

Worksite Wellness Guide



INCLUSIVE WORKSITE WELLNESS



*Strategies for Including Employees
of All Abilities in Wellness Initiatives*

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About the National Center on Health, Physical Activity and Disability (NCHPAD)

The National Center on Health, Physical Activity and Disability (NCHPAD) is a national resource and practice center that empowers communities, organizations and individuals through training, technical assistance, advocacy, thought leadership, health promotion, and health communication to create livable places, healthy people, and sustainable inclusion.

For more information, visit www.nchpad.org.

About the Disability and Health Program of the Alabama Department of Public Health

The Alabama Disability and Health Program was created in 2012 with funds provided through a three-year grant from the Centers for Disease Control and Prevention to improve the health of persons with disabilities. Alabama is one of 19 state-based programs funded by the CDC with the purpose of promoting equity in health, preventing chronic disease, improving emergency preparedness and improving the quality of life of people with disabilities. For more information, visit <https://www.alabamapublichealth.gov/disability/index.html>.



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Introduction

Worksite wellness programs have become a key component of our nation's fight against obesity, chronic disease and the rising cost of health care. There is a great deal of diversity within the workforce and it is important to consider how worksite wellness programs can benefit all employees. Employees with disabilities are often overlooked in the workforce, yet can benefit greatly from worksite wellness programs. This guide provides a comprehensive examination of worksite wellness and offers tips, strategies and resources to ensure that your worksite wellness program is inclusive of people with disabilities. You can use the guide to build an inclusive worksite wellness program from the ground up or, if you already have a program in place, use it to ensure that you are reaching employees with disability in your wellness program.

While employment rates for people with disabilities are lower than those without disabilities, the American Community Survey and the Current Population Surveys in 2018 showed that 19.1 percent of people with a disability were employed. With an aging population and advancements in technology, there is a growing trend towards more people in the workforce who identify as having a disability. The number of employees with disabilities may be larger than many employers may realize. Many people live with invisible and unidentified disabilities such as learning difficulties, traumatic brain injury, PTSD, issues affecting mental health, chronic pain, or other conditions. For this reason, it is critical that efforts to promote worksite wellness are inclusive of all employees.



Dimensions of Wellness

Wellness is more than just the absence of disease. The National Wellness Institute (NWI) defines wellness as a self-directed and evolving process of achieving full potential in one's lifestyle, mental and spiritual well-being. It also encompasses the environment in which a person lives. Dr. Bill Hettler of the NWI developed a model that breaks wellness into six dimensions: occupational, physical, social, spiritual, intellectual and emotional.

The Occupational Dimension recognizes enrichment that is gained through work. The tenets of the occupational dimension assume that it is better for an individual to choose an occupation that is rewarding to him or her and to develop functional, transferable skills through structured opportunities for involvement rather than being uninvolved and inactive. To grow in this dimension an individual examines whether or not he or she is pursuing a satisfying and enriching occupation and seeking out opportunities to build job-related skills and become more involved in their workplace.

The Physical Dimension recognizes the need for regular physical activity and encourages learning about a healthy diet and the negative effects of other behaviors such as smoking. It follows the tenet that it is better to be physically fit and consume food that enhances health. Improvement in this dimension means trying healthy, often small, dietary changes such as drinking more water or adding more vegetables to the dinner plate. It also means getting at least 30 minutes of exercise five times a week through moderate to vigorous activity.

The Social Dimension focuses on an individual contributing to his or her environment and community. It follows the tenets that it is better to live in harmony, rather than conflict, with others and the environment and to contribute to the common welfare of a community rather than thinking of oneself. According to this dimension the individual should consider how engaged he or she is in the community and explore ways to improve social interaction and efforts aimed at protecting the environment, such as volunteering or bringing re-usable bags to the grocery store.

The Intellectual Dimension recognizes an individual's creative and stimulating mental activities. This dimension recognizes that it is better to stretch and challenge our minds with intellectual and creative pursuits than to become self-satisfied and unproductive. It also follows the tenet that it is better to identify potential problems and choose appropriate courses of action based on available information than to wait, worry and contend with major concerns later.

The Emotional Dimension stresses the importance of recognizing and accepting one's feelings. It follows the tenets that it is better to acknowledge one's feelings and have an optimistic approach to life. Improvement in this dimension calls on the individual to assess his or her outlook on life, including whether or not he or she can recognize and express feelings. Improvement in this dimension can develop through practicing stress management techniques such as meditation or yoga, and getting regular exercise.

Consider utilizing the [A Week's Worth of Wellness Challenge](#) to self-analyze one's current state of wellness while providing reflection and action tools.



