



GEORGIA SOUTHERN
UNIVERSITY



EAST GEORGIA
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**FINDINGS: EMPLOYER-BASED WELLNESS
PROGRAMS, A SURVEY OF 21 COUNTIES IN
RURAL GEORGIA**

Prepared for: East Georgia College

Prepared by: Bureau of Business Research
and Economic Development
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Overview

“In an effort to help the people of Georgia live healthier lives and to reduce the burden of chronic disease and other illnesses, the Georgia Department of Human Resource is partnering with Governor Sonny Perdue and other state agencies, community-based organizations, and companies around Georgia to launch the Live Healthy Georgia Campaign.”¹ This study, part one of a two part study, finds that while companies want very much to incorporate wellness into the work place, efforts are not systematic among large rural firms and largely absent in rural firms with less than 100 employees. Phase two of the study will investigate what resources are available to rural firms and what opportunities are present for rural companies to partner with others interested in wellness to provide systematic and pro-active community wide wellness efforts.

The Bureau of Business Research and Economic Development, with joint funding from the Regional ICAPP program at the Georgia Rural Economic Development Center, East Georgia College, and Georgia Southern University, has undertaken a study to understand employer based wellness programs in 21 counties in rural Georgia. This report presents the results of two surveys of wellness programs. The first survey was a telephone survey with a random sample of smaller firms, firms with 10 to 100 employees. The firms were from 21 counties in rural Georgia. The counties were: Appling, Bleckley, Candler, Dodge, Emanuel, Jeff Davis, Jefferson, Jenkins, Johnson, Laurens, Montgomery, Tattnall, Telfair, Treutlen, Wayne, Washington, Wheeler, and Wilcox. The second survey was an interview survey of the CEOs and/or Human Resource Directors of a sample of large firms, those with more than 100 employees.

The overall finding was that management at the larger firms wanted very much to have wellness programs for their employees. These firms made efforts to provide wellness information and events, but were not able to provide the types of comprehensive efforts that would be considered a wellness program. For the small firms, it was determined that those with wellness programs were largely in the public sector and were mostly involved in health care services or education.

¹Georgia Division of Public Health, May 6, 2005, <http://health.state.ga.us/healthtopics/lhg.asp>.

Wellness as an Economic Development Issue

In the knowledge-based, global economy of the 21st Century, workers in rural Georgia are in direct competition with workers from all corners of the globe. The generally higher wages paid to U.S. workers can only be justified if workers in the U.S. are more productive than their global competitors. Productivity, measured by the value of output per employee, depends not only on the speed and efficiency of machines and equipment, but on the efficiency of workers. Human capital, the sum of knowledge and skills, of the work force is a critical factor in efficiency and therefore productivity. Gains in productivity are crucial to lowering costs, the driving force behind globalization and attaining productivity gains are an imperative if firms in rural Georgia are to remain competitive in the global market place.

Gains in the productivity of human capital arise from investments in education and investments in health. The south in general and the rural south specifically lag the nation in both investment in education and investment in health. While there has been extensive research on the economic impact of under-investment in education in rural Georgia and the south, there has not yet been extensive research on the economic impact of under-investment in health.

This study is a first step in examining the critical links between investments in health and economic development. Investments in health have a double payoff for employers. Investments in the health of children improve the educational performance of children. A better educated child is a more productive worker tomorrow. Investments in the health of those currently in the workforce reduce absenteeism due to illness and raise on-the-job efficiency. In a study by the U.S. Department of Health and Human Services in September of 2003, "Prevention Makes Common 'Cents,'" it is reported that work-site-based health promotion and disease prevention generates between \$1.49 and \$4.91 return per dollar spent. The median return on investments in on-site health prevention is \$3.14. If firms in rural Georgia are not making these investments, then these firms remain at a competitive disadvantage to their national counterparts.

