Background

The department recognizes the benefits to both employers and employees of workplace programs that promote and support employee health and wellness to both employers and employees. Worksite wellness programs have been shown to increase productivity, reduce absenteeism and on-the-job injuries, and improve morale and the quality of life for employees. Wellness programs can also play an important role in containing health care costs for employers and individual employees.

More than two-thirds of the North Carolina Department of Health and Human Services (NC DHHS) employees' medical and pharmacy costs are attributed to largely preventable chronic diseases related to poor nutrition/obesity, physical inactivity and tobacco use. Stress is a fourth major risk factor that increases an individual's risk for chronic disease. These behavioral risk factors account for approximately one-third of all preventable deaths making them as deadly as the combined deaths due to motor vehicle accidents, murders, suicides, fires, AIDS and alcohol/drug related causes.

Wellness programs have the greatest impact on reducing health care costs and improving the overall health status of a majority of employees if they have a primary focus is on preventing healthy employees from developing chronic diseases by reducing employee risk factors. This can be done most effectively by changes to policies and work environments that increase opportunities and support for employees to become more physically active, select healthier foods, avoid tobacco and manage stress. Wellness programs can also offer interventions to employees with existing chronic disease conditions to help them better manage those conditions and prevent the further progression of those diseases through early screening and disease management programs.

Purpose

The purpose of this policy is to provide guidance on employee participation in wellness program activities, to describe the program's organization and focus areas; and to give the rationale for maintaining a wellness program for DHHS employees and to provide guidance on employee participation in wellness program activities. Major goals of the DHHS Wellness Program are to:

1. Maintain a wellness infrastructure that includes agency wellness committees, a department wellness council and a wellness director to plan and implement wellness programs throughout the department.
2. Raise awareness among employees regarding the importance of lifestyle behaviors that promote good health and provide employees information and resources on how to make changes that reduce their risk for chronic diseases.

3. Promote changes to workplace policies and environments that promote and support employees in being more physically active, having access to healthier food, avoiding tobacco and managing stress.

4. Provide programs and activities at the workplace that offer employees increased opportunities to be physically active, eat healthier food, stop using tobacco and manage stress.

5. Elicit ongoing employee feedback to plan and implement programs that meet the needs and interests of employees.

Policy


The department encourages agencies to offer for employees programs and activities of interest that are aimed at realizing one’s optimal health. The policy recognizes that healthy employees and programs that promote their health can help reduce increasing health benefit costs, absenteeism and decreased productivity.

Roles and Responsibilities

To accomplish these goals, the DHHS Wellness Program will be a collaborative effort involving:

1. The NC Division of Public Health (DPH) - The DHHS Wellness Director in DPH will oversee the planning and implementation of the wellness program for department employees and will evaluate the worksite wellness program. The DPH Physical Activity and Nutrition Branch will provide training and resources for DHHS wellness committees on evidence-based worksite wellness interventions.

2. North Carolina State Health Plan - The Health Plan's NC HealthSmart Initiative provides a variety of wellness resources for individual employees and DHHS wellness committees. Resources include Health Risk Assessments, 24/7 Health Coach Services, website and special worksite prevention programs for members.

3. The DHHS Employee Assistance Program (EAP) - This program offers assessment, referral and follows up services for behavioral health issues. The EAP also offers organizational consultation and training services regarding workplace behavior to aid in addressing wellness concerns.
4. **DHHS Human Resource Health and Safety Programs** - These programs work to reduce on the job injuries, control communicable diseases through flu vaccine programs, and increase employees' knowledge regarding health care benefits.

**Implementation**

**Wellness Program Organization and Coordination**

The DHHS Wellness Program will work through a two-tier infrastructure that includes a DHHS Wellness Director and DHHS Wellness Council at the department level and division/office/facility/school level wellness committees to develop and implement wellness programs for employees. Support and assistance is expected from all levels of department management as their support is critical to the effective implementation of the DHHS Wellness Program.

