advocacy
- Social Marketing
- Leadership

Sample Mental Health/Suicide Prevention Policy

Rationale

Mental health problems affect an estimated 43.7 million adults ages 18 and older in the United States. The prevalence of mental health problems impact individuals, families, workplaces, and communities. Mental health problems that employees face range from stress, anxiety, and attention issues to serious mental health problems such as major depression, schizophrenia, and bipolar disorder. While mental health problems are surprisingly common, mental health is not always recognized as an issue that should be addressed comprehensively as part of overall health and well-being. Additionally, mental health problems can contribute to an increased risk of substance misuse and abuse as well as suicide.

Purpose

[EMPLOYER] is committed to supporting and promoting the health and well-being of all employees and other individuals visiting our workplace. We recognize that mental health problems, if untreated, can significantly impact our employees. We have established a mental health promotion policy to productively engage our employees and reduce the stigma associated with mental health problems. This organization encourages employees to voluntarily seek treatment when mental and emotional health are not optimal.

Definitions

As used in this policy:

- A. "Mental health" means a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community.
- B. "Mental health problem" means any changes in mental health, such as thinking, mood, and/or behavior that can affect how an individual relates to others and makes choices.
- C. "Serious mental health problem" means a diagnosable mental, behavior, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities.

Scope

Our mental health/suicide prevention policy applies to all employees of [EMPLOYER].

Restrictions/Requirements

Optional - Screening (include for comprehensive approach to workplace suicide prevention, if applicable) [EMPLOYER] commits to providing employees with access to annual online mental health screening, as provided through Screening for Mental Health, Inc. WorkplaceResponse®, which can be accessed here: <https://mentalhealthscreening.org/programs/workplace>. All employees are encouraged to take advantage of this service to identify and detect mental health issues to inform their treatment decisions. WorkplaceResponse® is dedicated to the anonymity of screening participants. No employer, healthcare company, or sponsoring organization can identify any individual who has taken the screening. Employees can find more information related to privacy and security here: www.mentalhealthscreening.org/privacy.

Optional - Mental Health Services and Resources (include for comprehensive approach to workplace suicide prevention, if applicable)

[EMPLOYER] commits to providing employees with access to qualified mental health services and resources. A list of community mental health counselors and providers, as well as relevant resources, will be maintained by the human resource office. In addition to local resources, [EMPLOYER] will offer support through the provisions of the employee assistance program (EAP), and/or through the provisions of the employee health insurance plan (reference employer health insurance plan provision(s), if necessary).

Suicide Prevention Training (include for comprehensive approach to workplace suicide prevention)

To support the identification of employees who may be at risk for suicide, all employees are required to participate in suicide prevention gatekeeper training. For new employees, training will be required within 90 days of employment start date. All current employees will be required to participate in training when training is coordinated with existing trainer(s). Upon completion of training, employees are required to submit a certification of completion to the human resource office.

Optional – Life Skills and Social Network Promotion (include for comprehensive approach to workplace suicide prevention, if applicable)

[EMPLOYER] commits to creating a culture that is inclusive and engaging for all employees. Additionally, [EMPLOYER] commits to providing access to learning opportunities related to life skills (such as problem-solving, stress management, and conflict resolution).

Crisis Management

[EMPLOYER] will actively promote the National Suicide Prevention Lifeline, which can be reached by calling **1-800-273-8255**. Proper signage and other promotional materials will be ordered from the Substance Abuse and Mental Health Services Administration (SAMHSA), and sufficient inventory will be maintained.

Education and Advocacy

[EMPLOYER] commits to educating employees about common mental health problems and advocating for inclusion of all employees. [EMPLOYER] education and advocacy activities will be designed to raise awareness and reduce stigma around mental health problems.

Exemptions/Exceptions

There are no exemptions or exceptions included in our mental health/suicide prevention policy.

Communication

Communicating our mental health/suicide prevention policy to both supervisors and employees is critical to our success. To ensure all employees are aware of their role in supporting our mental health/suicide prevention policy:

- All employees will receive a written copy of the policy.
- The policy will be reviewed in orientation sessions with new employees.
- The policy and assistance programs will be reviewed at safety meetings.
- All employees will receive an update of the policy annually.
- Posters and brochures will be available at all locations.
- Employee education about common mental health problems and the availability of resources will be provided to all employees.

Implementation

This policy is in full force and effect. Questions arising regarding the policy for any particular [EMPLOYER] employee shall be directed to the employee's acting supervisor. The supervisor is responsible for either making a determination or requesting additional support from human resources or other management team members as necessary. Management and supervisory staff are responsible for ongoing compliance with this policy. In addition, management and supervisory staff are expected to adhere to standard practice in resolving any issues of noncompliance.

Evaluation

Every [enter interval of time, e.g., quarter, year, etc.], [EMPLOYER] will review relevant health and safety

information to determine whether or not compliance with this policy is effective in protecting the safety, health, and well-being of employees. If at such time the policy is proving ineffective, [EMPLOYER] reserves the right to make necessary policy revisions.

Sample Death of an Employee Policy

Rationale

The death of an employee impacts surviving employees in a number of ways. Emotional and mental health impacts may arise as a result of an employee's death. Furthermore, an employee's death by suicide can further complicate the grief process experienced by surviving employees.