With respect to the competitiveness of rural Georgia in retaining and attracting larger scale manufacturing plants, the question of support for wellness program may be critical. Larger scale manufacturing concerns are typically self-insured. Health care costs directly affect the bottom line of firms/plants which are self-insured. The wide-spread availability of information on the health of populations at the county level may in fact deter industry from selecting locations where investments in health care and wellness are low.

In short, wellness and investments in both children's health and the health of the labor force are important to the competitiveness of firms in rural Georgia. Finding ways to help firms provide affordable and effective wellness programs is important to regional economic development efforts.

Small Business Survey- Firms with 10 to 100 Employees

Table 1 shows the percent distribution of firms by size of establishment for the 21 counties in the study and the state. The distribution of firm sizes within the 21 county is not very much different from that of the distribution of firm sizes for the state as a whole. However, there are slightly more small firms, 1-19 employees, in the 21 county region than is typical for the state.

TABLE 1
Number of Georgia Establishments by County and Employment- Size Class, 2001

Counties	Total Employees	Total Establishments	Employment class					
			1-4	5-9	10-19	20-49	50-99	100+
Appling	4,653	373	51%	24%	13%	9%	2%	1%
Bleckley	3,256	192	48%	28%	11%	8%	4%	2%
Bulloch	16,382	1,244	52%	21%	15%	7%	3%	2%
Burke	5,478	332	50%	22%	16%	7%	2%	3%
Candler	2,434	206	44%	22%	18%	12%	1%	2%
Dodge	3,667	369	55%	23%	13%	6%	3%	1%
Emanuel	5,044	408	53%	23%	14%	6%	2%	2%
Evans	3,995	239	53%	22%	11%	9%	3%	2%
Jeff Davis	4,548	300	52%	23%	14%	5%	2%	3%
Jefferson	4,455	345	52%	21%	16%	6%	2%	2%
Jenkins	2,057	145	63%	20%	9%	3%	3%	3%
Johnson	1,406	141	60%	18%	14%	4%	1%	3%
Laurens	17,239	1,051	51%	22%	13%	9%	2%	3%
Montgomery	1,148	105	58%	15%	12%	10%	3%	1%
Tattall	2,809	296	57%	21%	12%	7%	3%	1%
Telfair	3,639	242	60%	22%	8%	6%	2%	2%
Treutlen	786	90	60%	27%	2%	7%	4%	0%
Washington	6,636	390	50%	21%	14%	7%	5%	3%
Wayne	7,403	526	52%	24%	13%	7%	3%	2%
Wheeler	1,013	75	55%	21%	12%	8%	1%	3%
Wilcox	640	105	57%	27%	13%	0%	3%	0%
Total	98,688	7,174	53%	22%	17%	7%	3%	2%
Statewide	3,498,583	202,505	54%	19%	12%	9%	3%	3%

Source: U.S. Department of Commerce, Bureau of the Census, County Business Patterns, Georgia, 2001.

Employing the Reference USA database, a comprehensive listing of all firms with 10 to 100 employees was assembled for: Appling, Bleckley, Burke, Chandler, Dodge, Emanuel, Evens, Jeff Davis, Jefferson, Jenkins, Johnson, Laurens, Montgomery, Tattall, Telfair, Treutlen, Wayne, Washington, Wheeler and Wilcox. Before selecting a random sample of firms for the survey, duplicates were eliminated. For example, the region has several major chain restaurants and stores, e.g. McDonald's, Dollar General, etc. It is likely that policies for wellness will be duplicated between stores based on national criteria. Hence, multiple representations of these firms would have amounted to multiple representation of policy.

The list with unduplicated chain restaurants and stores was then divided into two groups: firms in counties with a hospital; and, firms in counties without a hospital.² A random sample of 30 % of the firms from each group was selected for interview by phone. The sample consisted of 35 firms from the counties with no hospital and 415 firms from counties with a hospital.

