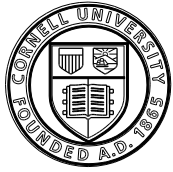


**FY 2011-2012**



Cornell University

**[WELLNESS PROGRAM  
ANNUAL REPORT]**

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## Wellness Program Annual Report

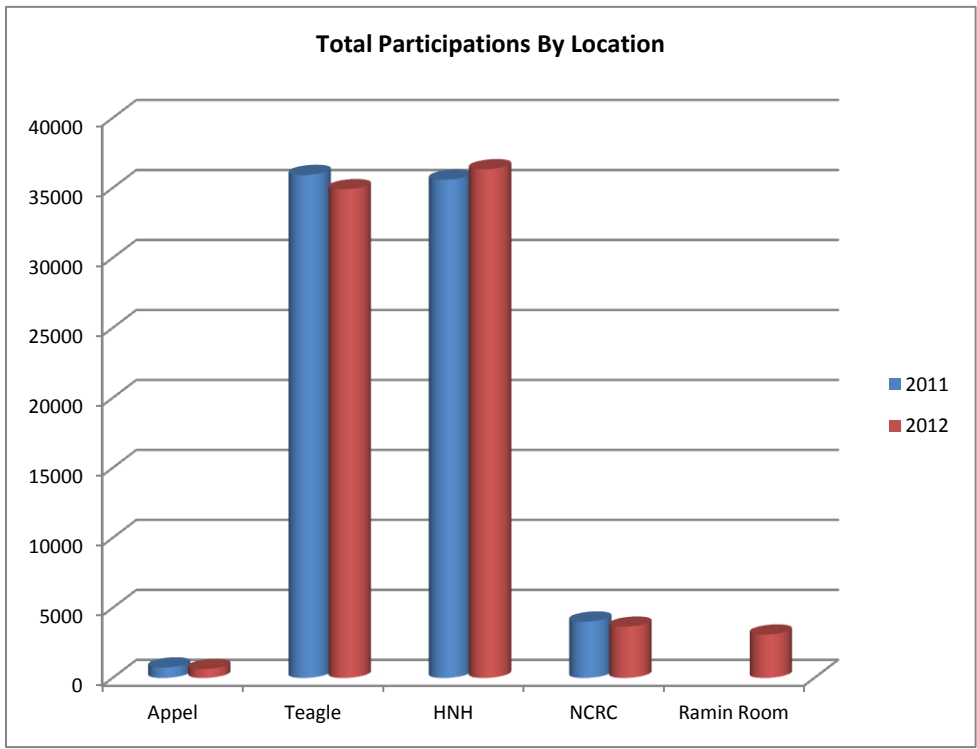
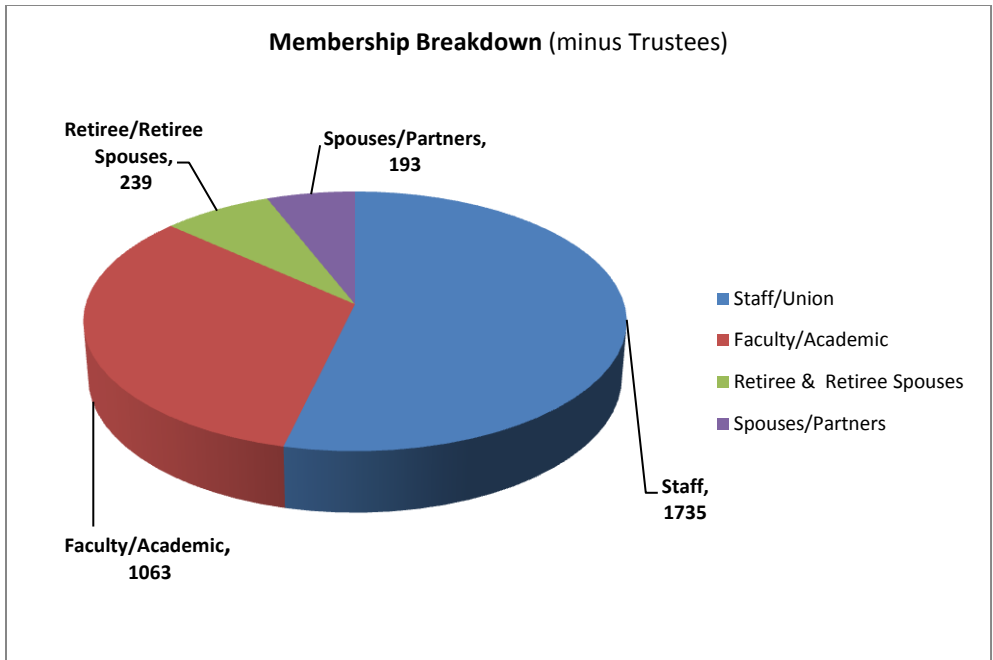
The Cornell University Wellness Program provides employees and retirees with diverse opportunities that foster joy, balance and well-being. Specifically, the Wellness staff interacts with Cornell's staff, faculty, and retirees to promote positive lifestyle changes; our interactions focus on nutrition, fitness, and general health education. In completing its 23rd year, the Cornell University Wellness Program continues to have a positive influence on health behaviors of the staff, faculty, and retiree population.

Following is a summary of the Wellness Program's activities for the fiscal year 2011-2012.

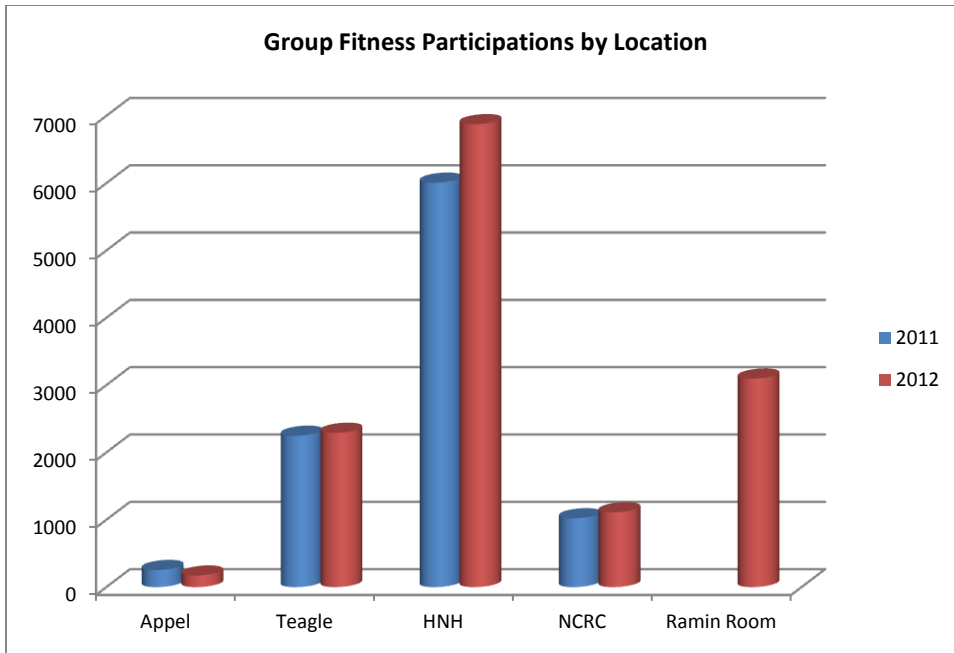
### Wellness Statistics, Metrics & Evaluation

#### Membership Statistics

- 3,380 staff, faculty, retirees, and their spouses/partners joined as of June 30, 2012. This represented a 9.4% increase over last year.
- 1,035 members joined through the Cornell Program for Healthy Living insurance plan (see CPHL details below.)
- 40 members received scholarships of 50% off which represented an 11.1% decrease over last year. (See Toni McBride Scholarship information below.)
- 4 members received a membership subsidized by Workers Compensation.
- 239 members were retirees and retiree spouses representing a 23.2% increase over last year.
- There were
  - 1,038 card swipes at Appel (including 172 for classes);
  - 34,917 swipes at Teagle (including 2,292 for classes);
  - 33,339 swipes at Helen Newman (including 6,876 for classes);
  - 3,663 swipes at Noyes (including 1,111 for classes);
  - 3,097 swipes in the Ramin Room for group fitness classes.
  - **78,654 total swipes for fitness centers and fitness classes.**
- *Attached, please also find demographic data for the Wellness Program (Appendix A).*



