

WELL @ WORK: A PILOT PROJECT TO INTRODUCE WORKSITE WELLNESS PROGRAMS TO GREATER LOUISVILLE

Developed and Conducted by the Kentuckiana Health Alliance Fitness & Hypertension Taskforce under the Auspices of the Community Healthcare Initiative in the Louisville Metropolitan Area and sponsored by The United Auto Workers (UAW) and Ford Motor Company

Currently, Americans spend 16% of their gross national product (GDP) on health care. Experts predict this to rise to nearly 20% by 2015. In dollars, this represents \$2.1 TRILLION in 2006 and \$4.1 TRILLION in 2015. The magnitude of this spending can be captured in other terms (1):

- In 2004, health care spending was 4.3 times higher than spending on national defense.
- Despite devoting 16% of the GDP to health care, nearly 47 million Americans are uninsured. In contrast, all other industrialized countries spend much less of their GDP and some also provide universal health care, e.g. Germany (10.7 %), Canada (9.77 %), and France (9.5 %).
- Employer-based health insurance premiums have risen four times faster than workers' earnings over the past six years. In 2006 alone, premiums rose 7.7%, twice the rate of inflation. Workers now pay \$1,094 *more* in annual premiums for family coverage than they did in 2000.

A number of factors contribute to the continued rise in national health care spending. Many are imbedded in the complex processes and choices by which Americans provide and receive care. Recently, communities, employers, and citizens have begun to recognize one avenue to control spending: lower the rate of chronic disease by changing the behavioral factors that influence them.

Chronic Diseases and Behavior

Health care for people with chronic diseases accounted for 75% of the nation's total health care cost in 2004. Adjusted to the year 2000 population, these five chronic diseases caused 66.7% of the deaths in the U.S.: heart disease, cancers, stroke, chronic lower respiratory disease (including asthma), and diabetes. In Kentucky, these diseases caused 68% of deaths (2).

Behavior contributes significantly to the development and progression of many chronic diseases. Poor diet, lack of regular exercise, and smoking are considered the most important contributors to preventable disease and premature death in the U.S. (3).

Obesity - Poor Diet and Lack of Regular Exercise

Obesity is a direct result of poor diet and/or lack of regular exercise. It promotes a number of chronic diseases including cardiovascular disease, type 2 diabetes, several types of cancer, musculoskeletal disorders, sleep apnea, and gallbladder disease (4). Physically inactive people are almost twice as likely to develop heart disease as active people (3).

The national prevalence of adult obesity was 25.6% in 2006 (5); in Kentucky, it was 28.6% (6). Both figures are expected to continue to rise.

In 2002, the total medical cost of obesity was \$117 billion, \$61 billion in direct costs and \$56 billion in indirect costs. This represented 9.1% of annual health care spending and rivaled that attributable to cigarette smoking. (7).

Cigarette Smoking

Cigarette smoking causes more preventable disease and death in the U.S. than any other single factor. It is a major contributor to heart disease, stroke, lung and other cancers, and chronic lung disease (3).

Nationally, smoking in the U.S. declined to a low of 20.8% in 2006 (5). Kentucky, however, ranked 49th among the states with a prevalence of 28.7% (6).

A 1999 study published in JAMA (the Journal of the American Medical Association) offered further proof that low physical activity, obesity and smoking were associated with increased health care charges and work-related problems. It suggested that interventions be considered to reduce these risk factors (8). A 2006 study confirmed that smokers cost employers more in both direct and indirect costs than do former smokers and nonsmokers (9).

Although behavior is often viewed as a matter of personal choice, it is strongly influenced by other factors, including family, culture, environment and the individual's work situation (3). Workplace wellness programs are specifically designed to change those behaviors that lead to disease and/or exacerbate existing diseases or conditions.

Workplace Wellness Programs The Business Case

The Washington Business Group on Health has developed a 40 page guide to help employers develop and implement health and preventive services and tailor them to their employees. They offer these supportive arguments (10):

- Employers often bear the direct costs (i.e. increased insurance premiums based on increased medical claims) and indirect costs (e.g. absenteeism, low productivity, etc.) of diseases, disorders and conditions that could have been prevented or more effectively treated by behavioral and/or clinical interventions.
- Prevention efforts improve health. Prevention efforts increase productivity. Prevention efforts reduce costs.
- Experts believe that reducing high-risk behavior and maintaining low-risk behavior could potentially reduce medical claims by a third.
- Studies show that employers who have implemented prevention programs for cardiovascular disease have seen, on average, a
 - 28% reduction in sick leave
 - 26% reduction in health care costs
 - 30% reduction in workers' compensation and disability costs.