Purpose

[EMPLOYER] is committed to supporting and promoting the health and well-being of all employees and other individuals visiting our workplace. We recognize the impact that the death of an employee may have on the [EMPLOYER] and those we serve. It is the intention of [EMPLOYER] to effectively and appropriately communicate with employees in this type of situation while respecting the rights, wishes, and confidentiality of the bereaved.

Understanding the many difficulties brought by the death of a loved one or colleague, the [EMPLOYER] may direct the employee's family to available resources intended to provide support when/if the family expresses interest. The [EMPLOYER] may direct an employee to available resources and support when/if the employee expresses interest.

Furthermore, [EMPLOYER] recognizes that an employee death by suicide can bring especially difficult emotions and complex responses.

We have established this policy to support and address the needs of surviving employees in the event of the death of an employee.

Definitions

As used in this policy:

- A. "Immediate family member" means spouse, child, parent, grandparent, brother, sister, grandchild, father-in-law, mother-in-law, brother-in-law, sister-in-law, daughter-in-law, son-in-law, a relative who raised the employee, or any person who has lived with the employee's family for a period of time.

Scope

Our death of an employee policy applies to all employees of [EMPLOYER].

Restrictions/Requirements

[EMPLOYER] commits to supporting surviving employees and surviving family members in the event of the death of an employee. The health and wellbeing of our employees is of utmost importance. The implementation section below outlines how we will address the death of an employee.

Exemptions/Exceptions

There are no exemptions or exceptions included in our death of an employee policy.

Communication

Communicating our death of an employee policy to both supervisors and employees is critical to our success. To ensure all employees are aware of their role in supporting this policy:

- All employees will receive a written copy of the policy.
- The policy will be reviewed in orientation sessions with new employees.
- The policy and assistance programs will be reviewed at safety meetings.
- All employees will receive an update of the policy annually.
- Posters and brochures will be available at all locations.
- Employee education about grief and the availability of resources will be provided to all employees.

Implementation

Effective [insert date], this policy is in full force and effect. Questions arising regarding the policy for any particular [EMPLOYER] employee shall be directed to the employee's acting supervisor. The procedures outlined below will be followed in the event of the death of an employee.

Death of an Employee

1. Notify the human resource director or designee upon learning of an employee's death.
2. The human resource director will notify leadership members of the employee's death.
3. The human resource director will contact the employee's family and then determine next steps to address the situation. NOTE: Next steps will be determined on a case-by-case basis and informed by the rights and wishes of the family.
4. The human resource director will contact the deceased employee's immediate manager(s).
5. The chief executive officer will announce the death of an employee to the [EMPLOYER] staff. Only information that is publicly known and/or has been authorized by the family will be shared. This message will be communicated using the most expedient method available at the time.
6. The human resource director will work with appropriate leadership to develop a formal, written statement to be used by [EMPLOYER] employees in response to questions that may arise from community members.
7. The human resource director will provide a list of resources and/or benefits available for employee support (e.g., critical incident support, employee assistance program (EAP) services, and/or community-based resources). Employees will also be given information on how to access these resources and/or benefits.
8. The human resource director will provide, to the extent possible, support and assistance requested by the direct manager.
9. The leadership team may develop a plan to address holidays, anniversaries, and/or other milestone dates related to the employee's death that may affect employees and/or the organization as a whole.

Death of an Employee by Suicide

1. Notify the human resource director or designee upon learning of an employee's death by suicide.
2. The human resource director will notify leadership members of the employee's death.
3. The human resource director will contact the employee's family and then determine next steps to address the situation. NOTE: Next steps will be determined on a case-by-case basis and informed by the rights and wishes of the family.
4. The human resource director will contact deceased employee's immediate manager(s). The human resource director will review the "Manager's Guide to Postvention," which can be found here: <http://actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/Managers-Guidebook-To-Suicide-Postvention-Web.pdf>. After discussion with the human resource director, the manager may provide support and assistance to assigned employee(s) if requested and/or as manager

believes is appropriate.

5. The chief executive officer will announce the death of an employee to the [EMPLOYER] staff. Only information that is publicly known and/or has been authorized by the family will be shared. This message will be communicated using the most expedient method available at the time and will be informed by safe messaging guidelines, which can be found here:
<http://www.sprc.org/sites/sprc.org/files/library/SafeMessagingrevised.pdf>.
6. The human resource director will work with appropriate leadership to develop a formal, written statement to be used by [EMPLOYER] employees in response to questions that may arise from community members, informed by safe messaging guidelines, which can be found here:
<http://www.sprc.org/sites/sprc.org/files/library/SafeMessagingrevised.pdf>.
7. The human resource director will provide a list of resources and/or benefits available for employee support (e.g., critical incident support, employee assistance program (EAP) services, and/or community-based resources). Employees will also be given information on how to access these resources and/or benefits.
8. The human resource director may provide support and assistance requested to direct manager if requested and/or as they believe is appropriate.
9. The leadership team may develop a plan to address holidays, anniversaries, and/or other milestone dates related to the employee's death that may affect employees and/or the organization as a whole.

Evaluation

[EMPLOYER] reserves the right to evaluate and modify this policy as needed to best support the health and well-being of surviving employees following the death of an employee.

MENTAL HEALTH AND SUICIDE PREVENTION ACTION PLANNING FORM

The sample table below can be use to help you organize your plan to address mental health and suicide prevention in the workplace. We have started the table by adding some best practice strategies your organization might consider. Depending on the size, structure, and industry of your organization, you can identify which strategies are reasonable, as well as your organization's expected outcomes and appropriate action steps, completion date; and responsible party(ies).

