

Agency Wellness Champions Meeting
Tuesday, January 25, 2011
1:30 pm-3:00 pm
Pollution Control Agency

Members Present:

Nancy Hansen	Anna Kerr	Bob Eder-Zdechlik
Sally Kupferschmidt	Angie Sechler	Colleen Schmitz
Debbie Lerdahl	Janice Jones	Joanne Prillaman
Linda Feltes	Julie Stahl	Joseph Julik
Kim Engwer-Moylan	Patricia Fox	Mike Connolly
Chris Barth	Denise McDermid	Lynn Frank

Welcome (Anna Kerr)

Updates

- Linda Feltes
 - Gallup Poll
 - Exploring a relationship with the Gallup Poll company
 - Gallop works on getting leadership buy in
 - All champions have been invited to view webinar and explore their website tools
 - All champs should provide feedback on the tool
 - Worksite Environmental Assessment
 - Has been redesigned
 - All agencies need to take the assessment this year (annually), use outcomes with wellness committee, and also send a copy to Linda so that she can update her data on each agency
- Kim (MDH)
 - Will be doing the Biggest Loser
- Anna (PCA)
 - Yoga/Pilates
 - Brown Bag Yoga Presentation by Janet Berryhill
- Bob (MMB)
 - Biggest Loser
 - POWER challenge for better health
 - Each month employees try to meet a goal and get a sticker if goal is achieved
- Patricia (Century College)
 - 3rd annual wellness fair
 - 42 vendors
- Debbie (Admin)
- Chris (DOC)
 - All DOC wellness committee meeting to talk about healthy wellness teams and to establish guidelines for using wellness website
 - Liability insurance policy review

- Health fair
- Julie (Housing)
 - Committee established and will be working on getting things going in the future
- Mike (PCA)
 - 10,000 steps program (Step it Up! Competition) will be going again this year–PCA, DNR, BWSR
 - Internal competition Challenge 150 between PCA’s Central Office and field offices
 - Bike 100 miles and walk/run 50 miles over the course of 2 months
- Colleen (DNR)
 - Wellness Event Bulletin board established
- Denise (Lottery)
 - Website up and running
 - Committee up and running
 - Biggest Winner Challenge (44 pounds already lost with 10% participation)
- Nancy (Admin Hearings)
 - No committee
 - 10,000 steps competition
 - Pilates/yoga
- Joe (PCA)
 - Workout room with exercise equipment proposal continuing
 - Brown Bag sessions
 - Guided walks through Swede Hollow
 - Annual Chili contest March 1, 2011 (donations of socks for Dorothy Day)
 - Community Supported Agriculture will be going again this year (June to December)
 - Chair massages offered
- Angie (MDH)
 - Reinvigorating the committee
 - Lunch & Learn with chiropractor
 - Trying to do something each month
- Janis (MDH)
 - Working with IT to update wellness information
 - Getting showers in the building
- Joanne (Judicial Center)
 - Yoga
 - Lunch & Learns
 - Has an example charter that she would be willing to share for those who would like it
- Lynn (DOT)
 - Awarded an above and beyond award by the commissioner
 - Run at workday
 - Walk around the capitol May 19, 2011–Jarvis Keyes
 - Biggest Loser
 - Weight Watchers
 - Café MnDOT during a lunch hour (was a success in Nov. and will be doing again)
 - Healthy Bites–Statewide newsletter

- New format
- Need to provide information on what is happening in each agency (put it on the extranet calendar)

Energy Break

Anna Kerr led our break. Thanks, Anna!

Wellness Planning for 2011

Linda surveyed the group for how many wellness committees had plans in place for 2011. None in attendance had. She continued with the attached presentation "Prepare a Wellness Plan" (also available on the Work Well website).

Thank you to Colleen Schmitz for taking minutes!