1. The DHHS Secretary shall authorize the DHHS Wellness Director to oversee the department wellness program. The DHHS Wellness Director will serve in the role of Wellness Leader for the department as specified in the OSP Worksite Wellness Policy and, in collaboration with the partners described above, shall:

   A. Plan, implement and evaluate the DHHS Wellness Program
   B. Assess the availability of wellness resources and consistency of wellness policies across all agencies and workplaces in the department;
   C. Conduct an annual needs assessment using employee surveys, health claims and health risk assessment data to identify wellness needs and interests of employees and to measure progress on achieving program goals;
   D. Provide survey and evaluation data to individual division/office/facility/school wellness committees to assist them in program planning and evaluation;
   E. Assist divisions/offices/facilities/schools within the department in creating and maintaining active and effective wellness committees representative of employee populations;
   F. Convene and chair meetings of the DHHS Wellness Council. The DHHS Wellness Council shall be authorized by the DHHS Secretary to include wellness representatives from each agency. The council may also include additional key staff as identified by the DHHS Wellness Director or Secretary. The wellness council shall meet quarterly to:

      1. Review DHHS wellness assessment data and use that data to develop policy recommendations for the department to increase support for employee health and wellness.
      2. Assist the DHHS Wellness Director in planning and coordinating wellness efforts across the department.
G. Report policy recommendations made by the council directly to the DHHS Secretary and provide the Secretary and DHHS management team regular updates on the achievements and needs of the program; and

H. Provide technical assistance, consultation and training for the DHHS wellness representatives on wellness policy, program planning and evaluation, health and wellness resources and committee organization.

2. Each division/office/facility/school director shall designate a wellness representative as the primary wellness contact with the DHHS Wellness Director. Depending on the number of employees and their location, additional wellness representatives can be designated for offices within the DHHS Office of the Secretary. Wellness representatives are authorized to have a minimum of six (6) hours work time per month for wellness-related activities. Wellness responsibilities should be included in the wellness representatives' annual work plans. The division/office/facility/school wellness representative should have the skill and experience to fulfill the following responsibilities as well as a position that allow some degree of flexibility in scheduling wellness activities: The wellness representative shall:

A. Serve as the primary division/office/facility/school contact and liaison between the DHHS Wellness Director and the division/office/facility/school wellness program.

B. Recruit and maintain a wellness committee and work with management to ensure that the committee meets regularly to plan and implement a workplace wellness program.

C. Provide leadership within the wellness committee in developing and submitting an annual wellness plan and measurable objectives to the DHHS Wellness Director that reflect the overall goals of the department wellness program and use employee survey results to address the needs and interests of employees.

D. Report division/office/facility/school wellness activities and outcomes monthly to the DHHS Wellness Director.

E. Complete annual wellness assessment surveys.

F. Serve as a member of the DHHS Wellness Council and ensure division/office/facility/school representation at its quarterly meetings.

G. Inform the division/office/facility/school director and management team on the progress of the wellness committee and regarding policy/environmental changes needed to support the wellness program.

3. Each division/office/facility/school director will ask their management team to appoint wellness committee members representing all areas of the agency. Efforts should be made to recruit committee members that reflect the diversity of the employees:

A. Wellness committee members should receive a minimum of four (4) hours of work time per month for wellness activities.

B. Members should include committee responsibilities in their work plans and be held accountable by management for their participation on the committee.

C. Wellness Committees should have at least six members but may have as many as 12 or more members appointed to serve one (1) to two (2) annual terms on the committee.
D. At least one (1) member of the wellness committee should be a member of the division/office/facility/school management team.

E. The division/office/facility/school director should review progress of the committee including their activity and outcome reports at least twice a year to ensure that the committee is meeting on a regular basis to plan and implement wellness activities and assist management in the development of division/office/facility/school wellness policies. If the committee is not functioning as expected, the director should consult with the DHHS Wellness Director to discuss the appointment of a new wellness representative and/or committee members.

Resources for the Wellness Program

The department wellness program and agency wellness activities can be supported from a variety of sources:

1. Any department funds that might be available for agency wellness programs must be approved by the Office of State Budget & Management (OSBM) before they can be allocated to agencies within the department. At the time of approval, DHHS will provide guidance on how the funds will be spent.

2. Any funds for wellness activities that may be available through contractual arrangements with the North Carolina State Health Plan or other external partner shall be administered as part of the DHHS Wellness Director's budget and expended for wellness program expenses related to the major program focus areas and priorities of the North Carolina State Health Plan.

3. Wellness committees may hold fund raising activities approved by their agency director to generate funds for support of wellness activities.

A. Any generated wellness funds should be held in a separate joint checking account in the names of at least two (2) wellness committee members or a member of the committee and an agency budget officer.

4. The DHHS wellness program and individual division/office/facility/school wellness committees may solicit corporate donations to support their wellness programs but cannot receive donations from any corporation with which they have vendor or contractual relationship.