#WEEKOFWELLNESS

PHYSICAL SOCIAL INTELLECTUAL SPIRITUAL EMOTIONAL OCCUPATIONAL



ADAPTED FROM THE SIX DIMENSIONS OF WELLNESS©1976

Background on Worksite Wellness

Today's worksite wellness programs first arose in the years after World War II. Executives in the most successful companies understood the benefits of a healthy lifestyle and perks like gyms and masseurs were offered to upper management. Beginning in the 1970s, companies began offering a broader range of health-related benefits to their employees. By the 1990s, promotion of worksite wellness became a national movement supported by organizations like the American College of Sports Medicine and what eventually became the International Association of Worksite Health Promotion (www.iawhp.org).

Worksite Wellness Programs

A worksite wellness program is a health promotion activity or organization-wide policy designed to support healthy behaviors and improve health outcomes while at work. Successful worksite wellness programs consist of different activities, policies and environmental changes that encourage healthy behaviors in all employees. These can include:

- Health education and coaching
- Weight management programs
- Medical screenings
- On-site fitness programs such as group exercise or walking clubs
- Policies intended to facilitate opportunities to improve employee health, such as allowing active break times or conducting walking meetings
- Providing on-site kitchens and eating areas
- Offering healthier food options in vending machines
- Offering financial and other incentives for participation

Effective workplace programs, policies, and environments that are health-focused and employee-centered can benefit employers, employees, their families, and communities.

CDC Model for Worksite Wellness

The CDC model for worksite health promotion creates a comprehensive and systematic approach that addresses health and wellness of employees in and out of the workplace. The model suggests four steps that address health promotion at the individual and organizational level.

Step 1: Workplace Health Assessment

Information about the employee population, the worksite, employee needs, and personal and organizational health goals can be gained through assessments. These assessments, whether formal or informal, should be multi-level and include individual, organizational and community level assessment.

Step 2: Planning the Program

It is important to have strong leadership or infrastructure to manage the implementation of any program which can be developed during the planning stage. This stage also involves identifying goals and strategies, resources and communication approaches.

Step 3: Implementing the Program

Program implementation is more than changing a health behavior. It involves individual and organizational strategies that influence health within a broader environment. These strategies include health-related behaviors, health-related policies, health benefits, and environmental supports.

Step 4: Determining Impact through Evaluation

Evaluation should focus on things that are relevant and useful for improving strategies for health promotion. Worker productivity, improved health outcomes and organizational change are all areas that can provide direction for continuing and improving worksite health promotion programs.

The CDC website provides additional resources for implementing this model to develop and implement worksite health promotion programs at <https://www.cdc.gov/workplacehealthpromotion/index.html>.

Making the Case: Why Worksite Wellness?

Engaging in healthy behaviors on a daily basis is important for reducing the risk of chronic disease. However, many Americans spend their day at their place of work, and often these environments encourage or even require remaining sedentary throughout most, if not all, of the day. Worksite wellness programs can benefit employers by decreasing the cost of insurance premiums, reducing workers' compensation claims, improving productivity and decreasing absenteeism. For workers with disabilities, appropriate and inclusive worksite wellness programs can provide a much needed health promotion opportunity. Public health data clearly shows that there are greater disparities in health status between people with and without disabilities. Examples of these disparities include higher rates of obesity, higher rates of physical inactivity, higher prevalence of cigarette smoking, higher risk of chronic disease, greater inability to visit health care providers and an increased likelihood of developing secondary conditions.

