

## Corporate Wellness Assessment

### Taking Steps to Improve Health and Wellness

#### **Congratulations on taking the first step on improving the culture of health in your organization!**

In a normal workweek, employees spend about a third of their day at the workplace. This means that employers are essential to improve the health of a community. The use of an effective, quality workplace wellness programs and policies not only can they make a true impact in the health of the community they can also reduce the organization's health related costs and improve the health their employees.

The benefits of a well-designed Workplace Wellness Program include:

- ~ Controlling Health Care Costs – Workplace Wellness can help healthy employees stay healthy and employees at risk make lifestyle changes and improve their health which in turn lowers health care costs.
- ~ Increase Productivity – Reducing presenteeism: Presenteeism refers to productivity loss resulting from employees coming to work ill or with a chronic condition and perform below par because of the illness or chronic condition.
- ~ Reducing Absenteeism – Healthier employees = fewer sick days & fewer doctor's visits
- ~ Enhance Company Image – Companies with robust Workplace Wellness programs retain employees who appreciate working in a healthy supportive environment and attract the top candidates who are looking for more than just job.

The first step to creating and/or maintaining a healthy workplace is assessing your organization is to complete this Corporate Wellness Assessment. This assessment provides you with a process to gather information about the factors that support and/or hinder the health of your employees. It will help you identify potential opportunities to improve and address these factors. It will give you a current picture of health in your organization and, overtime, can help show its progress and trends.



### 1. Survey Takers Contact Information

Name

Company

Title

Address

City/Town

State

ZIP/Postal Code

Email Address

Phone Number

## Corporate Wellness Assessment

### Employee Demographics

#### 2. Number of employees:

☐

<500

☐

501-1,000

☐

1,001-5,000

☐

>5,001

#### 3. Gender of employees?

% Male

% Female

#### 4. Age of Employees

% < 18 years old	<input type="text"/>
% 18-34 years of age	<input type="text"/>
% 35-44 years of age	<input type="text"/>
% 45-64 years of age	<input type="text"/>
% 65 years of age and older	<input type="text"/>

#### 5. What is the average age of employees?

#### 6. Racial/Ethnic make up of your employees?

% Non-Hispanic White	<input type="text"/>
% Non-Hispanic Black/African American	<input type="text"/>
% Hispanic/Latino	<input type="text"/>
% Asian/Asian American	<input type="text"/>
% American Indian/Alaska Native	<input type="text"/>
% Native Hawaiian/Pacific Islander	<input type="text"/>
% Other	<input type="text"/>

#### 7. Employee Education Level:

% Less than high school	<input type="text"/>
% High school graduate/GED	<input type="text"/>
% Some college/technical school	<input type="text"/>
% College graduate	<input type="text"/>
% Post-graduate/advanced degree	<input type="text"/>

8. Works Status:

% Full-time

% Part-Time

% Temporary

9. Job Type:

% Salaried

% Hourly

**Corporate Wellness Assessment**

**Organization Description**

10. Organization Sector:

- ☐ For-Profit
- ☐ Government
- ☐ Non-Profit
- ☐ Other
- ☐ Other (please specify)

11. Select the choice that best describes your industry:

- ☐ Accommodation and Food Services
- ☐ Administrative and Support
- ☐ Agriculture, Forestry, Fishing, and Hunting
- ☐ Arts, Entertainment, and Recreation
- ☐ Construction
- ☐ Education
- ☐ Educational Services
- ☐ Finance and Insurance
- ☐ Government/Public Administration
- ☐ Health Care and Social Assistance
- ☐ Information
- ☐ Manufacturing
- ☐ Mining, Quarrying, and Oil and Gas Extraction
- ☐ Professional, Scientific, and Technical Services
- ☐ Real Estate and Renting/Leasing
- ☐ Retail/Wholesale Trade
- ☐ Technology/Bio-Tech
- ☐ Transportation, Warehousing, and Utilities
- ☐ Waste Management and Remediation
- ☐ Other
- ☐ Other (please specify)

## Healthcare Benefits

12. Does your organization provide health insurance coverage for employees?

☐ Yes

☐ No

## Corporate Wellness Assessment

### Healthcare Benefits

13. What percentage of employees are covered by the organization's health care benefits?

14. What is the total number of people covered under the organization's health care benefits including spouses and family?

15. Which statement best represents your organization's health care benefits plan?

- ☐ Company purchases coverage from an external agency, such as an insurance company, but does not play a role in the design or administration of health benefits.
- ☐ Company operates own health insurance plan. For example, the organization pays a third party (e.g., an insurance company or health care claims firm) to administer a plan which the organization has designed for their employees. The employer pays the cost (claims plus administration) out of the company's coffers.