Best Practice Strategy	Expected Outcomes (include short-term and long-term when applicable)	Action Steps	Expected Completion Date	Responsible Party(ies)
A comprehensive policy that includes key components from the Comprehensive Blueprint for Workplace Suicide Prevention.				
Implementing death of an employee policy.				
Post signage communicating policy(ies).				
Post signage for the National Suicide Prevention Lifeline.				
Appropriate, evidence-based suicide prevention training for staff.				

Chronic Disease

Physical Activity

"Sitting is the New Smoking" covered headlines in major publications and news outlets such as the Huffington Post, Forbes, CNN, and NBC. These headlines referenced research that reveals how damaging sedentary behaviors can be to your health. In fact, a systematic review and meta-analysis published in the Annals of Internal Medicine found that prolonged sedentary time was independently associated with detrimental health outcomes (Biswas et al., 2015). Physical activity provides benefits beyond weight loss and is one of the most effective ways to prevent disease. If employees are engaged in more physical activity throughout the day, employers will reasonably benefit from having a more productive, healthy workforce. Such benefits may even pay off through reduced health-related productivity losses and health-related medical claims and expenses.

Based on best practices, we have provided a sample policy that can help your organization promote more physical activity among all employees.

Sample Physical Activity Promotion Policy

Rationale

Research consistently shows that increasing physical activity has health benefits across the lifespan and beyond weight loss. Adequate physical activity is proven to reduce the risk of cardiovascular disease, type 2 diabetes, metabolic syndrome, and some cancers, which are some of the most costly preventable health conditions, both economically and in terms of lives impacted. Physical activity also contributes to strengthening bones and muscles, improving mental health and mood, preventing falls, and improving the ability to participate in daily activities.

Purpose

[EMPLOYER] is committed to supporting and promoting the health and well-being of all employees and other individuals visiting our workplace. We recognize that lack of adequate physical activity can contribute to chronic conditions that can significantly impact our employees while also threatening our ability to successfully achieve goals. We have established a physical activity promotion policy to support our employees in engaging in or maintaining physical activity levels.

Definitions

As used in this policy:

- A. "Adequate physical activity" means, for adults, participating in at least 150 minutes (2 hours and 30 minutes) per week of moderate-intensity, or 75 minutes (one hour and 15 minutes) per week of vigorous-intensity aerobic physical activity, performed in episodes of at least 10 minutes and preferably spread throughout the week.
- B. "Chronic conditions" means human health conditions or diseases that are persistent or otherwise long-lasting in effects.

Scope

Our physical activity promotion policy applies to all employees of [EMPLOYER]. To support any employees with physical limitations, [EMPLOYER] will make every reasonable effort to accommodate so they are able to participate per the policy.

Restrictions/Requirements

Optional – Physical Activity During Work Time (if applicable)

[EMPLOYER] commits to providing employees with access to physical activity opportunities during the employee's scheduled work time. The [EMPLOYER] Executive Director, through the execution of this policy, authorizes all employees to take thirty (30) minutes paid, per day, to engage in physical activity. This time is designated for the purpose of participating in physical activity only. The participating employee is responsible for working with his/her immediate supervisor to ensure that physical activity time does not interfere with employee's ability to meet job requirements. Additionally, [EMPLOYER] encourages all employees to utilize breaks and lunch periods for physical activity.

Optional - Flex Time for Physical Activity (if applicable)

As reasonably determined by supervisors and management, [EMPLOYER] will support flexible work schedules to support physical activity among employees. Employees are permitted to come in thirty (30) minutes earlier or leave thirty (30) minutes later to allow for physical activity before or after work. Employees are also permitted to take thirty (30) additional minutes in conjunction with their lunch break for physical activity. This time is designated for the purpose of participating in physical activity only. The employee is responsible for working with his/her immediate supervisor to ensure that the flexible schedule for physical activity does not interfere with employee's ability to meet job requirements. Additionally, [EMPLOYER] encourages all employees to utilize breaks and lunch periods for physical activity.

Optional - Active Meetings and Trainings (if applicable)

[EMPLOYER] commits to providing employees with opportunities for physical activity breaks during meetings and trainings. [EMPLOYER] supervisors and leadership are encouraged to consider physical activity breaks when planning lengthy meetings.

Employees organizing a training or conference that is one full working day or longer must incorporate a thirty (30) minute physical activity break per day. Some simple guidelines that can help plan for physical activity breaks should be considered. They include:

- A. Consider conference locations where participants can easily and safely walk to places of interest and have access to the location for activity during breaks.
- B. If feasible, choose a conference center that includes, or is near, a fitness center, an outdoor green space, or a room with space to move around and stretch.
- C. Consider asking someone to lead physical activity breaks.
- D. Try activities like standing for every other topic, stretching to music, or icebreakers that encourage people to move around.
- E. Make meeting space easy for people to stand instead of sit, if they prefer.
- F. Organize physical activity opportunities in mornings and afternoons, such as low-impact fitness or group walks.
- G. Provide participants with maps of the area showing safe walking and running routes, trails, or local fitness centers.

All physical activity breaks during meetings or trainings, in the context of this policy, are expected to comply with the Americans with Disabilities Act (ADA) so employees with physical limitations may still participate.

Optional – Point of Decision Prompts (if applicable)

[EMPLOYER] commits to providing employees with opportunities for prompts near the elevators and stairwells on [EMPLOYER] property to encourage the use of stairs over elevators.