Disability Impacts ALL of US

COMMUNITIES

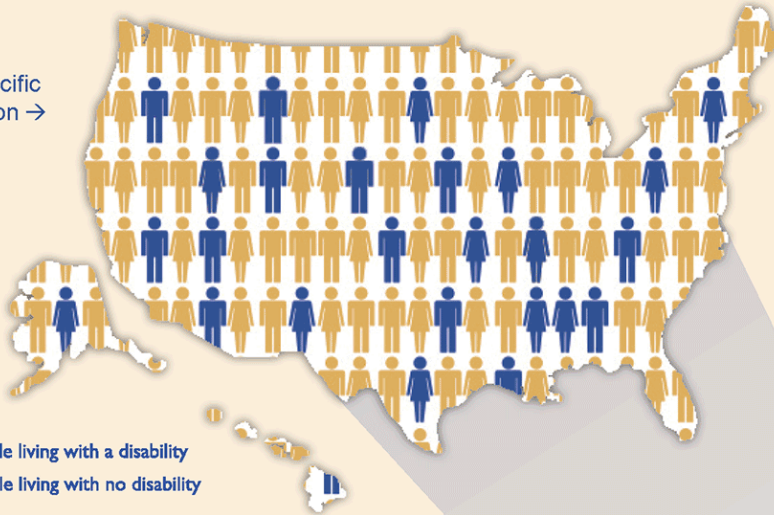
HEALTH

ACCESS



61 million adults in the United States live with a disability

Click for
state-specific
information →



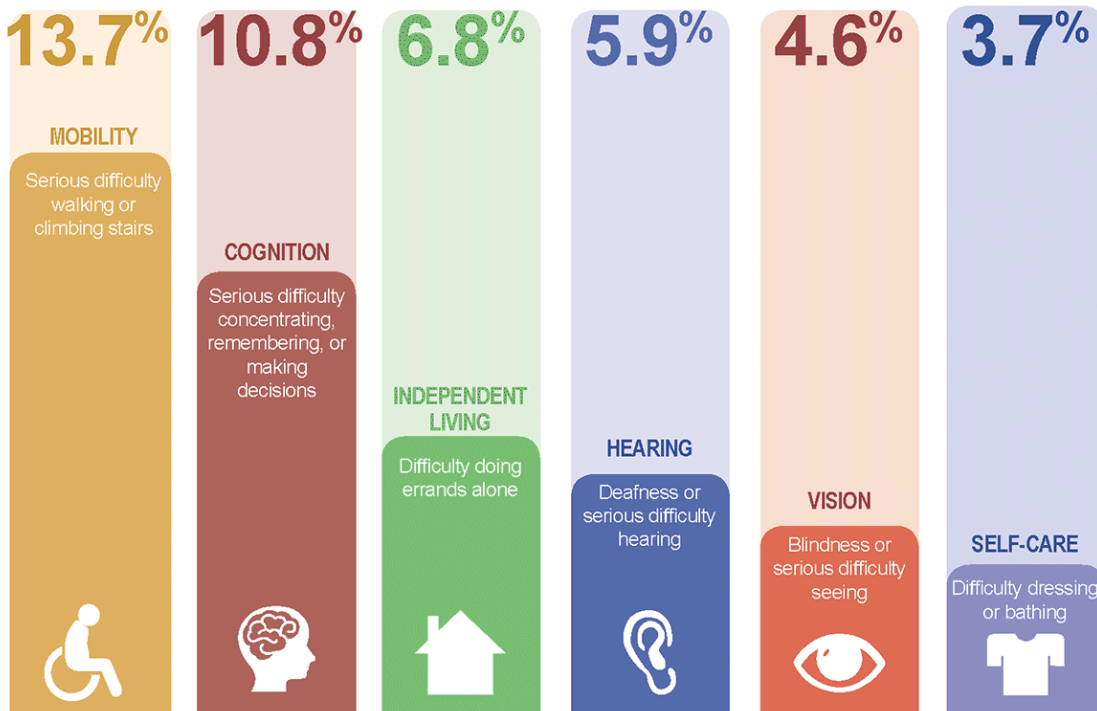
26%
(1 in 4)

of adults in
the United States
have some type
of disability

The percentage of people
living with disabilities is
highest in the South



Percentage of adults with functional disability types



Disability and COMMUNITIES



Disability is especially common in these groups:

2 in **5**

adults age 65
years and older
have a disability



1 in **4**

women have
a disability



2 in **5**

Non-Hispanic
American Indians/
Alaska Natives
have a disability



Disability and HEALTH



Adults living with disabilities are more likely to

	With Disabilities	Without Disabilities
HAVE OBESITY	38.2%	26.2%
SMOKE	28.2%	13.4%
HAVE HEART DISEASE	11.5%	3.8%
HAVE DIABETES	16.3%	7.2%

Disability and Healthcare ACCESS



Healthcare access barriers for working-age adults include

1 in 3
adults with disabilities
(18-44 years)

do not have a
usual healthcare
provider



1 in 3
adults with disabilities
(18-44 years)

have an unmet
healthcare need
because of cost
in the past year



1 in 4
adults with disabilities
(45-64 years)