16. Does your organization's healthcare benefit plan include coverage for:

	Yes	No	I don't know
Dental Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vision Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental/Behavioral Health Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Does your organization's healthcare benefit plan cover the following programs?

	Yes	No	I Don't Know
National Diabetes Prevention Program (NDPP or DPP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Diabetes Self Management Education through Recognized or Accredited Programs

☐
☐
☐

Other Disease Management or Lifestyle Change Programs Covered by Healthcare Benefits not Listed Above (please describe)

18. Does your organization's healthcare benefit plan support access to tobacco treatment for those who wish to quit by providing insurance coverage that reduces or eliminates employee out-of-pocket costs for FDA-approved:

	Yes	No	I Don't Know
Prescription cessation medications including nicotine replacement (inhaler, nasal spray), bupropion (Zyban) and varenicline (Chantix)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Over-the-counter nicotine replacement products (e.g., gum, patch, lozenge)?

☐
☐
☐

19. Including incentives tied to your company-sponsored insurance company, does your organization provide any type of benefit for being a non-smoker or quitting smoking?

20. Does your organization provide full coverage for annual influenza vaccinations?

21. Who is your benefits provider?

## Corporate Wellness Assessment

### Policy

22. Does your organization have *written* policies in place for supporting. . .

	Yes	No	I Don't Know
Physical activity in the workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to healthy foods in the workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making healthy food options available during meetings or anytime food is being served	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke-free workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco-free workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time and accommodations for managing mental health and stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time and accommodations for managing chronic disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An environment free from sexual harrassment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breastfeeding women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency procedures in cases of bad weather or active shooter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. Does your organization have a policy providing any type of incentive for engaging in any physical activities?

24. Does your organization have a policy providing for flexible work arrangements or break times for employees to engage in physical activity?

25. Does your organization provide an established time for physical activity during work hours?

26. Does your organization charge fees for parking to encourage active transportation?

27. Does your organization require mandatory stretching or stretch breaks?

28. If your organization has a cafeteria, sells food, or has vending machines:

	Yes	No	I Don't Know	Not Applicable
Have Foods been priced to encourage healthy selections?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide labels to identify healthy food choices?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Subsidize healthy food and beverages to lower the price	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. Does your organization have a *written* policy that provides accommodations for people with diabetes that include:

	Yes	No	I don't know
Breaks to check blood sugar levels, eat a snack, or go to the bathroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to keep diabetes supplies and food nearby	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunity to work a modified schedule or to work a standard shift as opposed to a swing shift	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. Does your organization support flexible schedule arrangements to facilitate child care needs and schedules for working parents?

31. Does your organization require and provide sun protection for employees who work outdoors?

32. Please share other organization policies around health and wellness not described above.

## Corporate Wellness Assessment

### Environment

33. Please indicate what items your organization provides for employee usage.

- ☐ Maintained Walking Trails
- ☐ Bicycle Racks
- ☐ Bicycles and Helmets
- ☐ Basketball Court
- ☐ Outdoor Open Space Designed for Recreation or Exercise
- ☐ Shower/Changing Facility
- ☐ Indoor Exercise/Fitness Facility On-Site

Other (please specify)

34. Does your organization provide:

	Yes	No	I don't know	N/A
Food preparation and storage facilities such as microwave oven, sink, refrigerator, and/or kitchen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vending machines with healthy food selections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offer or promote a farmer's market or crop sharing program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Filtered drinking water at no cost to employees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Childcare facilities on-site for the use of working parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breastfeeding room other than the women's restroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees-only lounge (non-cafeteria) for employees to relax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to blood pressure monitors and AEDs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Signage to promote a smoke-free/tobacco-free workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35. Consider the available resources to employees

	Yes	No	N/A
Are the stairs well lit, attractive, and easily accessible?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is your organization's fitness center attractive and have useful equipment that is in good working order?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are your organization's outdoor resources well maintained including sidewalks, walking trails, etc?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your organization's facility(s) have sidewalks around the facility that lead to other local businesses that make walking an acceptable mode of transportation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36. Please describe any other environmental features that promote health and wellness in your organization that are not mentioned above.