5. Costs for participating in wellness activities such as fitness classes, yoga, team events or weight management classes will be paid by individual employees directly to the instructor.

6. Wellness committees may use donated fitness equipment for their fitness areas but the equipment should be examined prior to use to ensure that it operates correctly and safely. Donated or purchased fitness equipment should meet minimum specifications for commercial use. Division/office/facility/school wellness committees should assign responsibility for ensuring that fitness equipment is properly maintained and receives
maintenance checks annually.

Use of State Owned or Leased Building Space for Wellness Activities

All DHHS wellness programs shall be allowed use of existing state facilities to implement wellness activities as long as such use does not interfere with the intended purpose of these facilities. DHHS wellness program activities may not use state facilities when such use will interrupt client service, patient care, or any function providing services to the residents of North Carolina. For example, fitness equipment may be placed in multi-use areas such as break rooms, work rooms, file rooms, storage areas, or temporarily in vacant office space. Wellness classes or activities may be held in conference rooms during the lunch break or after work hours.

1. The department supports the designation of space for indoor fitness areas whenever possible without displacing needed office space or interfering with department business. For example, multi-purpose areas such as work rooms, file storage areas, or break rooms could be used to create small fitness areas. The closer such areas are to work areas, the more easily employees will be able to fit exercise into their work day.

2. The department requests that its residential institutions with existing fitness areas/equipment for residents allow staff to have access to the fitness areas at a minimum before and after first shift work and during a designated lunch break. Efforts should be made to offer second and third shift employees reasonable access during their work schedules. Alternative fitness areas should be created for employees if scheduling for resident activities or security issues prevent employee access to existing facilities.

3. Fitness classes may be organized by interested employees during the lunch break in unused conference rooms. Employees are expected to pay instructors directly for any changes associated with classes.

4. The department has designated the Haywood Gym on Dix Campus as a wellness center for DHHS employees. Information on use of the facility and department policies regulating its use can be found at NC DHHS: Employee Wellness or at Section XI: Employee Wellness.

Description of Wellness Program Focus Areas

The DHHS Wellness Program’s primary focus is on preventing healthy employees from developing a chronic disease by reducing their behavioral risk factors in the following four (4) areas:

1. Physical Activity
Programs will be designed to provide workplace opportunities and policy support to help employees become more physically active on a daily basis:

A. It is department policy that activities and events sponsored or supported by the department whenever possible will include opportunities for physical activity. This could include physical activity breaks in meetings, walking meetings and organized walking groups.

B. It is the policy of the department to encourage directors and supervisors to allow employees to use flex-time work schedules and authorized break times to engage in physical activity during the workday as long as it does not interfere with their work duties.

C. DHHS divisions/offices/facilities/schools are asked to make every effort to offer employees both indoor and safe outdoor opportunities at the workplace for walking and other fitness activities.

D. Wellness programs may address ergonomic issues by providing general educational programs and ergonomic self-assessment tools. Employees should work with their supervisors regarding any specific work-related ergonomic issues.

2. Healthy Eating

Programs will be designed to promote employees making food choices based on sound nutrition principles. This will be accomplished through the following changes to policies and the work environment:

A. DHHS divisions/facilities/schools/offices will work to ensure that employees have improved access to healthy snack and meal options in the workplace.

B. It is the policy of the department that healthy food options are offered at department sponsored events where food is provided. The department encourages DHHS divisions/facilities/schools/offices to have a similar policy for all their sponsored activities and events where food is offered. Healthier food options would include fruits, vegetables, whole grain products, baked rather than fried foods, low-fat dairy products and water.

C. Agencies will work with the Division of Services for the Blind (DSB) and private vendors to ensure that at least five (5) snack selections (or 15%) are healthy items as required in DSB vendor contracts using guidelines such Winner's Circle or North Carolina Public School healthy eating guidelines.

D. Healthier vending snack options should be identified to assist employees in making healthier food selections.

E. DHHS divisions/offices/facilities/schools with cafeterias should work with their food manager to ensure that staff has access to healthy menu choices and healthier menu items are identified.

F. Wellness committees will provide employees practical nutrition information to assist employees in making healthier food choices. These may include nutrition lunch and learn classes organized by wellness committees and on-site lunchtime weight management classes that are requested and organized by interested employees.
G. DHHS divisions/offices/facilities/schools are encouraged to ensure that employees have access to basic facilities necessary for the hygienic storage and preparation of lunch. This would include a sink solely to be used for food preparation, a refrigerator and microwave.

