

CITY OF PULLMAN

Administration/Finance

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MEMORANDUM

TO: Mayor and City Councilmembers

FROM: Karen Sires, Human Resources Manager

RE: Wellness Program Annual Report

DATE: November 9, 2016

The City's Wellness Program was created by resolution in 2004. The City has had active programs since its inception and has been awarded the WellCity Award each year since 2005. In the last few years, receipt of the WellCity Award has been rewarded with a 2% decrease in insurance premiums for the City. In order to qualify for the WellCity Award, there is a comprehensive application process that documents the wellness efforts of a City as well as reaching a goal of 50% of employee and spouse/partner completion of a health questionnaire that evaluates the health risks of employees. Once a City reaches the 50% threshold, they are issued a report that outlines the employee health risks. This report is not employee specific, and the City is not provided with personal health information, but a composite picture of the overall risks impacting City employees. I have attached a copy of the WellCity Application as well as the 2015 Cohort report for the City.

The City Wellness Committee has been very active again in 2016. Members on the committee include: Chuck Caessens, Fire; Brenda Davison, Fire; Michol Ann Jensen, Executive Assistant; Bethany Johnson, Engineering; Gretchen Pesho, Transit; Suzie Schad, Library; Karen Sires, Human Resources; Shilo Sprouse, Stormwater Services; Megan Vining, Recreation; and Chris Volk, Fire. Michol Ann Jensen continued doing an excellent job on the Wellness Newsletter. The newsletter is always full of great ideas and recipes to keep employees informed. The newsletter is sent to all employees via e-mail and hard copies are provided to those employees who do not have City e-mail. Each month, Michol Ann also distributes a Health Observance calendar which provides great information on monthly health awareness topics and Internet links for more information. The Health Observance calendar is being used by those employees that work odd shifts and aren't always able to participate in group activities. They can track their activity levels on the Strike and Spare calendars and turn them in to the Human Resources office at the end of each month.

Programs have spanned a wide range of activities designed to address all six elements of wellness. (occupational, spiritual, social, physical, intellectual and emotional)

In May, I was able to attend a Wellness Forum sponsored by the Association of Washington Cities. This forum was held in Moses Lake and provided a great opportunity to network with other wellness coordinators in our area. I was also able to attend the Healthy Worksite Summit in Lynnwood in March and the Healthy Worksite Summit in October. The Association of Washington Cities also provides several webinars throughout the year, and members of our Wellness Committee were able to participate in several of those offerings.

We started off the year with a wellness campaign called "Good Nights, Great Days". This campaign focused on tracking sleep hygiene strategies and the number of hours employees slept and how they felt when they woke up the next day. In the spring, AWC sponsored a campaign called "Unplugged". Unplugged was a great follow up to "Good Nights, Great Days". Unplugged focused on addressing insomnia, stress, and digital toxicity. In August, employees participated in a program called "Go Bananas". This challenge focused on replacing high calorie snacks with fruit or vegetable snacks once a day. AWC's fall campaign was "Walktober". Employees tracked their activity online along a fictional path, earning leaves along the way. Employees could participate individually or as teams.

The Association of Washington Cities has provided video learning opportunities called "Healthy Decisions". These videos cover the following topics: Your Primary Care Doctor, Taking Care of Yourself, Getting the Right Care, and Talking to Your Doctor.

The City Wellness Program is a sponsor of the Parks and Recreation Care-to-Share Marathon each year. This is a great event which promotes physical activity by those that participate as well as garnering support for the City's Care-to-Share program.

The City was eligible for a mini-grant from the Association of Washington Cities for achieving the WellCity Award. The City purchased several sports activity kits that can be checked out by employees for their personal use. These include Badminton, Bocce Ball, Croquet, Horse Shoes, and Ladder Ball.

The City's Wellness Committee was also recognized with a luncheon attended by the Mayor and City Supervisor. Update on the year's activities was provided and the Committee members were given certificates for their service.

The Wellness Committee wishes to thank you for your continued support of Wellness for the employees of the City of Pullman, and we look forward to a great year in 2017.

RESOLUTION NO. R- 5 -04

A RESOLUTION ESTABLISHING A CITY OF PULLMAN EMPLOYEE WELLNESS PROGRAM PURSUANT TO THE PROVISIONS OF PULLMAN CITY CODE CHAPTER 1.15.

WHEREAS, Ordinance No. 81-69 established a program of employee awards and set forth rules, regulations, and guidelines for that program to be established by resolution; and,

WHEREAS, Ordinance No. 03-68 amended Ordinance No. 81-69 to include an Employee Service Recognition Award Program; and;

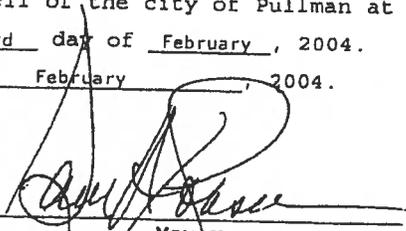
WHEREAS, Ordinance No. 04-2 amended Ordinance No. 81-69 and 03-68 to include incentive programs for employee participation in health and wellness activities; now, therefore,

IT IS HEREBY RESOLVED that rules, regulations and guidelines for the Employee Health and Wellness Program are as set forth in Exhibit "A" attached hereto and incorporated herein by reference.

IT IS FURTHER RESOLVED that the provisions of Exhibit "A" of this resolution shall be deemed to be effective upon the effective date of Ordinance No. 04-2 .

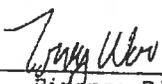
ADOPTED by the City Council of the city of Pullman at a regular meeting held on the 3rd day of February, 2004.

DATED this 4th day of February, 2004.



Mayor

ATTEST:



Finance Director

EMPLOYEE HEALTH AND WELLNESS INCENTIVE AWARD POLICY

The purpose of this policy is to set forth guidelines with regard to a program of incentive awards to stimulate and reward city employees' participation in health and wellness programs.

This policy does not constitute a contract. The City reserves the right to change the policy at any time.

Participation in the program shall be limited to regular part-time and full-time employees.

The City Council of the City of Pullman recognizes that employee health is related to lifestyle decision and many illnesses and injuries can be prevented by positive individual health practices.

The City Council of the City of Pullman further recognizes that improvements to employee health, achievable through active workplace health promotion programs and activities, can result in better morale, reduced absenteeism, and enhanced productivity and performance.

The City Council of the City of Pullman wishes to implement a City Employee Wellness Program aimed at preventing illnesses and injuries and promoting better morale, reduced absenteeism, and enhanced productivity and performance among employees.

ADOPTION AND PURPOSE STATEMENT

The City of Pullman hereby adopts a City Employee Wellness Program. The purpose of the City Employee Wellness Program is to develop, promote, and carry out those policies, programs, and activities that improve the health and well-being of City employees, contribute to a healthful work environment, and provide employees with sufficient information to make informed lifestyle decision.

VOLUNTARY PARTICIPATION

Any participation in the programs and activities of the City Employee Wellness Program will strictly be on a voluntary basis.

PROGRAM COORDINATOR

In order to ensure coordination within the City Employee Wellness Program, a Program Coordinator is necessary; and, therefore, the Human Resources Manager will serve in that capacity. As Program Coordinator, the Human Resources Manager will direct the City Wellness Team that shall be comprised of volunteer representatives from the City.

CITY WELLNESS TEAM

Initially, each Department Head is requested to notify the Program Coordinator of the voluntary department representative who will serve as a member of the City Wellness Team.

MEETINGS

To promote active participation in the City Employee Wellness Program, the Program Coordinator will schedule a regular monthly meeting of the City Wellness Team. At this monthly meeting, the City Wellness Team may plan programs and activities, perform evaluations of on-going programs and activities, provide departmental employee input and prepare an annual budget for presentation to the City Council for program support.

PROGRAM LIABILITY

Before any employee engages in exercise or fitness programs and activities of the City Employee Wellness Program, the employee will be required to have on file with the Program Coordinator a City Employee Wellness Program Consent and Waiver Form.

PROGRAM SUPPORT

The City Council, through their annual review of the City's Wellness Team's proposals and adoption of the Team's annual budget request as represented or as amended, will oversee and make all determinations as to the programs and activities for the City Employee Wellness Program.

CHAPTER 13 EMPLOYEE WELLNESS

13.1 EMPLOYEE WELLNESS PROGRAM

The City recognizes that employee health is related to lifestyle decisions and many illnesses and injuries can be prevented by positive individual health practices. Improvements to employee health can be more achievable through active workplace health promotion policies, programs and activities, and can result in better morale, reduced absenteeism, and enhanced productivity and performance among employees.

This policy does not constitute a contract. The City reserves the right to change the policy at any time.

- A. **VOLUNTARY PARTICIPATION.** Any participation in the programs and activities of the City Employee Wellness Program will strictly be on a voluntary basis. All employees are encouraged to participate in programs. Employees shall be given a reasonable period of time during working hours to participate in City-sponsored or sanctioned wellness activities. Activities may include: On-site Health Checks or on-line questionnaires, Health Fairs, and other related activities.
- B. **PROGRAM COORDINATOR.** In order to ensure coordination within the City Employee Wellness Program, a Program Coordinator is necessary; and, therefore, the Human Resources Manager will serve in that capacity. As Program Coordinator, the Human Resources Manager will direct the City Wellness Team that shall be comprised of volunteer representatives from the City.
- C. **CITY WELLNESS TEAM.** Each Department Head is requested to notify the Program Coordinator of the voluntary department representative who will serve as a member of the City Wellness Team. All departments are encouraged to have representation on the team. Team members are permitted one to two hours per month to attend meetings and facilitate programs.
- D. **MEETINGS.** To promote active participation in the City Employee Wellness Program, the Program Coordinator will schedule a regular monthly meeting of the City Wellness Team. At this monthly meeting, the City Wellness Team may plan programs and activities, perform evaluations of on-going programs and activities, provide departmental employee input and prepare an annual budget for presentation to the City Council for program support.
- E. **PROGRAM LIABILITY.** Before any employee engages in exercise or fitness programs and activities of the City Employee Wellness Program, the employee will be required to have on file with the Program Coordinator a City Employee Wellness Program Consent and Waiver Form.
- F. **CONFIDENTIALITY.** Confidentiality is important in all health education activities. Because programs may include sensitive issues, all interactions regarding personal and medical information relating to wellness programs will be confidential.
- G. **PROGRAM SUPPORT.** The City Council, through their annual review of the City's Wellness Team's proposals and adoption of the Team's annual budget request as represented or as amended, will monitor the programs and activities for the City Employee Wellness Program.
- H. **AQUATICS CENTER MEMBERSHIP.** City employees are offered a reduced membership fee to the Pullman Aquatic & Fitness Center, which payment can be made through payroll deduction.

13.2 WORKPLACE VIOLENCE PREVENTION

The City of Pullman is committed to providing a safe workplace for its employees, guests, contractors, vendors and the public. Therefore, in an effort to help prevent or reduce the possibility of violence in the workplace, the following policy defines workplace violence and the steps for addressing incidents that may occur. Consistent with this policy, threats or acts of physical violence, including intimidation, harassment, and/or coercion which involve or affect City employees or which occur on city property will not be tolerated.

- A. **Workplace Violence Prohibition.** The City strictly prohibits threatened or actual workplace violence. This includes, but is not limited to, any of the following conduct associated in or around the workplace, or otherwise related to employment:
 - 1. Threatening injury or damage against a person or property.
 - 2. Hitting or shoving or threatening to fight with another person.
 - 3. Threatening to harm an individual or his/her family, friends, associates, or their property.
 - 4. Making harassing or threatening telephone calls, or sending harassing or threatening letters or other forms of written or electronic communications.
 - 5. The willful, malicious, and repeated following of another person, also known as "stalking";
 - 6. Making a credible threat with intent to place the other person in reasonable fear for his or her safety.
 - 7. Threatening to use or the possession, custody, storage, or control of a weapon (an instrument or device of any kind which may be used to inflict bodily harm or injury, or to establish fear simply due to its presence on the scene) on City premises unless the person is engaged in official law enforcement business or is specifically authorized by the City Supervisor to possess an instrument or device required during the normal course of his/her duties.
 - 8. Physically abusing or injuring another person.
 - 9. Using obscene or abusive language or gestures in a threatening manner.

10. Raising voices in a threatening manner.
(Because of the potential for misunderstanding, joking about any of the above misconduct is also prohibited.)
- B. "City Premises" Definition. The term "premises" means all areas within the ownership and/or control of the City, including, but not limited to, buildings, offices, work areas, lounges, parking lots, desks, cabinets, lockers, storage areas, and any other City-owned property on which employees may work. *The City reserves the right to search all City premises when the City determines that such a search is a reasonable and necessary precaution for workplace safety.*
- C. Reporting Violent Conduct. Any workplace violence incidents or incidents indicating a potential for violence are to be reported by an employee to the supervisor (and/or Department Head) as soon as possible. Incident reports are to be completed, as appropriate. If the City determines that an employee has violated this policy, the employee will be subject to immediate discipline, up to and including termination.
- D. Imminent Danger/Violence Incident Procedure. Any employee who reasonably believes that a situation with an aggressive employee, resident, guest, contractor, vendor, or other party (e.g., any person who uses obscene or abusive language or gestures, makes threats or acts in a violent or threatening manner) may immediately become violent putting the employee or others in imminent danger, the employee should promptly leave the work area and report to his/her supervisor. No disciplinary action shall be taken against any employee who leaves a work area when the employee has a reasonable belief that an emerging situation with an aggressive person is likely to turn violent at that time. The supervisor should take immediate action (e.g., 911 call). The timing and circumstances of possible return by the employee to the area should be coordinated by the employee with facility management. The employee, supervisor, and/or department head will follow City procedures in response to such events, including incident reporting and appropriate action deemed necessary by management.
- E. Security Precautions. All City security policies and rules must be adhered to at all times. To prevent inappropriate outsider access, facility solicitation and access rules must be strictly followed. It is especially important the building security rules and procedures are specifically enforced at all times (e.g., doors locked after hours). Failure to comply with these requirements may lead to disciplinary action, up to and including termination.
- F. Crisis Management Responsibilities. In all situations, if violence or threat of harm appears to be imminent, employees should take the precautions necessary to assure their own safety and the safety of others.
The following procedures shall apply in the event violence or the threat of harm appears imminent.
1. The primary contact person shall be the immediate supervisor of the division or department.
 2. If the crisis situation involves an injury that requires immediate medical attention, the employee discovering the crisis should alert the appropriate medical professional.
 3. In the event of all other crisis situations, the employee should notify their immediate supervisor of the situation. The supervisor should notify the department head. The department head should notify the Human Resources Manager.
 4. If no supervisor is available, the employee should contact the appropriate authority and advise the Human Resources Manager.
 5. Immediate action will be taken by the department head to insure the safety of those involved in the crisis situation or affected by the crisis.
 6. The department head or his/her designee shall notify the Human Resources Manager of the facts of the crisis situation as soon as possible. The department head shall assume or assign the responsibilities of:
Liaison with law enforcement and other communications resources offering assistance as necessary.
Spokesperson to monitor incoming calls and document in detail everything done in response to the situation.
 7. All communications with immediate relative(s) and other employees shall be handled by the Human Resources Manager.
 8. All communications with the media shall be directed to and handled by the Human Resources Manager.
 9. In the event of threats of violence to person(s) or property by means of firearms, fire, explosions, bombs, etc., the department head shall notify law enforcement. If law enforcement authorities determine that an evacuation is necessary, personnel of the affected area will be evacuated from the threatened area and employees will be directed to the appropriate site.
 10. If a building evacuation is necessary, it will be conducted in a safe and orderly manner. The immediate supervisor will account for all personnel evacuated from the building. All personnel will remain in the evacuation site.
 11. Re-entry into the building will be restricted until appropriate authorities have determined the crisis is resolved and a safe re-entry can be made.
 12. In the event a person causing the crisis situation leaves the building, responsibility for preventing that person from re-entry shall be left to law enforcement authorities.
- G. REPORTING THREATS OR ACTS OF VIOLENCE. Each employee of the City is responsible to report incidents of threats or acts of physical violence of which he or she is aware.