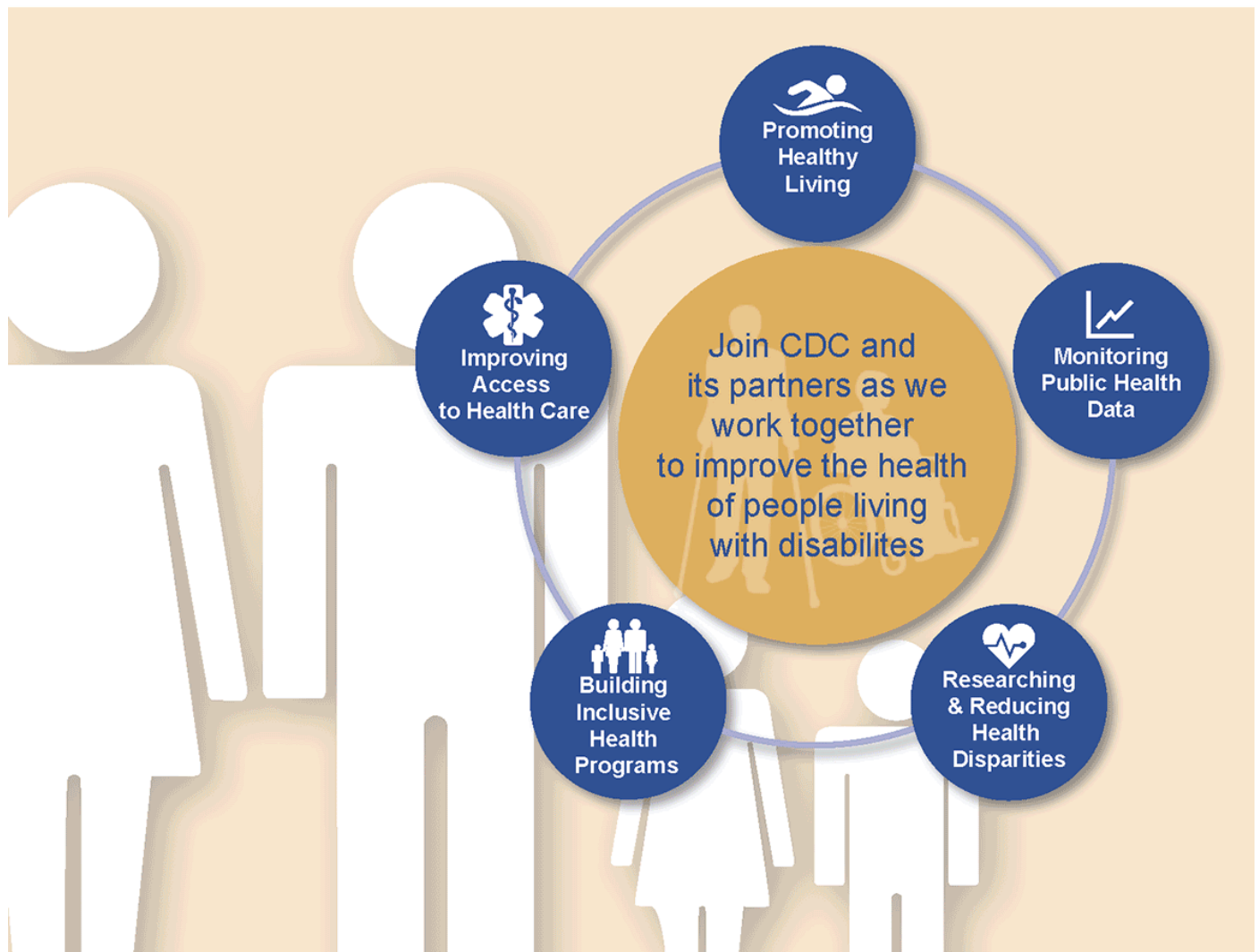
did not have a
routine check-up
in the past year



Making A DIFFERENCE



PUBLIC HEALTH IS FOR ALL OF US



View infographic and references at: www.cdc.gov/disabilities
Contact us: disabilityandhealthbranch@cdc.gov
Twitter: @CDC_NCBDDD



Worksite Wellness Return on Investment: Current Research

The most available [data](#) show the Return on Investment (ROI) for employers to be \$6 for every \$1 spent on workplace wellness. In a [research report](#), it was noted that almost half of employers in the U.S. are offering wellness program initiatives. The report also noted that meaningful improvements were seen in exercise frequency, smoking and weight control for wellness program participants compared to nonparticipants. A brief produced by the Public Health Institute and the American Public Health Association shows that 67% of the workforce is overweight or obese, 1 in 4 Americans has heart disease, 1 in 3 Americans has high blood pressure, and the annual cost of obesity among full-time employees is \$73 billion. In addition, 50% of companies profits go toward health care costs, \$153 billion dollars are lost to employers annually due to absenteeism from workers who are overweight, obese, or have other chronic health conditions and 450 million additional work days are missed every year by full-time workers who are overweight, obese, or have chronic health conditions. It is widely established that people with disabilities are at an even greater risk of developing secondary and chronic health conditions due to lack of access to health promotion programs and a sedentary lifestyle. It is also established that health and disability are not mutually exclusive and that people with disabilities can be healthy and active when given the appropriate inclusive environment to succeed. More than 90% of business and industry leaders believe that worker health can affect productivity and performance. The survey report, [Exploring the Value Proposition for Workforce Health](#), asked over 500 company leaders how they saw health influencing morale, engagement with work, and overall performance of the organization. Sixty percent or more of these respondents indicated that they believed productivity and worker performance are influenced by the health of the workforce. Results of this study and many others suggest that employers should see worksite wellness programs as more than just a means to control health care costs.