H. DHHS divisions/offices/facilities/schools are also encouraged to provide a break/eating area with tables and chairs for employees.

3. **Tobacco Cessation**

Tobacco cessation programs for employees should include the following critical components: smoke-free workplaces, on site cessation classes, individual support resources such as the NC Quitline, and assess to nicotine replacement therapy.

A. Effective January 1, 2008, Chapter 13A of the General Statutes (GS) prohibited smoking in state government buildings which includes state owned or leased property as well as leased building areas. HB 1294 Section. GS 131D-4.4 prohibits smoking inside long-term care facilities. The legislation does not limit any law or regulation allowing regulation or prohibition of smoking on the grounds of buildings. As the state agency charged with protecting the health of North Carolina residents, it is appropriate that DHHS provide its employees the safety of a tobacco free workplace that includes buildings and any surrounding state owned or leased property.

B. Session Law 2008-149, effective January 1, 2009, requires automobiles in the state motor fleet to be smoke free and authorizes local governments to require local government-owned vehicles to be smoke free. A link to the ratified bill is: http://www.ncga.state.nc.us/Sessions/2007/Bills/Senate/HTML/S1681v4.html.

B. Information on tobacco cessation resources should be offered to all Department employees and not just to tobacco users. It is important to avoid targeting tobacco users and many employees have family members or friends who use tobacco so they would also benefit from receiving tobacco cessation information. Tobacco Cessation Programs are available through the NC Quitline, some Employee Assistance Programs (EAP), and the State Health Plan for Teachers and State Employees. For tobacco use cessation:

(a) NC Quitline: 1-800-QUIT-NOW. (1-800-784-8669): Offers free and confidential support from trained quit coaches 8 a.m. to Midnight 7 days per week to all NC youth and adults who want to quit using tobacco. For those who have already called the Quitline there are additional web resources that can be accessed 24 hours a day.

(b) State Health Plan for Teachers and State Employees’ Benefits: Pharmaceutical tobacco cessation aids, including over-the-counter generic nicotine replacement therapy patches, and counseling benefits are covered. Plan members who want more information on these and other tobacco cessation resources are encouraged to visit www.shpnc.org.
(c) Employee Assistance Services (EAP): Most state agencies and universities provide EAP services for their employees and family members. Employees should contact their agency or university Human Resource Office to find out if EAP services are available.

4. **Stress Management**

Programs should be provided at the worksite that helps employees identify the causes of stress in the workplace and assist them in developing and using strategies for reducing and better managing stress. Management has a special role in understanding stress in the workplace, recognizing when their employees are manifesting signs of unmanaged stress and providing the necessary interventions for proper stress management. Stress management programs may address the following:

- **A.** Employee and management awareness of the sources of stress in the work and home environment.
- **B.** Training on behavioral changes that may help manage individual stress.
- **C.** Policy and environmental changes to help reduce or manage stress for employees.
- **D.** Training for managers/supervisor on management skills to reduce conflict and stress in the workplace.
- **E.** Information on the North Carolina Employee Assistance Program as a resource for individual assistance with stress-related problems.
- **F.** Time management, organizational and planning skills.

A secondary focus for the wellness program is offering assistance to employees with existing health conditions to help them better manage those conditions and providing clinical services for their early detection. The wellness program may also work with Human Resources (HR) to provide on-site flu clinics, reduce job-related injuries and address health hazards in the workplace.

1. **Special Focus on At-Risk Employees.** Programs may be offered for special groups of employees who are at increased risk for premature death or who request specific programs to assist them in making positive choices in future health behaviors. Examples of groups include those employees within 5 years of retirement age, the extremely obese, tobacco users and employees with specific physical conditions such as diabetes or hypertension. These programs should be offered to all employees so that employees can self refer if they are interested in receiving more information or assistance. Employees should not be individually targeted for participation in any health-related program and their participation in any such program should be kept strictly confidential and not recorded as part of their personnel file.

2. **Primary and Preventive Health Care Services.** Employee health clinics have been shown to reduce absenteeism and reduce health care costs by providing employees access to preventive health services, screening and primary care for illness and minor injuries. DHHS facilities that have medical staff should offer a basic range of preventive health care services as well as minor injury and illness care to employees.
through employee health clinics. These clinics might seek third-party reimbursement for those services to support employee health and wellness programs. Whenever possible, employee health services at institutions should be made available to other DHHS employees in the area.