The report should be made to the reporting individual's immediate supervisor or a management level supervisor if the immediate supervisor is not available. The supervisor shall advise the department head or designee who will notify the Human Resources Manager.

13.3 SMOKING POLICY

For health and safety considerations, the City restricts smoking by employees in all City facilities, including City-owned buildings, vehicles, offices (including individual employee offices), and/or other facilities rented or owned by the City. Smoking is only allowed in designated smoking areas meeting Labor and Industries' criteria.

13.4 SEAT BELT POLICY

The State of Washington requires the wearing of seat belts. This policy is intended to protect City employees operating or riding in motor vehicles from the hazards of motor vehicle accidents. It is mandatory for all City employees operating motor vehicles to use seat belts. This includes all employees operating City-owned vehicles, passengers in City-owned vehicles, and all employees operating personal vehicles while engaged in City business, and employees riding as a passenger in a vehicle while on City business.

13.5 SAFETY

It is the policy of the City to comply with all applicable federal, state, and local health and safety regulations, and to provide a work environment as free as practicable from recognized health and safety hazards.

Every employee is responsible for maintaining a safe work environment and following the City's safety rules. Each employee shall promptly report all unsafe or potentially hazardous conditions to his/her immediate supervisor or department head. The City will make every effort to remedy unsafe or potentially hazardous conditions as quickly as possible.

- A. **Reporting Requirements.** In case of an accident causing a personal injury or property damage, regardless of the nature or severity of the injury or property damage, employees shall immediately notify their supervisor or department head, and complete the Supervisor And Employee Report of Employee Injury/Accident.
- B. **Bloodborne Pathogens.** Since being exposed to a bloodborne pathogen may lead to sicknesses such as hepatitis, AIDS, or malaria, and since the City wants to provide employees with a safe and healthy work environment, it is the policy of the City to comply with all statutory obligations for the prevention of exposure to bloodborne pathogens. Employees should familiarize themselves with the City's Exposure Control Plan and follow it at all times. Failure to comply with this Plan may result in disciplinary action, up to and including termination. (Reference: City of Pullman Exposure Control Plan)
- C. **Weapons In The Workplace.** In order to facilitate a safe work environment, employees may not bring dangerous weapons to the workplace. This includes, but is not limited to, weapons for which employees have a valid permit. The only exception to this policy involves law enforcement positions for which the job requires possession of such weapons.

13.6 SAFETY COMMITTEE

Employee safety depends on the safety consciousness of everyone. The City recognizes its obligation to provide a safe work environment. The City's Safety Committee and Safety Officer are responsible for developing, implementing, and/or coordinating programs that promote safe working conditions, as well as safe working practices. In addition, the City Supervisor, Safety Officer, and Safety Committee members are authorized to investigate workplace practices or conditions that have caused, or may cause, accidents resulting in personal injury or property damage, and to recommend corrective or preventive measures.

Supervisors and employees share the responsibility for preventing the occurrence of workplace accidents and injuries. Supervisors are responsible for seeing that employees under their supervision understand and comply with all City safety rules, regulations, and procedures, and are trained in safety matters related to their positions. Employees are responsible for reporting any observed safety and health violations, potentially unsafe conditions, and any accidents resulting in personal injury or property damage. Where appropriate, employees are responsible for using and maintaining safety clothing and equipment designed to minimize or eliminate the potential for injury or accident.

13.7 SUBSTANCE ABUSE

The City's policy on substance abuse has two focuses:

- A. A concern for the well-being of the employee, and
- B. A concern for the safety of other employees and members of the public.
 1. **Availability Of Rehabilitation Or Treatment.** As part of the City's Employee Assistance Program (EAP), employees who may be concerned about their alcohol or drug use are encouraged to seek counseling, treatment, and rehabilitation. Although the decision to seek diagnosis and accept treatment is completely voluntary, the City is fully committed to helping employees who voluntarily come forward to overcome substance abuse problems prior to violating City policies. Employees who seek advice or treatment will not be subject to retaliation or discrimination.

2. **Drug-free Workplace.** It is City policy to adhere to the requirements of the federal Drug-Free Workplace Act. Therefore, manufacturing, distributing, dispensing, possessing, and using unlawful drugs or alcohol on City premises, during work hours, or while performing City business is strictly prohibited.

The City also prohibits employees from reporting for duty or remaining on duty while under the influence of alcohol or controlled substances.

It is also a violation of this policy to refuse to submit to an alcohol or controlled substances test.

For purposes of this policy, controlled substances include illegal drugs, including, but not limited to, marijuana, amphetamines, opiates, phencyclidine (PCP), and cocaine, as well as any drug not approved for medical use by the USDA or the USFDA; unauthorized prescription drugs; and prescription drugs not used for their prescribed purposes. The appropriate use of legally prescribed drugs and non-prescription medication is not prohibited. However, the use of any substance which carries a warning label indicating that mental functioning, motor skills, or judgment may be adversely affected must be immediately reported to supervisory personnel.

Employees are required to notify the City, within five (5) days of any conviction for a drug violation in the workplace.

Violation of this policy may result in disciplinary action, up to and including termination. Continued poor performance or failure to successfully complete a rehabilitation program is grounds for disciplinary action, up to and including termination. (Reference: Drug-Free Workplace Act)

An employee may be required to submit to alcohol or controlled substance testing whenever:

- a. The City has reasonable suspicion that the employee is under the influence of non-prescribed controlled substances or alcohol.
- b. The employee is involved in an accident and his/her behavior could have been a contributing factor.

The City has contracted with the Association of Washington Cities Drug and Alcohol Testing Consortium to provide drug and alcohol testing services. Refusing to submit to testing when requested or attempting to adulterate a test sample may result in disciplinary action, up to and including termination.

13.8 SUBSTANCE ABUSE POLICY FOR OPERATORS OF COMMERCIAL MOTOR VEHICLES

City employees who hold commercial driver's licenses (CDLs) and who operate commercial motor vehicles while employed by the City, are subject to additional rules and regulations imposed by the state and federal government. These regulations require urine drug testing and alcohol breath testing in the following circumstances:

Pre-employment (except alcohol breath test)
Return to duty testing
Reasonable suspicion
Random testing
Post-accident

CDL holders who test positive for drugs or alcohol must be removed from service and are subject to discipline, up to and including termination. (Reference: City of Pullman Drug and Alcohol Testing Policy, FTA, or FHWA)

Pullman 2016 HRA Management Report: HA

Prepared on October 24, 2016

CoreInsightsSM
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Introduction

This Management Report is a compilation of key metrics derived from participant responses to the Health Assessment[®] (HA) health risk assessment (HRA). This report reviews the demographic profile, health risk prevalence rates, and self-reported conditions present in your population. This report also provides estimates of excess medical care costs associated with modifiable health risks in your population, as well as the financial impact of missed work and non-productive time at work.

Additionally, this report will provide you important benchmark data which will allow you to compare your population to health risk assessment results over the last twelve months across the WebMD book of business. By understanding the risk factors present in your population, you can plan interventions that target problem areas and help mitigate the costs associated with medical claims, productivity, and absenteeism.

Executive Summary

The following tables and graphs summarize the number of respondents who have completed the health risk assessment, the average per person count of modifiable risks, the average HRA Score for respondents who have completed the health risk assessment, estimates of per person per year financial impact, and risk prevalence rates for modifiable risk factors.

	HA Completers	Average Risk Count	Average HRA Score
Jan 2016 - Dec 2016	160	3.9	59.0

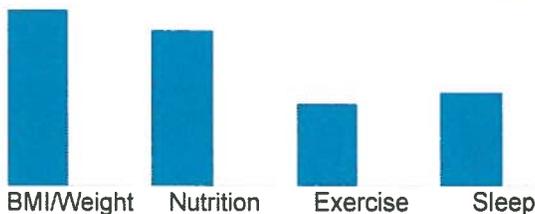
*The population of individuals who completed HA in both time frames; this is the denominator used to calculate percentages.

	Excess Medical Costs**	Absenteeism Costs**	Presenteeism Costs**
Jan 2016 - Dec 2016	\$995	\$1,730	\$1,970

**Estimated Per Person Annual Cost

■ Jan 2016 - Dec 2016

LifeStyle Behavior Risks



BMI/Weight	69.4%
Nutrition	61.3%
Exercise	32.5%
Sleep	36.9%

Biometric Risks



Blood Sugar	2.5%
Cholesterol	5.6%
Blood Pressure	40.0%

Addictive / Unsafe Behavior Risks



Alcohol Use	3.8%
Cigarette Use	3.8%

Mental Health Risks



Emotional Health	21.9%
Stress	44.4%

Prevention Risks



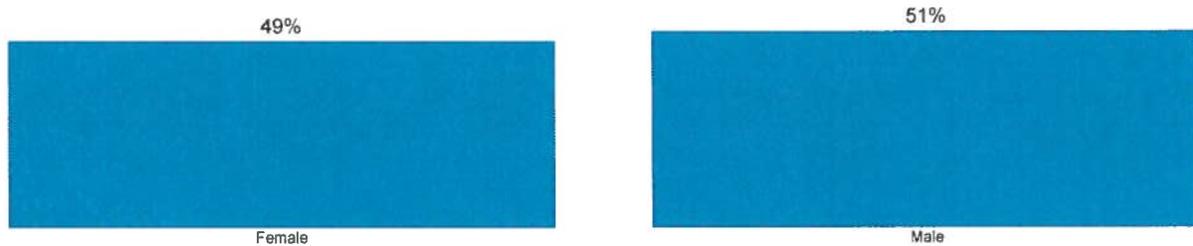
Prevention	63.1%
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Demographic Summary

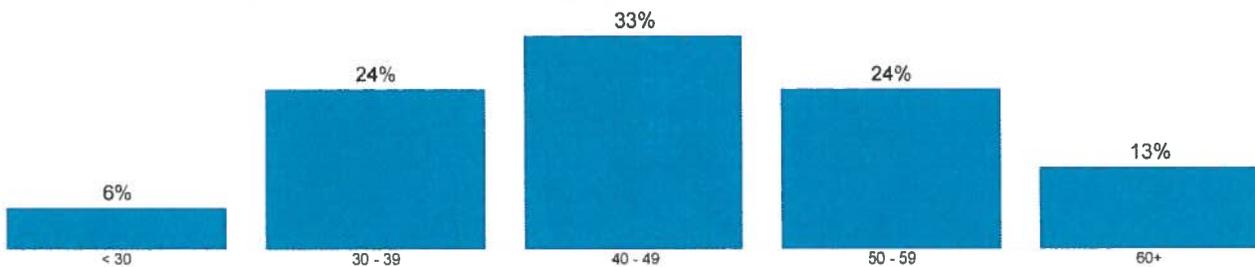
A population's demographic composition is strongly associated with specific patterns of health risk factors and behaviors. Age, ethnicity, and gender are key indicators of potential risk factors and are important guides for appropriate preventive health behavior interventions. Education level is also a major determinant in predicting health behaviors and suitable interventions. Addressing these differences in demographics and risk behaviors will help maximize your wellness program results.

The following table shows the breakdown of demographics for your population who completed the health risk assessment.

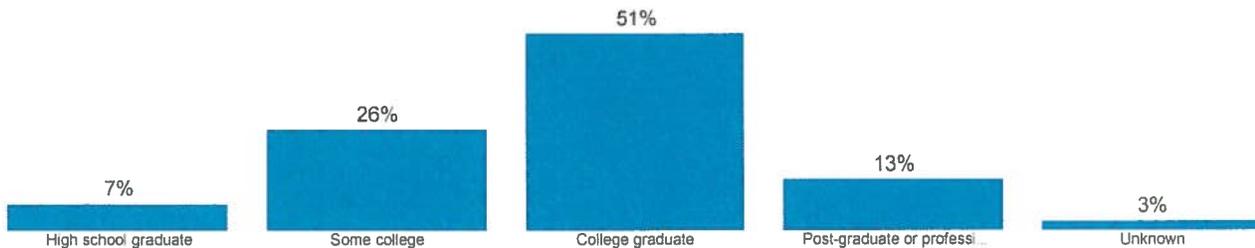
Gender



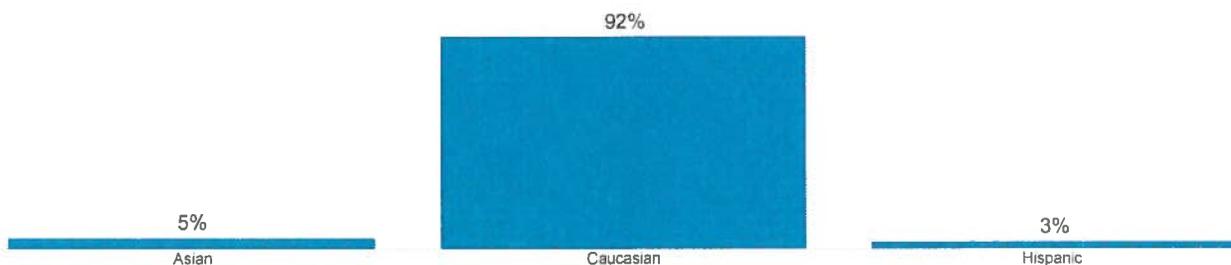
Age Group



Education



Ethnicity



Demographic Summary

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Gender	% of HRA Completers	WebMD Book of Business
Female	48.8%	56.9%
Male	51.3%	43.1%

Age Group	% of HRA Completers	WebMD Book of Business
< 30	6.3%	12.3%
30 - 39	24.4%	23.0%
40 - 49	32.5%	23.7%
50 - 59	24.4%	27.6%
60+	12.5%	13.4%

Education Level	% of HRA Completers	WebMD Book of Business
High school graduate	6.9%	9.3%
Some college	26.3%	20.9%
College graduate	51.3%	30.0%
Post-graduate or professional school	13.1%	17.1%
Unknown	2.5%	21.8%

Ethnicity	% of HRA Completers	WebMD Book of Business
Asian	5.0%	5.8%
Caucasian	91.9%	62.7%
Hispanic	3.1%	5.3%

Excess Medical Cost

A study conducted by researchers at Truven Health Analytics¹ evaluated the association between ten modifiable risk factors and medical expenditures. The results of this study showed that 22.4% of annual medical spending was related to modifiable risks. High depression risk, high blood glucose, high blood pressure, obesity, Cigarette use, physical inactivity, and high stress were shown to be related to increased health costs. Compared to the relatively high cost of these modifiable risks, the relatively low costs of many employee wellness programs offer a clear path to reduced medical spending through reduction of risk.