The questionnaire consisted of four questions:

1. How many full-time employees do you have and how many part-time employees?
2. Do you provide health insurance to full-time and/or part-time employees?
3. Do you have any wellness program (excluding wellness benefits provided under your insurance?)
4. If compensated for your time, would you be willing to complete a three-page questionnaire on health care costs and wellness?

On question three, we guided the conversation so that the respondent understood that we were seeking information about work-site wellness activities.

Table 2 shows the results of the survey of firms with 10 to 100 employees. Of the 450 firms called, 162 or 30% completed the questionnaire, 243 refused, 17 were bad numbers and 28 did not answer after three calls.

² Johnson, Montgomery, Treutlen and Wilcox counties have no hospital. These counties had only 116 firms meeting the criteria of 10 to 100 employees.

TABLE 2
Aggregate Survey Results

Average Number of Full-Time Employees	Average Number of Part-Time Employees		Full-Time Benefits	Part-Time Benefits	Wellness	Questionnaire
21	4	Yes	104	11	30	61
		No	56	111	130	98
		Avg % Yes	65%	9%	19%	38%

Without County Hospital

Average Number of Full-Time Employees	Average Number of Part-Time Employees		Full-Time Benefits	Part-Time Benefits	Wellness	Questionnaire
27	5	Yes	10	0	1	11
		No	7	11	16	6
		% Yes	59%	0%	6%	65%

With County Hospital

Average Number of Full-Time Employees	Average Number of Part-Time Employees		Full-Time Benefits	Part-Time Benefits	Wellness	Questionnaire
21	3	Yes	94	11	29	50
		No	49	100	114	92
		% Yes	66%	10%	20%	35%

Phone Calls Statistics

Accepted	Refused	Bad Number	No Answer (after 3 calls)	Call Backs	Total Called	% Complete
162	243	17	28	0	450	100%
36%	54%	3.78%	6.22%	0%		

Business Types with Wellness Programs

Business Type	Count	% of Total
Health	16	53%
Government	5	17%
Education	4	13%
Other	5	17%

Preliminary Conclusions

Approximately 65% of respondents (66% in counties with hospital and 59% in counties without hospitals) offered health insurance to employees. Only 19% offered wellness programs (20% in counties with hospitals and 6% in counties with no hospital). Of the firms offering wellness programs, 53% were health care oriented businesses and another 30% were government or educational establishments.

It is encouraging that 65 % of the firms offer employees health insurance, but it was clear from the survey that wellness programs are not offered by smaller firms.

Executive Survey - Firms with More Than 100 Employees

Health Promotion and Wellness programs have enormous value to employers and employees alike. The obvious benefit for employees is increased health, either by prevention or by attentive maintenance of chronic conditions. The employer not only has a healthier workforce, but benefits from a lower rate of absenteeism, increased productivity, and, ultimately, increased profits. As the workforce ages, more attention is focused on health and wellness so that loyal, productive employees can be retained for as long as possible. Worksite programs may consist of exercise, education about disease prevention and management, nutrition and other health related issues.

To appreciate the concept of worksite programs focused on wellness, one must understand several definitions. Wellness may be simply defined as the process of being aware of and actively working toward better health.³ Wellness programs have been defined as an organized set of activities designed to help employees and their family members adopt voluntary behaviors which help reduce their health risks and enhance their performance.⁴ As a baseline, executives interviewed were asked to define a worksite wellness program. The following responses clearly reflect all the components found in most literature on health promotion and wellness programs.

- *Accurate information and formal education programs promoting healthy habits, e.g. fitness, nutrition, disease prevention and mental health;*
- *assistance in locating prevention and health maintenance resources;*
- *help in understanding diseases, illnesses and conditions;*
- *screening for employees;*
- *assisting employees to maintain health and fitness, e.g. morning/shift start stretches;*
- *clinics and/or a health facility on site; and*
- *online information.*

This interviewer found that all executives interviewed were very familiar with the concept and reality of the provisions and benefits of worksite wellness programs. Refer to appendix A for a copy of the Wellness Program Survey along with aggregated responses.

