

Introduction

Executive Order 17-01, *State Agency Employee Wellness* directs executive branch agencies to establish two-year wellness plans detailing the agency's objectives and activities to assess and improve employee health. These plans are to focus on the primary drivers of increased health care costs including

- tobacco use
- poor nutrition
- lack of physical activity
- employee stress and depression

Agencies are responsible for developing, implementing and evaluating workplace wellness-related efforts.

PEBB's Wellness Manager will assist agencies with drafting and monitoring wellness plan implementation, including quarterly progress reports.

Plans should include the following components:

- Cover page with agency name, logo, and the date
- Executive summary and/or director's overview, including a section on leadership
- Current status of employee health and wellness programming
- Results of the CDC Worksite Health ScoreCard
- State or agency results of the 2019 Employee Wellness Survey (**new**)
- Goals, strategies and planned actions. (**See page 5 on a new goal requirement for agency plans beginning in 2020 – 2022.**)
- Resources the agency will employ that support goals, strategies and planned actions
- Contact information for the personnel or committee that drafted the plan
- Signature of agency director (**new**)

Plans from these agencies are due January 31, 2020 for 2020-2022 and every 2 years thereafter:

- Consumer and Business Services
- Department of Administrative Services
- Department of Corrections
- Department of Education
- Department of Environmental Quality
- Department of Fish and Wildlife
- Employment Department
- Forestry Department
- Department of Human Services

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- Public Utilities Commission
- Higher Education Coordinating Commission
- Department of Public Safety Standards & Training
- Public Utilities Commission
- Department of Justice
- Business Oregon
- Department of Agriculture
- Department of Parks & Recreation
- Housing and Community Services
- Department of Revenue
- Department of Transportation
- Oregon Health Authority
- Oregon State Police
- Oregon Youth Authority
- Division of State Lands
- Oregon Liquor Control Commission
- Oregon Military Department
- Oregon State Lottery
- Public Employees Retirement System
- Water Resources Department

Note: 2020 – 2022 plans will cover calendar years 2020 and 2021.

Plans from these agencies are due January 31, 2022 for 2022 – 2024 and every 2 years thereafter:

- State Board of Nursing
- Commission for the Blind
- Office of the Governor
- Construction Contractors Board
- Office Energy
- Department of Veterans Affairs

Note: 2022 – 2024 plans cover calendar years 2022 and 2023.

Agencies with fewer than 50 employees are encouraged but not required to develop wellness plans.

Leadership

Description of how employee well-being is a priority that fits with the agency mission or strategic plan, and how leadership is connected to and engages with wellness efforts.

Leadership supports a culture of health by maintaining visibility of health initiatives and promoting routine communications with employees about health and wellness.

Because of their positions, leaders can

- serve as motivators and role models to promote healthy behaviors and participation
- share the vision of a healthy worksite culture
- articulate and communicate the benefits of a healthy workforce

Leaders and managers can

- leverage their roles to support culturally sensitive and all-inclusive workplace wellness initiatives
- drive participation
- inspire personal responsibility
- promote a culture of health

Actions leaders can take that demonstrate support for employee wellness:

- Articulate why employee health and wellbeing are important. Be explicit to encourage employees to take steps to manage their health and take advantage of health benefits and policies that support their health.
- Serve as a role model, sharing personal experiences as appropriate.
- Evaluate members of the management team for their effectiveness in creating a workplace culture of health.
- Schedule regular interaction with the wellness committee and agency leadership to review the status of the plan, discuss continual improvement, and to celebrate accomplishments.
- Attend events and participate in the agency's wellness initiatives.
- Ensure division directors understand the importance of having a wellness plan and of supporting employee health and wellness at work.
- Ensure division and program administrators understand what does and doesn't contribute to a culture of health at work.
- Assure that a member of the management team serves on the agency wellness committee.
- Articulate a positive climate throughout the agency in support of the agency wellness plan goals.
- Seek ways to align the agency's mission and values with the goals in the wellness plan.