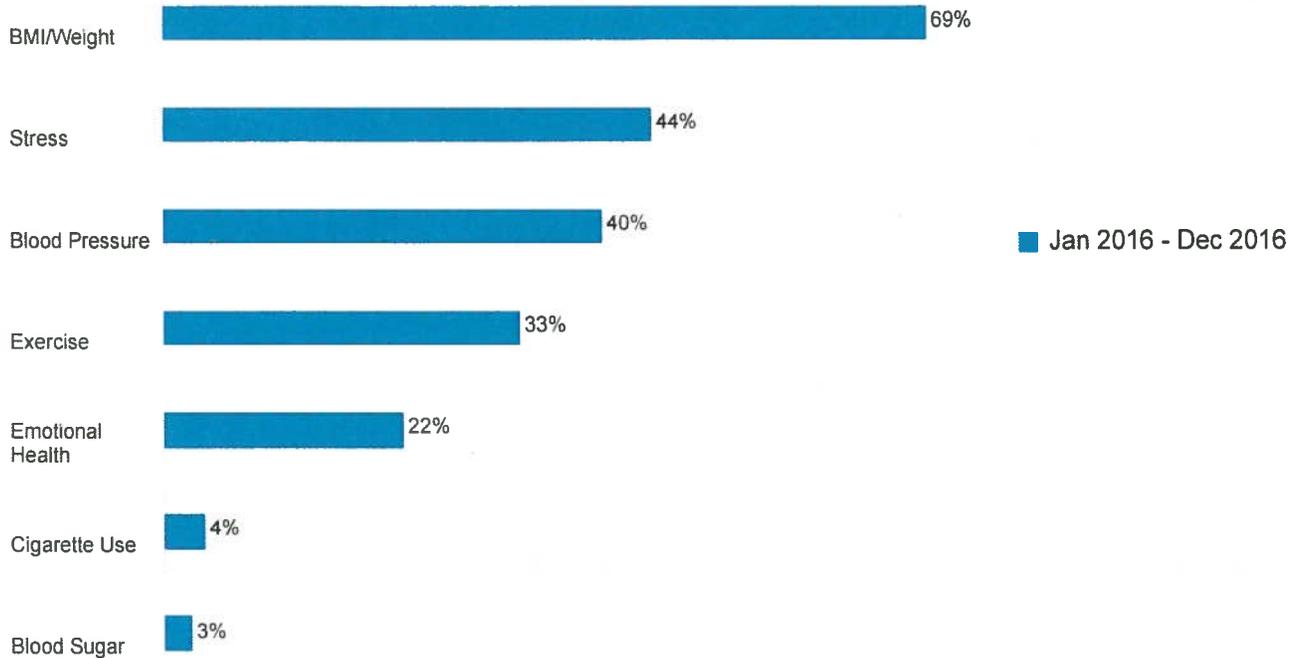
Risk Factor	Per Person Annual Excess Costs
Emotional Health	\$2,472
Blood Sugar	\$1,871
Blood Pressure	\$1,560
BMI/Weight	\$1,235
Exercise	\$686
Cigarette Use	\$664
Stress	\$467

Note: The cited excess spending estimates have been adjusted for inflation using the Medical Care CPI.

Excess Medical Cost

Multiplying the per person costs associated with each risk factor by the risk prevalence counts in your population produces an estimate of the annual excess healthcare costs for each risk. These annual costs estimates can be used to design interventions that target the most expensive risks for your population.

Modifiable Risk Prevalence



Further, dividing the total annual excess healthcare costs by the total health risk assessment completers provides an estimate of the annual per person cost of modifiable risk in your organization.

Total Annual Per Person Excess Medical Costs

Jan 2016 - Dec 2016 \$ 995

Note that the risk definitions used in the Truven study are in some instances different than WebMD's standard definitions of risk. References to excess healthcare costs in this report are calculated using participants that are "at risk" using the Truven definitions where possible. As such, the number of participants with each risk factor in the figures above may vary from other, WebMD-specific definitions of "at risk" shown elsewhere in this report.

Absenteeism and Presenteeism **CoreInsightsSM**

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Higher levels of absenteeism within an organization have also been linked to the presence of modifiable health risks in the population.^{2,3} The annual impact of health-related absenteeism for your population can be calculated based on the self-reported absenteeism data collected from the HRA. The average number of missed work days due to illness or injury per year is multiplied by the per person cost of one work day (based on 260 working days per year and an average U.S. per capita personal income⁴ of \$44,765) in order to calculate per person per year absenteeism costs.

Missed Days Per Person Per Year



Annual Per Person Cost of Absenteeism



The presence of modifiable health risks has also been linked to higher level of non-productive time at work or presenteeism.^{5,6,7} The average self-reported % of lost work time from the HRA is multiplied by the average U.S. per capita personal income in order to calculate per person presenteeism costs.

Estimated % of Lost Time Per Person Per Year



Estimated Annual Per Person Cost of Presenteeism



Risk Summary

Often, people are unaware of their health status and their risks for developing chronic illness. Improving individual awareness can help improve overall health status and decrease healthcare costs. The following pages summarize the prevalence rates of modifiable risk factors for your organization as measured by the definitions below. Additionally, each page will provide supplemental risk details that will help you further understand the health profile of your population. This information can inform important decisions about the targeted interventions that will best address your population's unique needs.

Lifestyle Behavior Risks

BMI/Weight	BMI \geq 25
Nutrition	Measures intake of fruits and vegetables against intake of unhealthy foods and sugary drinks.
Exercise	$<$ 90 minutes of exercise per week
Sleep	Measures both the duration and quality of an Individual's sleep patterns.

Biometric Risks

Blood Sugar	Fasting blood sugar \geq 100
Cholesterol	HDL $<$ 40 (Men) $<$ 50 (Women) OR LDLCholesterolLevel \geq 160 OR TotalCholesterolLevel $>$ 240; or if no cholesterol values of any type are entered and report a previous diagnosis of high cholesterol with no current treatment
Blood Pressure	Systolic BP level \geq 120 or Diastolic BP level \geq 80; or if no blood pressure values are entered and report a previous diagnosis of high blood pressure with no current treatment

Addictive/Unsafe Behavior Risks

Alcohol Use	Male and $>$ 2 drinks / day and (binge drinking or 1+ positive CAGE Inventory ⁸ response); Female and 2+ drinks / day; Pregnant and 1+ drinks / day
Cigarette Use	Either current smoker or smoke-free $<$ 6 months

Mental Health Risks

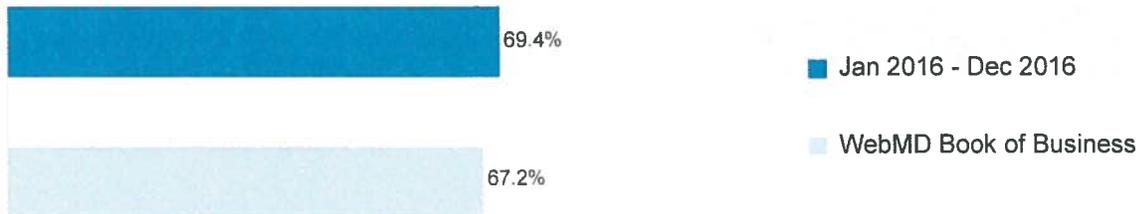
Emotional Health	\geq 1 positive Whooley screening response or \geq 4 depressive symptoms
Stress	Gauges an individual's stress level and its effect on his or her life and health.

Prevention Risks

Screenings	Does not meet recommended age and gender guidelines for screening frequency.
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Risks: BMI/Weight

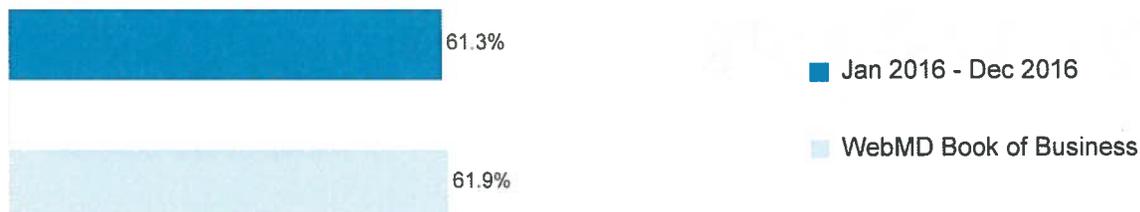
Risk Prevalence



Risk Detail	Response / Risk Level	Respondents Time 1	% of HRA Completers Time 1	Respondents Time 2	% of HRA Completers Time 2	WebMD Book of Business
BMI/Weight	Healthy Weight (BMI < 25.0; BMI < 23.0 for Asians)	49	30.6%	N/A	N/A	32.8%
	Overweight (BMI = 25.0 - 29.9; BMI = 23 - 27.4 for Asians)	61	38.1%	N/A	N/A	34.4%
	Obese (BMI = 30.0 - 34.9; BMI = 27.5 - 34.9 for Asians)	33	20.6%	N/A	N/A	18.8%
	Severely Obese (BMI 35.0 - 39.9)	11	6.9%	N/A	N/A	8.2%
	Morbidly Obese (BMI >= 40.0)	6	3.8%	N/A	N/A	5.8%
	Total		160	100.0%	0	0.0%
(Optional) What is your ethnic origin?	American Indian or Alaska Native	0	0.0%	N/A	N/A	0.3%
	Asian	8	5.0%	N/A	N/A	5.5%
	Black or African-American	0	0.0%	N/A	N/A	5.9%
	Hispanic or Latino	5	3.1%	N/A	N/A	4.9%
	Multi-ethnic	0	0.0%	N/A	N/A	1.3%
	Native Hawaiian or other Pacific Islander	0	0.0%	N/A	N/A	0.3%
	Other	0	0.0%	N/A	N/A	0.8%
	Unknown	1	0.6%	N/A	N/A	0.2%
	White/Caucasian	146	91.3%	N/A	N/A	54.8%
Total		160	100.0%	0	0.0%	74.0%
What is your height? [inches]	Female Respondents	78	48.8%	N/A	N/A	56.9%
	Male Respondents	82	51.3%	N/A	N/A	43.1%
	Total	160	100.0%	0	0.0%	100.0%
What is your weight (non-pregnant)? [lbs]	Female Respondents	78	48.8%	N/A	N/A	56.9%
	Male Respondents	82	51.3%	N/A	N/A	43.1%
	Total	160	100.0%	0	0.0%	100.0%
What is your waist measurement? [inches]	Females Less than 25	0	0.0%	N/A	N/A	1.3%
	Females 25-31	23	14.4%	N/A	N/A	20.6%
	Females 32-34	21	13.1%	N/A	N/A	10.6%
	Females greater than or equal to 35	34	21.3%	N/A	N/A	22.6%
	Total	78	48.8%	0	0.0%	55.2%
What is your waist measurement? [inches]	Males Less than 28	0	0.0%	N/A	N/A	0.1%
	Males 28-35	38	23.8%	N/A	N/A	22.0%
	Males 36-39	32	20.0%	N/A	N/A	12.6%
	Males greater than or equal to 40	12	7.5%	N/A	N/A	7.9%
	Total	82	51.3%	0	0.0%	42.6%

Risks: Nutrition

Risk Prevalence



Risk Detail	Response / Risk Level	Respondents Time 1	% of HRA Completers Time 1	Respondents Time 2	% of HRA Completers Time 2	WebMD Book of Business
How many fruits and vegetables do you eat in an average day?	0	1	0.6%	N/A	N/A	0.8%
	1-2	42	26.3%	N/A	N/A	25.1%
	3-4	65	40.6%	N/A	N/A	42.3%
	5-6	39	24.4%	N/A	N/A	23.0%
	7-8	10	6.3%	N/A	N/A	6.5%
	9 or more	3	1.9%	N/A	N/A	2.4%
	Total		160	100.0%	0	0.0%
How many sugary drinks do you have in an average day?	0	90	56.3%	N/A	N/A	53.8%
	1	51	31.9%	N/A	N/A	30.6%
	2	15	9.4%	N/A	N/A	11.0%
	3	2	1.3%	N/A	N/A	3.2%
	4	0	0.0%	N/A	N/A	0.9%
	5 or more	2	1.3%	N/A	N/A	0.6%
	Total		160	100.0%	0	0.0%
How many foods that you think are unhealthy do you eat in an average day?	0	23	14.4%	N/A	N/A	13.0%
	1	72	45.0%	N/A	N/A	47.5%
	2	43	26.9%	N/A	N/A	28.6%
	3	16	10.0%	N/A	N/A	8.3%
	4	3	1.9%	N/A	N/A	1.7%
	5 or more	3	1.9%	N/A	N/A	0.9%
	Total		160	100.0%	0	0.0%

Risks: Exercise

Risk Prevalence



Risk Detail	Response / Risk Level	Respondents Time 1	% of HRA Completers Time 1	Respondents Time 2	% of HRA Completers Time 2	WebMD Book of Business
Exercise	Very Low Risk (>= 210 min/week)	45	28.1%	N/A	N/A	36.7%
	Low Risk (150-209 min/week)	37	23.1%	N/A	N/A	16.9%
	Moderate Risk (90-149 min/week)	26	16.3%	N/A	N/A	18.4%
	High Risk (20-89 min/week)	25	15.6%	N/A	N/A	18.0%
	Very High Risk (0-19 min/week)	27	16.9%	N/A	N/A	10.1%
	Total	160	100.0%	0	0.0%	100.0%