Next Meeting

Tue Feb 22

1:30-3:00

MDH-Golden Rule

Room 419

Break leader: Chris Barth

Prepare a Wellness Plan

1. Assemble a planning team
2. Planning meeting preparation
3. Brainstorm and prioritize possibilities
4. Put pencil to paper
5. Implement
6. Evaluate for next year's planning
7. Report to committee and leaders

Background Information:

Value of Planning

Policy, Systems and Environmental Change

Awareness, Motivation, Skills and Opportunity

Health Assessment Summary

Work Well calendar

Prepare a Wellness Plan

1. Assemble a planning team

Appoint several committee members that can devote the time and energy needed to meet several times to hammer out a plan. Include managers, supervisors, executive office staff person

2. Planning meeting preparation

- a. Share wellness mission statement
- b. Provide background
 - i. Make healthy the default
 - ii. Build program goal into the AMSO framework (see details below)
- c. Policy/System/Environment Change (see definitions below)
- d. Provide worksheets/calendars

3. Brainstorm possibilities

Your sources may include:

- a. The wellness mission
- b. What does the customer want?
- c. What are the health and wellness issues and priorities (see health assessment summary below)?
- d. What does the boss want?
- e. Where can you partner? (Health Plans, etc.)
- f. National campaigns (<http://www.welcoa.org/observances/>)
- g. Non-profit partners
(American Heart Association, Arthritis Foundation, American Diabetes Association, etc.)
- h. Local partners (local fitness and wellness, businesses)
- i. Other state agencies
- j. Leave space for opportunities
- k. With each possibility, how can you measure success?

Prioritize

- a. K.I.S.S.
- b. Don't take on more than you can do well.
- c. Places to start:
 - i. Build a strong committee
 - ii. Strengthen management, facilities, communications support
 - iii. Learn and promote what you have

4. Put pencil to paper

5. Implement

6. Evaluate for next year's planning

7. Report to committee and leaders

Value of planning

- Focus
- Sets limits
- Aligns work with mission
- Can measure
- Gives lead time to implementing
- Creates buy-in

Awareness, Motivation, Skills and Opportunity (A.M.S.O.)

Include each of these elements in each of the opportunities you provide in your plan.

Awareness 5%

Awareness helps us make the link between behavior and health. Insufficient by itself, an awareness campaign tailored to employees' interests is often necessary and will help build support for change. (E.g. HRAs, health fairs, posters, brown bags)

Motivation 30%

Moving beyond awareness, motivation links our passion to our health. Motivating programs answers the question "What's in it for me?" Motivated people will do what is necessary to learn, gain skills, and create opportunities. (E.g. incentives to get people started, motivational interviewing)

Skill Building 25%

The third element of effective health promotion, skill-building, is telling people how, when, where and with whom to make the desired change. This means creating opportunities for experiential learning and practice overcoming barriers. (E.g. preparatory clinics, setting performance goals or action plans, coaching.)

Opportunity 40%

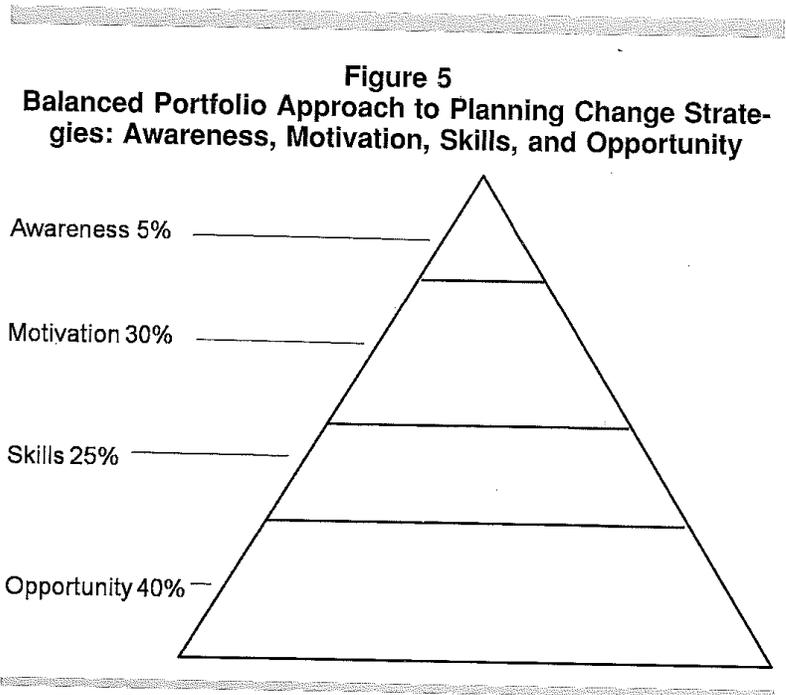
Providing opportunities means providing access to an environment that makes choosing the healthy choice as easy as possible. When worksite cultural norms support making healthy choices, employees have more opportunities to change. Healthy worksite policies, environments and procedures are one way to shape these norms. (E.g. safe, convenient stairways, smoke-free campuses, healthy cafeteria offerings)