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Actions managers and supervisors can take that demonstrate support for employee wellness:

- Ensure all new and current employees are aware of the agency's two-year wellness plan.
- Attend wellness events and participate in wellness initiatives.
- Communicate to staff verbally and in actions that their health and your own health are important. Develop knowledge and skills for communicating about health and wellness.
- Adopt practices and protocols so that healthy food and opportunities to be physically active are the norm in the workplace.
- Recognize healthy behavior. Positive observational programs are simple and low or no cost.
- Serve on the agency wellness committee.
- Celebrate accomplishments.

Current status

A description of current practices and policies that support employee wellness.

From the previous, 2018 – 2020 wellness plan note which goals were

1. Accomplished
2. Not accomplished and why
3. Dropped and why

Note which goals are on-going and carried forward to the 2020 – 2022 plan.

List existing policies or protocols that support health and wellness.

Describe how the agency's mission, vision or value statements are tied to employee health and well-being.

Data

Description of the data sources about employee health, agency culture and workplace environment, employee preferences, and how health and wellness goals were prioritized.

All of the following can inform the goal setting process:

- 2019 State Employee Wellness Survey results
- [CDC Worksite Health ScoreCard](#) results
- Medical claims
- [CDC National Healthy Worksite Program Health and Safety Climate Survey \(INPUTS\)](#)
- Results of employee engagement or interest surveys. These would be surveys of agency employees to determine interests and support for wellness programs.
- [NIOSH's Total Worker Health](#)

Goals, strategies and planned actions

New for 2020 – 2022 wellness plans and all plans going forward:

Adopt one, new policy, system or environmental change that supports employee health and wellbeing by December 31, 2022. Outline the steps necessary to develop and adopt this organizational change.

OR

Outline the steps to fully implement and evaluate an existing policy, system or environmental approach by December 31, 2022.

When crafting goals, consider differences between urban and rural locations, and the different types of work done by employees. Ensure the plan addresses employee wellness throughout the agency and takes into consideration the individual needs of employees with varying abilities.

What drives behavior change?

- Awareness
- Motivation
- Skills and tools
- **Policy and environment. This is the area in which employers can have the biggest impact.**

Goals should be based on information collected about the workplace. After completing the CDC Worksite Health ScoreCard select goals from these topic areas at a minimum:

- Organizational Supports
- Tobacco Use
- Physical Activity
- Nutrition
- Depression
- Stress Management

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Use the SMART format to craft goals (Specific, Measurable, Achievable, Realistic, and Timely).

Examples:

“By December 31, 2020 offer the EAP training, Mental Illness in the Workplace: A Manager’s Role for managers to help improve their ability to recognize and reduce workplace stress-related issues.”

Activities to accomplish this goal could include: survey managers to select the best date or work with management team lead to arrange time at a regularly-scheduled manager meeting; develop promotional items such as email or in-person announcements, etc.

“By July 31, 2021 develop and adopt supportive workplace food protocols and implement a plan to assure that all employees are oriented on the protocols.”

Activities to accomplish this goal could include: contact PEBB Wellness Manager for examples of nutrition protocols and why they are important to supporting employee health; assemble stakeholders to draft protocols; use agency process for approving protocols; develop plan and schedule how employees will be oriented to protocols; seek agency director or other leader’s endorsement of protocols and request that director communicate his/her endorsement to agency staff, etc.

“By December 31, 2022 90% of staff will receive orientation to workplace food protocols. All new employees will receive information about these protocols during new employee orientation.”

Activities to accomplish this goal could include: develop list of work units or locations and the number of employees in each; use this list to know which employees receive orientation to the protocols; review new employee orientation materials and draft information to include in the orientation, etc.

“By September 30, 2020 make available to employees maps of indoor areas showing paths where employees can walk throughout the building.”