Risks: Sleep

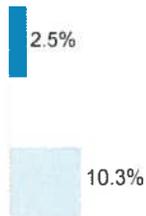
Risk Prevalence



Risk Detail	Response / Risk Level	Respondents Time 1	% of HRA Completers Time 1	Respondents Time 2	% of HRA Completers Time 2	WebMD Book of Business
Sleep	Low	101	63.1%	N/A	N/A	65.0%
	Moderate	59	36.9%	N/A	N/A	34.8%
	Total	160	100.0%	0	0.0%	99.9%
How many hours do you typically sleep per night?	0-4	1	0.6%	N/A	N/A	1.3%
	5-6	31	19.4%	N/A	N/A	28.8%
	7-8	111	69.4%	N/A	N/A	66.3%
	9-10	16	10.0%	N/A	N/A	3.5%
	More than 10	1	0.6%	N/A	N/A	0.1%
	Don't Know	0	0.0%	N/A	N/A	0.0%
	Total	160	100.0%	0	0.0%	100.0%
Do you generally feel well-rested after sleeping?	Always	17	10.6%	N/A	N/A	11.3%
	Most of the time	85	53.1%	N/A	N/A	55.5%
	Sometimes	43	26.9%	N/A	N/A	26.1%
	Rarely	14	8.8%	N/A	N/A	6.4%
	Never	1	0.6%	N/A	N/A	0.9%
	Total	160	100.0%	0	0.0%	100.0%

Risks: Blood Sugar

Risk Prevalence



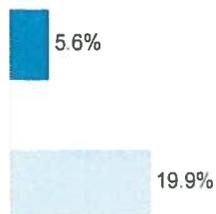
■ Jan 2016 - Dec 2016

■ WebMD Book of Business

Risk Detail	Response / Risk Level	Respondents Time 1	% of HRA Completers Time 1	Respondents Time 2	% of HRA Completers Time 2	WebMD Book of Business
Blood sugar level (mg/dl)	Less than 100	12	7.5%	N/A	N/A	34.7%
	100-110	3	1.9%	N/A	N/A	7.1%
	111-126	2	1.3%	N/A	N/A	3.4%
	127-140	1	0.6%	N/A	N/A	1.2%
	Greater than 140	1	0.6%	N/A	N/A	1.8%
	Don't know	0	0.0%	N/A	N/A	3.2%
	Total		19	11.9%	0	0.0%
What type of blood sugar (glucose) measurement was your most recent reading?	Fasting	12	7.5%	N/A	N/A	34.1%
	Non-Fasting	7	4.4%	N/A	N/A	13.4%
	Unknown	0	0.0%	N/A	N/A	4.1%
	Total	19	11.9%	0	0.0%	51.5%

Risks: Cholesterol

Risk Prevalence



■ Jan 2016 - Dec 2016

■ WebMD Book of Business

Risk Detail	Response / Risk Level	Respondents Time 1	% of HRA Completers Time 1	Respondents Time 2	% of HRA Completers Time 2	WebMD Book of Business
Total cholesterol (mg/dl)	Less than 200	8	5.0%	N/A	N/A	34.7%
	200-240	7	4.4%	N/A	N/A	12.3%
	Greater than 240	0	0.0%	N/A	N/A	3.2%
	Don't know	0	0.0%	N/A	N/A	3.3%
	Total	15	9.4%	0	0.0%	53.6%
LDL (bad) cholesterol (mg/dl)	Less than 100	5	3.1%	N/A	N/A	19.3%
	100-129	5	3.1%	N/A	N/A	14.9%
	130-159	1	0.6%	N/A	N/A	6.9%
	160-189	0	0.0%	N/A	N/A	1.9%
	Greater than 189	0	0.0%	N/A	N/A	0.6%
	Don't know	0	0.0%	N/A	N/A	3.8%
	Total	11	6.9%	0	0.0%	47.4%
HDL (good) cholesterol (mg/dl)	Females less than 50	1	0.6%	N/A	N/A	7.2%
	Females 50-54	1	0.6%	N/A	N/A	3.2%
	Females 55-60	1	0.6%	N/A	N/A	3.9%
	Females greater than 60	3	1.9%	N/A	N/A	12.4%
	Don't know	0	0.0%	N/A	N/A	1.9%
	Total	6	3.8%	0	0.0%	28.5%
HDL (good) cholesterol (mg/dl)	Males less than 40	0	0.0%	N/A	N/A	6.3%
	Males 40-49	2	1.3%	N/A	N/A	6.6%
	Males 50-60	0	0.0%	N/A	N/A	4.6%
	Males greater than 60	3	1.9%	N/A	N/A	3.4%
	Don't know	0	0.0%	N/A	N/A	1.6%
	Total	5	3.1%	0	0.0%	22.4%

Risks: Blood Pressure

Risk Prevalence



Risk Detail	Response / Risk Level	Respondents Time 1	% of HRA Completers Time 1	Respondents Time 2	% of HRA Completers Time 2	WebMD Book of Business
Blood Pressure	Unknown	77	48.1%	N/A	N/A	23.2%
	Normal (<120/80)	19	11.9%	N/A	N/A	31.6%
	Prehypertensive Stage 1 (120/80-129/84)	29	18.1%	N/A	N/A	23.6%
	Prehypertensive Stage 2 (130/85-139/89)	26	16.3%	N/A	N/A	14.1%
	Hypertensive Stage 1 (140/90-159/99)	9	5.6%	N/A	N/A	6.6%
	Hypertensive Stage 2 (>=160/100)	0	0.0%	N/A	N/A	1.0%
	Total		160	100.0%	0	0.0%

Risks: Alcohol Use

Risk Prevalence



Risk Detail	Response / Risk Level	Respondents Time 1	% of HRA Completers Time 1	Respondents Time 2	% of HRA Completers Time 2	WebMD Book of Business
Do you ever feel that you should cut down on your drinking?	Yes	7	4.4%	N/A	N/A	2.2%
	No	14	8.8%	N/A	N/A	6.6%
	Total	21	13.1%	0	0.0%	8.8%

Risks: Cigarette Use

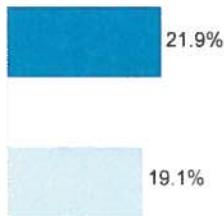
Risk Prevalence



Risk Detail	Response / Risk Level	Respondents Time 1	% of HRA Completers Time 1	Respondents Time 2	% of HRA Completers Time 2	WebMD Book of Business
How many years have you smoked cigarettes?	Less than 10	2	1.3%	N/A	N/A	0.9%
	10 to 14	1	0.6%	N/A	N/A	0.8%
	15-20	0	0.0%	N/A	N/A	1.5%
	Greater than 20	3	1.9%	N/A	N/A	2.3%
	Total		6	3.8%	0	0.0%

Risks: Emotional Health

Risk Prevalence



■ Jan 2016 - Dec 2016

■ WebMD Book of Business

Risk Detail	Response / Risk Level	Respondents Time 1	% of HRA Completers Time 1	Respondents Time 2	% of HRA Completers Time 2	WebMD Book of Business
Over the past 2 weeks, have you felt down, depressed, or hopeless?	Yes	11	6.9%	N/A	N/A	6.4%
	No	149	93.1%	N/A	N/A	93.6%
	Total	160	100.0%	0	0.0%	99.9%
Over the past 2 weeks, have you felt little interest or pleasure in doing things?	Yes	10	6.3%	N/A	N/A	8.3%
	No	150	93.8%	N/A	N/A	91.6%
	Total	160	100.0%	0	0.0%	99.9%
In the past year, have you experienced feelings of hopelessness or guilt intensely for 2 weeks or more??	Yes	13	8.1%	N/A	N/A	6.5%
	No	147	91.9%	N/A	N/A	93.5%
	Total	160	100.0%	0	0.0%	100.0%
In the past year, have you experienced loss of appetite, weight gain/loss intensely for 2 weeks or more??	Yes	22	13.8%	N/A	N/A	10.7%
	No	138	86.3%	N/A	N/A	89.2%
	Total	160	100.0%	0	0.0%	100.0%
In the past year, have you experienced decreased energy/fatigue intensely for 2 weeks or more??	Yes	42	26.3%	N/A	N/A	21.1%
	No	118	73.8%	N/A	N/A	78.8%
	Total	160	100.0%	0	0.0%	100.0%
In the past year, have you experienced persistent sadness intensely for 2 weeks or more??	Yes	8	5.0%	N/A	N/A	5.6%
	No	152	95.0%	N/A	N/A	94.4%
	Total	160	100.0%	0	0.0%	100.0%
In the past year, have you experienced insomnia/oversleeping intensely for 2 weeks or more??	Yes	23	14.4%	N/A	N/A	11.6%
	No	137	85.6%	N/A	N/A	88.3%
	Total	160	100.0%	0	0.0%	100.0%
In the past year, have you experienced difficulty concentrating/making decisions intensely for 2 weeks or more??	Yes	21	13.1%	N/A	N/A	8.8%
	No	139	86.9%	N/A	N/A	91.2%
	Total	160	100.0%	0	0.0%	100.0%
In the past year, have you experienced persistent or troublesome anxiety intensely for 2 weeks or more??	Yes	16	10.0%	N/A	N/A	9.7%
	No	144	90.0%	N/A	N/A	90.3%
	Total	160	100.0%	0	0.0%	100.0%

Risks: Stress

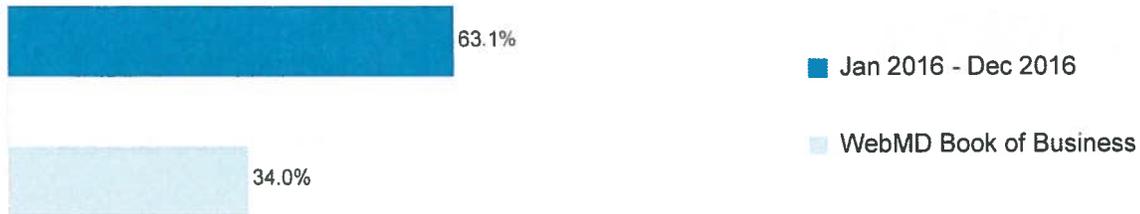
Risk Prevalence



Risk Detail	Response / Risk Level	Respondents Time 1	% of HRA Completers Time 1	Respondents Time 2	% of HRA Completers Time 2	WebMD Book of Business
In general, I am satisfied with my job.	Strongly Disagree	4	2.5%	N/A	N/A	1.2%
	Disagree	10	6.3%	N/A	N/A	3.5%
	Neutral	20	12.5%	N/A	N/A	15.9%
	Agree	68	42.5%	N/A	N/A	48.4%
	Strongly Agree	58	36.3%	N/A	N/A	30.9%
	Total		160	100.0%	0	0.0%
In general, I am satisfied with my life.	Strongly Disagree	3	1.9%	N/A	N/A	0.5%
	Disagree	2	1.3%	N/A	N/A	2.0%
	Neutral	10	6.3%	N/A	N/A	9.2%
	Agree	81	50.6%	N/A	N/A	48.9%
	Strongly Agree	64	40.0%	N/A	N/A	39.4%
	Total		160	100.0%	0	0.0%
In the past year, stress has affected my health or well-being.	Strongly Disagree	24	15.0%	N/A	N/A	19.0%
	Disagree	35	21.9%	N/A	N/A	29.7%
	Neutral	40	25.0%	N/A	N/A	24.1%
	Agree	42	26.3%	N/A	N/A	21.5%
	Strongly Agree	19	11.9%	N/A	N/A	5.8%
	Total		160	100.0%	0	0.0%
I receive support from my family or friends.	Strongly Disagree	1	0.6%	N/A	N/A	0.5%
	Disagree	6	3.8%	N/A	N/A	1.2%
	Neutral	15	9.4%	N/A	N/A	7.6%
	Agree	68	42.5%	N/A	N/A	37.6%
	Strongly Agree	70	43.8%	N/A	N/A	53.2%
	Total		160	100.0%	0	0.0%