The Health Promotion and Wellness in the Worksite Project

Interviews with Executives

The joint Georgia Southern University Bureau of Business Research and Economic Development, the East Georgia College ICAPP initiative and the East Georgia Health Cooperative have sought to quantify the number of health promotion and wellness programs located in businesses and manufacturing throughout a 22-county area. In this regard, three levels of research were proposed. A phone survey would be conducted with businesses and public agencies having fewer than 100 employees. Face to face interviews would be held with

³ Health Promotion: Sourcebook for Small Businesses. Hunnicutt, David, PhD, Angela Deming, Bill Baun, FAWHP and Edward Buffet. Wellness Councils of America. 1998.

⁴ Small Employers: Options for Implementing Wellness. Chapman, Larry, MPH. Summex Corporation. 1996.

employers of 100+ employees throughout the area. Finally, a focus group of employees was proposed to gather their opinions and input on health and wellness. This report includes findings from the face to face interviews.

Fifteen executives of randomly selected manufacturers, public entities, distribution centers, health care providers, corrections, and food vendors were interviewed throughout the 22-county service area of the total Wellness and Health Promotion Project. Initially, a comprehensive listing of all employers was researched. A total of 169 employers of 100+ employees were found to be present in the targeted area. The list was stratified by industry, as a representation from all industries was sought. Further stratification included whether the individual business was public or privately held, a local or branch of a business, or an outlet of a larger corporation. Though location was important, there was no deliberate attempt to group interviews in a concentrated area or to spread the interviews to most counties. The goal was to gather information from a true cross section of mid to large employers. One of the selected employers chose not to participate, while the remainder of those contacted for an interview graciously consented.

The following is a profile of the interviews of the company's executives:

- Companies/manufacturers opened local shops, plants or branches from the 1920s until 2000. Most facilities began operation in the 1960s and 1970s. Of the group of 15, only 3 plants had been built since 1980.
- Nine companies included in this phase of the study are branches of larger corporations or businesses. Six are locally owned and operated.
- Companies included in this aspect of the total study employ 8,007 employees or an average 534 per facility.
- The number of women employees ranged from 9% in one company to a high of 85% in another. Only one company had an almost even split of women and men. Seven companies had fewer than 50% women employees, while seven companies had in excess of 50%.
- Racial breakdown was as follows:
 - Ranges for the 15 companies were from 10% white employees to a high of 80%.
 - Less than 50% of the employees were white in 8 of the companies, while 6 employers had more than 50% white employees.
 - Eight companies reported fewer than 50% African American employees, while five reported greater than 50%. The range was from 20% to 90%.
 - One company had an almost even distribution of white and African American employees, (no other races were mentioned by this employer).
 - Three employer worksites had significant Hispanic populations with one company employee base of 40%.
 - Seven companies employed a few Asian workers.
 - Only 4 of the 15 employers (27%) have any part-time employees. Most hire only full-time employees.
- By far, most employees are paid by the hour. Only one employer had fewer than 50% as hourly employees.

- The distribution of employees under the age of 40 was interesting. A total of 3 companies indicated that their employee base is almost evenly split with 50% over the age of 40 and 50% below. Five of the companies indicated that from 45% to 70% of their employees are under the age of 40.
- Few employees work the second or third shifts for those companies who operate more than one shift.
- Five companies have 1-4 employees working at least half their hours offsite.
- Ninety-three percent (93%) or 14 of 15 employers had in excess of 50% blue collar workers. One company reported an almost even split in blue and white collar workers.
- Three companies have union employees. Two report that all employees are union members, while eleven report no union members.
- Almost all companies offer employer-paid health benefits to employees. There is usually a probation period after hiring, after which the employee is covered. Several companies co-pay the premiums with employees, so the cost is shared.