Optional – Remote Employees (if applicable)

[EMPLOYER] commits to providing remote employees with opportunities for physical activity. Wellness efforts such as walking programs, facilitation of social support among remote employees, and flexibility to engage in physical activity for thirty (30) minutes paid, per day, to engage in physical activity. This time is designated for the purpose of participating in physical activity only. The participating employee is responsible for working with his/her immediate supervisor to ensure that physical activity time does not interfere with employee's ability to meet job requirements. Additionally, [EMPLOYER] encourages all employees to utilize breaks and lunch periods for physical activity.

Exemptions/Exceptions

There are no exemptions or exceptions to our physical activity promotion policy. Participation, while encouraged, is optional. [EMPLOYER] commits to making reasonable accommodations, in compliance with the Americans with Disabilities Act (ADA) so employees with physical limitations may still participate.

Communication

Communicating our physical activity promotion policy to both supervisors and employees is critical to our success. To ensure all employees are aware of their role in supporting our physical activity promotion policy:

- Active communication, and encouragement to take advantage, of this policy will take place during regular staff meetings or through an established wellness team.
- All employees will receive a written copy of the policy.
- The policy will be reviewed in orientation sessions with new employees.
- The policy and assistance programs will be reviewed at safety meetings.
- All employees will receive an update of the policy annually.
- Posters and brochures will be available at all locations.
- Employee education about the benefits of adequate physical activity will be provided.

Implementation

Effective [insert date], this policy is in full force and effect. Questions arising regarding the policy for any particular [EMPLOYER] employee shall be directed to the employee's acting supervisor. The supervisor is responsible for either making a determination or requesting additional support from human resources or other management team members as necessary. Management and supervisory staff are responsible for ongoing compliance with this policy. In addition, management and supervisory staff are expected to adhere to standard practice in resolving any issues of noncompliance.

Evaluation

Every [enter interval of time: e.g., quarter, year, etc.], [EMPLOYER] will review relevant health and safety information to determine whether or not support of and participation with respect to this policy is effective in protecting the safety, health, and well-being of employees. If at such time the policy is proving ineffective, [EMPLOYER] reserves the right to make necessary policy revisions.

Physical Activity Best Practice Action Planning Form

The following table is a sample you can use to help you organize your plan to address physical activity in the workplace. We have started the table by adding some best practice strategies your organization might consider. Depending on the size, structure, and industry of your organization, you can identify which strategies are reasonable, as well as your organization's expected outcomes and appropriate action steps, completion date; and responsible party(ies).

PHYSICAL ACTIVITY ACTION PLANNING FORM

Best Practice Strategy	Expected Outcomes (include short-term and long-term when applicable)	Action Steps	Expected Completion Date	Responsible Party(ies)
Policy allowing for physical activity during the workday (paid time off or flexible work hours)				
Policy promoting active meetings and trainings				
Posting appropriate signage to communicate physical activity promoting policy(ies)				
Post point-of-decision prompts near elevators and stairwells				

Nutrition

Nutrients are essential to a healthy body. Unfortunately, Americans and Wyomingites alike are not including adequately healthy foods and beverages in their diets. Poor nutrition, whether that means eating too much unhealthy, processed foods or not enough healthy, nutritious foods, can lead to negative health effects. In fact, a systematic review and meta-analysis published in the American Journal of Public Health found clear associations between soft drink consumption with increased calorie intake and body weight. The review also found that soft drink consumption was also linked to lower consumption of healthy beverages, such as milk, leading to reduced nutrient intake (Vartanian et al., 2007). Additionally, unhealthy eating can put people at higher risk for heart disease, weight gain, and metabolic disorders such as diabetes.

Promoting access to and consumption of nutritious food and beverages has the potential to improve employee health since nutrition supports a healthy lifestyle. Healthy eating helps reduce employee risk for disease, thus potentially improving productivity and reducing medical costs.

Sample Healthy Eating Promotion Policy

Rationale

Research consistently shows that consumption of nutritious foods and beverages (such as milk and water) positively impacts health. Similar to adequate physical activity, a healthy diet can reduce the risk of costly, preventable chronic conditions, such as type 2 diabetes, high blood pressure, and certain cancers. A healthy diet can also contribute to weight loss. The United States Health and Human Services establishes and updates science-based dietary guidelines every five years. The most recent (2015-2020) version of the guidelines calls attention to the fact that eating patterns, potentially more so than individual foods and nutrients, may be more predictive of overall health status and disease risk. The guidelines call Americans to follow a healthy eating pattern across the lifespan; focus on variety, nutrient density, and amount; limit calories from added sugars and saturated fats; and reduce sodium intake.

Purpose

[EMPLOYER] is committed to supporting and promoting the health and well-being of all employees and other individuals visiting our workplace. We recognize that lack of healthy food and beverage consumption can contribute to chronic conditions that can significantly impact our employees while also threatening our ability to successfully achieve goals. We have established a healthy eating promotion policy to support our employees in engaging in or maintaining healthy eating patterns, as defined and described in the 2015-2020 Dietary Guidelines: <http://health.gov/dietaryguidelines/2015/guidelines/>.