Risks: Prevention

Risk Prevalence

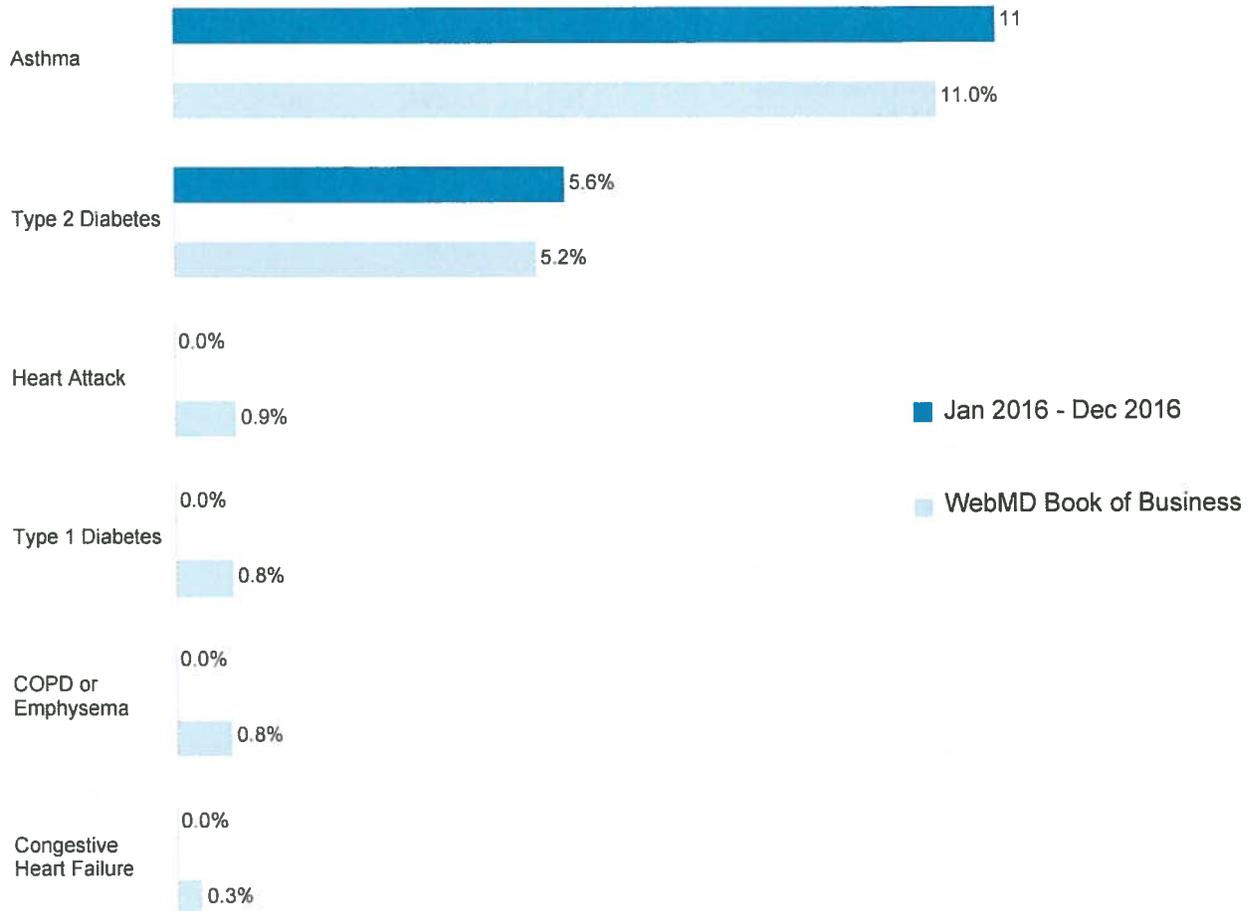


Risk Detail	Response / Risk Level	Respondents Time 1	% of HRA Completers Time 1	Respondents Time 2	% of HRA Completers Time 2	WebMD Book of Business
When did you last have a colonoscopy?	Does not apply	13	8.1%	N/A	N/A	7.2%
	Less than a year ago	6	3.8%	N/A	N/A	5.6%
	One to less than two years ago	16	10.0%	N/A	N/A	5.4%
	Two to less than three years ago	8	5.0%	N/A	N/A	4.6%
	Three to less than five years ago	9	5.6%	N/A	N/A	6.0%
	Five to less than ten years ago	0	0.0%	N/A	N/A	0.5%
	Ten or more years ago	7	4.4%	N/A	N/A	2.0%
	Never	84	52.5%	N/A	N/A	54.5%
	I know the approximate date	4	2.5%	N/A	N/A	8.9%
Total		147	91.9%	0	0.0%	94.6%
When did you last have a physical exam?	Does not apply	1	0.6%	N/A	N/A	0.6%
	Less than a year ago	78	48.8%	N/A	N/A	45.2%
	One to less than two years ago	35	21.9%	N/A	N/A	13.8%
	Two to less than three years ago	13	8.1%	N/A	N/A	4.0%
	Three to less than five years ago	6	3.8%	N/A	N/A	2.6%
	Five or more years ago	7	4.4%	N/A	N/A	3.1%
	Never	2	1.3%	N/A	N/A	1.4%
	I know the approximate date	18	11.3%	N/A	N/A	31.4%
Total		160	100.0%	0	0.0%	102.0%
When did you last have a stool blood test?	Does not apply	11	6.9%	N/A	N/A	10.0%
	Less than a year ago	10	6.3%	N/A	N/A	9.9%
	One to less than two years ago	12	7.5%	N/A	N/A	5.1%
	Two to less than three years ago	11	6.9%	N/A	N/A	3.3%
	Three to less than five years ago	11	6.9%	N/A	N/A	3.5%
	Five or more years ago	10	6.3%	N/A	N/A	7.0%
	Never	95	59.4%	N/A	N/A	55.8%
	I know the approximate date	0	0.0%	N/A	N/A	5.7%
Total		160	100.0%	0	0.0%	100.3%
When did you last have a breast exam by health care professional?	Does not apply	0	0.0%	N/A	N/A	0.1%
	Less than a year ago	12	7.5%	N/A	N/A	8.7%
	One to less than two years ago	4	2.5%	N/A	N/A	2.9%
	Two to less than three years ago	2	1.3%	N/A	N/A	0.9%

Risk Detail	Response / Risk Level	Respondents Time 1	% of HRA Completers Time 1	Respondents Time 2	% of HRA Completers Time 2	WebMD Book of Business
When did you last have a breast exam by health care professional?	Three to less than five years ago	2	1.3%	N/A	N/A	0.5%
	Five or more years ago	0	0.0%	N/A	N/A	0.6%
	Never	1	0.6%	N/A	N/A	0.2%
	I know the approximate date	3	1.9%	N/A	N/A	6.7%
	Total	24	15.0%	0	0.0%	20.6%
When did you last have a cervical cancer screening (Pap smear)?	Does not apply	9	5.6%	N/A	N/A	2.2%
	Less than a year ago	20	12.5%	N/A	N/A	19.0%
	One to less than two years ago	17	10.6%	N/A	N/A	10.7%
	Two to less than three years ago	18	11.3%	N/A	N/A	4.3%
	Three to less than five years ago	2	1.3%	N/A	N/A	2.2%
	Five or more years ago	2	1.3%	N/A	N/A	2.0%
	Never	2	1.3%	N/A	N/A	1.8%
	I know the approximate date	6	3.8%	N/A	N/A	14.4%
Total	76	47.5%	0	0.0%	56.6%	
When did you last have a mammogram?	Does not apply	0	0.0%	N/A	N/A	0.2%
	Less than a year ago	11	6.9%	N/A	N/A	8.7%
	One to less than two years ago	4	2.5%	N/A	N/A	3.4%
	Two to less than three years ago	0	0.0%	N/A	N/A	1.2%
	Three to less than five years ago	3	1.9%	N/A	N/A	0.7%
	Five or more years ago	0	0.0%	N/A	N/A	0.7%
	Never	2	1.3%	N/A	N/A	0.5%
	I know the approximate date	6	3.8%	N/A	N/A	6.8%
Total	26	16.3%	0	0.0%	22.2%	
Are you pregnant?	Yes	2	1.3%	N/A	N/A	1.3%
	Planning to be in the next year.	0	0.0%	N/A	N/A	0.1%
	No	63	39.4%	N/A	N/A	43.2%
	Total	65	40.6%	0	0.0%	44.6%
Have you given birth to a child who weighed 9 lbs (4 kilograms) or more?	Yes	9	5.6%	N/A	N/A	6.2%
	No	69	43.1%	N/A	N/A	50.7%
	Total	78	48.8%	0	0.0%	56.9%

Condition Prevalence

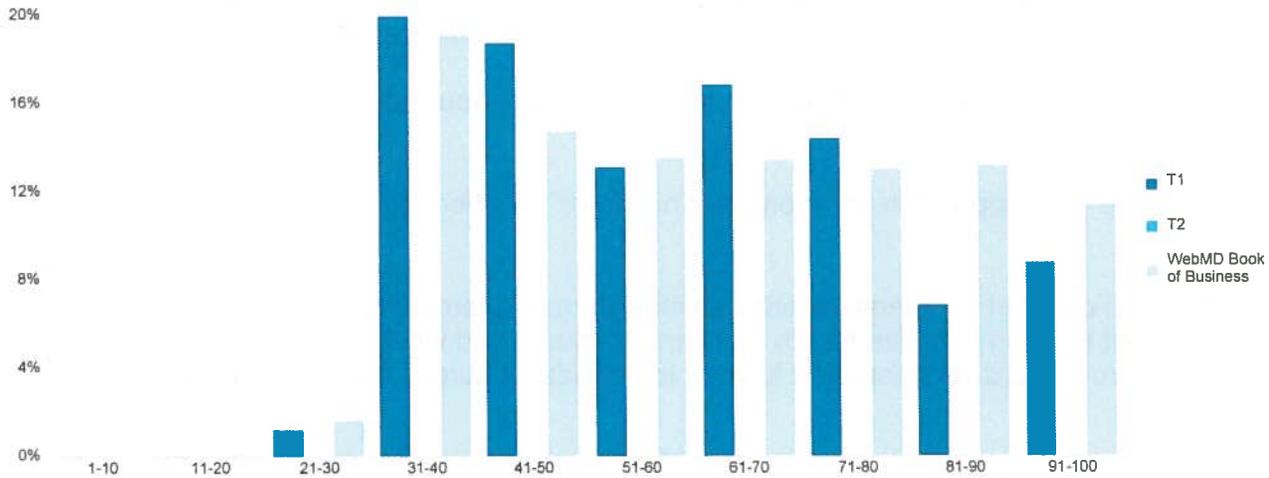
The cost associated with chronic disease is one of the largest drivers of annual healthcare expenditures.^{9, 10, 11} By offering interventions that aim to reduce the precursors to chronic disease, your organization can help keep disease rates low in the future. The following table provides the self-reported diagnosis rate for major chronic illnesses in your population.



HRA Scores

The following graph and table display your population's HRA Score distribution based on their HRA responses. The display includes a Count, Percentage of Total Population, and the WebMD Book of Business distribution. A higher value HRA Score indicates better health.

HRA Score Distribution



HRA Score Distribution Detail

Range	Count T1	% of Total T1	Avg Score T1	Count T2	% of Total T2	Avg Score T2	WebMD Book of Business
1-10	0	0.0%		N/A	N/A		0.01%
11-20	0	0.0%		N/A	N/A		0.04%
21-30	2	1.3%		N/A	N/A		1.67%
31-40	32	20.0%		N/A	N/A		19.05%
41-50	30	18.8%		N/A	N/A		14.72%
51-60	21	13.1%		N/A	N/A		13.53%
61-70	27	16.9%		N/A	N/A		13.45%
71-80	23	14.4%		N/A	N/A		13.02%
81-90	11	6.9%		N/A	N/A		13.15%
91-100	14	8.8%		N/A	N/A		11.38%
Total	160	100.0%	59.0	N/A	N/A	N/A	100.02%

The health and demographic profiles contained in this management report can help you design a population health management initiative that meets the unique needs of your organization. Incorporating the following best practices into your program design will help you achieve your goal of improving the health and wellness of your population.

1. Administer a yearly health risk assessment to track your population's changing health profile over time and measure the efficacy of your wellness interventions.
2. Offer incentives for healthy behavior in the areas where your population is most at risk.
3. Encourage your population to "know their numbers" by offering onsite biometric screenings.
4. Offer multi-channel interventions such as lifestyle management coaching, condition management programs, online health tools and trackers, and worksite health challenges in order to provide a diverse support system to individuals across the entire health continuum.
5. Foster a culture of wellness at your organization by offering healthy cafeteria options, implementing a smoke-free workplace, and providing access to onsite fitness facilities.
6. Ask senior leadership to play an active, visible role in the wellness initiative by modeling healthy behaviors for your population.
7. Develop a network of wellness champions across the organization to help champion your health management programs at a grass-roots level.

Excess Medical Costs

¹ Goetzel R, et al. Ten Modifiable Health Risk Factors Are Linked to More Than One-Fifth of Employer-Employee Health Care Spending. *Health Affairs*. 2012; 31 (11): 2474-2484.

Absenteeism & Presenteeism Costs

² Wright D, Beard M, & Edington D. Association of Health Risks With the Cost of Time Away From Work. *JOEM*. 2002; 44(12): 1126-1134

³ Labriola M, et al. Multilevel Analysis of Workplace and Individual Risk Factors for Long-Term Sickness Absence. *JOEM*. 2006; 48(9): 923-929.

⁴ U.S. Dept. of Commerce, Bureau of Economic Analysis. Local Area Personal Income, 2011-2013. Released 11/20/2014.

⁵ Burton W, et al. The Association of Health Risks With On-the-Job Productivity. *JOEM* 2005; 47(8):769-777.

⁶ Boles M, et al. The Relationship Between Health Risks and Work Productivity. *JOEM* 2004; 46(7):737-745.

⁷ Goetzel R, et al. Health, Absence, Disability, and Presenteeism Cost Estimates of Certain Physical and Mental Health Conditions Affecting U.S. Employers. *JOEM* 2004; 46(4):398-412.

Risk Summary

⁸ Ewing, J.A. Detecting alcoholism: The CAGE questionnaire. *JAMA: Journal of the American Medical Association* 252(14):1905–1907, 1984.

Cost of Chronic Disease

⁹ Collins J, et al. The Assessment of Chronic Health Conditions on Work Performance, Absence, and Total Economic Impact for Employers. *JOEM* 2005; 47(6): 547-557.

¹⁰ White A, et al. Economic Burden of Illness for Employees with Painful Conditions. *JOEM* 2005; 47(9): 884-892.

¹¹ Friedman C, et al. Assessing the Burden of Disease Among an Employed Population: Implications for Employer-Sponsored Prevention Programs. *JOEM* 2004; 46(1): 3-9.



2017
WellCity Award
Standards
and Roadmap to eWellCity

AWC Trust WellCity Award

The AWC Trust WellCity Award recognizes members of the AWC Employee Benefit Trust that achieve nine standards of quality in employee health promotion. This includes cities, towns, and quasi-municipal entities. The 2017 WellCity Award recognizes accomplishments completed in 2016. Applications are submitted online using eWellCity, available on the Trust website at www.awctrust.org. The application deadline for the 2017 award is February 1, 2017.

Recognition

WellCity Awards are announced in April of each year. Each award recipient receives an award packet by mail that includes an award plaque, press release, window decals for city buildings or vehicles and a WellCity road sign to help your community celebrate the achievement.

WellCities are recognized at AWC's Annual Conference in June and at the Healthy Worksite Summit in the spring.

2% Premium Discount

Members of the AWC Employee Benefit Trust who earn the 2017 WellCity Award will receive a 2% discount on Trust medical plan premiums. The discount will be applied to 2018 premiums for active employees, spouses, and dependents. The discount does not apply to retirees. The 2% discount applies to all Trust medical plans including Group Health Cooperative, Asuris Northwest Health and Regence BlueShield plans.

WellCity Standards

The WellCity Standards are based on current research and best practice models. These standards serve as guidelines for designing a workplace wellness program that has a positive impact on employee health and productivity.

For each of the nine standards, you must complete all required items as well as earn a minimum number of points. Standard 8 requires 50% participation in the annual Health Questionnaire by employees and spouses with AWC Trust medical insurance.

WellCity standard	Maximum points	Minimum points	Required items
1. Policies & procedures	29	13	5
2. Management support	24	20	5
3. Wellness committee	17	8	2
4. Wellness network & resources	17	6	3
5. Needs assessment	26	10	3
6. Worksite environment	25	8	4
7. Operating plan	11	8	8
8. Activities & interventions	19	9	6
9. Evaluation	32	9	3
Total	200	91	39

Standard #1: Policies & Procedures

The adoption, implementation and communication of supportive policies and procedures are instrumental in the development of a comprehensive, results-driven wellness program. For more information, see chapter 2 of the Workplace Wellness Planner and our on-demand webinar, "Developing Policies and Procedures."