3. **Preventive Health Screening Services.** DHHS divisions/offices/facilities/schools should make an effort to provide all interested employees access to preventive health screening services at least annually. This would include blood pressure screening for hypertension, cholesterol and diabetes screening and body mass index screening.

4. **Communicable Disease Control.** Wellness committees should promote vaccine programs coordinated by HR and employee health services. This would include providing employee education about the prevention of communicable diseases and assisting HR in advertising the availability of vaccines at the worksite.

5. **Environmental Health Issues.** Wellness committees may assist DHHS Health and Safety Programs in addressing environmental issues having impact upon the health of employees. These may include ergonomic issues and building environment concerns related to exposure to toxins, such as mold, air and water quality.

Eligibility to Participate in Wellness Activities

Wellness events coordinated through the DHHS division/office/facility/school wellness committees, DHHS Wellness Director, or safety/health manager may be considered sponsored wellness activities. The following guidelines should be used to determine an employee's eligibility to participate in these activities:

1. Employees are eligible for participation in sponsored wellness activities during the workday subject to the approval of their supervisor. Any allowed break time can be used for individual wellness activities at the workplace.

2. Employees participating in workday wellness activities must have and continue to have satisfactory job performance.

3. Employees participating in wellness activities during a non-work time lunch break do not require approval of their supervisor. Exceptions are positions that do not allow discretionary use of the lunch break time.

Management Authorization for Participation in Wellness Activities

To accommodate the aforementioned eligibility guidelines, DHHS division/office/facility/school management shall:

1. Make every effort to accommodate employees who request use of a flex work schedule to participate in wellness activities if work responsibilities would not be adversely affected.

2. Allow an employee work time away from regular duties during work time to attend safety and health education or training activities considered *directly related* to the employee’s work for the department. Examples of work-related activities include:

   A. Back injury prevention classes for employees who lift or bend on the job and are at risk for back injuries,
B. Walking or other aerobic programs designed to improve the fitness level of employees who may be involved in work requiring high fitness levels such as jobs which require heavy lifting or caring for residents in institutions.

C. Cardiopulmonary resuscitation classes for employees who may need to use these skills to assist other employees or the public,

D. Stress management courses for any employee who desires this training, and

E. Workplace safety courses as required or requested by any employee.

3. Allow time away from regular duties for employees to occasionally attend on-site safety and health activities or programs not considered directly work-related. Examples of non work-related activities include flu clinics, health fairs, health screening events, organized agency wellness activities or blood donation events. The amount of time away from regular work duties during which employees may be allowed to participate in special organized wellness activities or events, is left to the discretion of the DHHS division/office/facility/school director.

4. Cooperate with wellness representatives and wellness committee members who request time away from regular work duties to plan and coordinate wellness program activities. Supervisors are asked to be flexible if special wellness events require committee members to use more than the allocated four (4) hours per month during a one-month period to plan and provide the event.

5. Supervisors are responsible for wise and equitable utilization of any amount of time given to employees to participate in wellness activities.

Liability and Workers’ Compensation Coverage

All employees must sign the department liability release form before participating in any wellness activities at work participation in wellness activities is voluntary and therefore the department is not liable for injuries sustained to employees during their participation in these activities. Exceptions would include:

1. Required work-related training as described above.
2. Hazardous conditions for which the department is responsible.

All North Carolina state government employees are covered under the North Carolina Workers’ Compensation Act. An employee who suffers an accidental injury or contracts an occupational disease within the meaning of the act is entitled to benefits, to include medical benefits and compensation for the time lost from work and any disability which results from an injury. An injury is compensable in accordance with the NC Workers’ Compensation Act if it meets all of the following criteria:

1. The injury was caused by an accident,
2. The injury arose out of the employment, or
3. The injury was sustained in the course of employment.

An injury resulting from participating in a wellness activity shall be reviewed on a case-by-case basis to determine compensability. As a general reference, injury that occurs during non-pay status shall not be compensable. Non-pay status is defined as before work, after work and non-paid time during the normal workday.

DHHS division/office/facility/school management shall inform employees of the above information and employees’ right to appeal to the North Carolina Industrial Commission should denial of coverage occur.

*For questions or clarification on any of the information contained in this policy, please contact.* **DHHS Wellness Director.** For general questions about department-wide policies and procedures, contact the **DHHS Policy Coordinator.**