Definitions

As used in this policy:

- A. "Healthy eating pattern" means a pattern of eating that
 - i. Includes:
 - a. A variety of vegetables from all subgroups – dark green, red and orange legumes (beans and peas), starchy, and other;
 - b. Fruits, especially whole fruits;
 - c. Grains, at least half of which are whole grains;
 - d. Fat-free or low-fat dairy, including milk, yogurt, cheese, and/or fortified soy beverages;
 - e. A variety of protein foods, including seafood, lean meats and poultry, eggs, legumes (beans and peas), nuts, seeds, and soy products
 - f. Oils; and
 - ii. Limits:
 - a. Saturated fats and trans fats, added sugars, and sodium.
- B. "Chronic conditions" means human health conditions or diseases that are persistent or otherwise long-lasting in effects.

Scope

Our healthy eating promotion policy applies to all employees of [EMPLOYER].

Restrictions/Requirements

Healthy Environment

[EMPLOYER] commits to making clean drinking water available throughout the day for all employees. Additionally, [EMPLOYER] will make refrigerators, microwaves or stoves, and electrical outlets available for safe and healthy food storage and preparation. If providing kitchen equipment is not feasible (e.g., for employees working away from [EMPLOYER] facility), [EMPLOYER] encourages the use of portable food storage units, such as coolers and thermos drink containers.

Optional - Healthy Meetings and Trainings (if applicable)

[EMPLOYER] commits to providing employees with opportunities to consume healthy foods and beverages during meetings and trainings. Employees organizing a training or conference that is one full working day or longer must follow the below guidelines in selecting food and beverage options. All selections must align with the guidelines.

- A. Offer a colorful variety of fruits and vegetables.
- B. Offer 100% whole grain products in a variety of forms.
- C. Offer smaller portion sizes and food prepared in ways that reduce added calories (i.e., baked, broiled, steamed, or grilled).
- D. Offer foods that are reduced or low in sodium.
- E. Offer snacks that are low in calories and high in nutrients.

- F. Do not offer foods that contain trans fats.
- G. Limit sweet treats.
- H. Offer water and low-calorie beverages.

All food and beverages during meetings or trainings, in the context of this policy, are expected to take into consideration any employee's severe allergies (e.g., peanuts, shellfish, etc.).

Optional - Healthy Vending Agreements (if applicable)

[EMPLOYER] commits to providing employees with healthy vending options wherever vending machines are present on [EMPLOYER] property. [EMPLOYER] commits to vending agreements that follow the standards below.

- A. Foods stocked in vending machines on [EMPLOYER] property meet these nutrition standards:
 - i. At least 25% of packaged food choices limit snacks to ≤ 200 calories per item (not including nuts and seeds without added fats, oils, or caloric sweeteners).
 - ii. At least 25% of packaged food choices limit total calories from saturated fats to $\leq 10\%$ (not including nuts and seeds without added fats, oils, or caloric sweeteners).
 - iii. All food items contain 0 grams trans fat.
 - iv. All individual food items contain ≤ 480 mg sodium per serving (with all snack items containing ≤ 230 mg sodium per serving).
- B. At least 50% of beverages available are selected from this list:
 - i. Water
 - ii. Unsweetened milk at 2% fat, 1% fat (low-fat), or fat-free plain.
 - iii. 100% fruit or vegetable juice with no added caloric sweeteners (vegetable juice must contain ≤ 230 mg sodium per serving).
 - iv. Beverages with greater than 40 calories/serving are sold in portions of 12 oz. or less.
- C. Pricing and placement standards:
 - i. Foods and beverages that meet our nutrition standards must be sold at a price equivalent to or lower than similar items that do not meet the standards.
 - ii. Foods and beverages meeting the standards will be placed within the vending machine so that they are visible at eye level.

Exemptions/Exceptions

There are no exemptions or exceptions included in our healthy eating promotion policy.

Communication

Communicating our healthy eating promotion policy to both supervisors and employees is critical to our success. To ensure all employees are aware of their role in supporting our healthy eating promotion policy:

- All employees will receive a written copy of the policy.
- The policy will be reviewed in orientation sessions with new employees.
- The policy and assistance programs will be reviewed at safety meetings.
- All employees will receive an update of the policy annually with their paychecks.
- Posters and brochures will be available at all locations.
- Employee education about the benefits of healthy eating behaviors will be provided.

Implementation

Effective [insert date], this policy is in full force and effect. Questions arising regarding the policy for any

particular [EMPLOYER] employee shall be directed to the employee’s acting supervisor. The supervisor is responsible for either making a determination or requesting additional support from human resources or other management team members as necessary. Management and supervisory staff are responsible for ongoing compliance with this policy. In addition, management and supervisory staff are expected to adhere to standard practice in resolving any issues of noncompliance.

Evaluation

Every [enter interval of time: e.g., quarter, year, etc.], [EMPLOYER] will review relevant health and safety information to determine whether or not compliance with this policy is effective in protecting the safety, health, and well-being of employees. If at such time the policy is proving ineffective, [EMPLOYER] reserves the right to make necessary policy revisions.

Nutrition Best Practice Action Planning Form

The following table is a sample you can use to help you organize your plan to address nutrition in the workplace. We have started the table by adding some best practice strategies your organization might consider. Depending on the size, structure, and industry of your organization, you can identify which strategies are reasonable, as well as your organization’s expected outcomes and appropriate action steps, completion date; and responsible party(ies).