Health and Wellness Programs

The findings of this research show that 2 of the 15 employers have formal health and wellness initiatives. Most manufacturers have onsite Safety Committees; however, there were no reported Wellness Committees. When asked why no formalized wellness was present, one executive responded: *Our employees come to work, work hard all day and they are anxious to leave when their time is up. They are not interested in either staying here to listen to information on health education or to work out. They just want to go home.*

The formal health promotion and wellness initiatives consisted of periodic, though not necessarily regularly scheduled, screenings, with blood pressure, blood sugar, cholesterol screenings the top three. Any onsite face to face programming is usually conducted by the plant nurse, if one is present. (Four of the employers do employ plant nurses, either part time or full time.) The 2 employers reporting formal initiatives primarily employ the use of a web-based, multifaceted program available at the work site in kiosks or through employees' home computers.

Almost half of those interviewed either keep health usage employee records or have access to the aggregate information through their insurer or TPA (Third Party Administrator). HIPAA regulations prevent the release of individual information; therefore, that data is not available. All those interviewed indicated no problem with over-usage of health services paid for by insurers. Only one executive had some concern about the possibility of over usage since premiums and payments for usage are deducted first in a calculation of the year's earnings. Several companies are self-insured and interviewees expressed a similar concern.

When asked about any physical hiring requirements, by far, the number one criterion is the lifting of a certain weight (ranging from 40 to 100 lbs). Other requirements included: an annual physical, a drug test, certain equipment operations and/or special operators' license, completion of a health questionnaire and hearing and vision screenings.

Worksite hazards, though ameliorated as much as humanly possible, included dust, equipment, needle sticks, lifting, noise, certain chemicals, repetitive motion injuries (certainly the most common hazard in those interviewed), ink, lacerations, eye injuries, and common manufacturing injuries.

Community Hospitals

Most interviewees felt that the local hospital made certain contributions to the community and their business. The most common statement was that the hospital is a partner primarily in time of emergencies. Little regular interactions exist or are reported by these employers. In several instances, the local hospital has assisted with onsite health fairs or individual screenings such as drug testing. One community has a strong relationship between the hospital's fitness facility and businesses/manufacturers. Specifically, employees of member institutions are given membership discounts when they join the hospital-based facility. On the other hand, one executive reported that the local hospital does not contribute at all to employees' wellness and employees who are hospitalized in an emergency are usually transferred to a larger facility as soon as possible. Clearly, the lack of interactions and partnering for community and employee health is a major drawback for employers. Joining together to further the health of all community employees is a win-win situation and one that should be pursued everywhere.

Health Education Onsite

When asked about regular newsletters on health or newsletters containing health information, 66% of the employers interviewed answered affirmatively. Seven of the fifteen indicated that they do distribute health education publications or materials, such as pamphlets from the American Heart Association, the American Cancer Society, and similar health organizations. These are usually provided by the TPA (Third Party Administrator) or health insurer for distribution to employees. One of the employers stated that onsite health education is offered by a health professional, while five reported that health care advice is offered at the worksite. This latter occurrence is usually given by the plant nurse or, in one instance, the onsite physician.

Fewer than a third of those interviewed reported the use of formal health messages through videotapes or other media on any of the following topics: nutrition and weight management, physical fitness and/or exercise, anti-smoking, or stress management.

Health Insurance

All companies offer health insurance coverage, while 11 pay for annual physicals.

Nutrition

Every location has vending machines. Seven have onsite or next door cafeterias for employees. Water is provided to all employees. Some executives interviewed indicated that healthy foods are provided in the break room vending machines, while one executive said: *We put apples and other fruit in the vending machines...and they rotted. No one was interested in those options.* So, they discontinued the fruit and included chips and crackers. Twelve of the group provide 100% fruit juices in the vending machines and cafeterias. Half of the locations provide low fat snacks and fruit, though fruit is found in only one vending machine. Unabashedly, one third of those interviewed stated that they do not provide healthy food options, while the other two thirds

do. Only 2 employers reported that they held classes on weight management and/or nutrition over the past 12 months.