Top Business Priorities Influenced by Health (Percent of business leaders who cited each factor)	
Productivity	62%
Performance	60%
Employee engagement or morale	41%
Benefits cost reduction	30%
Safety	29%
Source: Health Enhancement Research Organization	



Laws Related to the Delivery of Wellness Programs

Before starting any worksite wellness program, it is important to understand the limitations of various non-discrimination laws and the responsibilities they place on employers who implement worksite wellness.

Affordable Care Act (ACA)

The Patient Protection and Affordable Care Act (ACA) created new guidelines for employers who implement worksite wellness programs and built on existing policies governing those programs. Under the ACA:

- Worksite wellness programs must be reasonably designed to promote health or prevent disease.
- Programs must offer different, reasonable means of qualifying for any reward to any individual who does not meet the standard based on the measurement, test or screening. For example, some conditions may make it difficult for an individual to lower their cholesterol below a certain level. Others may have limited mobility or a cardiac condition that would require accommodations.
- Programs must be reasonably designed to be available to all similarly situated individuals.
- Reasonable alternative means of qualifying for the reward would have to be offered to individuals whose medical conditions make it unreasonably difficult, or for whom it is medically inadvisable, to meet the specified health-related standard.
- Individuals must be given notice of the opportunity to qualify for the same reward through other means.
- The ACA contains simple sample language designed to increase the likelihood that those who qualify for a different means of obtaining a reward will contact the plan or issuer to request it.

Genetic Information Non-Discrimination Act (GINA)

Title II of the Genetic Information Non-Discrimination Act (GINA) protects job applicants, current and former employees, labor union members, apprentices, and trainees from discrimination based on their personal genetic information. This applies to every aspect of employment, including hiring, firing, pay, job assignments, promotions, layoffs, training and other conditions to include worksite wellness programs. The GINA also provides protections for a worker's spouse or adopted dependent child.



Health Insurance Portability and Accountability Act (HIPAA)

The Health Insurance Portability and Accountability Act (HIPAA) governs the handling and security of protected health information (PHI) by health care clearinghouses, health plans, and most health care providers. It also covers business associates of covered entities who perform functions or activities on behalf of, or provide certain services to, the covered entity that involve access to PHI. HIPAA does not directly apply to employers; however it does cover a health plan sponsored by the employer that the employer may administer. Therefore, individual employers may have responsibilities under HIPAA. If an employer is the administrator of a group health plan, he or she must take steps to ensure health information remains protected.

Under HIPAA, employers who administer wellness programs must:

- Ensure that employees who have access to PHI are separated from employees who do not;
- Not use or disclose PHI for employment-related actions or other purposes not permitted by the Privacy Rule of HIPAA;
- Where electronic PHI is involved, implement reasonable and appropriate administrative, technical, and physical safeguards to protect the information, including ensuring that there are firewalls or other security measures in place to support the required separation between plan administration and employment functions; and report to the group health plan any unauthorized use or disclosure, or other security incident, of which it becomes aware.

For an employer to use PHI for any other reason than the administration of a group health plan, he or she must obtain written consent from the employee.

The Americans with Disabilities Act (ADA)

Under Title I of the Americans with Disabilities Act of 1990 employers are prohibited from discriminating against employees with disabilities. In terms of worksite wellness programs, the ADA limits medical examinations and disability-related inquiries, but provides an exception for “voluntary medical examinations, including voluntary medical histories, which are part of an employee health program.” (42 USC § 12112(d) (4)). Ensuring that participation is voluntary is critical. Medical histories and/or exams are considered voluntary as long as the employer does not require an employee with a disability to participate or does not penalize an employee for not participating.

More specifically, an employer may not:

- Require an employee to participate in a wellness program
- Deny coverage under its group health plans or particular group health plan benefits
- Take any adverse action against an employee who refuses to participate in a wellness program or fails to achieve certain outcomes under such a program
- Retaliate against, interfere with, coerce, intimidate, or threaten an employee who does not participate in a wellness program

The ADA also requires that employers:

- Provide a notice clearly explaining what medical information, if any, will be obtained
- Explain how the medical information will be used and who will receive it
- Describe how the medical information will be protected against improper disclosure

Can Disability, Health and Wellness Coexist?

Traditionally, disability has been viewed as the antithesis of good health, but that is simply not the case. Too often disability is equated with having illness or infirmity, but anyone with a disability has the potential to maintain and promote their own health. Disability is viewed as a health disparity, not a health outcome. In order to maximize their health, people with disabilities should have access to healthy opportunities within their community, including their workplace. These opportunities include an accessible physical environment, programmatic inclusion and attitudes that recognize the importance of health and wellness. For people with disabilities to maximize their health, accessible equipment and physical activity environments must be available and they must be included in efforts to promote physical activity. For example, there are no exercise guidelines that take functional limitations into consideration, which makes fitness assessment more challenging for people with disabilities. Worksite wellness programs can help address some of these issues by tailoring wellness programming and incentives to an individual's functional ability as needed. This could mean having educational programs that are available to many levels of understanding, physical activity environments that are regularly evaluated for accessibility, policies that unambiguously call for the inclusion of workers with disabilities, and health promotion campaigns that depict and target people with disabilities. These are critical components to making any worksite wellness program inclusive.