Award-Winning Wellness Programs

The Health Project is a program developed at Stanford University and originally chaired by former U.S. Surgeon General, C. Everett Koop, MD. It seeks out, evaluates, promotes and distributes wellness programs that have proven effective in influencing both personal health habits and the cost effective use of health care services (11).

Since 1994, the Project has bestowed the Koop National Health Award to 41 worksite programs across the country include such well-known firms as L.L.Bean, Dow Chemical Co., the San Jose Fire Department, Citibank, and UAW-GM. See the Project website (11) for detailed descriptions of the programs and their results.

Workplace Wellness in Kentucky

Get Healthy Kentucky is a program from the Commonwealth of Kentucky that advocates for worksite wellness. In support of the above messages, it offers employers assistance in setting up wellness programs in their workplaces (12). See their recently updated website.

The Kentuckiana Health Alliance

The United Auto Workers (UAW) and Ford Motor Company launched the Community Healthcare Initiative in the Louisville Metropolitan Area, in 2001, to improve the health of the community. It focuses on cost reduction through efficient and appropriate service delivery, and improvement of health status, health services, and development of a community culture of best practices.

The Initiative developed close cooperation between community entities who have a major stake in improving health care. To coordinate this effort, the Kentuckiana Health Alliance (KHA) was formed, comprised of representatives from those community groups. Representatives came from unions, employers, hospitals, physicians, health plans, government, schools and universities and other health-related organizations.

The KHA includes a Steering Committee and three task forces. Directors of the UAW/Ford Community Health Care Initiative convene their meetings. Members of the Kentuckiana Health Alliance Fitness & Hypertension Taskforce are listed in Appendix A.

***Well@Work* Pilot Project Overview**

In 2004, the Kentuckiana Health Alliance Fitness & Hypertension Taskforce developed the *Well@Work* pilot project with two goals in mind:

- 1) to engage and assist local businesses in developing an intensive, worksite-based, employee wellness program; and
- 2) to determine whether such programs would produce positive results for participating employees and their employers.

The Taskforce suggested that employers create programs to address the specific health risks that were identified in their company's health risk assessments. Consequently, most employers focused on three specific behaviors: good nutrition, increased physical activity, and smoking cessation, which are recognized methods for reducing levels of obesity, diabetes, and hypertension.

Procedure

Participants

The Taskforce mailed announcements to 115 worksites in the greater Louisville Metropolitan area, (including Southern Indiana), inviting them to participate in the *Well@Work* pilot project. Seven companies agreed to participate. Ranging in size from 30 to more than 2000 employees, these organizations included two medical service providers, two non-profit membership service organizations, a university, a supply purchasing company, and a food processing plant.

Each signed a participation agreement that listed eight requirements.

- Identify a Contact Person (CP) for the project
- Enroll a minimum of 10% of employees in the project.
- Provide an employee team to lead efforts at the worksite.
- Conduct a health risk assessment (HRA) at the beginning and the end of the project.
- Provide a qualified professional to measure participants' blood pressure at the beginning and end of the project.
- Share initial and final aggregate HRA data with the Kentuckiana Health Alliance and enable a final, summary report.
- Agree that the data would not provide personally identifiable information.
- Provide a one-page description of the activities offered and the participation rates in each.

In addition to the HRAs, the Taskforce encouraged employers to complete the Wellness Inventory, (also known as the Work Productivity Short Inventory), which helps organizations to gather information about the impact of medical conditions on their absenteeism and decreased productivity rates. Further, it helps employers evaluate the overall impact of these medical conditions on the financial health of their organizations (13).

Process

To start the project, a team from the Kentuckiana Health Alliance Fitness & Hypertension Taskforce visited each worksite to discuss the company's interests and resources with the contact person. The team offered environmental scans to assess the worksite lay-outs of participating organizations, at no charge, and they encouraged the development of worksite wellness committees designed to represent the demographics and divisions of the organization. These committees would assist the company in developing a specific plan to be in accord with the employers' goals and resources.