Physical Fitness

No worksite policies were reported to contain any verbiage on physical fitness or activity. Three of those interviewed indicated the presence of onsite exercise or fitness facilities. Three others have formal agreements with community fitness facilities for employee discount memberships.

The parking lot is the most prevalent option for recreational walking during lunch or other work breaks. Employees do take advantage of those times to walk as exercise outside the plant/building.

Two thirds of those interviewed do not have physical activity-oriented programs. The others cited the use of stretches prior to a shift as an organized physical activity that helps prevent injury.

Smoking

Eleven companies reported a written policy on smoking. Any violation of this policy uniformly results in termination/dismissal, and cases were cited. In three facilities, a total ban on smoking is in effect. That simply means no one can smoke on company property. In one instance, the adoption of this rule led to many employees quitting the habit. Most employers, however, report that smoking is allowed on the premises, though not in the building. Smoking, in those instances, is in designated areas. Smoking cessation classes have been offered over the past year in a third of companies. One company executive reported that there is now a surcharge on health insurance premiums for anyone who smokes. No companies provide onsite access to tobacco products.

Other Findings

- One third on those interviewed indicated that a health risk appraisal was provided to employees over the past 12 months. Screenings were more likely to have occurred.
- Ten of the fifteen companies have employee assistance programs, while 12 have a formal grievance procedure, commonly known as the Open Door Policy.
- Eleven of the groups have organized social events that are open to all employees and, in many cases, their spouses or families. These activities range from Christmas dinners to summer picnics to actually having one or more sport teams of employees participating in community sports programs.
- All companies have break rooms in which employees can eat, rest, or visit with fellow employees.

Preliminary Conclusions

Though everyone interviewed understood the benefits of a wellness program for employees, few indicated that one was in the immediate future. The economic woes felt by so many companies throughout the country were clearly evident in many of the conversations. The focus is on either maintaining or attaining maximum production and/or financial stability. There is understanding that, in the long run, everyone benefits from more attention to employee's health. However,

either the lack of time or funding provides significant roadblocks to many. Almost everyone interviewed acknowledged the importance of such an undertaking and related ways in which they are currently supporting the health of their employees. A few apologized that there is no wellness program for employees, citing inability to gather resources to make it happen.

In listening to comments about local hospitals and their lack of ongoing partnerships, this interviewer felt that a strong opportunity exists for the company and the hospital in each community to work together to address prevention and health maintenance issues at a minimum, and out-patient care or clinics at a maximum. Every community benefits from a healthy populace. As small rural hospitals continue to experience financial woes, partnering within the community can provide benefits in a myriad of ways.

An aging workforce is well recognized as a part of the worksite landscape in rural areas. The findings of this phase of the study did not uncover any deviations from this trend. Many of the employers have employees who enjoy longevity, offer loyalty, and are productive. Employers need these employees as they experience greater competition. Wellness programs are but one of the keys to retaining a productive and loyal workforce for many years to come.

The issue of nutrition is a complex one. Southerners have, for generations, filled nutritional foods with fat and salt, making the foods not only non-nutritional, but a source of illness in the making. Employees of the employers interviewed are no different. Employers in many cases attempt (or have attempted) to make nutritional and healthy foods available. However, employees most often are not interested in the alternatives. There are exceptions, of course; but, for the most part, the fruit just rots. Again, there is an excellent opportunity for education and intervention from local health providers such as a community hospital. Stroke and diabetes alone are very problematic in South Georgia.

Clearly, there is a lot of work to do to support employers and employees with the tools to either prevent adverse health conditions or to maintain good health. The caveat is to develop these programs and services either at no cost or on a very tight budget. Most employers will welcome such a partnership.