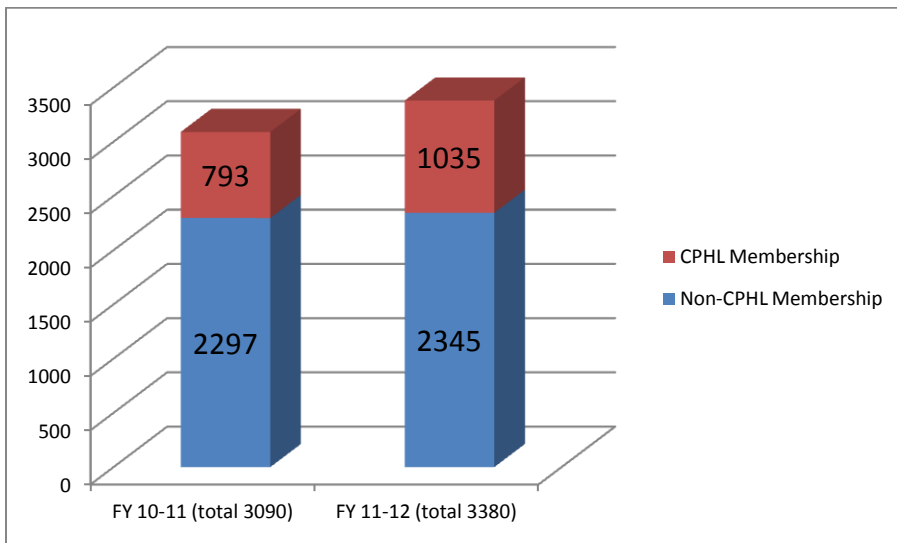
Wellness members swiped into the fitness facilities a total of 62,506 times. The majority of members participate in Teagle and Helen Newman Hall fitness centers.



Wellness members had a total of 13,548 participations in group fitness classes offered in several locations around campus.

### Cornell Program for Health Living (CPHL)

The Wellness Program completed its fourth year of collaboration with CPHL. Working with Cornell Benefit Services and the Tompkins County Area Physicians, the plan was designed so that doctors put more emphasis on behavioral changes to decrease health risks. To support this initiative, CPHL insurance covered the cost for CPHL members who joined the Wellness Program. CPHL also offered \$15 per month off of membership fees to Island Health and Fitness and the Ithaca YMCA. In 2011, 793 CPHL members used the Wellness Program benefit; in 2012, the number climbed to 1035. This represented a 30.5% increase in CPHL members.



### **Toni McBride Scholarship**

This scholarship fund continued to support a portion of the approved scholarship recipients. This past year, the fund generated \$1,435 and supported 16 scholarships. The Wellness Program was proud to offer this assistance to those who could not afford the full annual membership fee.

### **Wellness Staff Metrics**

Below is documentation of one-on-one appointments and group classes conducted by the Wellness staff to assist members with meeting their wellness goals.

- Total individual contacts (one-on-ones) by CU Wellness staff (including 2 part time personal trainers and one part time registered dietitian): 1,034
- Total group classes taught by CU Wellness staff: 213

## **Program Planning**

### **Needs Assessment To Determine Program Offerings Included:**

- In-person feedback from participants.
- Feedback from post-offering on-line surveys.
- Wellness & Well-being Questionnaire (highlights from 2011 bi-annual survey) (Appendix B).
- Cornell medical data from Cornell Benefit Services on top 15 diseases by total number of claimants and amount paid; and data by utilization of services by major diagnostic category (information from CPHL and PPO) (Appendix C).
- Wellness Advisory Committee feedback (Appendix D).
- Wellness Strategic Goals 2010-2013 (Appendix E).
- Healthy People 2020 (Federal Government document released every 10 years) focus areas (Appendix F).

## **Program Evaluation**

### **The Program was Evaluated Using:**

- Feedback from surveys conducted at events and programs.
- Tracking of participation in Wellness outreach and member programming.
- Testimonials and success stories from individuals and departments.
- Wellness & Well-being Questionnaire highlights from 2011 (bi-annual survey) (Appendix B).

## Member Programming

Wellness members have access to the fitness centers and group fitness classes managed by the Cornell Fitness Centers. Members are also able to use the pools, Lynah ice skating rink, Lindseth climbing wall (at a discounted rate), Reis tennis center (at a discounted rate), Merrill Sailing Center (at a discounted rate), RTJ Cornell golf course (at a discounted rate), privilege card services, and have the registration fee for PE classes waived through the Athletics Department. In addition, members are eligible for individual meetings with the Wellness Program's staff (detailed below) and have access to the *Active Wellness!* group exercise classes.

### ***Active Wellness!* Classes – Open to Wellness Program Members Only**

These classes are appropriate for individuals who have gone through joint replacement, suffer from arthritis, experience lingering joint pain from injury, want to improve their balance and more. Classes embody our vision of inclusion, offer participants individualized attention to be successful, and promote an environment of camaraderie and personal success.

- **Strength Training** - resistance training class which helped build bone density, reduced the risk of falling, and strengthened muscles.
- **Jazzercise Lite** - low-impact aerobic dance class.
- **Pilates (Core)** – controlled endurance training that built spinal stability, posture, and core strength.
- **Ripples** – exercise in shallow and deep water kept impact low while muscles were strengthened.
- **Yoga (Iyengar, Kripalu)** – class participants explored body alignment and placement within each yoga posture at a slow pace.
- **Zumba (Cardio)** – Latin rhythms of Zumba gave a fun, upbeat backdrop to this aerobics class.
- **Aqua Zumba** – Zumba moves were done in the water.
- **Beginning Spinning** – a true introduction to spinning, from proper bike set-up to a sustained 30 minute ride. Over 75% of registrants dropped out. Due to lack of success, was not offered again.
- **Intro To Meditation** – participants learned the skill of meditation. Over 75% of registrants dropped out. Due to lack of success, was not offered again.
- **Better Balance Workshop** – static balance, moving balance, and agility were emphasized. Pre and post-class balance testing was administered.

### **Individual Meetings**

- **Medical Nutrition Therapy (MNT)**, conducted by a registered dietitian, was offered to staff and students. MNT typically included a nutrition assessment and follow-up counseling for a variety of problems including but not limited to weight management, sports nutrition, cholesterol reduction, and general health. Michele Wilbur, RD, worked approximately 8 hours per week. There were over 170 meetings with a registered dietitian. In addition, the Wellness Program provided a community nutrition placement site in the fall for a dietetic internship offered through Cornell University's Division of Nutritional Sciences.

- **Consultation and Follow-up Meetings with Personal Trainers** were encouraged. These meetings were complimentary with membership and were intended to empower the member while gently encouraging positive behaviors using coaching techniques. Based on individuals' needs, meetings may have resulted in personalized exercise prescriptions. The personal trainers on staff provided exercise prescriptions for those wanting to use the fitness centers, take group fitness classes, or exercise at home. A total of nearly 875 of these individual meetings occurred between members and the Wellness staff this past year. Evening and early morning appointment options were available.
- **On-going Personal Training** for a fee was added the previous fiscal year and continued to be a success with 20 people who requested the service – sixty 4-packs (4, 1-hour personal training sessions) were sold. This offering was tailored to individuals that wanted the motivation of a trainer on a regular basis to help them reach their goals. People who were lacking internal motivation to exercise benefitted from this new service. Additionally, individuals who had specific goals who wanted continuous guidance found this service helpful.
- **Physical Fitness Testing** was offered by request to Wellness members. The fitness testing included: blood pressure and resting heart rate measurement; height, weight, and percent body fat measurement; hand grip strength testing; sub maximal treadmill testing; flexibility testing; and sit-up and push-up testing. Upon completion, a six page report with explanation of results was mailed to each participant.

#### **Senior Fitness Testing**

In FY 11-12 group fitness testing was offered twice to members over the age of 55. Testing involved a battery of fitness tests sanctioned by the Senior Fitness Association and the *National Academy of Sports Medicine* (NASM) that included various strength, aerobic capacity, flexibility, and balance tests. Results were mailed to individuals and were used to compare fitness levels from year to year. 50 members participated in senior fitness testing.