Requirement		Maximum points allowed	Minimum points required	Menu(s)	Tab(s)
R	<p>1.1 The City Council formally approved the wellness program by policy, resolution or ordinance. The program has documentation establishing its public purpose and guidance regarding the nature of allowable activities.</p> <p><i>Upload the policy, resolution or ordinance to eWellCity.</i></p>	3	3	WellCity Award	Documentation
R	<p>1.2 An annual wellness budget of at least \$10 per full-time employee was allocated.</p>	3	3	Activities and WellCity Award	Timeline & budget & application
R	<p>1.3 The wellness program complies with HIPAA, GINA, PPACA, ADA, and other laws related to worker health.</p>	3	3	Committee	Training
R	<p>1.4 The following city policies support the wellness program:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Operating procedures permit wellness committee members sufficient time to attend regular meetings and facilitate the program. <input type="checkbox"/> A policy providing access to the wellness program by a broad range of employee groups, departments and shifts. <input type="checkbox"/> A policy permitting employees to participate in some wellness programs such as health screenings or health education seminars during work hours. <p><i>Upload a copy of each policy in order to receive points. Each policy is worth 2 points. If multiple policy statements are contained in one document, be sure to upload it in each location to earn all points.</i></p>	6	2	WellCity Award	Documentation

R	<p>1.5 The following city policies promote healthy behaviors: Worth 1 point each. At least 1 point from 2 different categories is required.</p> <p>Work – Life balance</p> <ul style="list-style-type: none"> <input type="checkbox"/> Flex-time <input type="checkbox"/> Job sharing <input type="checkbox"/> Telecommuting <input type="checkbox"/> Wellness day off <input type="checkbox"/> Other <p>Healthy food options</p> <ul style="list-style-type: none"> <input type="checkbox"/> Vending machines <input type="checkbox"/> Snack boxes <input type="checkbox"/> Meetings <input type="checkbox"/> Other <p>Physical activity promotion</p> <ul style="list-style-type: none"> <input type="checkbox"/> Exercise on work time <input type="checkbox"/> Onsite exercise facility or equipment <input type="checkbox"/> Gym membership discount <input type="checkbox"/> Other <p>Personal care</p> <ul style="list-style-type: none"> <input type="checkbox"/> Individual break room <input type="checkbox"/> Lactation room <input type="checkbox"/> Ergonomic work stations <input type="checkbox"/> Other <p>Employee safety</p> <ul style="list-style-type: none"> <input type="checkbox"/> 100% tobacco-free workplace <input type="checkbox"/> Safe driving training <input type="checkbox"/> Workplace fire safety <input type="checkbox"/> Natural disasters <input type="checkbox"/> Workplace violence <input type="checkbox"/> Other <p>Other</p> <ul style="list-style-type: none"> <input type="checkbox"/> [Write-in] <p><i>Upload each policy in order to receive points. If multiple policy statements are contained in one document, be sure to upload it in each location to earn all points.</i></p>	14	2	WellCity Award	Documentation
	Sub-total for Standard #1	29	13		

Standard #2: Management Support

The commitment of city leadership, including elected officials, department directors and supervisors, is fundamental to the success of any results-driven wellness program. Action-oriented support by leadership in the form of written and oral communications, delegation of program deliverables and participation in activities is essential to improving employee health behaviors and attitudes. For more information, see chapter 3 of the Workplace Wellness Planner and our on-demand webinar, "Gaining Management Support."

Requirement		Maximum points allowed	Minimum points required	Menu	Tab
R	<p>2.1 Elected officials actively supported employee well-being. Worth 2 points each.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Council adopted a new wellness program resolution or formally reviewed and reaffirmed the existing wellness program resolution. <input type="checkbox"/> Wellness program reports were a regular (at least quarterly) item on council meeting agendas. <input type="checkbox"/> Council expressed support for the wellness program's goals and calendar of events. <input type="checkbox"/> Council reviewed and discussed Health Questionnaire Management Report data. <input type="checkbox"/> An elected official participated in at least one hour of workplace health training and shared new knowledge with the council. <input type="checkbox"/> An elected official attended a wellness committee meeting. <input type="checkbox"/> An elected official actively participated in a program activity. <input type="checkbox"/> Council expressed appreciation for the wellness committee's work. 	4	2	Wellness culture	Management Support
R	<p>2.2 The city manager/administrator or equivalent actively supported employee well-being. Worth 2 points each.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Developed and positively communicated the city's wellness vision. <input type="checkbox"/> Publicly communicated how the wellness program and employee well-being contribute to organizational success. <input type="checkbox"/> Made wellness a regular (at least quarterly) agenda item at leadership team meetings. <input type="checkbox"/> Communicated an expectation that directors, managers, and supervisors participate in wellness activities. <input type="checkbox"/> Communicated an expectation that directors, managers, and supervisors encourage employees they supervise to participate in wellness activities. <input type="checkbox"/> Held regular meetings (at least quarterly) with the wellness coordinator. <input type="checkbox"/> Attended a wellness committee meeting. <input type="checkbox"/> Participated in at least two hours of workplace health training. <input type="checkbox"/> Participated in at least half of the wellness program's activities. <input type="checkbox"/> Modeled good health habits, such as healthy food choices, regular physical activity, or stress management strategies. <input type="checkbox"/> Made a public testimonial regarding personal health challenges, goals, or successes. <input type="checkbox"/> Expressed appreciation for the wellness committee's work at an all-staff meeting. <input type="checkbox"/> Reviewed the WellCity Award application, wrote a statement of support, and signed the WellCity application. 	10	8	Wellness culture	Management Support

R	<p>2.3 One or more department directors or managers actively supported employee well-being. Worth 2 points each.*</p> <ul style="list-style-type: none"> <input type="checkbox"/> Participated in at least half of the wellness program's activities. <input type="checkbox"/> Modeled good health habits, such as healthy food choices, regular physical activity, or stress management strategies. <input type="checkbox"/> Made a public testimonial regarding personal health challenges, goals, or successes. <input type="checkbox"/> Participated in at least two hours of workplace health training. <input type="checkbox"/> Made wellness a regular agenda item at each department meeting. <input type="checkbox"/> Communicated an expectation that supervisors participate in wellness activities. <input type="checkbox"/> Communicated an expectation that supervisors encourage employees to participate in wellness activities. <input type="checkbox"/> Attended a wellness committee meeting. 	6	6	Wellness culture	Management Support
R	<p>2.4 At least one front-line supervisor actively supported employee well-being. Worth 2 points each.*</p> <ul style="list-style-type: none"> <input type="checkbox"/> Participated in at least half of the wellness program's activities. <input type="checkbox"/> Encouraged employees to participate in wellness activities. <input type="checkbox"/> Modeled good health habits, such as healthy food choices, regular physical activity, or stress management strategies. <input type="checkbox"/> Made a public testimonial regarding personal health challenges, goals, or successes. <input type="checkbox"/> Participated in at least two hours of workplace health training. <input type="checkbox"/> Included wellness as a regular agenda item at each team meeting. <input type="checkbox"/> Attended a wellness committee meeting. <input type="checkbox"/> Hosted a wellness event or activity just for her/his team. 	2	2	Wellness culture	Management Support
R	<p>2.5 Describe the most effective thing a member of management has done to help the wellness program succeed. Please include the manager's job title.</p>	2	2	Wellness culture	Management Support
Sub-total for Standard #2		24	20		

*For cities with less than 50 employees, the same person can satisfy requirements for 2.2, 2.3 and 2.4 if the referenced positions do not exist or are not held by different people.

Standard #3: Wellness Committee

The formation of a wellness committee is important to delivering a wellness program. The committee needs to have a method of operating that is consistent and effective throughout the year. Committee members must understand the goals and objectives of the organization, listen to the needs of the employees, and assist in the implementation of the program. A committee or coordinator is acceptable for cities with less than 50 employees. For more information, see chapter 4 of the Workplace Wellness Planner and our on-demand webinar, "Developing a Wellness Committee."

Requirement		Maximum points allowed	Minimum points required	Menu	Tab
R	3.1 A wellness committee has been formed that is representative of all workgroups and all levels of authority.	4	4	Committee	Members
R	3.2 The wellness committee has documented operating procedures that may include roles and responsibilities, meeting frequency and a member rotation system. <i>Upload a document that outlines committee operating procedures.</i>	4	4	WellCity Award	Documentation
	3.3 The wellness committee does the following: Worth 1 point each. <input type="checkbox"/> At least one elected official or management representative, with decision making authority, regularly attends meetings. <input type="checkbox"/> Prepares annual operating plan and proposed budget. <input type="checkbox"/> Representative of the workforce including departments, shifts, and locations. <input type="checkbox"/> Engages a broad base of employees and involves them in the program delivery. <input type="checkbox"/> Holds meetings at least monthly, or coordinator monitors program activity at least monthly.	5	0	Committee	Responsibilities
	3.4 Employees are invited to share ideas, feedback and concerns directly with the committee and or coordinator through: Worth 1 point each. <input type="checkbox"/> Suggestion boxes <input type="checkbox"/> Email <input type="checkbox"/> Intranet/Wellness webpage <input type="checkbox"/> In-person <input type="checkbox"/> Other: [Write-in]	2	0	Committee	Responsibilities
	3.5 Wellness committee members are formally recognized for their work on the wellness program each year by: Worth 1 point each. <input type="checkbox"/> Hosting a luncheon <input type="checkbox"/> Providing award certificates <input type="checkbox"/> Recognition on a performance review <input type="checkbox"/> Recognition at a city council meeting <input type="checkbox"/> Recognition at an all staff meeting <input type="checkbox"/> Other: [Write-in]	2	0	Committee	Responsibilities
	Sub-total for Standard #3	17	8		

Standard #4: Wellness Network & Resources

Establishing a network of internal program champions and external partners is essential to building a strong base of resources and advocates. These relationships help to ensure you access available resources and expand the reach of your program. For more information, see chapter 5 of the Workplace Wellness Planner and our on-demand webinar, "Weaving Your Wellness Network."

Requirement		Maximum points allowed	Minimum points required	Menu	Tab
R	<p>4.1 A city representative received the following worksite health promotion training. Worth 1 point each.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Attended a wellness session at the AWC Member Programs Expo <input type="checkbox"/> Attended the Healthy Worksite Summit <input type="checkbox"/> AWC staff provided onsite technical assistance <input type="checkbox"/> Researched worksite health promotion best practices through other resources. Name of resource: [Write-in] <input type="checkbox"/> AWC provided training for the wellness coordinator or wellness committee onsite. <input type="checkbox"/> Attended a Wellness Networking Forum <input type="checkbox"/> Attended an AWC wellness webinar <input type="checkbox"/> Other approved health promotion training 	5	2	Committee	Training
R	<p>4.2 Internal champions are people who are not on the wellness committee, but help with the program. Identify departments that have internal champions. Worth 1 point each.</p> <ul style="list-style-type: none"> <input type="checkbox"/> City Council <input type="checkbox"/> City Manager/Administrator <input type="checkbox"/> Community Development <input type="checkbox"/> Finance <input type="checkbox"/> Fire Department <input type="checkbox"/> Human Resources/Benefits <input type="checkbox"/> Information Technology/Services <input type="checkbox"/> Parks & Recreation <input type="checkbox"/> Police Department <input type="checkbox"/> Public Works <input type="checkbox"/> Risk Management <input type="checkbox"/> Safety Committee <input type="checkbox"/> Other: [Write-in] 	2	2	Wellness culture	Making connections
	<p>4.3 Describe how a relationship with an internal champion helped the wellness program.</p>	3	0	Wellness culture	Making connections
R	<p>4.4 Identify partnerships with external vendors and community resources. Worth 1 point each.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Local hospital <input type="checkbox"/> Non-profit agencies (American Heart, Cancer Society, etc.) <input type="checkbox"/> Government agencies or neighboring cities <input type="checkbox"/> Health plans or benefit providers <input type="checkbox"/> Local vendors (Grocery stores, sporting goods stores, etc.) <input type="checkbox"/> Weight loss clinics (Weight Watchers at Work, etc.) <input type="checkbox"/> Health clubs <input type="checkbox"/> Parks & recreation center 	2	2	Wellness culture	Making connections

	<p>4.5 AWC Trust medical plan resources were promoted. Worth 1 point each.</p> <p><input type="checkbox"/> Disease management</p> <p><input type="checkbox"/> Employee assistance program (EAP)</p> <p><input type="checkbox"/> Health coaching</p> <p><input type="checkbox"/> Health screening</p> <p><input type="checkbox"/> Nurse advice line</p> <p><input type="checkbox"/> Tobacco cessation program</p> <p><input type="checkbox"/> Web-based health tools</p>	2	0	Overall program	Communication
	<p>4.6 Provide an example of a community activity, event or service that your wellness program has promoted to employees. Be sure to include how it was promoted.</p>	3	0	Overall program	Communication
Sub-total for Standard #4		17	6		

Standard #5: Needs Assessment

Data drives program results. Aggregate data on the employee population such as demographics, health needs and interests and health risks are essential to building a wellness program with impact. For more information, see chapter 6 of the Workplace Wellness Planner and our on-demand webinar, "Assessing Program Needs."

Requirement		Maximum points allowed	Minimum points required	Menu	Tab												
R	<p>5.1 Data on the population's health risks or needs and interests was collected and reviewed. Worth 4 points for each type of assessment.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Type of assessment/ survey</th> <th style="width: 15%;">Date data collected</th> <th style="width: 15%;">% of employee completion</th> <th style="width: 35%;">Date data reviewed by committee</th> </tr> </thead> <tbody> <tr> <td>Employee needs & interests</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Health Questionnaire (HQ)*</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p><i>* AWC Trust members with 50 or more participants receive a Management Report which contains aggregate health risk assessment & health screening data for their city. Small cities may review the statewide report.</i></p>	Type of assessment/ survey	Date data collected	% of employee completion	Date data reviewed by committee	Employee needs & interests				Health Questionnaire (HQ)*				8	4	Overall program	Assessment
	Type of assessment/ survey	Date data collected	% of employee completion	Date data reviewed by committee													
	Employee needs & interests																
Health Questionnaire (HQ)*																	
<p>5.2 Information on workforce demographics, shifts and worksites has been collected. An Organizational Information Sheet was completed in this year or the previous year.</p> <p><i>Upload the Organizational Information Sheet.</i></p>	3	3	WellCity Award	Documentation													
<p>5.3 Sick leave/absenteeism was provided from Human Resources on [Date].</p>	2	0	Overall program	Assessment													
<p>5.4 The following assessments were conducted this year or in the previous year. Worth 2 points each.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Culture assessment <input type="checkbox"/> Environmental assessment <input type="checkbox"/> Leadership assessment <input type="checkbox"/> Healthy vending assessment <input type="checkbox"/> Other assessment type: [Write-in] <p><i>Upload a summary of your assessment results if points are claimed.</i></p>	10	0	WellCity Award	Documentation													
R	<p>5.5 Give a few examples of how the needs assessment information you have collected was used to develop program goals and activities:</p>	3	3	Overall program	Assessment												
Sub-total for Standard #5		26	10														

Standard #6: Worksite Environment

Employee health needs to be supported from all angles. The provision of a healthy infrastructure is instrumental to building a comprehensive wellness program. Environmental and physical accommodations that support healthy living and educate employees help them to adopt healthy behaviors. For more information, see chapter 7 of the Workplace Wellness Planner and our on-demand webinar, "Building an Infrastructure of Health."