Activities to accomplish this goal could include: gather schematics of floor configurations; outline routes; calculate mileage or average number of steps for each route; print and/or promote, etc.

“By December 31, 2022 examine new employee orientation materials and assure that they include a statement about tobacco-free state properties, a protocol for how employees should respond if they observe tobacco use in prohibited areas, and PEBB’s tobacco cessation resources. Make this information available to all agency employees.”

Activities to accomplish this goal could include: draft a paragraph on the purpose and rationale for prohibiting tobacco use on state properties; develop a protocol for addressing reports of tobacco use in prohibited areas; create and post a breakroom flyer listing PEBB’s no-cost cessation resources. For example:

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“Your PEBB benefits give you comprehensive support to quit through no-cost access to:

- Consultations with a trained quit coach who knows how tough it can be to quit and ways you can stay or get back on track
- Materials to help you plan and stick to a personalized quit program
- Nicotine replacement therapy
- Coverage of certain prescribed medications to help you quit”

Resources

PEBB’s health plans

- [Kaiser](#)
- [Moda](#)
- [Providence](#)

Agencies and organizations

- [Centers for Disease Prevention and Control \(CDC\)](#)
- [NIOSH’s Total Worker Health](#)
- [Oregon Healthy Workforce Center](#)
- [PEBB](#)
- [SAIF](#)
- [Virgin Pulse](#)
- [Wellness Council of America \(WELCOA\)](#)

From PEBB Wellness Manager

- Technical assistance, training and support for agency wellness coordinators
- Examples of policies, guidelines and protocols that support employee health
- Agency HEM participation rates
- Medical claims data

Guidelines for Disability Inclusion

Disability and Health:

Disability takes many forms. The three major categories are mobility, sensory, and cognitive impairment. Disability can be visible or invisible. Assume 1 in 5 people in a room have a disability, even if you cannot see it. According to Oregon's 2018 Behavioral Risk Factor Surveillance System data:

- Approximately 27.5% of adults (age 18 and older) in Oregon have a disability.
- 36.2% of Oregonians with a disability from the ages of 18-64 are employed for wages, compared to 65% of working age adults without disabilities in Oregon.
- Oregonians with disabilities are more likely to have chronic conditions (including diabetes, cardiovascular disease, asthma, chronic obstructive pulmonary disease, and depression) than the general population.
- 32.1% of adults with disabilities have not exercised in the last 30 days compared to 13.7% of adults without disabilities.
- 38.4% of adults with disabilities reported being obese (BMI \geq 30) compared to 26% of adults without disabilities.
- Approximately 1 in 5 Oregonians with a disability has diabetes.

Wellness planning guidelines:

1. **Goals include employees with disabilities** – activities explicitly or unambiguously state that employees with disabilities are included.
2. **Planning includes input from employees with disabilities** – employees share what makes activities accessible and inclusive.
3. **Activities are accessible** – activities are conducted in accessible environments.
4. **Accommodations are provided** - the individual needs of employees are accommodated.
5. **Outreach and communication efforts are inclusive** – a variety of accessible methods are used to promote and conduct activities (large print, captioning, braille, interpreters.) Put the person first, not the disability. Example: Mary uses a wheelchair (*not* confined or bound to a wheelchair). TJ has cerebral palsy (*not* CP victim).
6. **Cost and feasibility of activities are considered** – activities address potential resource implications.
7. **Activities are affordable to all employees**
8. **Follow-up and evaluation collection methods are accessible** - include feedback from employees with disabilities.

TOOLS AND RESOURCES: Centers for Disease Control and Prevention. (2016, March 14). Common Barriers to Participation Experienced by People with Disabilities. Retrieved October 31, 2017, from <https://www.cdc.gov/ncbddd/disabilityandhealth/disability-inclusion.html>9 Guidelines for Disability Inclusion. (2017) Commit to Inclusion, National Center on Health and Physical Activity for Disability. <http://committoinclusion.org/9-guidelines-for-disability-inclusion/>