## Wellness Outreach

Wellness outreach included a broad range of Wellness programming and services that were available to the entire Cornell community. This included staff, faculty, retirees, and their families. A special effort continued to be made to meet with representatives to get to know the needs of staff in individual departments, and to provide programming for staff with less flexibility.

### **Bike To Work Day**

This event was coordinated by a group of volunteers from various parts of the Tompkins County community in conjunction with the American League of Bicyclists. The Wellness Program gladly helped to advertise the event and hosted a food/information table located outside Helen Newman Hall. This new spin on an annually recognized day was a huge success with over 40 bikers who visited our table for coffee, water, muffins, and bananas.

### **Blood Pressure Machine**

An automatic blood pressure machine was available to the Cornell community in the Helen Newman Hall fitness center. 8,020 blood pressure readings were taken this past year.

### **Blood Pressure Screening/Offerings**

Wellness staff continued to facilitate blood pressure screenings, both to groups and individuals, by request.

### **Classes – Open to the Cornell Community**

- **Advanced Running Techniques** – during this 6 week class runners learned and practiced techniques that increased speed, endurance, and form. Individuals' running mechanics were videotaped and reviewed by request. 20 participants.
- **Ethnic Cooking Class** – over 5 sessions, participants learned how to produce meals that provided healthy combinations of food groups while experimenting with various ethnic flavor combinations. Offered once per semester. 40 participants.
- **Walk To Run** – people transitioned from walking to running 3 miles during this 12 week class. The class finale was participating in an optional 5K race. 20 participants.
- **Adventure – Quit Smoking** – This class, designed by Cornell Outdoor Education staff, with collaboration from Wellness staff, combined high ropes adventure with smoking cessation techniques. Class was cancelled due to low enrollment.

### **Lectures, Workshops & Webinars**

- **Am I Having A Heart Attack Or Is It Just The Chili?** – Paul Stefak, MD, Cayuga Medical Center Cardiologist, presented two lectures, one to the general facilities department and a second to the building care employees. This lecture emphasized recognizing the signs of a heart attack in oneself and in someone else and seeking treatment as quickly as possible. 300 in-person.
- **Are Varicose Veins Hurting You?** – Silviu Marica, MD, Guthrie Health, talked about what varicose veins are and what you can do about them. 20 in-person. 82 webinar views.
- **Insomnia – Solutions For Better Sleep** – Reilly Coch, MD, Guthrie Health, provided audience members with information on the sleep cycle and treatments for insomnia including

medications. 30 in-person. 117 webinar views.

- **Bariatric Surgery** – John Mecenas, MD, Surgical Associates of Ithaca, educated participants on the criteria for bariatric surgery, types of bariatric surgery, expected recovery time and surgery outcome. 15 in-person. 79 webinar views.
- **Digest This: Free Lunch (A Lecture On Colon Health)** - Gastroenterologist, Dr. Karen Kim, Guthrie Health, shared everything from the science of colon cancer to the nitty gritty details of what's involved when you have a colonoscopy. 20 in-person. 33 webinar views.
- **Shoulders, Knees, and Lower Back Pain** - Andrew Getzin, MD, Cayuga Medical Center Sports Medicine, talked about common causes for joint pain and subsequent treatment plans. 35 in-person. 128 webinar views.
- **Back Pain: All You Wanted To Know And Maybe More** – Andrew Getzin, MD, Cayuga Medical Center Sports Medicine and John Winslow, PT, Cayuga Medical Center director of Physical Therapy shared their expertise about back pain. Attendees learned causes and symptoms, treatment options, and what to expect when seeking medical help. 40 in-person. 318 webinar views.
- **Pain and Posture** - William O Bauman, DC, Co-Director of the Guthrie Spine Clinic discussed “Upper Crossed Syndrome” which can be the cause of headaches, neck and back pain, and future shoulder injuries. 30 in-person. 128 webinar views.
- **I Laughed So Hard I Peed My Pants....And Other Pelvic Floor Adventures** - Christine M. Trumble, PT, OCS, McCune & Murphy, provided a webinar on pelvic floor health. 249 webinar views.
- **Cornell Physical Therapy Open House** – Susan Geisler, Cornell PT, and her staff, gave a tour of the physical therapy department and equipment used for injury treatment. An emphasis was placed on a physical therapists roll in diagnosing and treating an injury, when to see a physician, and when to graduate to working with a personal trainer. 6 in-person.
- **Healthy Cooking Demo: New American Classics** – Chef Jacob Kuehn, CU Dining, showed attendees how to make a healthier version of an American classic, meatloaf and French fries. 45 in-person.
- **Bread-Making Technique: Challah** - Chef Kevin Spinner, CU Dining, demonstrated how to make Challah, a traditional Jewish egg bread. 60 in-person.
- **Gluten Free Baking** - Chef Brennen Whitaker, Statler Hotel, introduced participants to a variety of alternative gluten free flours and showed attendees how easy it was to enjoy baked goods when restricting gluten from the diet. 35 in-person.
- **Eat Better Feel Better** – Wellness staff gave a 4-part live lecture and webinar series based on basic healthy nutrition. People learned how to consume balanced diets and were given tips to maintain or decrease caloric intake. 30 in-person. 315 webinar views.
- **Eat To Lose Weight** – Wellness staff provided this 4-part webinar series on food, calories, food tracking, and behavior change resulting in weight loss. 284 webinar views.
- **Stress Reduction Workshops – Focus On Guided Relaxation and a Focus on Meditation** – Diane Hecht gave two 4-session workshops that focused on reducing stress and taking care of oneself. 50 in-person.
- **CU Parenting** – Offered by the Division of Inclusion and Workforce Diversity in partnership with the Wellness Program, Benefit Services, and Medical Leaves office. These workshops prepared and informed future parents of resources and policies that dealt with pregnancy, parental leave and other related issues. 3 sessions offered. 60 in-person.
- **Destination Walks** – 30 minute walks lead by Wellness staff followed by guided tours from Cornell staff and faculty.

- **Tour Of Mann Library’s Notable Art and Artifacts** – 35 in-person.
- **Visiting the Plantations Plant Breeding Facility** – 40 in-person.
- **Inside Dr. Rayor’s Spider Lab** – 45 in-person.
- **Tour of Milstein Hall** – 40 in-person.
- **Tour of Uris Library** – 30 in-person.

### **Life Coaching**

Half-hour coaching sessions were offered to employees upon request. Wellness staff are trained as Intrinsic Coaches® or Wellcoaches. Throughout the year a few people participated in the coaching sessions either in person or by telephone.

### **Massage Therapy**

Ongoing clinics were successful this year for massage therapy. Cornell community clients paid fees for chair massages offered every Thursday throughout the year by Matty Termotto, LMT. Chair massages were also offered, by request, to individual departments.

### **No Excuses Weight Loss Contest**

First ever weight loss contest held by the Cornell Wellness Program. The contest was open to all faculty, staff, students, retirees, and spouses/partners. Participation in the contest was voluntary; Wellness staff were assigned as team mentors to provide guidance to individual teams. Mentors met with teams to discuss nutrition, physical activity, goal setting, methods of tracking weight loss progress, and more. Some teams used technology such as Facebook and Sparkpeople to network with each other and help to keep teammates motivated. Two optional challenges were offered throughout the contest; one involving short term goal setting and achievement; the other asking participants to reflect on the most important thing they had learned. **In eight weeks, 58 teams, totaling 767 participants, lost 5,110 pounds.**

### **Support Group e-lists**

Support group e-lists for diabetes, cancer, weight loss, weight loss surgery, lyme disease, and fibromyalgia continued to be supported by Wellness staff. These e-lists provided an informal setting for people to share their questions, thoughts, and experiences. In addition to the e-lists, Wellness helped to promote a new on-campus Al-Anon group.

### **Tobacco Cessation Options**

Wellness staff coordinated smoking cessation offerings which included one-on-one counseling, tele-counseling, and group counseling upon request. A couple of people contacted Wellness staff throughout the year to consult on smoking cessation. The Wellness Program continued to be involved with *T-Free Tompkins* in association with the Tompkins County Health Department. In addition, Wellness staff helped to promote an Adventure – Quit Smoking class offered through Cornell Outdoor Education.