NUTRITION ACTION PLANNING FORM

Best Practice Strategy	Expected Outcomes (include short-term and long-term when applicable)	Action Steps	Expected Completion Date	Responsible Party(ies)
Make clean drinking water available during the work day				
Policy promoting healthy meetings, conferences, and events				
Policy/procurement contracts for healthy vending options				
Post appropriate signage to communicate policy(ies)				
Make refrigerators, microwaves or stoves, and electrical outlets available for employee food storage and preparation				

Breastfeeding-Friendly Workplace

When employees continue breastfeeding after returning to work, there are noted benefits for the mother, baby, and employer. Supportive breastfeeding policies and practices can positively impact an agency’s mission.

Breastfed babies tend to be sick less often which means their parents miss less work – resulting in better productivity for employers. In addition, healthcare costs are significantly lower for breastfed infants. A 2010 study, conducted by the Department of Medicine at Harvard, found \$13 billion of direct pediatric healthcare costs and over 900 infant deaths would be saved annually if 90% of women breastfed according to medical recommendations (Bartick et al., 2010).

Additionally, employees who feel supported in their decision to breastfeed report higher job satisfaction which results in less turnover of skilled employees and higher morale (Gartner, 2005). In addition, supportive breastfeeding programs serve as an attractive recruitment tool and help create a positive community image for the employer (Slavit, 2009).

Sample Breastfeeding Friendly Workplace Policy

Rationale

It is well documented that breastfeeding is of great benefit to infants. It not only provides important nutrients to infants, it can also support positive health outcomes throughout the lifespan. Breastfeeding mothers also reap health benefits such as supporting heart health. It can also reduce risks for breast and ovarian cancers, and is associated with a reduced risk of diabetes among women. The research indicates that breastfeeding is so beneficial that the American Academy of Pediatrics recommends infants be exclusively breastfed for about six months of life, followed by continued breastfeeding as complementary foods are introduced, and with continuation lasting for one year or longer, as mutually desired by mother and infant. Additionally, breastfeeding is federally supported through the Fair Labor Standards and the Patient Protection and Affordable Care Act (ACA), which requires employers to provide employees reasonable break time to express milk and to provide a private place, other than a bathroom, which may be used by an employee to express milk.

Purpose

[EMPLOYER] is committed to supporting and promoting the health and well-being of all employees. We recognize that lack of breastfeeding support in the workplace can create barriers to a mother's ability to breastfeed her infant as desired. The health benefits to mother and child that result from breastfeeding have long-lasting impacts that can positively impact our employees while also supporting our ability to successfully achieve our business goals. We have established a breastfeeding friendly policy to support our employees who have made the decision to breastfeed.

Definitions

As used in this policy:

- A. "Breastfeeding" means feeding an infant with milk directly from the mother's breasts.
- B. "Express milk" means taking milk from the breasts without the infant latching on. It is usually done manually or through an electric pump.

Scope

Our breastfeeding friendly policy applies to all employees of [EMPLOYER] who are breastfeeding.

Restrictions/Requirements

In compliance with federal laws and regulations, [EMPLOYER] commits to making a private workspace, other than a bathroom, available to breastfeeding employees for the purpose of expressing milk, as needed throughout the employee's work hours or shift. The designated lactation accommodation space is located [insert location]. [EMPLOYER] also commits to allowing breastfeeding employees with reasonable work time to use the designated space for the purposes of expressing milk. The designated space will be located within reasonable distance to a sink for the purpose of washing hands and equipment.

Additionally, [EMPLOYER] will make refrigerators, sinks, and access to electrical outlets available for safe and

healthy storage of expressed milk. [EMPLOYER] is not responsible for ensuring the safekeeping of expressed milk stored in any refrigerator on its premises. The employee is required to store all expressed milk in closed containers, and regardless of the method of storage, take such milk home with the employee when the work day or shift is over.

[EMPLOYER] prohibits discrimination and harassment of employees who are breastfeeding their child and exercising their rights under this policy.

Exemptions/Exceptions

This policy applies to employees, upon returning to work after the birth of a child, for one (1) year thereafter.

Communication

Communicating our breastfeeding friendly policy to both supervisors and employees is critical to our success. To ensure all employees are aware of their role in supporting our healthy eating promotion policy:

- Designated lactation space will be clearly labeled.
- All employees will receive a written copy of the policy.
- The policy will be reviewed in orientation sessions with new employees.
- The policy and assistance programs will be reviewed at safety meetings.
- All employees will receive an update of the policy annually with their paychecks.
- Posters and brochures will be available at all locations.
- Employees will be educated about the benefits of breastfeeding.

Additionally, this policy sets forth the following responsibilities for employees who are breastfeeding and their supervisors, as described below.

Employees

- A. Prior to returning to work, the employee must request and arrange with their supervisor appropriate and reasonable break times for expressing milk.
- B. Employees may be required to run their break time concurrent with their lactation accommodation break.
- C. Any time permitted typically will not exceed the normal time allowed for lunch and breaks.
 - i. If additional time is needed above and beyond normal breaks/meal time, the supervisor and employee will agree upon a plan, which might include the employee using Paid Time Off (PTO) and/or arriving at work earlier or leaving later.

Supervisors

- A. Supervisors are expected to provide reasonable break times each day for employees wishing to express milk.
- B. Ensure that employees can locate the designated lactation accommodation space. A bathroom stall shall not serve as a lactation space.
- C. Assist in providing a positive atmosphere of support for employees who are breastfeeding their child.