Requirement		Maximum points allowed	Minimum points required	Menu	Tab
R	<p>6.1 Healthy behaviors are encouraged with cultural supports: Worth 1 point each.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Employees are permitted to participate in certain city-sponsored wellness activities on city time. <input type="checkbox"/> The cafeteria, vending machines or snack boxes provide healthy options. <input type="checkbox"/> A lactation room is provided to employees. <input type="checkbox"/> A personal break room, respite room or quiet room is available. <input type="checkbox"/> Employees have access to carpooling programs, ride-share or similar services. <input type="checkbox"/> Employees are allowed to telecommute. <input type="checkbox"/> Employees have access to an onsite wellness library.* <input type="checkbox"/> Employees are offered disaster preparedness & CPR/First Aid training.* <input type="checkbox"/> Employees have access to a toll-free nurse advice line. <input type="checkbox"/> Bathroom scales are placed in private area (bathroom). <input type="checkbox"/> Healthy vending, snack box or cafeteria options offered at or below cost (subsidized by price increase for less healthy items). <input type="checkbox"/> Ergonomic work stations are provided. <input type="checkbox"/> Access to kitchen/food prep equipment to support healthy food choices. <input type="checkbox"/> Other: [Write-in] 	10	4	Wellness culture	Environment
R	<p>6.2 Employees are informed of cultural supports via: Worth 1 point each.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Employee handbooks and policies <input type="checkbox"/> New hire orientation meetings <input type="checkbox"/> Employee meetings <input type="checkbox"/> Newsletters or flyers <input type="checkbox"/> Other written materials <input type="checkbox"/> Word of mouth <input type="checkbox"/> Intranet <input type="checkbox"/> Email <input type="checkbox"/> Other: [Write-in] 	2	2	Wellness culture	Environment
R	<p>6.3 To promote physical activity employees have access to: Worth 1 point each.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fitness room/facility* <input type="checkbox"/> Onsite shower <input type="checkbox"/> Walking & jogging paths that are clearly marked <input type="checkbox"/> Inviting stairwells and signage that encourage use <input type="checkbox"/> Bike racks <input type="checkbox"/> Sport courts* <input type="checkbox"/> Discounts at local health clubs <input type="checkbox"/> Organized group fitness classes onsite* <input type="checkbox"/> Other: [Write-in] 	8	1	Wellness culture	Environment

R	6.4 An ongoing social support system for health improvement is provided by: Worth 1 point each. <input type="checkbox"/> Organizing walking, hiking, biking or other ongoing group activity <input type="checkbox"/> Setting up a buddy system as part of a behavior change activity <input type="checkbox"/> Coordinating Weight Watchers @ Work meetings, book club or other ongoing healthy support group <input type="checkbox"/> Coordinating teams for community activities like Relay for Life, Heart Walk, etc. <input type="checkbox"/> Other: [Write-in]	5	1	Wellness culture	Environment
Sub-total for Standard #6		25	8		

*For cities with fewer than 50 employees, the promotion of community resources may be counted in lieu of an onsite offering.

Standard #7: Operating Plan

An operating plan is like a road map. Without it you don't know where you are going or where you have been. Proper program planning forces the wellness committee to think through the design process ahead of time and anticipate barriers and potential problems in the delivery of program activities. For more information, see chapter 8 of the Workplace Wellness Planner and our on-demand webinar, "Forming an Operating Plan."

Requirement		Maximum points allowed	Minimum points required	Menu	Tab
R	7.1 Long term goals guide the next one to three years of the wellness program and describe concrete outcomes. Goals are set based on a review of the vision/mission statement, data from the Health Questionnaire Management Report, and other information (if available) such as employee interest surveys, workplace culture assessments, and program evaluations.	1	1	Overall program	Long-term goals
R	7.2 Select a variety of activities to meet your program goals. Include a mix of awareness, motivation, and behavior change activities. Assign at least one member of the wellness committee to lead each scheduled activity.	1	1	Activities	Name & description
R	7.3 Write an objective for each activity you plan to offer. Objectives should be SMART: specific, measurable, action-oriented, realistic and time-bound. Example: 50% of employees and spouses with medical insurance will complete the Health Questionnaire August 1 and November 1.	1	1	Activities	Name & description
R	7.4 Create a calendar for the year that includes all planned activities for employees, as well as cultural support efforts, committee meetings, trainings, etc.	1	1	Activities	Timeline & budget
R	7.5 Develop a strategy for communicating with all employees about the wellness program. The strategy provides regular health information, promotes activities and uses the following on a regular basis: <input type="checkbox"/> Email <input type="checkbox"/> Intranet/website <input type="checkbox"/> Personal encouragement <input type="checkbox"/> Staff meetings <input type="checkbox"/> Flyers, handouts or payroll stuffers <input type="checkbox"/> Newsletter <input type="checkbox"/> Displays <input type="checkbox"/> Table tents <input type="checkbox"/> Dedicated bulletin boards or posters <input type="checkbox"/> New employee orientation <input type="checkbox"/> Health, wellness, or benefits fair	1	1	Overall program	Communication
R	7.6 A detailed budget reflects all planned expenses and revenue for the year.	1	1	Activities and WellCity Award	Timeline & budget & application

R	<p>7.7 Identify methods to evaluate each activity, as well as the overall program.</p> <p>Process measures</p> <ul style="list-style-type: none"> <input type="checkbox"/> Registered participants <input type="checkbox"/> Participants completing activity <input type="checkbox"/> Participant satisfaction <p>Impact measures</p> <ul style="list-style-type: none"> <input type="checkbox"/> Awareness of wellness program <input type="checkbox"/> Attitudes & perceptions <input type="checkbox"/> Knowledge & skills <input type="checkbox"/> Behaviors <input type="checkbox"/> Environment <input type="checkbox"/> Resource utilization (EAP, fitness room, snack box, etc.) <p>Outcomes measures</p> <ul style="list-style-type: none"> <input type="checkbox"/> Biometrics <input type="checkbox"/> Health risk factors or risk stratification <input type="checkbox"/> Workplace culture <input type="checkbox"/> Absenteeism <input type="checkbox"/> Workers' compensation claims 	1	1	Activities	Evaluation
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R	<p>7.8 Incentives and rewards provide motivation and encouragement for employees to participate in activities and try new behaviors. Worth 1 point per incentive reported.</p> <p><input type="checkbox"/> Giveaway item</p> <p><input type="checkbox"/> Monetary reward or gift card</p> <p><input type="checkbox"/> Paid time for activity participation</p> <p><input type="checkbox"/> Time off reward</p> <p><input type="checkbox"/> Recognition (award, verbal, written)</p> <p><input type="checkbox"/> Other</p>	3	1	Activities	Promotion
	<p>7.9 Describe how you have cultivated intrinsic motivation in your program. Intrinsic motivation leads to lasting behavior change. When people make their own choice, learn a new skill, feel connected to others, find value and purpose, they are more likely to continue the behavior after the program is over.</p>	1	0	Overall program	Communication
Sub-total for Standard #7		11	8		

Standard #8: Activities & Interventions

A carefully selected mix of activities and interventions should align with your program needs assessment. An appropriate combination of awareness, motivation, behavior change and cultural support activities help to ensure positive outcomes. For more information, see chapter 9 of the Workplace Wellness Planner and our on-demand webinar, "Planning Activities."

Requirement		Maximum points allowed	Minimum points required	Menu	Tab
R	<p>8.1 Awareness type activity was offered to provide participants with general education and information on health topics. Examples: Newsletter Bulletin board Health messages by email or handout</p>	3	1	Activities	Name & description
R	<p>8.2 Motivation type activity was offered to provide participants with the opportunity to learn a new skill, try something new, or to receive personalized health information. Examples: Health screening Speaker Movie</p>	3	1	Activities	Name & description
R	<p>8.3 Behavior change type activity was offered to provide participants with the opportunity to practice new behaviors, create new habits, and work toward personal goals. Must take place over multiple sessions or weeks. Examples: Spring Municipal Game Fall Municipal Game Ongoing class Onsite ongoing support group</p>	3	1	Activities	Name & description
R	<p>8.4 The AWC Trust annual Health Questionnaire was promoted. A minimum of 50% of employees and spouses with AWC Trust medical insurance completed the Health Questionnaire in the current year. <i>Your participation will be automatically entered into eWellCity by AWC staff.</i> Employee participation: Spouse participation: Total participation:</p>	2	2	WellCity Award	Point summary
R	<p>8.5 Education was offered about using the health care system efficiently and effectively. Worth 1 point each.</p> <ul style="list-style-type: none"> <input type="checkbox"/> AWC Trust Healthy Decisions presentation (required) <input type="checkbox"/> Self-care materials provided <input type="checkbox"/> Promotion of health care decision support tools <input type="checkbox"/> Benefits education/fair <input type="checkbox"/> Other 	2	1	Wellness culture	Making connections

	8.6 Promotional tools were utilized to promote activities. Worth 1 point each. <input type="checkbox"/> Email <input type="checkbox"/> Intranet/Website <input type="checkbox"/> Personal encouragement <input type="checkbox"/> Staff meetings <input type="checkbox"/> Flyers, handouts or payroll stuffers <input type="checkbox"/> Newsletter <input type="checkbox"/> Displays <input type="checkbox"/> Table tents <input type="checkbox"/> Bulletin boards or posters <input type="checkbox"/> New employee orientation <input type="checkbox"/> Health, wellness or benefits fair <input type="checkbox"/> Other:	2	0	Activities	Promotion
	8.7 Describe a creative promotional strategy, other than incentives, used to increase activity enrollment, completion or health related changes:	1	0	Overall program	Communication
R	8.8 Provide an example of an activity designed to reach a targeted group with low participation, high risk, or special needs:	3	3	Wellness culture	Making connections
Sub-total for Standard #8		19	9		

Standard #9: Evaluation

The evaluation of progress and outcomes requires you to have the end in mind and gives you a framework for success. For more information, see chapter 10 of the Workplace Wellness Planner and our on-demand webinar, "Evaluating Progress & Outcomes."

Requirement		Maximum points allowed	Minimum points required	Menu	Tab
R	<p>9.1 At least two types of short-term evaluations are conducted. Worth 1 point each. Points required from at least two evaluation types.</p> <p>Evaluation types: Process – Participation, completion, satisfaction. Impact – Short-term observable effects (awareness, attitudes, knowledge, skills, behaviors, environment, resource utilization.) Outcome – Long-term measureable results (biometrics, health risks, absenteeism, workers' comp claims, workplace culture.)</p>	8	4	Activities	Evaluation
	<p>9.2 An annual Evaluation Report was developed to summarize program evaluation data for one or more years. Use your own format or one of AWC's templates.</p> <p><i>Upload a copy of the report in order to receive these optional points.</i></p>	6	0	WellCity Award	Documentation
R	<p>9.3 The following evaluation methods or tools were used to evaluate long-term program goals over time (1-3 years). Check only items listed in your long-term goals. Worth 1 point each. Points required from at least two evaluation types. Employers over 50 employees may not earn points from the process category.</p> <p>What did you measure?</p> <p>Process measures</p> <p><input type="checkbox"/> Activities offered <input type="checkbox"/> Participation rate <input type="checkbox"/> Participant satisfaction score <input type="checkbox"/> Activity completion rate</p> <p>Impact measures</p> <p><input type="checkbox"/> Awareness of wellness program <input type="checkbox"/> Attitudes & perceptions <input type="checkbox"/> Knowledge & skills <input type="checkbox"/> Behaviors <input type="checkbox"/> Environment <input type="checkbox"/> Resource utilization (EAP, fitness room, snack box, etc.)</p> <p>Outcomes measures</p> <p><input type="checkbox"/> Biometrics <input type="checkbox"/> Health risk factors or risk stratification <input type="checkbox"/> Workplace culture <input type="checkbox"/> Absenteeism <input type="checkbox"/> Workers' compensation claims</p>	10	4	Overall program	Evaluation

R	<p>9.4 Participant feedback and evaluation results were used to alter program design to improve outcomes. Worth 1 point each.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Changed elements of an existing program. <input type="checkbox"/> Reported evaluation results to management or city council. <input type="checkbox"/> Offered a well-liked program for a second, third or fourth time. <input type="checkbox"/> Discontinued a program that was not well received. <input type="checkbox"/> Added a new program in response to employee requests or evaluation results. <input type="checkbox"/> Improved a marketing campaign to increase participation. <input type="checkbox"/> Made an environmental or policy change. 	8	1	Overall program	Evaluation
	Sub-total for standard #9	32	9		

WellCity glossary

100% tobacco-free workplace policy: A policy banning tobacco use of any kind, by any person, on any city-owned or leased property, buildings or vehicles.

Account: Each Trust member has an eWellCity account that holds their information. AWC staff can access all accounts. Members can only access their own account.

Activity: Activities are all the individual events that make up your program, including things like wellness campaigns, health screenings, Health Questionnaire promotions, HIPAA training for your committee, and completing a long term evaluation. In eWellCity, we use the term “program” to mean your overall wellness program in the big picture sense of the word.

Activity report: Written, annual document that includes all activities offered by the wellness program. For each activity, a variety of information should be documented: the date of activity, number of participants, cost, objective, evaluation results, and notes on what worked well or should be done differently in the future. An activity report can be generated in eWellCity by selecting “Activity” from the “Reports” menu. All information from the Activity menu will be incorporated into this eWellCity report, which replaces the Activity Report form previously used by AWC.

Activity type: Each activity you offer can be assigned to one activity type—awareness, motivation, behavior change, cultural support, or program administration. A strong wellness program is well-rounded and includes activities of each type. Each activity type is defined in this glossary. See Standard 8 in the Wellness Planner for more information.

ADA (Americans with Disabilities Act): Title I of this federal law generally prohibits employment discrimination on the basis of a disability in the terms, conditions, and privileges of employment, and requires employers to provide reasonable accommodations to enable disabled individuals to have equal access to fringe benefits. The ADA also prohibits disability-related inquiries or medical examinations that are not job-related and consistent with business necessity, unless they are done through a voluntary wellness program.

Annual evaluation report: A report that summarizes program evaluation data for one or more years. It may include results of each activity or various measures used to monitor progress toward long-term goals. Design your own report or use either the Wellness Program Summary or Annual Evaluation Report templates that are provided on the AWC Trust web site.

Assessment: Knowing employee demographics, health needs, interests, readiness to change, and health risks is essential for planning a wellness program that gets results. Assessments collect this data and can include: a health risk assessment, needs and interest survey, or culture audit. Results from assessments should guide your program planning, while evaluations measure your impact and are conducted after activities.

Award signature page: required component of WellCity Award application, uploaded on the WellCity Award/Documentation tab of eWellCity. Wellness coordinator and city manager/administrator must certify that application is accurate and complete, as well as provide a short testimonial about their organization’s commitment to health.

Award year: the year in which your city is awarded the WellCity Award. The award year follows the year in which your program met the award standards. For example, your 2016 wellness program can qualify for the 2017 WellCity Award.

Awareness (Activity type): People need information to raise their awareness of – and increase their knowledge about – health issues. Awareness programs deliver education, information and encourage awareness around specific health topics. While information is a necessary part of the behavior change process, it is, on its own, usually not sufficient for most people to accomplish behavior change. Awareness activities include: payroll inserts, posters, newsletters, booklets, brochures, bulletin boards, emails.