### **Weight Watchers**

Two chapters offered on Cornell’s campus and one chapter off-campus are sponsored through the CU Wellness Program. Weight Watchers provided 17-Week-At-Work sessions during the school year and 12-Week summer sessions.

## Wellness Incentive Fund

In an effort to encourage the healthy behaviors of Cornell's faculty and staff, funding was secured a few years ago that allowed individual departments and units, with the Wellness Program's oversight, to create and implement programming that would meet the needs of its staff. The creation of the incentive fund allowed the departments and units with employees working off-campus to feel more included in wellness offerings. This past year, a Cornell department working in NYC, was awarded funding to help offset the cost of materials purchased by the group to prepare themselves for a 5K footrace. In addition to purchasing materials, Wellness staff coached the group through teleconference and email.

## Work By Request

All of the Wellness staff worked equally to fulfill special requests from individual departments. Departments who requested special offerings are listed below.

- **CIS, COE (Engineering)** - gave information on personal development opportunities through the Wellness Program.
- **Vet School Accounting Service Center** – workshop on exercises staff can do at their desks plus stress reduction suggestions.
- **CU Advance** - Women faculty monthly roundtable workshop on stress management.
- **Bring A Child To Work Day** – conducted cooking demo for parents and kids.
- **2 My Plate Nutrition Presentations** – conducted for Vet College staff.
- **Office Professionals Program** – conducted stress management workshop.
- **Vet School Administrative Assistants Networking Group** – lead discussion on stretches/strength training you can do at your desk, plus talked about workspace ergonomic easy solutions, physical activity options, and reducing pain.
- **Cornell Safety Services Annual Meeting – DSR Roundtable** - spoke about taking care of yourself and others.
- **Cornell NYC Extension Office** – Wellness received an application through Wellness Incentive Fund – helped prepare group by teleconference for JP Morgan Challenge running race. The fund supported teambuilding equipment and apparel.
- **Facilities – Combined Heat and Power Plant Division** – in-depth discussion on Wellness Program offerings for everyone as well as member only offerings.
- **Facilities Annual Supervisors Meeting** – presented with Michelle Artibee, Division of Inclusion and Workforce Diversity, on career/life options and opportunities at Cornell.
- **BTI Supervisor Monthly Meeting** – talked about Wellness Program offerings and gave a sneak peek into upcoming programming.
- **CU Police Weight Loss Contest** – assisted with grassroots 12-week weight loss contest. Provided nutrition, fitness, and motivation support by request; kept confidential weight log for all participants.
- **CU Police Fitness Testing** – assisted with annual fitness testing for monetary physical fitness incentive program. And, assisted with administration of mandatory fitness tests to top applicant pool prior to job offers.
- **New Supervisor Orientation Program** – lead discussion on Wellness offerings for employees and answered questions supervisors had on release/flex requests and implementation. NSOP training occurs about 4 times per year.
- **Staff Education Exploration Day** – tabled at annual event.
- **Benefair** – tabled at annual event.

- **BTI Benefair** – tabled at annual event.
- **Vet School Benefair** – tabled at annual event.
- **Welcome To Cornell** – tabled at monthly event.

## **Collaborations**

- **Athletics Department Collaborations**
  - Equestrian Center – advertised pony rides fund raiser
  - Reis Tennis Center – discounted membership
  - Robert Trent Jones Cornell Golf Course – golf lessons and discounted membership
  - Merrill Sailing center – sailing lessons and discounted membership
  - Outdoor Education – Wellness rock climbing class and discounted wall pass
  - Cornell Lacrosse – advertised blood drive
- **Community Collaborations**
  - The Gym at East Hill Plaza. Developed relationship with owner with understanding that many members may also be Cornell employees who value the gyms convenient location at East Hill Plaza. Worked out a deal for employees to be able to utilize the facility at a reduced cost during Cornell’s winter break period.
  - Island Health and Fitness Community Corners. Toured facilities to understand what this new facility had to offer. Wellness continues to have a good relationship with Island and recommends their facilities to people when appropriate.
  - Island Health and Fitness at both locations. Worked out a deal for employees to be able to utilize the facility at a reduced cost during Cornell’s winter break period.
  - Hosted Aquatic Exercise Association certification training for the community. Participants were eligible to take the certification exam to become a certified water aerobics instructor.
  - Hosted Zumba Gold training for the community. Participants completed the first step in becoming certified to teach Zumba Gold to older adults.

## **Professional Development/Committee Work/National Recognition**

The Wellness Program valued the importance of continuing education for our staff members. Wellness core competencies include the abilities to listen, teach, coach, educate, and serve. Professional development keeps our staff current on new trends, best practices and research as well as keeps us connected with a network of colleagues nationwide. Below is a list of professional development completed by our staff this past fiscal year.

### **Beth McKinney**

- Employee Assembly
- Employee Trustee
- Chair of Career Life Advisory Committee
- Chair of CARE Fund (Cornellians Aiding and Responding to Employees)
- Certified in AED, CPR, and First Aid through the American Red Cross
- Volunteered at Ithaca's Free Clinic, nutrition counseling
- Diversity In Higher Education In The Workplace Conference – Wellness staff in collaboration with Cheryl Ransaw, Georgia State Wellness Program Director, presented “Embracing a Diverse Population Through Culturally Competent Wellness Programming” during the Pre-Conference

### **Kerry Howell**

- Elected Veterans Colleague Network Group Community Relations leader
- Participated in ad-hoc Rec Services Facility Cleaning Committee
- Shadowed Cornell physical therapists
- Hired and supervised part-time personal trainer for older adult population
- Certified in AED, CPR, and First Aid through the American Red Cross
- Diversity In Higher Education In The Workplace Conference – Wellness staff in collaboration with Cheryl Ransaw, Georgia State Wellness Program Director, presented “Embracing a Diverse Population Through Culturally Competent Wellness Programming” during the Pre-Conference

### **Ruth Merle-Doyle**

- Co-chair of CARE Fund Auction, Fall 2012
- Completed certification as a Prenatal/Postnatal Exercise Specialist, May 2012
- Certified in AED, CPR, and First Aid through the American Red Cross
- Completed Excel 2010 class

## **Director's Notes**

### **Strategic Plan**

The 2010-2013 Wellness Program Strategic Plan continues to guide our direction. This past year, we focused on reaching the employees least likely to participate. These included non-exempt workers who have positions with little or no flexibility. Our staff reached out and provided programming to individual departments/units for groups as small as six people to groups as large as 100 people. This is a growing area which we feel greatly promoted a culture of wellness on the campus. In addition to bringing programs to people, this provides Wellness staff the opportunity to meet and talk with a wide range of individuals.

Our connections to each of the University's Colleague Network Groups have generated ideas that we have incorporated into our programming such as indentifying a guest chef for a soul food cooking demonstration. By learning from and presenting to different affinity groups, CU Wellness continues to strive to make everyone feel welcome.

We continued meeting and working with our newly formed (in 2011) Wellness Advisory Committee whose volunteers continue to provide valuable feedback and challenge us to strive for excellence. See Appendix D for notes from the FY 11-12 meetings.

Finally, we have been contacted by organizations both locally and nationally looking for information on best practices and advice on how to improve their wellness programs. These include Ithaca High School, Mohawk Valley Community College, UC Berkeley, UC Riverside, Lafayette College, Clemson University, University of North Dakota, and Dartmouth.

### **Staff Changes**

Our staff has been intact for over 6 years. In July 2012, Sage Marie resigned as our Wellness and Fitness Specialist. This has given us the opportunity to review our needs and revise the job description to meet our growing outreach needs. A job search is under way. Michelle Wilbur, RD, resigned from providing nutrition counseling services as well.

### **Opportunities**

The current CU Wellness structure has remained unchanged for over 20 years. This 2-prong approach, including a membership area and an outreach area, has served us well. Membership provides the opportunity to work out in a fitness center, class, or pool setting. The outreach efforts offer "something for everyone" as programming has expanded over the years.

The recent employee survey, October 2011, showed that employees were concerned about lack of consistent application of the Wellness Guideline. This issue got significant traction in the comments in the staff survey and appears to be behind the low scores on the question about inconsistent application of HR policies across campus. Currently some colleges give 3 hours/week of paid release time to exercise, but not all do. The university "guideline" encourages time for wellness activity but requires supervisory approval, which, for many staff means they do not access the benefit. A committee was formed in July 2012 to bring this issue back for discussion.