The Taskforce signed two professional worksite vendors, KC WELLNESS, INC. and Occupational Health Solutions, to conduct the HRAs, produce a Personal Wellness Profile (14) and assist in the design of individualized wellness plans for each participant. The vendors participated at a special fee, available only for this pilot. In preparation for the launch of their *Well@Work* project, each organization publicized its new wellness plan and encouraged employee participation.

During the opening week of the project, the vendors gave each participating employee a beginning health risk assessment (HRA) to assess their health status, including height, weight, blood pressure, dietary, and exercise habits. For an additional fee, glucose and cholesterol levels would be measured. All but one worksite participated in the lab tests.

To safeguard individual identity, the results of the HRAs and laboratory data were presented to employers in aggregate. This Executive Summary prioritized risk factors and recommendations for health improvement programs. A projected dollar amount for potential cost avoidance was included. The population's "readiness to change" was reported to assist the company in wellness program design. Individual employees were sent confidential results of their health risk assessment together with recommendations for risk reduction.

At the end of the one-year project, the vendors repeated the HRAs and optional laboratory measurements. This second data collection allowed for a comparison of pre-and post-intervention data.

Activities

Employers identified their priorities and chose the available activities that they thought would best address these issues. Activities differed among the worksites although each focused on the goals of better diet, increased physical activity, and managing hypertension. Each of the worksites implemented a variety of wellness interventions, including: more nutritious food offerings in vending machines and meetings, walking programs, health education opportunities such as, lunch and learn programs, weight loss programs and competitions, employer subsidized gym membership, health fairs, and financial and promotional incentives for program participation.

Costs

Estimated costs ranged from \$600- \$6000/year depending on the company's interests and resources and the number of participants. Vendors provided a health risk assessment (HRA), a confidential individual report, and an executive summary for a special rate for this pilot only of \$20 per person. They also provided laboratory glucose and cholesterol tests at an additional \$20 per person. Pfizer Inc. contributed financial assistance on a limited basis for HRAs only, with a maximum of 50% of the costs to be funded for up to \$1500 per year. In addition, Pfizer Inc. donated the Wellness Inventories and their analyses. The Taskforce urged companies to fund the project themselves. Thus, many companies provided wellness interventions, such as walking clubs and creative competitions, at no cost to their employees.

Additional Services

The Taskforce provided each worksite with the following:

- 1) A resource book that included worksite wellness programs, wellness literature, and resources.
- 2) Assistance in identifying specific interventions that would address particular issues of the worksite and/or budgetary conditions.
- 3) Monthly newsletters on worksite wellness as well as other beneficial information as it became available.
- 4) Assurance of prompt availability and support by telephone and/or email.

In the middle of year one, the Taskforce set up a small conference in which representatives of the worksites could meet each other. This provided the Taskforce and the worksites an opportunity to discuss their successes and their challenges and to share best practices with one another.

Results

The *Well@Work* project set two major goals: 1) To enroll and maintain five to ten businesses in the Greater Louisville Metropolitan Area in a project to develop and conduct individual worksite wellness programs; and 2) to demonstrate that well-designed worksite wellness programs can lead to positive changes in measures of health for the participants.

Goal One

Well@Work met its first goal. It successfully engaged and assisted seven businesses in the Louisville Metropolitan Area to develop and implement individual worksite wellness programs for their employees. Seven companies completed the baseline HRA. Six companies completed the final HRA. Five companies completed the final HRA within the designated time frame to include their data in the results. The results of the project are reported below.

Well@Work Results

<i>Well@Work</i> Overall Participation	Beginning HRA	End HRA
Number of Companies Participating	7	5
Employee Population	3592	1142
Participating Employees	460	256
% Employees Participating	13%	22%
<i>Well@Work</i> Comparison of Participants from Beginning HRA to End HRA During 12 Month Period	Beginning HRA	End HRA
Employees Participating Both Years	163	163
Men	35	35
Women	128	128
Average Age	42.7	43.7
Average Health Age	42.7	43.1
Average Achievable Health Age	37.6	38.6
% Showing Need for Making Nutritional Changes	88%	75%
% Having Higher Cancer Risk	77%	69%
% Showing Need for Improving Fitness Levels	66%	60%
% Above Recommended Weight Range	61%	59%
% Having Moderate to High Coronary Risk	52%	50%
% Having Cholesterol over recommended level	36%	36%
% Bothered by Excessive Stress or have an MCS score <40	24%	18%
% of Smokers	19%	18%
% Do not know or practice correct lifting techniques	13%	7%
% Reporting drinking more than recommended	12%	10%
% Having elevated blood pressure levels, 140/90 and above	12%	9%
% Estimated Readiness to Change: Pre-Contemplative	6%	9%
% Estimated Readiness to Change: Contemplative	17%	11%
% Estimated Readiness to Change: Planning State	21%	15%
% Estimated Readiness to Change: Action Stage	14%	17%
% Estimated Readiness to Change: Maintenance	34%	42%
Based on Risk Factors, estimated average medical claim per person	\$4,422.67	\$3,911.68
Realistic Preventable Costs Per Person*	\$1,352.47	\$841.48
Potential Yearly Healthcare Savings for 163 Participants	\$220,452.40	\$137,161.40