Overall Conclusions

The prevention agenda articulated by the U.S. Department of Health and Human Services, Healthy People 2010, has set two goals with respect to workplace wellness efforts. The first goal is for most employers, 75%, regardless of size to offer a *comprehensive* employee health promotion program. The second goal is to have most employees, 75%, participating in employer-sponsored health promotion activities. The findings of this study suggests that with just five years left to achieve these goals, most of the work to achieve work-site wellness programs remains to be done in rural communities.

Interviews with executives of firms with more than 100 employees indicated that they:

- *Understood the benefits of wellness programs;*
- *were aware of the implication for health and wellness of an aging workforce;*
- *had made efforts to provide wellness events and information; but,*
- *none had what could be described as a systematic and on-going wellness program.*

In the discussions with the executives, it also emerged that there were few examples of partnerships with hospitals and other health care services on which firms could build wellness programs.

With respect to smaller firms, firms with 10 to 100 employees, wellness programs are largely non-existent. The exception is public sector businesses such as health care and education institutions. These findings have suggested that in phase 2 of this study we should focus on what resources are available in rural communities to support work-site wellness programs and if or how can partnerships be created to support the need for work-site wellness programs.

Appendix A



Wellness Program Survey

Employers, CEOs, Human Resources Directors Questionnaire re: Workplace Wellness Programs

Name of Business:	Branch/Local	# Employees
<p>How would you define a worksite wellness or health promotion program?</p> <p>An accurate informational and formalized education program promoting healthy habits, e.g. fitness, nutrition, disease prevention, and mental health; offering assistance in locating prevention and health maintenance resources; understanding illnesses and conditions; access to wellness checkups; discounted fitness facilities; educating about health indicators and screenings for employees; providing time and support to employees to help them maintain health and fitness, e.g. morning stretches; lunch and learns, challenges and intervention information online, choices and tiers of health insurance/options; screenings, preventive messages; clinics on site; fitness facility onsite</p>		
<p>Is there a company wide wellness or health promotion statement or policy? If yes, please describe</p>	<p>Yes: 2 Safety Policy: 2</p>	<p>No: 11</p>
<p>Does you have a wellness committee? Note: most work sites have a safety committee No: 15</p>		
<p>If no, please state reason: HR does the health promotion activities, onsite nurses take the responsibility; never thought of it; no time; corporate driven program; web based program</p>		
<p>Do you have a formal wellness or health promotion program? If yes, please describe. Screenings and educational programs, services such as flu shots, availability of plant nurse</p>	<p>Yes: 2</p>	<p>No: 13</p>
<p>Does you have a person responsible for providing, supervising or coordinating health promotion or wellness program delivery? No: 10 Who? HR Dept (1); part-time or fulltime Plant Nurse (4)</p>		
<p>Do you have a plant nurse or physician?</p>	<p>Yes: 7 Two have 2 nurses; one has 8 RNs</p>	<p>No: 8</p>
<p>Do you keep records on usage of health care providers, e.g. emergency rooms, excessive visits to physicians/hospitals/clinics, chiropractors?</p>	<p>Yes: 7</p>	<p>No: 8</p>
<p>Is there a problem with over usage?</p>	<p>Yes</p>	<p>No: 15</p>
<p>How do you address any over usage of health providers? N/A</p>		