In addition, wellness is an expanding component of Cornell's health care plans as they work to meet the national health care guidelines. And what better way to expand wellness than to utilize a program that is already successful? The Wellness Program staff in collaboration with other areas across campus are working to create a new paradigm, and perhaps a new policy that will ultimately serve all Cornell employees more equitably.

### **Wellness Advisory Committee**

Created in Fall 2011 the Wellness Advisory Committee continued to provide input to the Wellness Program on future topics of interest and ideas for programming improvements. Members were tasked with being our eyes and ears in the Cornell community. In addition, the committee helped ensure programming was meeting the needs of a Cornell population that encompassed faculty, staff, spouses/partners, and retirees. This committee was comprised of approximately 20 members that represented views from a diverse demographic population. The committee continued to meet in FY 11-12, with about 50% of its members re-committing to another 1-year term and 50% new members. The Wellness Advisory Committee has been very valuable, leading to program offerings such as the Destination Walks and the No Excuses Weight Loss Challenge. See Appendix D for notes from the FY 11-12 meetings.

### **Technology**

Web-based services continued to be a priority. With the current climate of limited resources and major strategic change at the university, staff and faculty were less likely to attend Wellness and the Division of Inclusion and Workforce Diversity offerings in person. In addition, this was an opportunity to reach out to distance locations such as the many Cornell offices nation and worldwide. Webinars were used for providing web-based lectures as well as recordings of live lectures. Podcasts were created by the Wellness staff to educate Cornellians about various wellness-related opportunities. And video links were added to the Wellness website from high quality providers that offered fitness tips and instructions. In addition, Google docs was used by participants as a mode of registering for outreach programming. Using Google docs allowed tracking of the number of faculty who signed up for our offerings. This was a necessary metric for us to determine if we were reaching the goal of offering programming that is appealing to faculty as well as staff.

### **Health Information**

The Wellness Program used national, local, and bi-annual survey data to assess the needs of its population. In addition to national health statistics, research, and other data, the Wellness Program was able to access aggregate information about our endowed employee population. This information, provided by the Benefit Services, helped to target wellness programming in areas where Cornell either spends the most healthcare dollars or for medical issues that affect many Cornell staff and faculty.



## Appendix A

### Demographic Data 2012

	Wellness Program Number	Percentage %	Cornell University Number	Percentage %
<b>American Indian/Alaskan Native</b>	4	0.14%	29	0.25%
<b>Asian</b>	258	8.75%	1016	8.78%
<b>Black or African American</b>	99	3.36%	327	2.82%
<b>Hispanic/Latino</b>	61	2.07%	205	1.77%
<b>Native Hawaiian/Oth Pac Island</b>	5	0.17%	9	0.08%
<b>Not Specified</b>	59	2.34%	199	1.72%
<b>White</b>	2453	83.18%	9792	84.58%
<b>Endowed</b>	2100	71.21%	7560	65.30%
<b>Statutory</b>	849	28.79%	4017	34.70%
<b>Exempt</b>	2128	72.16%	7692	66.44%
<b>Nonexempt</b>	821	27.84%	3885	33.56%
<b>Female</b>	1558	52.83%	5661	48.90%
<b>Male</b>	1391	47.17%	5915	51.09%
<b>Other</b>	0	0.00%	1	0.01%
<b>Academic</b>	1063	31.45% 37.99%*	4479	38.69%
<b>Retiree/Retiree Spouses</b>	239	7.07%		
<b>Staff</b>	1578	46.69% 56.40%*	5658	48.87%
<b>Union</b>	157	4.64% 5.61%*	1439	12.43%
<b>Spouses/Trustees</b>	343	10.15%		

\*Indicates adjusted percentage where retiree/retiree spouses and spouses/trustees were removed from total so that percentages can be compared with University percentages.

## Appendix B

### Wellness & Well-being Questionnaire Highlights

To review the entire survey results see the Wellness web site

[http://wellness.cornell.edu/images/SurveySummary\\_nocomments%208-2011.pdf](http://wellness.cornell.edu/images/SurveySummary_nocomments%208-2011.pdf)

**More than 50% of people were very interested or somewhat interested in the following topics:**

Blood Pressure Testing	Flexible Work Options
Metabolic Testing	Assertive Communication
Accessing Health Information on the Internet	Anxiety
Staying Mentally Sharp as We Age	Depression
Active Aging	Sustaining a Positive Attitude
Back Care	Workspace Ergonomic Assessment
Cholesterol Education	Blood Cholesterol Testing
Food Safety Education	Blood Sugar Testing
Healthy Cooking	Carotid Ultrasound (stroke screening)
Healthy Eating	Hearing Testing
Heart Disease Education	Lung Function Testing
Sleep Education	Osteoporosis Screening (DXA scan)
Weight Management	Volunteer Opportunities in Community
Dealing With Financial Hardship	Wellbeing Opportunities in Your Community (Tompkins and surrounding counties)
Financial Planning	Time Management Skills
Retirement Planning	Environmentally Friendly Cleaning Products
Long Term Care Insurance	Environmentally Friendly Health Care Products
Creating a Will	Going Green in Your Home
Budgeting Basics	Making Your Home More Energy Efficient
Balancing Work and Life	Going Green in Your Workplace
Career Building Resources at Cornell	

## Appendix C



### CPHL – 2010 Disease Prevalence (Top 15)

Top 15 Diseases	Number of Unique Claimants with Disease	Prevalence	BOB Prevalence <sup>3</sup>	Total Paid Amount for Claimants with Disease <sup>4</sup>	Total Paid Amount Per Claimant with Disease <sup>4</sup>
<b>Total Continuously Enrolled Members in Population<sup>2</sup>: 2,079</b>					
Hypertension	111	5.3%	13.6%	\$976,250	\$8,795
Hyperlipidemia	134	6.4%	13.1%	\$968,379	\$7,227
Low Back Pain	118	5.7%	5.5%	\$799,761	\$6,778
Depression	141	6.8%	4.7%	\$733,022	\$5,199
Anxiety	129	6.2%	2.3%	\$647,597	\$5,020
Allergy	109	5.2%	8.0%	\$643,018	\$5,899
Diabetes Mellitus	48	2.3%	4.9%	\$551,817	\$11,496
Asthma	73	3.5%	3.8%	\$501,162	\$6,865
Chronic Thyroid Disorders	65	3.1%	4.6%	\$495,673	\$7,626
Migraine and Other Headaches	42	2.0%	2.9%	\$372,832	\$8,877
Osteoarthritis	14	0.7%	1.9%	\$329,780	\$23,556
Ischemic Heart Disease	11	0.5%	2.2%	\$318,382	\$28,944
Nonspecific Gastritis/Dyspepsia	33	1.6%	6.0%	\$309,079	\$9,366
Breast Cancer	10	0.5%	0.6%	\$251,214	\$25,121
Obesity	42	2.0%	0.8%	\$249,637	\$5,944

<sup>2</sup>All measures are based only on members continuously enrolled in a specific product for at least 12 months. <sup>3</sup>Aetna BOB norms are generated by product category, but are not adjusted for demographics. BOB results include populations with and without Rx benefits. Reported prevalence rates are generally higher when Rx data is available. <sup>4</sup>Total paid amount are not limited to disease-specific claims, but also include any claims incurred by that claimant with the disease during the reporting period.