## Corporate Wellness Assessment

### Wellness Committee/Staffing

37. Does your organization have at least one individual responsible for wellness?

## Corporate Wellness Assessment

### Wellness Committee/Staffing

38. Approximately how many years has your organization had a corporate wellness committee or department?

39. Describe your organization's employee wellness staffing.

	Yes or No?	How many people are involved?
Volunteers in your organization make up a wellness committee	<input type="text"/>	<input type="text"/>
You have a department in the organization or an individual that is paid to organize wellness initiatives	<input type="text"/>	<input type="text"/>
Your organization contracts/hires a third party vendor to manage wellness initiatives	<input type="text"/>	<input type="text"/>

Other (please specify)

40. Does the individual(s) responsible for wellness have these job duties included in the job description?

41. Does your wellness committee or department develop a yearly plan with objectives?

42. Is there a budget for corporate wellness?

43. If your organization utilizes a wellness committee, is there representation from all departments and levels of management on the wellness committee?

44. Please provide any other information that describes your wellness committee.

## Corporate Wellness Assessment

### Organizational Leadership

45. Is employee health and wellness mentioned in your organization's vision or mission statement or addressed in the strategic plan?

- ☐ Yes
- ☐ No
- ☐ I Don't Know

46. Does your organization feature at least annual messages from the CEO or executive leadership supporting health and wellness (personal address, memo, newsletter article)?

- ☐ Yes
- ☐ No
- ☐ I Don't Know

47. On a scale from 1 to 5 with 5 being the most supportive, how supportive is executive leadership of health and wellness efforts in the organization (e.g. present at kickoff events, participate in programs, or model healthy behaviors)?

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

48. Are organization's leaders informed of the successes and challenges of the health and wellness initiatives/activities?

- ☐ Yes
- ☐ No
- ☐ I Don't Know
- ☐ Not Applicable

49. Please describe how executive leadership fosters a healthy culture.

Corporate Wellness Assessment

Wellness Programming

50. Does your organization provide employees information (e.g., brochures, videos, posters, pamphlets, newsletters) addressing the benefits of. . .

	Yes	No	I Don't Know
Physical Activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco Cessation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Good Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic Disease Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

51. Does your organization sponsor or promote guest speakers or lecturers on. . .

	Yes	No	I Don't Know
Physical Activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco Cessation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Good Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic Disease Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

52. Does your organization have a program in place to provide free or subsidized lifestyle self-management programs that include tools on. . . (can be delivered through vendors, onsite staff, online, health plan, community groups, or other practitioners)?

	Yes	No	I Don't Know
Diabetes Self-Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic Disease management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health & Stress Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight Loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco Cessation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

53. Does your organization have corporate agreements with a health club or gym to offer your employees discounted or subsidized memberships?

- ☐ Yes
- ☐ No
- ☐ I Don't Know

54. If your worksites has stairways, does it have a program in place to promote stair usage in the last 12 months?

- ☐ Yes
- ☐ No
- ☐ I Don't Know
- ☐ Not Applicable

55. Does your organization promote parking farther away to encourage more physical activity?

- ☐ Yes
- ☐ No
- ☐ I Don't Know
- ☐ Not Applicable

56. Does your organization incentivize employees for active commuting (walking/running or biking) to work?

57. Does your organization promote walking at work during breaks to encourage more physical activity?

- ☐ Yes
- ☐ No
- ☐ I Don't Know
- ☐ Not Applicable

58. Does anyone in your organization know how to adapt physical activities for employees with mobility disabilities?

- ☐ Yes
- ☐ No
- ☐ I Don't Know

59. What community physical activity events does your organization participate?

- ☐ ADA Tour De Cure
- ☐ ADA Step Out Walk
- ☐ Other (please specify)

60. Does your organization have a program in place to facilitate the purchasing of fresh produce or other nutritious food?

- ☐ Yes
- ☐ No
- ☐ I Don't Know

61. Does your organization promote or sponsor health fairs or other types of events where screening or educational services are provided to employees for. . .

	Screening	Education	I Don't Know
Cancers recommended for routine screening such as breast, cervical, prostate, or colorectal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic conditions such as diabetes, high blood pressure, or lipid (cholesterol) disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health issues such as alcohol misuse, anxiety disorders, and depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy diet and nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

62. Does your organization have a program to support access to tobacco treatment (e.g., nicotine replacement therapy) for those who wish to quit by:

	Yes	No	I Don't Know
Providing free or subsidized smoking cessation counseling (can be delivered on or off site through vendors, on-site staff, health insurance plans, or other practitioners in a group or individual setting)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referring smokers to a state (e.g., 1-800-QUIT NOW) quit line?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referring smokers to other tobacco cessation telephone quit line?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

63. Does your organization provide an employee assistance program (EAP)?

- ☐ Yes
- ☐ No
- ☐ I Don't Know

64. Is a communication plan developed for health and wellness initiatives/activities?

- ☐ Yes
- ☐ No
- ☐ I Don't Know
- ☐ Not Applicable

65. What modes of communication do you utilize to inform employees of health and wellness initiatives/activities or communicate wellness messages? (check all that apply)