What are your physical hiring requirements, e.g. lift a certain weight, obesity?			
Must lift 40 lbs., CDL annual physical, drug test, equipment operations, climb stairs, company physical prior to employment, must lift 35 lbs.; physical exam; lifting according to job requirements; health questionnaire; lift 50-100 lbs., vision and hearing screening			
Are there worksite hazards that may impact the health of your workforce? Yes: 11 No: 3			
Please describe: kaolin dust (2), equipment (2), needle sticks, lifting, noise, chemicals, repetitive motion (3), typical manufacturing facilities hazards for which we plan; ink; chemicals; lacerations; eye injuries; miscellaneous injuries			
Please indicate any or all of the following information provided to support health promotion in the worksite.			
Within the past 12 months, what type health promotion activities have taken place for your employees?			
10 Newsletter on health (e-newsletter) 7 Health Fair 1 Onsite education offered by health care professionals 5 Personal Health Advice from health care professional (other than physician office visit) 7 Publication and/or distribution of health educational materials 4 Follow up with persons who have been absent 1+ weeks			
Within the past 12 months, did you offer health messages to employees through pamphlets, brochures or videotapes?			
4 Nutrition and/or weight management	3 Physical fitness and/or exercise	5 Anti-smoking educational materials	4 Stress Management
Other: Note: Lithonia Lighting and Wallace Computers/R. Donnelly use the internet for most of its educational programming. Employees can access at will.			
Does you offer health insurance coverage?	15 Yes	<input type="checkbox"/> No	
Does your health insurance pay for an annual physical exam?	11 Yes	4 No	
If wellness program, how does it affect your insurance coverage or work comp rates? Discounts?			
Decreases usage Charges for usage come from site revenues Self insured, affects our bottom line			
Food and Nutrition			
Not including the food brought to work, is food available to employees during working hours?			
7 Cafeteria	15 Vending Machines	<input type="checkbox"/> Coffee Shop	Other
What healthy food options are available at the worksite? Gatorade, low fat snacks			
6 Skim, 1%, or 1% chocolate milk	15 Water/flavored water	12 100% Fruit juice	8 Low fat snacks
Does you provide labels to identify the healthier food choices available?		<input type="checkbox"/> Yes	15 No
Does you work to make healthy food options available to employees?		10 Yes	5 No
During the past 12 months, did you offer classes, workshops or lectures on nutrition or weight management?		2 Yes	13 No
Describe			

Exercise and Physical Activity		
Does your worksite have a written policy to support exercise or physical activity of employees during work time (e.g. flexible work schedules, breaks, lunch period to engage in physical activities)? <input type="checkbox"/> Yes 15 No		
Is there any exercise fitness facility available to the employees at the worksite? 3 Yes 12 No Describe:		
Does your worksite offer physical activity-oriented programs (walking club, stretching, or aerobics) to employees? 5 Yes 10 No Describe: Stretches before shift; monthly activities (currently the Spring Fitness Challenge)		
Does your worksite have a corporate agreement with a health club or gym to offer the employees discounted or subsidized memberships? Describe:	3 Yes	12 No
Does the worksite have a place for recreational walking? Parking lot for most	10 Yes	5 No
Does your worksite promote or encourage the use of stairs onsite?	<input type="checkbox"/> Yes	15 No

Tobacco Use/Smoking		
Does your worksite have a written policy about smoking or tobacco use at work? Are there disciplinary measures for violation? Describe: Termination	11 Yes	4 No
Please indicate your rules about smoking at the worksite: 2 There is a partial ban on smoking (designated areas for smokers in the building); 10 Smoking is allowed on the premises, but not in the building. 3 There is a total ban on smoking throughout the premises.		
Over the past 12 months, did you offer any smoking cessation programs? Note: There is a surcharge on health insurance for smokers in two interviews.	6 Yes	9 No
Do the employees have an opportunity to purchase tobacco products at the worksite from vending machines, on-site vendors, vendors who come to the worksite or any other source? <input type="checkbox"/> Yes 15 No		
Preventive Health Screening		
Over the past 12 months, did you provide health risk appraisal (a general assessment of health) for employees?	5 Yes	9 No
Over the past 12 months, did you offer any health screenings to employees? 9 Yes 6 No Which screenings? 7 Blood pressure 5 Cholesterol 0 Physical Fitness Tests 2 Body fat or body weight 1 Periodic health or physical exam 1 Diet or nutrition evaluation 5 Blood sugar screening Other: 1 Blood Test 1 Hearing Test 1 TB Test 1 Test for Hepatitis		