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### PPO – 2010 Disease Prevalence (Top 15)

Top 15 Diseases	Number of Unique Claimants with Disease	Prevalence	BOB Prevalence <sup>3</sup>	Total Paid Amount for Claimants with Disease <sup>4</sup>	Total Paid Amount Per Claimant with Disease <sup>4</sup>
<b>Total Continuously Enrolled Members in Population<sup>2</sup>: 2,044</b>					
Hypertension	204	10.0%	13.6%	\$1,514,389	\$7,423
Anxiety	119	5.8%	2.3%	\$963,783	\$8,099
Hyperlipidemia	184	9.0%	13.1%	\$952,510	\$5,177
Depression	105	5.1%	4.7%	\$896,550	\$8,539
Allergy	130	6.4%	8.0%	\$743,631	\$5,720
Low Back Pain	122	6.0%	5.5%	\$717,794	\$5,884
Nonspecific Gastritis/Dyspepsia	63	3.1%	6.0%	\$618,930	\$9,824
Diabetes Mellitus	70	3.4%	4.9%	\$544,293	\$7,776
Chronic Thyroid Disorders	69	3.4%	4.6%	\$496,651	\$7,198
Obesity	30	1.5%	0.8%	\$495,824	\$16,527
Migraine and Other Headaches	51	2.5%	2.9%	\$438,465	\$8,597
Asthma	82	4.0%	3.8%	\$413,075	\$5,038
Ischemic Heart Disease	33	1.6%	2.2%	\$359,527	\$10,895
Breast Cancer	13	0.6%	0.6%	\$349,172	\$26,859
Iron Deficiency Anemia	6	0.3%	0.4%	\$347,003	\$57,834

<sup>2</sup>All measures are based only on members continuously enrolled in a specific product for at least 12 months. <sup>3</sup>Aetna BOB norms are generated by product category, but are not adjusted for demographics. BOB results include populations with and without Rx benefits. Reported prevalence rates are generally higher when Rx data is available. <sup>4</sup>Total paid amount are not limited to disease-specific claims, but also include any claims incurred by that claimant with the disease during the reporting period.

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## CPHL – 2010 Utilization of Services by Major Diagnostic Category

Major Diagnostic Category	# of Claimants	# of Claims	Inpatient Paid	Ambulatory Paid	Total Paid	Total Paid % of Total	Total Paid Per Claimant	Total Paid Per Member
Musculoskeletal/Connective	782	4,817	\$307,006	\$789,222	\$1,096,227	14.40%	\$1,402	\$443
Selected Factors	1,916	6,657	\$40,303	\$1,050,943	\$1,091,246	14.33%	\$570	\$447
Circulatory System	303	1,188	\$488,626	\$312,746	\$801,371	10.53%	\$2,645	\$328
Newborns	53	211	\$582,898	\$11,453	\$594,351	7.81%	\$11,214	\$243
Digestive System	353	1,183	\$46,658	\$418,795	\$465,453	6.11%	\$1,319	\$191
Nervous System	238	928	\$177,422	\$267,929	\$445,351	5.85%	\$1,871	\$182
Skin, Subcutaneous, Breast	786	2,198	\$8,963	\$428,303	\$437,266	5.74%	\$556	\$179
Mental Disorders	471	3,172	\$17,628	\$415,673	\$433,301	5.69%	\$920	\$177
Pregnancy/Childbirth	91	462	\$315,088	\$99,748	\$414,836	5.45%	\$4,559	\$170
Ear, Nose and Throat	817	2,573	\$5,432	\$372,914	\$378,346	4.97%	\$463	\$155
Female Reproductive	285	1,140	\$41,081	\$302,708	\$343,790	4.52%	\$1,206	\$141
Endocrine, Metabolic	510	1,574	\$46,475	\$263,703	\$310,178	4.07%	\$608	\$127
Kidney, Urinary Tract	259	739	\$5,078	\$161,423	\$166,501	2.19%	\$643	\$68
Eye	663	994	\$0	\$154,281	\$154,281	2.03%	\$233	\$63
Respiratory System	340	849	\$31,495	\$120,188	\$151,684	1.99%	\$446	\$62
Injury and Poisoning	157	257	\$43,863	\$55,910	\$99,773	1.31%	\$635	\$41
Infectious-Parasitic	170	302	\$6,252	\$41,916	\$48,167	0.63%	\$283	\$20
Blood/Organs	87	219	\$11,363	\$35,513	\$46,876	0.62%	\$539	\$19
Hepatobiliary Sys/Pancreas	38	111	\$25,607	\$16,605	\$42,213	0.55%	\$1,111	\$17
Male Reproductive	79	157	\$1,384	\$38,433	\$39,817	0.52%	\$504	\$16
Substance Disorders	15	107	\$20,940	\$16,959	\$37,899	0.50%	\$2,527	\$16
Other Neoplasms	20	47	\$0	\$11,046	\$11,046	0.15%	\$552	\$5
Burns	5	18	\$0	\$2,178	\$2,178	0.03%	\$436	\$1
Unclassifiable	113	314	\$0	\$407	\$407	0.01%	\$4	\$0
<b>Grand Total</b>	<b>2,462</b>	<b>30,217</b>	<b>\$2,223,561</b>	<b>\$5,388,995</b>	<b>\$7,612,556</b>		<b>\$3,092</b>	<b>\$3,116</b>

Selected Factors: Factors influencing Health Status and Other Contacts with Health Services (Broader definition included on slide 20)

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## PPO – 2010 Utilization of Services by Major Diagnostic Category

Major Diagnostic Category	# of Claimants	# of Claims	Inpatient Paid	Ambulatory Paid	Total Paid	Total Paid % of Total	Total Paid Per Claimant	Total Paid Per Member
Musculoskeletal/Connective	784	4,892	\$100,754	\$852,418	\$953,171	13.16%	\$1,216	\$414
Digestive System	376	1,574	\$168,122	\$574,526	\$742,647	10.25%	\$1,975	\$322
Selected Factors	1,540	4,701	\$5,700	\$648,261	\$653,960	9.03%	\$425	\$284
Skin, Subcutaneous, Breast	743	2,300	\$29,706	\$624,002	\$653,708	9.03%	\$880	\$284
Mental Disorders	385	2,852	\$84,085	\$439,092	\$523,177	7.22%	\$1,359	\$227
Ear, Nose and Throat	783	2,712	\$8,141	\$425,323	\$433,464	5.99%	\$554	\$188
Circulatory System	373	1,439	\$64,302	\$351,553	\$415,855	5.74%	\$1,115	\$190
Nervous System	276	1,375	\$76,365	\$324,539	\$400,904	5.54%	\$1,453	\$174
Endocrine, Metabolic	481	1,622	\$170,999	\$187,501	\$358,500	4.95%	\$745	\$156
Hepatobiliary Sys/Pancreas	49	404	\$110,270	\$206,750	\$317,020	4.38%	\$6,470	\$138
Respiratory System	319	951	\$97,236	\$185,782	\$283,017	3.91%	\$887	\$123
Female Reproductive	223	986	\$12,023	\$254,201	\$266,224	3.68%	\$1,194	\$116
Eye	616	1,078	\$0	\$254,218	\$254,218	3.51%	\$413	\$110
Pregnancy/Childbirth	44	334	\$162,035	\$66,865	\$228,900	3.16%	\$5,202	\$99
Kidney, Urinary Tract	229	771	\$9,405	\$199,575	\$208,980	2.89%	\$913	\$91
Male Reproductive	103	286	\$67,271	\$76,685	\$143,956	1.99%	\$1,398	\$62
Other Neoplasms	42	161	\$6,587	\$125,923	\$132,511	1.83%	\$3,155	\$57
Newborns	30	103	\$77,686	\$1,426	\$79,112	1.09%	\$2,637	\$34
Blood/Organs	84	245	\$4,257	\$66,558	\$70,815	0.98%	\$843	\$31
Injury and Poisoning	140	299	\$3,063	\$48,022	\$51,085	0.71%	\$365	\$22
Infectious-Parasitic	115	204	\$16,707	\$22,826	\$39,533	0.55%	\$344	\$17
Substance Disorders	10	76	\$0	\$18,944	\$18,944	0.26%	\$1,894	\$8
Burns	5	19	\$1,698	\$6,375	\$8,073	0.11%	\$1,615	\$4
Unclassifiable	151	626	\$0	\$4,593	\$4,593	0.06%	\$30	\$2
<b>Grand Total</b>	<b>2,212</b>	<b>30,010</b>	<b>\$1,276,411</b>	<b>\$5,965,957</b>	<b>\$7,242,367</b>		<b>\$3,274</b>	<b>\$3,143</b>

Selected Factors: Factors influencing Health Status and other Contacts with Health Services. (Broader definition included on Slide 20)

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## Appendix D

### Wellness Advisory Committee

Below is a summary of discussion/contributions to the Advisory meetings on November 18, 2011 and June 27, 2012. The notes were transcribed from a recorder.