- ☐ Newsletters
- ☐ Emails
- ☐ Blogs
- ☐ Brochures
- ☐ Signs/Posters
- ☐ Health Fairs
- ☐ Lunch and Learns
- ☐ Departmental Meetings
- ☐ Intranet/Internet Web Page
- ☐ Social Media
- ☐ Not Applicable
- ☐ Other (please specify)

66. Are employees informed of the successes and challenges of the completed health and wellness initiatives/activities?

- ☐ Yes
- ☐ No
- ☐ I Don't Know
- ☐ Not Applicable

67. Has your organization offered stress reduction presentations (conflict resolution, managing multiple priorities, personal finance planning)?

- ☐ Yes
- ☐ No
- ☐ I Don't Know

68. Has your organization provided managers with training to recognize and support employees who are affected by stress related issues in the past 12 months?

- ☐ Yes
- ☐ No
- ☐ I Don't Know

69. In the past 12 months, has your organization sponsored or organized a social event for employees (e.g., company picnic, holiday party, employee sports teams)?

- ☐ Yes
- ☐ No
- ☐ I Don't Know

70. During the past 12 months, did your organization offer employees access to a nationally recognized training course on:

	Yes	Some Employees	No	I Don't Know
Automated External Defibrillator (AED) usage?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cardiopulmonary Resuscitation (CPR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

71. Does your organization have and practice emergency response procedures (e.g., fire and tornado drills)?

- ☐ Yes
- ☐ No
- ☐ I Don't Know

72. Has your organization provided active shooter training for employees or have procedures in place if there is an active shooter situation?

- ☐ Yes
- ☐ No
- ☐ I Don't Know

## Corporate Wellness Assessment

### Wellness Initiatives

73. Has your organization established goals for health and wellness initiatives/activities?

- ☐ Yes
- ☐ No
- ☐ I Don't Know

## Corporate Wellness Assessment

### Wellness Data

74. In the last 12 months, has your organization provided a health risk appraisal assessment, including biometric screening, to employees?

- ☐ Yes
- ☐ No
- ☐ I Don't Know

75. What data is used or made available when deciding what wellness initiatives to implement?

- ☐ No Data is Made Available for These Decisions
- ☐ Employee Medical Costs
- ☐ Absenteeism
- ☐ Bio-metric data
- ☐ Insurance Costs
- ☐ Employee Satisfaction Surveys
- ☐ Other (please specify)

76. What evaluation is done on wellness initiatives/activities that are implemented?

- ☐ Track Participation Rates
- ☐ Compare Outcomes to Goals/Objectives
- ☐ Survey the Participants
- ☐ Track Clinical Outcomes
- ☐ No Evaluation is Done
- ☐ Other (please specify)

77. Have employees been asked to provide feedback on any offered wellness initiatives (e.g., satisfaction surveys, records from a suggestion box)?

- ☐ Yes
- ☐ No
- ☐ I Don't Know

78. Does your organization or healthcare plan offer employees incentives to participate in health screenings or assessments?

- ☐ Yes
- ☐ No
- ☐ I Don't Know

79. Does your organization use a range of incentives to support wellness initiatives to include recognition, merchandise, monetary rewards, time off, etc.?

- ☐ Yes
- ☐ No
- ☐ I Don't Know

80. Describe how your organization encourages employees to participate in health and wellness initiatives/activities.

81. Does your wellness program measure the return on investment (ROI) for health and wellness efforts?

- ☐ Yes
- ☐ No
- ☐ I Don't Know

82. If return on investment (ROI) is measured, please describe how it is measured.

## Corporate Wellness Assessment

### Organizational Motivation for Health and Wellness

83. Please describe how important each item is in motivating your organization to create or improve health and wellness strategies.

	Very Important	Somewhat Important	Neither Important nor Unimportant	Somewhat Unimportant	Not Important at All
Decrease insurance costs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decrease in absenteeism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decrease in presenteeism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved health and wellness of employees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Way to recruit new employees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health and Wellness is represented in organizational values	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

84. What areas would your organization like to have more information on or focus on in the next 12 months?

	High Priority	Priority	Neutral	Low Priority	Not a Priority
Diabetes - Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes Prevention - Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic Disease - Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Activity - Environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Activity - Policy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Activity - Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition - Environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition - Policy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition - Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress Management - Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wellness Committee Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wellness Data Evaluation/ROI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization Health Improvement Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization Health Budget	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>