Defining Secondary Conditions

One of the reasons accessible and inclusive health promotion programs are critical to people with disabilities is because such individuals often are at greater risk for preventable health problems. Some of these health conditions, also called secondary conditions, can include:

- Fatigue that interferes with activities, work and how easily a person can engage and sustain physical activity
- Higher rate of injury
- Depression and social isolation
- Some disabilities, such as spinal cord injuries, can affect how well a person's bladder and bowel work
- Overweight and obesity are higher among people with disabilities and can limit a person's functional level even further
- People with certain physical disabilities such as paralysis or amputation can develop decubitus ulcers, also known as pressure sores. Pressure sores can greatly interfere with an individual's activity level and potentially pose serious health risks. People at risk should practice pressure relief through doing wheelchair push-ups or pressure releases routinely.
- Pain is commonly reported by people with many types of disabilities. This can interfere with activities of daily living and can be acute or chronic.



Disability Awareness

Successfully integrating people with disabilities and activity limitations into a worksite wellness program requires a basic understanding of how certain conditions can affect an individual's level of functioning.

- **Mobility Impairments** are often the most widely recognized because of the visible use of aids such as a wheelchair, scooter, walker or cane. It is important to consider that mobility limitations can also affect stamina, balance, and ability to reach or grasp.
- **Intellectual disabilities** result from impairments that affect understanding, communication, or behavior and can be attributed to brain injuries, developmental or learning disabilities.
- **Invisible disabilities** may not be obvious and can include chronic conditions such as asthma, heart disease, or seizures. Many cognitive, learning, or psychiatric disabilities may also not be apparent.
- **Speech disabilities.** Individuals with speech disabilities may use alternate means of communication such as assistive devices to speak for them. A speech disability often has no impact on a person's ability to understand.
- **Vision loss and blindness.** It is important to understand the distinction between blindness (visual acuity of 20/200 or less) and low vision. Some people can distinguish between light and dark, or between contrasting colors, or read large print, but have difficulty with small print or low-light situations. They may use a cane or service animal to help with orientation and movement in an environment.
- **Deafness or hearing loss** often requires the use of different ways to communicate, including hearing aids, speech reading, or sign language. They may also require the use of a text telephone, (TTY) and may use other aids such as captioning, assistive listening devices, or use of the nationwide telephone relay service.
- **People with environmental disabilities or multiple chemical sensitivities** can have a physical or cognitive reaction to a chemical or combination of chemicals. Pesticides, deodorizers, smoke, or perfumes, can interfere with an individual's ability to breathe or process information.

Appropriate Use of Language:

The language we use to refer to a particular population can often shape how we perceive those in that population and how welcomed individuals feel. The concept of people-first language has become a widely accepted way to refer to people with disabilities. People-first language puts the person in front of the disability. It is important to use people-first language when referring to individuals with disabilities, particularly in program flyers, pamphlets, presentations, or any other materials that are distributed widely.

Here are some examples of people-first language:

- "People with disabilities"
- "A man with spinal cord injury"
- "Individuals with hearing loss"

It is also important to avoid negative descriptors when referring to people with disabilities. Here are a few commonly misused phrases with more acceptable alternatives:

Do Not Say . . .	Do say . . .
He suffers from cerebral palsy	He has cerebral palsy
She is afflicted with Spina Bifida	She has Spina Bifida
The crippled boy	The boy with multiple sclerosis
The disabled	People with disabilities
Handicapped or Down's Child	Child with Down Syndrome
Wheelchair-bound	Wheelchair user or he/she uses a wheelchair

Important Note: Like any language, the acceptable way to describe people with disabilities can vary and evolve. Certain groups, such as those within the deaf community and some within the autism community, prefer what is known as identity-first language. The opposite of people-first language, this means putting the individual condition before the person. So it is appropriate, for example to refer to a "deaf person" rather than a "person who is deaf." These differences in preference highlight the importance of involving individuals with disabilities in your worksite wellness program and on wellness committees so that you understand the most effective forms of communication.

Interacting with Employees and Others with Disabilities

The reactions to and interactions with an individual with a disability can have a profound effect on how welcomed that individual feels and ultimately whether or not that individual can actually participate in worksite or other wellness activities. Below are tips and strategies for effectively communicating with individuals with hearing loss or deafness, vision loss or blindness, communication impairments and difficulties with mobility.