#### November 18, 2011 Comments/Questions:

- Wellness Program likes partnering with Cornell departments to develop and offer tailored programs that employees ask for and that fit into their schedules.
- The Wellness Program had about 7 meetings this past year with many levels of management in Facilities and offered tailored programming. The employees in Facilities Management are very appreciative to know more about the different wellness/worklife opportunities available. They are excited to know that they can request flexible work options and even though they may not be able to take advantage of an offering now, they might in the future. Supervisors know who they can talk with to find out more about wellness/worklife to help the employees they supervise.
- Figuring out how to make offerings equally accessible to union employees is a challenge. The Wellness Program is very under-utilized by union employees. Union employees do have some flexibility but it is very complicated for both the employee and the supervisor. However, having the open discussions is very valuable to the employee.
- Lights in the Reis tennis facility are being replaced with more efficient lighting that will save the University and Athletics Dept. large amounts of money. The lights in Barton are next on the list.
- Is Wellness part of the Onboarding process?
- What is the make-up of Wellness members?
- Does Wellness know what other university's wellness programs are doing?
- What are the Athletic Department's plans for gender neutral locker/restrooms?
- What are the plans for men's HNH locker renovations? What is the cleaning schedule for the locker room benches?
- Can group fitness classes continue all year long?

#### Notes from June 27, 2012 Comments/Questions:

- Always looking for new Advisory Committee members. At this time we are lacking in faculty representation. If you know someone who would like to serve, let the Wellness Program (WP) know.
- Thank you to Trey W. for recommending the WP host a weight loss contest. No Excuses contest very successful. Brainstorm additional ways to advertise future contest.
  - Bigger poster
  - Twitter
  - Not everyone in Shops has email – try unique marketing ideas. Spread word through Facilities HR rep and advertise well in advance so the word can be spread at shop meetings
  - Table tents in dining facilities on campus, exterior signage on buildings and buses
  - Worklife email will go out to every employee instead of through HR reps
  - Market in dining facilities off-campus?

- Impression is that the WP is for older adults only. Work towards increasing impression that WP is for younger pop. too.
- For recruiting more faculty, ask faculty to hand out information to their faculty co-workers.
- Q. What marketing is done for in-coming staff? Does WP have a presence at the On-boarding Center? Are the Wellness applications at the On-boarding center?
- Q. For recruiting retirees, Kathy S. has a list of new retirees, maybe WP can market directly to them similar to direct marketing for faculty and new staff?
- There is a belief in many work groups that people who hold certain job positions (ex. custodians, dining, union employees) cannot join the WP. All can join but some are not able to utilize flex/release time options. Help to make options more equally accessible. Advertise what is available to help minimize confusion.
- Possible Destination Walk to Libraries – advertise that Cornellians can check out books.
- There exists an HR “perks” webpage. It lists things like the WP, library access, dining info, etc.
- Faculty, Brian Wansink, Food and Brand Lab, potential collaborator for nutrition research.
- WP staff have a mtg with Matt C. and Curtis F. to discuss wants/needs of the LGBTQ community in regards to fitness facilities.
- Response to Employee Survey Committee (REST) team – Wellness Policy sub-committee lead by Beth M., tasked by VP Mary O. to create a Wellness Policy to address the concerns raised by Cornell employees about the unequal opportunities for utilizing the WP and its offerings.
- WP staff have a mtg with Lauran J. to understand Unions and Union negotiations.
- Kronos – pro’s and con’s
  - Pro’s – Kronos is designed to ensure that employees are being treated fairly and getting to take lunch breaks/other state mandated breaks
  - Con’s – Kronos is still relatively new and its implementation is not being handled equally amongst employees. Employees are confused about Kronos and HR managers are struggling with it as well
    - Kronos is causing clock watching. Employees are being written up when they punch out or in 3 minutes late/early. There is a line at the punch clock in HNH
    - Internal department policies exist that are causing strict implementation of Kronos not allowing for any wiggle room when employees are taking Wellness time. Can the department policies be changed? There are 3 ways to record time in Kronos 1) time-clock swipe 2) self-record hours (employee punches in his/her time) 3) auto fill time. Time can be changed by supervisor after the punches are in. Would make it easier if time was auto-filled and time punches were not needed. Some employees find the process so difficult that they are not going to bother trying to take time to exercise
    - “Wellness time” needs to be recorded as paid leave so that it does not push employee into overtime causing hardship for department
  - Is Kronos discussion one for Employee Assembly? Is it a trust issue between supervisors and employees?
- WP is collaborating with the Benefits Services Dept. to enhance Wellness offerings to all. Discussion currently underway.
- Health Screenings – WP looking into medical providers to offer certain health screens – focus would be on bringing health screens to departments where employees have little work flexibility.
- Webinar technology has been helping with making lectures accessible to those who have limited work flexibility for attending midday programs.

- Q. Can webinars be recorded as podcasts?
- Social Networking discussion
  - WP is piloting using a closed small group on Facebook for one of its support groups
  - Library panel discussion on this topic – feedback was that panel members didn't have time to look at one more Facebook page
  - Facebook is dying. Google Plus is the up and coming because lots of people using Gmail, Google search engine, and Google products link with Smart phones
  - Twitter is popular because the messages are brief and to the point
  - Facebook seems to be useful for a couple of departments, but it is time consuming. Focus on specific pages for specific groups
  - Use Linked In for professional networking
  - Would be nice to have a group fitness APP. Would be great if classes/lectures could load to Smart phone calendar. Check Taughannock Park website for example of this
- Website is being re-worked. Have a student helping with this. Re-design will be fully vetted with ad hoc group before implemented. There are usability groups on campus who can help with this – WP might want to look into this.

## Appendix E

### Cornell University Wellness Program

#### Strategic Goals 2010-2013 (Updated May, 2012)

##### Goal 1: To provide best care practices

**Objective:** Collaborate with all efforts to promote (universal) flex and release time

1. With DIWD priorities changing for fy 13, continue with flex language.
2. Take active role in REST committee (Response to Employee Survey)

**Objective:** Collaborate with Gannett Health Services, CMC, Guthrie and Benefits Services with the idea of expanding into areas that enhance our ability to serve employees

1. With Benefits Services, explore incentives

**Objective:** Collect needs assessment data

*Strategy 1: Gather existing data from collaborators (Benefits, HRIS)*

*Strategy 2: Benchmark comparable university Wellness program offerings (completed 2011, next study 2016)*

*Strategy 3: Establish Wellness Advisory group (established May 2011)*

*Strategy 4: Conduct bi-annual survey (ongoing, completed June 2011))*

**Objective:** Be a resource to the local community

*Strategy 1: Provide outreach by request and as appropriate to surrounding community*

*Strategy 2: Provide wellness-related consulting to local entities by request*

**Objective:** Reach a broad and diverse audience including but not limited to education level, location, physical abilities, stage of change, SES, work status, nature of job, language barrier, age, ethnicity, and race

*Strategy 1: Continue to focus Active Wellness classes on populations requiring attention on various physical issues and limitations with emphasis on creating welcoming environment for all.*

- a. Align with newly revised Encore program.
- b. Make every attempt to continue Aqua Zumba at Teagle pool.
- c. Run 3 sessions of signup classes (Fall, Spring, Summer)
- d. Run shortie classes as needed.
- e. Run focused workshops as needed.

*Strategy 2: Work with individual units to provide specialized programming*

*Strategy 3: Provide health screenings to units as needed at their locations as appropriate:*

- a. Contact Guthrie, check with other companies,
- b. See if any of this can be billed to insurance.

*Strategy 4: Utilize web-based programming and information sharing including*

- a. Learn WebEx software when available from Cornell CIT



- b. Explore/Create youtube channel using Cornell's account
- c. Create at least one video workout

*Strategy 5: Explore uses of social networking (major topic for Wellness Advisory Group)*

- a. Pose to Advisory Group, June 2012 meeting
- b. Consider creating a FB "like" page
- c. Set up one support group on FB

*Strategy 6: Make connections and leverage CNG groups*

- a. Connect with LGBTQ CNG and/or Matt Carcella fy13
- b. Connect with Disability CNG fy13

## **Goal 2: Evaluate our program's effectiveness**

**Objective:** Explore possibilities for additional tracking of membership and program usage

**Objective:** Gather metrics and data; report out

*Strategy 1: collect metrics related to number of members, number of interactions*

*Strategy 2: collect survey data for each program using the standard web based survey*

*Strategy 3: collaborate with WDI and Benefits as possible to collect additional data to compare*

- a. Run Google Docs data from registration
- b. Run report from surveys
- c. Analyze difference between different types of exempt status (union, non-union)
- d. Connect with Alan Mittman or Laurel Parker to gain understanding of barriers linked to bargaining unit negotiations.