*Improved health status is expected to reduce preventable healthcare costs.

Goal Two

The *Well@Work* project also met its second goal. As the results demonstrate, it recorded positive changes in several areas: the percentage of participants showing a need for making nutritional changes, the percentage of participants having a higher cancer risk, and the percentage showing need of improving fitness levels. Several factors affect the interpretation of these findings:

- 1) Most workplace wellness projects are conducted by individual businesses who report their results on an individual basis. In contrast, the *Well@Work* project sought to enroll a number of local businesses and to advise the individual set-up and maintenance of their individual programs simultaneously. However, *Well@Work* also guaranteed to maintain the privacy of all data. Thus, the data has been pooled from significantly different worksites and describes employees who engage in various types of work.

In terms of this project, differences in worksite environment affect opportunities for a number of activities, such as walking, stair-climbing, time and available locations for group informational sessions, as well as opportunities for developing and sharing peer support. The level of the employer's level of enthusiasm and support also influenced the employees.

- 2) In addition to the environment and type of work performed, participants differed significantly in measures that are known to impact behavior and health status. Such factors include age, gender, education, socio-economic levels, physical activity levels and pre-intervention health status. Again, because of privacy considerations, this information could not be presented.
- 3) The requirement for anonymity also limited the project from presenting two important measures: a comparison of each individual's pre- and post-intervention health status and comparisons of results from different worksites.
- 4) The *Well@Work* project was designed as a one-year, pilot project. As such, it did not have the opportunity to measure results over a longer time period. However, studies in the literature indicate that, at minimum, several years are required to produce sufficient change in long-standing behaviors that will produce significant changes in measures of health status. Most Koop Award- winning worksite wellness projects have been in place for six or more years. The 2000 winning Daimler-Chrysler/UAW project was begun 15 years earlier (12).

Discussion

The *Well@Work* project was launched in 2005, at a time when the possible benefits of such programs were beginning to become more widely discussed in the community. While the *Well@Work* project, a one-year, pilot program, met both of its goals, the project also encountered some problems. Among them: 1) Lack of familiarity with the concept and lack of local success stories and role models. 2) Frequent changes in the personnel responsible for managing the project within the businesses. 3) The need to safeguard private data prevented both the presentation of individual before-and-after results and comparisons among individual businesses.

Worksite wellness programs can be difficult to "sell" to employers. They obligate employers to spend time and money up front to initiate and maintain programs that are expected to yield benefits only after time. Similarly, they obligate employees to devote time and

determination to make permanent changes in often long-standing personal habits, with the hope of experiencing benefits over time. Consequently, a number of community presentations and personal contacts were required to convince employers that enrolling in the *Well@Work* project would be to their benefit.

Unfortunately, all of the enrolled businesses experienced changes in the personnel responsible for developing and maintaining their wellness programs. These changes caused unexpected delays and problems in continuity. Consequently, the initial time-line and the minimum participation requirement for the project were relaxed, and project members were called on to volunteer extra time and expertise to help businesses overcome these difficulties.

From the onset, the project guaranteed the absolute privacy of the health information gathered. Although the project had expected to provide individual before/after data in coded form and to report pooled data for each firm, it soon became obvious that some individual information could be identifiable when the number of participants in a firm or the size of the firm itself was small. Thus, all data was pooled. As a result, the project could not provide individual before and after measures of health status, nor could it provide comparisons among the types of activities offered, the popularity of each activity, and the overall success of the participants in a firm.