Generally,

- Relax and be yourself
- Don't worry if you use phrases such as "See you later." or "Let's go for a walk."
- If you feel that a person with a disability needs assistance, offer it, but wait until it is accepted before doing anything

Hearing Impairments

- Do not make assumptions about a person's ability to hear.
- Find out what the person wants to use when communicating with you. He or she may want to use his own amplifier or communication device, may request that you write down what you are saying, lip-read, or use an interpreter.
- When interacting with people who prefer lip reading, use a well-lit, glare-free area.
- Face the person directly and continue speaking at a normal volume and rate.
- Rephrase sentences rather than repeat them.
- Do not cover your mouth, chew gum or look away from the person while you are talking.
- Communicate in writing, if necessary.
- If a sign language interpreter is present, speak directly to the deaf individual, not the interpreter.

Visual Impairments

- Ask if any particular assistance is needed.
- Orient the person to the area explaining where major furniture is located. If the person has been there before, you should inform him/her of any changes or new obstacles.

- Keep doors fully open or closed to prevent accidents.
- Offer to read written information for a person with a visual impairment when appropriate.
- If you are guiding someone, let him/her take your arm just above the elbow and guide rather than leading or propelling the person. Give him clear instructions, such as “This is a step up.” as opposed to “This is a step.”
- When giving directions, use specific words such as “straight ahead” or “forward.” Refer to positions in terms of clock hands: “The chair is at your 2:00.” Avoid vague terms such as “over there.”
- Don’t assume the person will recognize you by your voice even though you have met before. Identify yourself and others with you, maintain normal voice volume, speak directly to the person, and maintain eye contact.
- Do not presume that the person can’t see anything.
- When preparing printed information for a person with low vision, it is best to seek his/her advice for their preferred format. General information for people with low vision should be provided in Arial 18 point bold.
- The lighting needs of people with vision loss differ and may be significant. Many people see much more with stronger light and others do not. The most common concern is glare.
- Avoid revolving doors. On stairs or on escalators, assist the person by putting their hand on the railing. It is important that the person is made aware of the fact that the stairs/escalators are going up or down. Always give the person a choice of using stairs, escalators or elevators.
- When seating a person with a vision impairment, put their hand on the back of their chair and they will then be able to seat themselves.
- Don’t leave a person with vision impairment in an open area or leave without saying that you are doing so. When you leave, lead the person to a landmark, e.g. a reception desk, so they will feel more secure and oriented to the surrounding environment.



Speech Impairments

- Listen patiently and avoid completing sentences for the person unless they look to you for help.
- If a person is using an electronic communication aid, stand in front of the person and refrain from reading over their shoulder as they type. Wait for the person to construct his/her full message.
- Ask one question at a time and wait for a reply.
- If the person communicates primarily through speech and their speech is difficult to understand, you may find it helpful to:
 - o Watch how the person says the words.
 - o Take the time to get used to the person's speech. It gets easier the more you listen and the person may need to repeat what they are saying a few times before you understand. This is especially the case if the person is using a speech or voice aid.
 - o Tell the person if you don't understand what they are saying. The person will either say it another way, show you what they are talking about, spell it out verbally, write it down, use a communication device or point to letters, words or pictures on a communication board.

Mobility Impairments

- Do not remove a person's mobility aid, for example crutches, without the person's consent.
- When talking to someone who is in a wheelchair and the conversation continues for more than a few minutes, sit down or kneel to be eye level. This avoids neck strain and is much more positive.
- Don't lean on a person's wheelchair unless you have permission - it's their personal space.
- Speak directly to the person and not with the person providing assistance.



Understanding the Physical Activity Guidelines

Engaging in regular physical activity is critical for people with disabilities, perhaps even more so than for people without. Public health data consistently shows that adults with disabilities do not engage in regular aerobic activity at the same rate as adults without disabilities.

3x

Adults with disabilities are 3 times more likely to have heart disease, stroke, diabetes, or cancer than adults without disabilities.

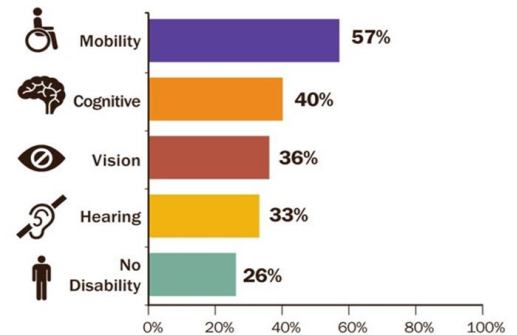
1 in 2

Nearly half of all adults with disabilities get no aerobic physical activity, an important health behavior to help avoid these chronic diseases.

82%

Adults with disabilities were 82% more likely to be physically active if their doctor recommended it.