Implementation

Effective [insert date], this policy is in full force and effect. Questions arising regarding the policy for any particular [EMPLOYER] employee shall be directed to the employee's acting supervisor. The supervisor is responsible for either making a determination or requesting additional support from human resources or other management team members as necessary. Management and supervisory staff are responsible for ongoing compliance with this policy. In addition, management and supervisory staff are expected to adhere

to standard practice in resolving any issues of noncompliance.

Evaluation

Every [enter interval of time: e.g., quarter, year, etc.], [EMPLOYER] will review relevant health and safety information to determine whether or not compliance with this policy is effective in protecting the safety, health, and well-being of employees. If at such time the policy is in need of modifications, [EMPLOYER] reserves the right to make necessary policy revisions.

Breastfeeding-Friendly Workplace Best Practice Action Planning Form

The table below is a sample you can use to help you organize your plan to address breastfeeding-friendly environments in the workplace. We have started the table by adding some best practice strategies your organization might consider. Depending on the size, structure, and industry of your organization, you can identify which strategies are reasonable, as well as your organization’s expected outcomes and appropriate action steps, completion date and responsible party(ies).

BREASTFEEDING-FRIENDLY WORKPLACE ACTION PLANNING FORM

Best Practice Strategy	Expected Outcomes (include short-term and long-term when applicable)	Action Steps	Expected Completion Date	Responsible Party(ies)
In compliance with federal law, create a supportive policy for the implementation of a breastfeeding-friendly environment in the workplace, including a private space that is not a bathroom, for nursing mothers to express milk during working hours.				
Clearly label designated lactation space.				
Provide refrigerator, microwave or stove, and electrical outlets for healthy and safe storage of expressed milk.				

SECTION 4:

RESOURCES

All resources in this section will be categorized in alignment with the toolkit sections. Under each category, you will find resources listed in alphabetical order. In most cases, the resource title is self-explanatory; however, under general resources, we have provided a brief description of each resource for your convenience.

General Resources

The general resources outlined below are intended to offer you additional information and support in your organization's wellness endeavors. You will find resources ranging from Centers for Disease Control and Prevention (CDC) workplace health resources to professional development and training opportunities for employers.

Centers for Disease Control and Prevention: Workplace Health

On this website, you will find key workplace health topics, such as a workplace health model: making the business case, assessment, planning, implementation, and evaluation.

www.cdc.gov/workplacehealthpromotion/

Employer Healthcare and Benefits Congress (EHBC)

Here you will find information about the upcoming Employer Healthcare and Benefits Congress conferences. www.employerhealthcarecongress.com

Health Enhancement Research Organization (HERO)

HERO supports identification and sharing of best practices in the field of workplace health and well-being. They create opportunities for leaders and employers to come together to create and disseminate research, education, and best practices. You will find research, events, publications, and more on their website.

www.hero-health.org

Employee Health Management Best Practices Scorecard

www.hero-health.org/scorecard

Health Promotion Live (HPL)

This website offers continuing education and webinars related to health promotion, many of which directly relate to workplace health promotion. www.hplive.org

Integrated Benefits Institute (IBI): Health & Productivity at Work

IBI provides data, research, and tools to professionals to aid in decision-making related to workplace health investments. You will find research, resources, tools, and more on their website. www.ibiweb.org

National Business Coalition on Health (NBCH)

NBCH is a member association of employer-led coalitions that provides expertise, resources, and a voice to its members across the country. You can find programs, events, publications, health policy, and more on their website. www.nbch.org

National Business Group on Health (NBGH)

Another resource to employers, NBGH offers support to their members, as related to cost solutions and benefits design; public policy; wellness and healthy lifestyles; engagement; performance and productivity; focus population resources; and disease prevention and condition management.

www.businessgrouphealth.org

National Wellness Institute (NWI)

Here you can learn about upcoming national wellness conferences and find education and training opportunities, resources, publications, and more. www.nationalwellness.org

Other States' Worksite Wellness Program Toolkits

We have included other states' worksite wellness program toolkits, many of which inspired components of this toolkit. Many states offer toolkits for comprehensively establishing a workplace wellness program, to include other strategies besides policy approaches.

Minnesota: www.health.state.mn.us/healthreform/ship/implementation/worksite/apprps4toolkit.pdf

Nebraska: www.dhhs.ne.gov/publichealth/WorkplaceWellnessToolkit/Pages/Start.aspx

North Carolina: www.workwellnc.com

South Carolina: www.scdhec.gov/library/CR-009551.pdf

Wisconsin: www.dhs.wisconsin.gov/physical-activity/worksite/index.htm

Society for Human Resource Management (SHRM)

This website will provide you with information about the annual SHRM conference and exposition.

The conference supports organizations with tools and resources needed to create and implement successful human resource practices. www.annual.shrm.org

United States Workplace Wellness Alliance

This website provides resources to support businesses incorporating sound employee health management initiatives that include worksite health promotion/wellness programs. www.uswwa.org

Wellness Council of America (WELCOA)

Here you can learn about upcoming wellness summits to support the development and maintenance of healthy workplaces. WELCOA provides tools, trainings, and resources to promote organizational well-being that contains healthcare costs. www.welcoa.org

WellSteps Free Employer Worksite Wellness Resources

WellSteps employee wellness solutions including, but not limited to, assessment tools, goal setting tools, activity and incentive trackers, behavior change tools, and evaluation and incentive options. They also offer training resources, such as webinars. www.wellsteps.com/signup

Workplace Health Research Network (WHRN)

WHRN wants to engage employers, employees, and communities to advance knowledge and implement effective, comprehensive, and integrated approaches to promote and protect worker health, safety, and well-being. On their website, you'll find events, resources, publications, and more.