Feedback from Participating Employers

At the end of the *Well@Work* pilot project, participating employers were asked their opinions about the project and about their future intentions to continue with worksite wellness. Five firms participated in the survey; two did not respond, despite repeated attempts to contact them.

Question: will you continue to provide worksite wellness programs and will you continue to provide HRA's and cholesterol and glucose screenings? Responses:

- Four of the five firms will continue to provide and/or pursue worksite wellness in one form or another. Three of the five will continue to provide both HRA's and cholesterol and glucose screenings.
- Two companies will continue to offer more health screenings than the *Well@Work* project offered. A third noted that many screenings are not covered by their health plan, but they recognize the importance of screening, and hope they can find the finances to do so.
- That third company noted the success of the *Well@Work* pilot mammogram screening. Four out of twelve participants were advised to get follow-up screening; two of the four had biopsies as a result.
- One of the two firms will offer skin cancer screening, mammography, and prostate cancer screening.

Question: what were the three biggest barriers to successful implementation of a successful wellness program? Responses:

- Firm 1: time restraints, accommodating different interests in order to motivate employees and working on a small budget.
- Firm 2: communicating and marketing to employees who work three shifts and lack email. Many years of poor lifestyles with little understanding of the importance of a healthy lifestyle. Financial support.
- Firm 3: gaining employee trust that their HRA information would remain confidential. Costs of prizes and incentives.

- Firm 4: Business restructuring placed other issues in higher priority. Constraints on employees' time to participate in the project.
- Firm 5: Financial constraints.

Question: was participation in the *Well@Work* pilot program beneficial? What resources were most beneficial? What resources were lacking?

- Firm 1: Yes. The support offered by the pilot program was very helpful.
- Firm 2: Yes. The financial support made it possible for us to start the program. The continued support throughout the program, both personal and through the network, was beneficial.
- Firm 3: Yes. Most beneficial resources: guidance and knowledge, i.e. "coaching", of project leaders helped those of us who were new to the program. List of contacts; Tips and techniques to increase participation and track results.
- Firm 4: Yes. Information on how to start a program and information and resources shared through emails.
- Firm 5: Yes. Their committee functions. Flu shots.

Questions: would you, or someone from your organization, be willing to present your best practices and lessons learned in a community forum? Would you, or someone from your organization be willing to write a testimonial on the impact of your organization's wellness programs as a whole or on an individual employee? Responses were the same to both questions:

- Firm 1: Yes
- Firm 2: Yes
- Firm 3: no answer
- Firm 4: Yes
- Firm 5: Will send something in writing.

Question: Do you have any objection to your organization being listed in Appendix A as a participating organization? Please note there is no identifiable information in the report to identify your company-specific data. Responses

- All five firms: No objection.

Conclusion

Well&Work is pilot project, developed and conducted during a period from 2004 to 2006 by the Kentuckiana Health Alliance Fitness & Hypertension Taskforce, under the auspices of the Community Healthcare Initiative in the Louisville Metropolitan Area and in turn sponsored by the United Auto Workers (UAW) and the Ford Motor Company.

It was designed to fulfill two goals: 1) to engage and assist local businesses in developing an intensive, worksite-based, employee wellness program; and 2) to determine whether such programs would produce positive results for participating employees and their employers. The program met both of its goals. In addition, at the conclusion of the project, it received positive responses from participating employers. These testimonials are presented in Appendix B.

The *Well@Work* project team hopes that the participating worksites will continue their good work and make efforts to influence other community worksites to join them.

“American businesses can and should play a leading role in supporting the health of their employees by supporting healthy work-site programs, educational programs and health-conscious work environments and encouraging employees to get recommended clinical preventive services. It’s the right thing to do for their employees and it also will help companies’ bottom lines by reducing work time lost to illness and increasing productivity.” Carolyn M. Clancy, MD. Director, Agency for HealthCare Research and Quality (AHRQ). Forward (10).