## **Goal 3: Gain national/international recognition**

**Objective:** Identify opportunities to speak/present at conferences, write articles, and apply for awards

## **Goal 4: Continuous development and training**

**Objective:** Cross training in the area of physical therapy

*Strategy 1: Shadow Gannett PT practitioners (completed 2012)*

**Objective:** Increase expertise in coaching, medical issues, older adult, diversity, and inclusive fitness

*Strategy 1: Professional staff encouraged to request continuing education*

**Objective:** Assimilate part time trainers and RD into Wellness Program philosophy and practices

*Strategy 1: Include them in more staff meetings as appropriate*

*Strategy 2: Ask for continuous feedback and input to our program*

## **Goal 5: Internal Processes**

**Objective:** Automate membership application (completed 2010)

**Objective:** Web page re-design

- a. Develop timeline

## **Goal 6: Diversity Gap Analysis To Do List (from focus on underserved populations of Veterans, Individuals of Color, Generations)**

1) Create a list of questions to “filter” programming through to increase inclusiveness

a) Does this program include ethnic/racially/culturally relevant information? (ex. cooking class – when cooking greens and smoked neck bones recipe – you can reduce sodium by..., or including information specific to race into lectures [(ex. Hispanics having a higher rate of diabetes) using Dept. of Health & Human Services – the Office of Minority Health data, or health books specific to race on information table at lecture (ex. Asian Americans and osteoporosis)])

b) Is this program sensitive to socioeconomic differences? (ex. Getting started with Fitness Lecture – high cost, low cost, no cost options for home equipment)

c) Are we marketing this program with language and in ways that connect with all generations? [ex. Traditional Generation (65-88yrs old) – this generation values loyalty and respect for authority – more likely to attend program if supervisor, physician, or person of perceived authority tells them to go]

d) Are we marketing in locations (Anabel Taylor, Sage Chapel), with organizations (CNG’s), and with media type (facebook, twitter?) that help to connect with Veterans, Individuals of color, and all Generations?

e) Have we taken advantage of linking health messages with pre-existing designated months/days celebrating Individuals of color (ex. African American month is Feb.), Veterans (Veteran’s Day), Generations?

f) Is this program accessible [language (ex. brochures in Spanish, Mandarin), physical space and ability/mobility, geographically (ex. on-campus, off-campus, on bus route), 24/7 viewing (Webinar)]?

2) Re-benchmark Ivies in 5 years to see what health/wellness/fitness programming is being offered for Individuals of Color, Veterans, Generational groups. Key words used in 2011 were health programs, fitness programs, exercise programs, veterans, generational, individuals of color, minorities

3) Connect with each Colleague Network Group in person

- a. LGBTQ and Men of Color (already connected in person with Veterans, Women of Color)

4) Provide Veteran, People of Color, and Generational specific health/wellness/fitness programming if asked by CNG and if CNG collaborates with Wellness to develop programming

5) Ask a representative from each CNG to sit on the Wellness Advisory Committee. (completed May 2012)

6) Eliminate GAP's in programming (ex. through lectures, webinars, website resources)

7) Analyze Google Docs data, if possible, to see if Wellness is reaching a more diverse population specific to People of Color, Veterans, and Generations. (See goal 2 strategy 3)

8) Article for PawPrint or Chronicle?

## Appendix F

### Healthy People 2020 Focus Areas

#### Access to Quality Health Services

financial incentives used to encourage health promotion  
health screening  
health risk assessments (ex. questionnaires about health habits)

#### Arthritis, Osteoporosis, and Chronic Back Conditions

#### Cancer

cancer management programs  
screening for any form of cancer

#### Chronic Kidney Disease

#### Diabetes

diabetes management program

#### Disability and Secondary Conditions

#### Educational and Community Based Programs

physical activity and/or fitness programs and activities  
nurse advice lines

#### Environmental Health

on-site exercising facility

#### Family Planning

education on balancing work and family

#### Food Safety

#### Health Communication

self care books or tools  
health awareness information  
lifestyle behavior change

#### Heart Disease and Stroke

hypertension management programs  
cardiovascular management programs  
screenings for high blood pressure  
screenings for cholesterol level

**HIV**

HIV or aids education

**Immunization and Infectious Disease****Injury and Violence Prevention**

back injury prevention programs

workplace violence prevention programs

**Maternal, Infant, and Child Health**

maternal or prenatal programs

**Medical Product Safety****Mental Health and Mental Disorders**

stress management classes or counseling

depression management programs

**Nutrition and Overweight**

nutrition or cholesterol education

weight management classes or counseling

lifestyle behavior change programs for weight management

obesity management programs

**Occupational Safety and Health**

formal policy for occupational protection (ex. seatbelts during workplace travel)

**Oral Health****Physical Health Infrastructure****Respiratory Disease**

asthma management programs

**Sexually Transmitted Diseases****Substance Abuse**

alcohol or drug abuse support programs

formal policy for alcohol use at worksite

formal policy that addresses drugs in the workplace

**Tobacco Use**

smoking management classes or counseling

lectures or informational brochures about smoking  
lifestyle behavior change programs to quit smoking  
formal policy for tobacco use at the workplace

### **Vision & Hearing**

#### **Additional Considerations**

Is the improvement of the health status for employees a stated mission or goal?

What are the challenges to programs success? (ex. Lack access to data/integration with other programs/services)

Company paid, employee paid, shared expenses

How many full-time employees are currently employed at this worksite?

How many part-time employees are currently employed at this worksite?

At least one part-time person is responsible for health promotion or worksite wellness

## **Appendix G**

### **WDI Goals FY 2012-2013**

#### **COMPLIANCE**

1. Implement a Title IX/gender equity and sexual assault prevention/awareness program

Lead: Lynette Chappell-Williams, Team: Michelle Artibee

2. Revise the AAP, including pipeline and job groups, to comply with the new federal regulations and the needs of TND.

Lead: Linda Croll Howell, Team: Darren Jackson, Rose Braman

3. Develop and provide, annually, the workforce demographic profile for each college and administrative unit\*\* and providing workforce metrics to support TND measurement including 120 day and exit survey data.

Lead: Linda Croll Howell, Team: Cassie Joseph

#### **DIVERSITY**

1. Revise the C2E3 recruitment plan and implement comprehensive retention program\*\*

Leads: Cassie Joseph/Davine Bey, Team: Kerry Howell

2. Implement HRSS's diversity web page \*\*

Leads: Lynette Chappell-Williams/Jennifer Lob

3. Develop framework for comprehensive diversity/inclusion training program for the university community.\*\*

Lead: Lynette Chappell-Williams, Team: Kerry Howell, Cassie Joseph

4. Implement a multigenerational workforce strategy, including a revised ENCORE program

5. Establish a women in leadership CNG

Lead: Cassie Joseph

#### **INCLUSION**

1. Plan and implement fall and spring town hall meetings on bias

Lead: Darren Jackson, Team: Linda Croll Howell, Rose Braman

2. Plan and implement fall and spring Title IX town hall meetings for students, faculty and staff on preventing sexual misconduct

Lead: Lynette Chappell-Williams, Team: Darren Jackson

3. Revise the inclusion report and BOT presentation to align with TND

Lead: Lynette Chappell-Williams, Team: Kathee Shaff, Linda Croll Howell

4. Formalize communication pipeline with LGBTQ RC to coordinate review of HR policies, university practices, and communications to align with LGBT sensitivities.

Lead: Michelle Artibee, Team: Ruth Doyle

5. Provide a framework and support for the implementation of TND staff initiatives from colleges and units.\*\*

Lead: Vacant, pending hire, Team: Cassie Joseph, Linda Croll Howell

6. Implement CNG-leveraged wellness programs

Lead: Beth McKinney, Team: Cassie Joseph

\*\* HRSS priority