For example, Mn/DOT offers the State Capital Run @ Work each fall. Let's put this through the AMSO model:

- Awareness: In invitation to state employees through posters, emails, intranets and wellness champions, include information on the benefits of running and fitness
- Motivation: create competition between agencies and Commissioners. Give age and place awards.
- Skill Building: provide a 5K clinic for beginning or returning runners.
- Opportunity: create an event for people to put their acquired awareness, motivation and skills into practice.

The State Capital Run @ Work passes the AMSO test with flying colors!

Adapted from Michael O'Donnell "The Face of Wellness...: in *The Art of Health Promotion*, Nov/Dec 2008. <http://www.ncbi.nlm.nih.gov/pubmed/19004165>



Policy, Systems and Environment Change

The primary reason to spend energy pursuing policy, systems and environment change is so that our wellness programs are sustainable.

Policy interventions may be laws, ordinances, resolutions, mandates, regulations, or rules (both formal and informal). Examples are laws and regulations that restrict smoking in public buildings and organizational rules that provide time off during work hours for physical activity.

Systems interventions are changes that impact all elements of an organization, institution, or system; they may include a policy or environmental change strategy. Two examples include a school district implementing healthy lunch menu options in all school cafeterias in the district and a health plan implementing a health reminder intervention system wide.

Environment interventions involve physical or material changes to the economic, social, or physical environment. Examples are incorporating sidewalks, walking paths, and recreation areas into community development design; and a high school making healthy snacks and beverages available in all of its vending machines.

Some examples of these kinds of changes in the workplace include:
Every MDH building has a lactation room. This complies with a law and is an **environment** change that makes continuing to breastfeed and work easier.

MDH modified its catering **policy** so that any meal that is catered included healthy options in food and beverage, and considers environmentally friendly options.

Taking the stairs at MDH has become common so a norm, and the **environment** has changed.

MMB is remodeling its space. There have been requests to set aside a small space for fitness and relaxation. This would be an **environment** change.

Partnering with human resources in your agency, or building a wellness team, would be a **systems** change.

Working with your cafeteria manager to offer, feature, and even favorably price healthy foods would be an **environment** change.

Source: MDH: Guide to Implementing and Evaluating Interventions, Statewide Health Improvement Program (www.health.state.mn.us/healthreform/ship)

Health Assessment Summary

✘ The top three health risks for MN state employees are:

- Poor nutrition
- Overweight or obese
- Inactivity

✘ Aggregate Health Risk Factors

- 77% of men and 58% of women report being either overweight or obese
- 65% eat less than 5 servings of fruits and veggies each day.
- 30% fall below the guideline for physical activity
- 3% are sedentary
- 9% smoke
- 51% score “poor” on nutrition quality
- 39% suffer from back pain problems
- 35% at high-risk for dental cavities
- 42% indicate emotional health concerns
- Majority does not “know their numbers” (i.e., cholesterol, blood pressure, LDL, HDL, triglycerides, and blood glucose)
- 11% use tobacco. One in five employees are exposed to second-hand smoke
- 27% suboptimal sleep (optimal sleep is 7-8 hours each night)
- 71% have at least one of the following risk factors: inactivity, being overweight or obese, smoking, and high-risk alcohol use
- 25% at risk for receiving a diagnosis of diabetes or heart disease in the next 2.5 years

Work Well
2011 Calendar of Events*

<u>JANUARY</u>	<u>FEBRUARY</u>	<u>MARCH</u> Deadline to join a CSA
<u>APRIL</u>	<u>MAY</u> 19 Walk @ the Capitol	<u>JUNE</u>
<u>JULY</u>	<u>AUGUST</u>	<u>SEPTEMBER</u> 16 5K Capitol Run @ Work
<u>OCTOBER</u>	<u>NOVEMBER</u> Open Enrollment	<u>DECEMBER</u>

*click on each month for link to Health Observances in that month.