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Appendix A

Kentuckiana Health Alliance Fitness & Hypertension Taskforce Member's Organizations

- Anthem Blue Cross & Blue Shield
- Bellarmine University*
- Kentucky State District Council of Carpenters AFL-CIO
- Edgewater Medical Consulting
- Elisabeth Tobin, PhD Academic Researcher
- E•ON U.S.
- Fire King International
- Greater Louisville Inc.*
- Greater Louisville Medical Society*
- Health Care Excel of Kentucky
- Humana
- Jefferson County Public Schools
- KC WELLNESS, INC.
- Kentucky Nurses Association
- Kentucky Sleep Society
- Kleinert, Kutz and Associates
- Norton Healthcare System
- Jewish Hospital
- Life Line Screening
- Louisville Metro Department of Public Health and Wellness
- Louisville Water Company
- Mayor's Healthy Hometown Movement
- Occupational Health Solutions
- Partnership for a Fit Kentucky
- Pfizer, Inc.
- Sts. Mary & Elizabeth Hospital & Our Lady of Peace*
- Tyson Foods, Inc.*
- Quanta Dynamics, Inc.
- Work Place Solutions, Inc.
- UAW/Ford Community Healthcare Initiative
- Unified Foodservice Purchasing Co-Op, LLC*
- YMCA

*Organizations participating in *Well@Work* Pilot Program

APPENDIX B

Well@Work Testimonials

Tyson Foods

"The Well At Work Program was instrumental in beginning an ongoing Wellness Program at Tyson Foods. We have continued with the Program for approximately 2 years now. We have had 2 Health Fairs and been able to do multiple HRA's on our Team Members, raising their awareness of their Health and using this information to convey to upper management the need for continued Wellness Programs as well as Medical Insurance Coverage that will pay for preventative screenings for all of our team members. We have had several success stories with team members who have lost 65 pounds or more, decreased cholesterol levels, and generally raised the "bar" to our Team Members and upper Management to remain healthy. It is wonderful to have Team Members coming into the department requesting assistance with reading Nutritional Labels or requesting information about Diabetes or Heart disease. The support and informational materials sent by the Well At Work Program were very helpful. It helped keep us on target and gave us resources when we were stumped. It also opened many doors for assistance as having programs such as these are always a financial struggle. Thanks for all you have done to support Tyson Foods in this endeavor."

Robin Crosier, RN COHN/CM Complex Nurse Manager, Tyson Foods of Corydon

Unified Foodservice Purchasing Co-op®

"Unified Foodservice Purchasing Co-op®, (UFPC) LLC has greatly benefited from participating in the Well at Work Pilot Project. The grant was used to sponsor two years' worth of beneficial programs. From achieving weight loss goals to creating a company wide dialogue about health issues, UFPC has produced measurable results and affected the lives of our employees in a positive way.

UFPC is proud to be a part of this pilot program. We look forward to continuing our work and making a difference for our team members."

Christina Cardinali, Wellness Committee Chair, Unified Foodservice Purchasing Co-op®

Greater Louisville Inc.

"The "Get Fit" program at Greater Louisville Inc. has truly changed my life. For years, I have struggled with my weight, trying to eat healthy and stay active. I had the best intentions, but I always seemed to fall short. I focused on doing my job, taking care of my family and others instead of myself. I could always find something else that needed to be done instead of exercising.

When we started the Get Fit Program, I joined the committee because I get involved in everything at work. As we planned the activities and I occasionally had to be the spokesperson for the group, I thought to myself, "I really should get in shape or be kicked off the Get Fit Committee."

I have enjoyed all of the activities we have done including a Field Day, trying out different sports together like volleyball and softball. We even played kick-ball one afternoon, which was a blast. We've sponsored healthy pot luck lunches, shared recipes in a healthy recipe corner in

the break room and started a Get Fit newsletter with updates on local runs/walks and healthy lifestyle tips. We had an event at lunch time where we played Wii...a video game where you simulate tennis, boxing and other sports - it was an actual workout! We recently sponsored an Amazing Race type scavenger hunt around downtown Louisville. The Get Fit Committee has also offered free flu shots to employees.

Late last year, GLI offered a Weight Watchers at Work Program. This program is what has made a huge difference for me. I now have no more excuses for not taking the time to take care of myself, because the meetings are at work during the day. I don't have to go anywhere and I have a support group with me all day long.

Not only have I lost 42 pounds, but I've started walking regularly with one my co-workers at lunch and my stamina, fitness level and all of my health indicators have improved. My doctor is thrilled and I feel great. I never would have joined Weight Watchers if it wasn't offered at my work. I would probably still be struggling on my own and not being successful at my weight loss or improving my health. I truly appreciate the fact that my employer allows me to focus on my health and is supportive of me being healthier and happier."

Anonymous, Greater Louisville Inc. Employee