www.whrn2-chaicore.vipapps.unc.edu

Getting Started Resources

Step 1: Getting Leadership Support

Partnership for Prevention: Leading by Example

www.prevent.org/Initiatives/Leading-by-Example.aspx

Step 2: Engaging Employees

Colonial Life: Engaging Employees in Workplace Wellness

<http://goo.gl/elyalV>

Office of Disability Employment Policy

www.dol.gov/odep/research/WellnessToolkit.pdf

Step 3: Assessment

Centers for Disease Control and Prevention:

www.cdc.gov/nccdphp/dnpao/hwi/programdesign/needsassessment.htm

Step 4: Policy Information

Partnership for Prevention Policy Information

www.prevent.org/Topics.aspx?ealD=1&topicID=52

Step 5: Evaluation Options

Centers for Disease Control and Prevention: Worksite Health Scorecard

www.cdc.gov/dhdsp/pubs/docs/hsc_manual.pdf

Substance Abuse Resources

Alcohol and Other Drugs

Business and Legal Resources (BLR): Alcohol and Drugs in the Workplace (CD for sale)

www.store.blr.com/drug-alcohol-110915-cd

SAMSHA Drug-Free Workplace Toolkit

www.samhsa.gov/sites/default/files/workplace-kit.pdf

United States Department of Labor Drug-Free Workplace Policy Builder

www.dol.gov/elaws/asp/drugfree/drugs/screen1.asp

Workplace Awareness Tools (Rx Workplace Application Tools)

www.generationrxworkplace.com/downloads.html

Tobacco

American Lung Association: Guide to Safe and Healthy Workplaces

www.lung.org/stop-smoking/workplace-wellness/guide-to-safe-healthy-workplaces.html

Americans for Nonsmokers' Rights: Workplace Information Packet

www.no-smoke.org/document.php?id=390

Mental Health and Suicide Prevention Resources

A Construction Industry Blueprint: Suicide Prevention in the Workplace

[www.actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/Suicide Prevention in the Workplace - Final.pdf](http://www.actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/Suicide%20Prevention%20in%20the%20Workplace%20-%20Final.pdf)

Action Alliance for Suicide Prevention

www.actionallianceforsuicideprevention.org/task-force/workplace/cspp

Partnership for Workplace Mental Health

www.workplacementalhealth.org

Screening for Mental Health, Inc.

www.mentalhealthscreening.org

Working Minds Program

www.WorkingMinds.org

Chronic Disease Resources • Physical Activity

Blue Cross and Blue Shield Minnesota

www.bluecrossmn.com/preventionminnesota

Centers for Disease Control and Prevention: Tips for Offering Healthier Options and Physical Activity at Workplace Meetings and Events

<http://www.centerforpreventionmn.com>

Centers for Disease Control and Prevention: Worksite Health ScoreCard

www.cdc.gov/healthscorecard/index.html

Centers for Disease Control and Prevention: Worksite Walkability

www.cdc.gov/nccdphp/dnpao/hwi/toolkits/walkability/index.htm

Department of Health Services Oregon Public Health Division Healthy Worksite Initiative

<http://public.health.oregon.gov/PreventionWellness/HealthyCommunities/HealthyWorksites/Pages/index.aspx>

Nutrition

Center for Science in the Public Interest Healthy Meeting Toolkit

www.cspinet.org/nutritionpolicy/healthy-meeting.html

Centers for Disease Control and Prevention: Improving the Food Environment through Nutrition Standards: A Guide for Government Procurement

www.cdc.gov/salt/pdfs/DHDSP_Procurement_Guide.pdf

Centers for Disease Control and Prevention: Sodium Reduction

www.cdc.gov/salt/pdfs/Sodium_Reduction_Worksites.pdf

Centers for Disease Control and Prevention: Tips for Offering Healthier Options and Physical Activity at Workplace Meetings and Events

www.cdc.gov/obesity/downloads/tips-for-offering-healthier-options-and-pa-at-workplace.pdf

Kentucky's Eat Smart Kentucky: Guidelines for Healthy Food and Beverages at Meetings, Gatherings, and Events

www.fitky.org/our-efforts/worksites-wellness/

Produce for Better Health Foundation

www.pbhfoundation.org/pdfs/pri_sec/PBH_Online_Resource_Guide_for_Worksites.pdf

Public Health Law Center

www.publichealthlawcenter.org/topics/healthy-eating/worksites-wellness/resources

Rhode Island's Healthy Event Toolkits

www.health.ri.gov/work/about/events

www.health.ri.gov/work/for/eventfoodvendors

Washington's Healthy Nutrition Guidelines for Vending, Meeting and Events, and Cafeterias

www.doh.wa.gov/CommunityandEnvironment/WorksiteWellness/HealthyNutritionGuidelines

Breastfeeding-Friendly Workplace

Centers for Disease Control and Prevention: The Guide to Strategies to Support Breastfeeding Mothers and Babies

www.cdc.gov/breastfeeding/pdf/strategy5-support-breastfeeding_workplace.pdf

United States Breastfeeding Committee

www.usbreastfeeding.org/p/cm/ld/fid=200

United States Department of Labor Fact Sheet #73: Break Time for Nursing Mothers

www.dol.gov/whd/regs/compliance/whdfs73.htm

Wyoming Breastfeeding Coalition

www.wyobreastfeedingcoalition.org

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