AWC funds: incentives and funds provided by the AWC Trust for participating in specific AWC Trust activities. Examples include campaign gift cards and HQ debit cards. Dollars do **not** count toward the minimum budget required in standard 1.2. Enter this data on the Activity/Timeline & Budget tab. Do **not** include funds from AWC Trust grants in this line – they should be entered in the “Grant Funding” category.

Behavior change (Activity type): This type of activity provides structured opportunities to practice new, healthy behaviors over an extended period of time – usually several weeks – with the goal of developing health habits that become a regular part of a healthy lifestyle. Commitment, goals and tracking are important for these activities. Behavior change is difficult, but it’s these types of activities that lead to reducing health risks and improving health. Behavior change activities include: ongoing exercise classes, multiple session seminars, ongoing support groups, and AWC municipal games.

City budget: Funds from the city budget to be spent on wellness. Enter on the Activity/Timeline & Budget tab.

Community activity or service: Activities, programs or events offered in the community, outside of the city’s internal wellness program. Examples of community activities include local run/walk events, dragon boat competition, Community-Supported Agriculture (CSA) program, classes at a local hospital, Weight Watchers, Heart Walk or Relay for Life. City-sponsored recreation programs also qualify as community activities as they are provided for members of the community. Charitable giving to community groups qualifies as long as the community group is sponsoring the event or activity. (Relay for Life, Heart Walk, etc.) The city holding a yard sale to benefit the food bank does not qualify, as it is an internal event sponsored by the city. Programs offered by the AWC Employee Benefit Trust to its membership are not community activities.

Creative promotional strategy (other than incentives): A creative method used to promote an activity, not the activity itself. Examples include manager challenge for participation, personal invitations, kick-off events, event-related favor (apple, candy cane, hand sanitizer, Farmer’s Market token, etc) with an invitation attached.

Cultural support (Activity type): These activities are intended to develop and maintain workplace attitudes, beliefs, values, and norms that encourage and support healthy behavior. Workplaces where health is valued support wellness program initiatives and empower employees to participate and develop healthy lifestyles. Culture support activities include: fitness centers, incentive programs, workplace policies, ergonomically designed work stations, activity clubs, healthy foods in the vending machine.

Culture assessment: An assessment or audit of a worksite’s overall culture as it relates to health and productivity. Generally speaking, culture is simply how things get done in an organization. This type of assessment collects information on employees’ attitudes, beliefs, and perceptions about health and about the organization. Such information helps you to tailor the program design to fit the workplace culture and avoid problems in the delivery phase.

Discount year: The year in which your city receives a premium discount as a reward for earning the WellCity Award. This is the year following the award year. For example, if you completed activities in 2016 to earn the 2017 WellCity Award, your discount year would be 2018.

Display: Visual or hands-on exhibit that shares information or shows how something works. Examples include a heart health display with anatomical heart module, photos of plaque build-up, and heart healthy recipes, or a nutrition table top display with fake food models demonstrating portion sizes. The AWC Wellness Library includes display items available for check out.

Employee interest survey: Interest surveys identify health topics or activities that are of interest to employees, which sometimes differ from topics identified as risks or needs. Such surveys bring employees into the planning process, increasing their sense of ownership in the program and demonstrating that the program values their ideas.

Employee safety policies: Written policies intended to prevent accidents and to protect employees in the event of an emergency. Points are not awarded for the City's Emergency Response Plan that outlines employee responsibilities to protect the community during emergencies or disasters. Examples include policies that address **100% tobacco-free workplaces, safe driving training, workplace fire safety, natural disasters safety, and workplace violence policy**. See separate glossary listings for each of these employee safety policies.

Environmental assessment: an assessment or audit of a worksite's overall physical environment and facilities as it relates to health and productivity. The assessment can be completed by the wellness coordinator, committee, or by all staff and may include questions about stairwells, safety, ergonomics, lighting, vending machines, break areas, noise levels, temperature, and ventilation.

Ergonomic work stations policy: A policy that ensures ergonomically correct workstations are provided for employees.

Evaluation: Evaluation measures program effectiveness and happens after your activities have been conducted. (This differs from assessment data, which is gathered before your activities have been planned and may be used as baseline data for evaluations.) There are three types of evaluation: process, impact and outcome. See separate glossary listings for each of these evaluation types.

- **Short term evaluation** is tied to short term objectives and usually comes from process or impact evaluations. Examples include a post-event survey or tracking participation numbers.
- **Long term evaluation** is tied to long term goals and requires more resources for tracking, record keeping and monitoring changes over time. Long term evaluation usually comes from impact or outcome evaluations. Examples include an annual review of the Health Questionnaire management report with comparison to previous year's data or tracking changes in sick leave usage over 3-5 years.

Evaluation report: An optional report that summarizes all your evaluation results in one place. An Excel template is provided on the AWC Trust website. To earn points the Excel file must be uploaded on the Documentation tab in the WellCity Award menu.

Exercise on work time policy: A policy that allows employees to exercise during paid work hours for a specified length of time daily or weekly.

External vendor: External vendors are organizations outside the city that provide programs and services. Examples include insurance plans, hospitals, YMCA, employee assistance program (EAP) provider and the county health department.

Extrinsic motivation: Acting in response to an outside influence such as the opportunity to earn a tangible reward or avoid a penalty. Motivation that comes from outside an individual instead of from internal desire. For example, employees can be extrinsically motivated to participate in a walking program if they are given a gift card for every 50 miles walked.

Flex-time policy: Allows employees to shift their work schedules, such as coming in earlier or later, or taking a lunch break at alternate times.

GINA (Genetic Information Nondiscrimination Act): Title I of this federal law places restrictions on when and how a group health plan may request genetic information, such as an individual's family medical history. Title II of this federal law places similar restrictions on employers, although certain inquiries for genetic information are permissible if made through a voluntary wellness program that meets certain conditions. Visit the AWC Trust website for more information on this law.

Grant funding: Money received from grants, including grant dollars received from the AWC Trust. Dollars count toward the minimum budget required in standard 1.2. Enter this on the Activity/Timeline & Budget tab.

Gym membership policy: A policy that defines an arrangement between the employer and a fitness club to pay or waive employee joining fees and/or a portion of monthly dues.

Healthy food options policies: Written policies that establish guidelines for making healthy foods and beverages available at city workplaces and at city-sponsored meetings and events. Examples include policies that address **vending machines**, **snack boxes**, and **healthy meetings**. See separate glossary listings for each of these policies.

Healthy meetings policy: Guidelines specify nutritional content of food and beverages served at meetings and/or require healthy options to be made available.

Healthy Vending Assessment: A formal assessment or audit of a worksite's vending machine(s) or other food-related facilities as it relates to health and productivity. The assessment can be completed by the wellness coordinator, committee, or by all staff. A sample set of healthy vending assessment questions can be requested from AWC health promotion staff.

HIPAA Act (Health Insurance Portability and Accountability): A federal law passed in 1996 which protects the privacy of individually identifiable health information and sets national standards for the security of electronic protected health information. Visit the AWC Trust website or www.hhs.gov/ocr/privacy/index.html for more information on the law.

Impact evaluation: One of three types of evaluation. Impact evaluation measures short-term observable effects over time. Common impact measures include awareness, attitudes, perceptions, knowledge, skills, behaviors, environment and resource utilization.

Individual break room policy: A policy that establishes an appropriate space and use guidelines for a private employee break room.

In-kind: Donated resources or labor. Examples: hospital provided speaker and waived usual \$150 fee, business donated gift certificate for a prize, local gym offered 50% discount on membership fee for city employees (entered on Activity/Timeline & Budget tab)

Internal champion: An individual that goes above and beyond to carry out the wellness program. A champion could be a firefighter that volunteers his time each week to perform blood pressure checks. Or an information technology staff person that helped create the wellness page on your intranet for better communication of activities. These people

may help with a specific project even if they are not members of your wellness committee.

Intervention: A wellness activity that targets a particular health risk or topic.

Intrinsic motivation: Acting from a genuine interest such as personal enjoyment, serving the greater good, or attaining a personal accomplishment. Motivation that comes from within an individual instead of from an outside influence. For example, employees can be intrinsically motivated to participate in a walking program if the program is a time to connect with their children or an opportunity to raise funds for a charity.

Item: The WellCity Award points are organized into nine standards. Within each standard are items that can be completed to earn points toward the award. Each standard includes items which are required to earn the award, as well as items that are optional. Each standard has a number (1-9), as do items (for example, 2.3, 4.5, 9.2).

Job sharing policy: An employment arrangement where (usually) two people each work part-time to perform a job otherwise held by one full-time worker.

Lactation room policy: A policy that establishes an appropriate space and use guidelines for use by nursing mothers.

Leadership assessment: A formal assessment or audit of leadership or management support for the wellness program. The assessment can be completed by members of your city's leadership team on paper or during a short in-person interview. A sample set of leadership assessment questions can be requested from AWC health promotion staff.

Management report: Comprehensive report that includes aggregate or group data from AWC's annual health risk assessment (HQ) and health screenings. Data from participants includes health risks, demographics, and estimated health and productivity costs. A statewide version is available to all members. For members with at least 50 individual participants in the Health Questionnaire (any years), a city-specific report is also available.

Member: An organization that purchases medical insurance through the AWC Employee Benefit Trust (Trust). This includes cities, towns, and non-city entities.

Menu: eWellCity is organized into seven menus: Home, Committee, Wellness Culture, Overall Program, Activities, WellCity Award, and Reports. They are listed across the top of each screen. Within each menu is a group of tabs, which further organize the information. Click on any menu name and you will land at the first tab within that menu.

Motivation (Activity type): These activities provide personalized information, the opportunity to learn concrete skills, or the chance to try a new experience or activity. This type of activity aims to change knowledge or attitudes. Motivation activities include: lectures, self-instructional programs, Health Questionnaire, demonstrations, onsite screenings, audio-visual media, web-based health resources, Healthy Decisions workshop.

Natural disasters safety policy: A policy outlining procedures to protect employees in the event of an earthquake, tsunami, or other natural disaster.

Onsite exercise facility or equipment policy: A policy that defines employee access and use of onsite exercise equipment.

Operating plan: A documented annual plan for your wellness program. To meet WellCity standards, a plan must include 7 components: mission statement, long term program goals, and for each activity short term objectives, timeline, communication and promotion strategies, and evaluation and reporting plan. Points for the operating plan (standards 7.1-7.8) are based on information entered on the Overall Program and Activity menus.

Organizational information sheet: A worksheet that gathers together your employee demographics, worksites, shifts, and average salary. The purpose is to assess and more fully understand the makeup of the employee population so that wellness activities are tailored and meet employee needs.

Outcome evaluation: One of three types of evaluation. Outcomes have long-term measureable results and are usually monitored from year to year. Common outcome measures include biometrics, risk factors, risk stratification rates, workplace culture, absenteeism and workers compensation claims.

Personal break room: A space designated for employees to use for stress breaks and to address personal health needs. Some cities refer to them as a respite room, quiet room, or individual break room.

Personal care policies: Written policies establish practices and create a workplace environment that supports employees' personal health and well-being. Examples include **individual break room policies**, **lactation room policies**, and **ergonomic work stations policies**. See separate glossary listings for each of these policies.

Physical activity promotion policies: Written policies establish practices and create a workplace environment that enable and encourage employees to be physically active, both during the workday and outside of the workday. Examples include policies that provide for **exercise on work time**, **onsite exercise facility or equipment**, and **gym memberships**. See separate glossary listings for each of these policies.

Policies: Written documents that demonstrate an employer's formal commitment to employee health. Policies may be resolutions, written declarations, excerpts from employee handbooks, or other official city documents. Developing policies to formalize current practices validates and recognizes health promotion strategies already in place.

PPACA (Patient Protection and Affordable Care Act): This federal legislation brought about comprehensive health care reform that imposed a number of new requirements on individuals, employers, insurers, and group health plans. One such requirement is the obligation of an employer with 50 or more full-time employees to offer affordable, minimum essential coverage that provides minimum value to its full-time employees (and their dependents) or risk incurring a federal civil penalty. Visit the AWC Trust website for more information.

Process evaluation: One of three types of evaluation. Process evaluation measures how well the activity or program is carried out. Common process measures include participation rates, number of activities offered, satisfaction scores and program completion rates.

Program: Your overall wellness program in the big picture sense of the word. Individual components are referred to in eWellCity as 'activities.'

Program administration (Activity type): The wellness coordinator and committee have many important tasks to accomplish in support of the wellness program which don't fit into other activity types like motivation or behavior change. It's important to document the major tasks accomplished each year to administer your program, so that these tasks are included in estimates for staff time and funding. Program administration activities include: recruiting committee members, writing a wellness grant, employee interest survey, conducting an annual evaluation, working to create or update a policy, completing WellCity award application.

Program year: The year in which your city completes activities that earn points toward the WellCity Award. This is the year preceding the award year. For example, you would complete activities in the program year of 2016 to earn the 2017 WellCity Award. Your discount year would be 2018.

Safe driving training policy: A policy requiring safe driving training or outlining safe driving practices required of any employee who operates a motor vehicle on the job.

Short-term evaluation: Is immediate. You don't have to wait for feedback; you can see it or participants can provide it in quick, simple ways. Examples: post event survey measuring satisfaction, awareness of the activity/program, satisfaction with activity or participation numbers.

Snack box policy: Documented guidelines specify nutritional content of snack box options and/or require healthy options to be made available.

Standard: The WellCity Award points are organized into nine standards. Within each standard are items that can be completed to earn points toward the award. Each standard includes items which are required to earn the award, as well as items that are optional. Each standard has a number (1-9), as do items (for example, 2.3, 4.5, 9.2).

Tab: Within each menu is a set of sub-pages, which are called tabs. Each time you click on a menu, you will be taken to the first tab within that menu. Each tab features a different set of questions or opportunities to record aspects of your program.

Technical assistance: the delivery of expert, customized support in the design, implementation, and evaluation of a workplace health promotion program, with a focus on using recognized best practices to address specific challenges, opportunities and issues. (Standard 4.1)

Telecommuting policy: Also referred to as telework. A policy providing for a flexible work arrangement in which employees perform work from home or other location.

Vending machine policy: Documented guidelines specify nutritional content of vending options and/or require healthy options to be made available.

Wellness day off policy: A policy allowing employees to earn time off for participating in approved wellness activities.

Work – life balance policies: Written policies that outline benefits or programs to help employees balance job demands with the management and enjoyment of their lives away from work. Examples include **flex-time**, **job sharing**, **telecommuting**, and **wellness day off** policies. See separate glossary listings for each of these policies.

Workplace fire safety policy: A policy outlining fire prevention practices, procedures for responding to a fire, and procedures to protect employees in the event of a fire.

Workplace violence policy: A policy outlining practices and procedures for preventing workplace violence and for responding to threats of violence and acts of violence.