Percentage of adults ages 18–64 who get no aerobic physical activity, by disability type



Mobility: Serious difficulty walking or climbing stairs

Cognitive: Serious difficulty concentrating, remembering or making decisions

Vision: Serious difficulty seeing, even wearing glasses

Hearing: Serious difficulty hearing

No Disability: Does not have any of the above disability types

SOURCE: CDC National Center for Health Statistics, National Health Interview Survey, 2009-2012.

Adults with disabilities who get no physical activity are 50% more likely to have certain chronic diseases than those who get the recommended amount of physical activity.

- Aerobic physical activity can help all adults avoid costly and deadly chronic diseases such as heart disease, stroke, diabetes, and some cancers.
- 1 in 2 adults with disabilities get no aerobic physical activity compared with 1 in 4 adults without disabilities.
- Adults with mobility limitations (serious difficulty walking or climbing stairs) are the least likely to get any aerobic physical activity. Nearly 6 in 10 of them do not get any aerobic physical activity.
- Adults with disabilities face physical and emotional barriers to getting aerobic physical activity, including:
 - Knowing about and getting to programs, places, and spaces where they can be physically active;
 - Having social support for physical activity;
 - Finding fitness and health professionals who can provide physical activity options that match their specific abilities.

Source: CDC Vital Signs, May 2014.

As part of the Physical Activity Guidelines for all Americans, the US Department of Health and Human Services released the following Physical Activity Guidelines for Adults with Disabilities. Worksite wellness programs can play a vital role in helping adults with disabilities to achieve these targets:

- Adults with disabilities should strive to get at least 150 minutes a week of moderate-intensity, or 75 minutes a week of vigorous-intensity, aerobic activity, or an equivalent combination of moderate- and vigorous- intensity aerobic activity.
- Adults with disabilities, who are able to, should also do muscle-strengthening activities of moderate or high intensity that involve all major muscle groups on two or more days a week. These activities provide additional health benefits.
- When adults with disabilities are not able to meet these guidelines, they should engage in regular physical activity according to their abilities and should avoid inactivity.
- Adults with disabilities can consult their health-care provider about the amounts and types of physical activity that are appropriate for their abilities.

Wellness Program Design Considerations

Developing a Wellness Committee

In order to create a successful, sustainable worksite wellness program, the organization must first develop a worksite wellness committee. A wellness committee is a group of employees and managers who represent the full diversity of a workforce. The committee works with health promotion program staff to advise, consult or make program decisions, promote and champion the program, and represent the needs and interests of all employees. To ensure that a wellness committee represents the full diversity of a workforce, it is important to include people with disabilities or activity limitations. If there is no one on the workforce willing or available to represent workers with disabilities, a wellness committee can develop partnerships with disability organizations or experts. For example, a Center for Independent Living (CIL) is an organization made up of people with and often without disabilities who work to ensure people with disabilities can live independently in the community. CILs often have expertise in promoting accessible environments and can provide consultation on accessibility and inclusion. Other professionals within disability service organizations, allied health professionals such as occupational or physical therapists and municipal agencies such as a parks and recreation division can be resources to help your program. It is important to choose a worksite wellness coordinator and staff that understands the importance of inclusion and accessibility and is willing to consult and include individuals with disabilities.

Planning and Assessing for All

Before you start putting any health promotion efforts in place, you have to assess how well your organization supports a culture of inclusive wellness. The [CDC Model for Worksite Health Promotion](#) also provides numerous resources to help with the assessment at the individual and organizational level.

- **The Food Environment**
Examine how the worksite supports making healthy food choices. Consider the availability of healthy items in vending machines, cafeterias and cafes, as well as the availability of water. How is the worksite encouraging everyone to choose healthy options?

- o Do vending machines have easily recognizable labels indicating the healthier options?
 - o Are there clear point-of-decision messages encouraging everyone to drink water instead of soda or choose more fruits and vegetables?
 - o Are these messages available in accessible formats or conveyed in different ways (e.g. point of decision posters, messages on the company web site, mentioned at all staff meetings or via email listserv)?
 - o Does the organization need to re-negotiate its vending contracts to offer healthier options?
 - o Can the organization provide healthy cooking tips to employees? Are these made available in a variety of accessible formats?
 - o Is there a kitchen available? How is it used?
 - o Is it or another common space a place where employees can find wellness information?
 - o What are your organization's traditions around birthdays, holidays?
- **Physical Activity Environment**
Does your worksite promote/encourage regular physical activity for people of all abilities?
 - o Can employees participate in the wellness program through a variety of activities (e.g. taking activity breaks at their desk, walking/wheeling, tracking activity)?
 - o Are all members of the workforce encouraged to take more active breaks?
 - o Are there incentives offered that encourage physical activity (e.g. pedometers, free gym memberships)?
- **Stress Environment**
Do employees feel like they have manageable workloads and are there opportunities to engage in activities to manage stress, such as:
 - o Workshops or lunch n' learns on stress and/or time management
 - o Yoga classes
 - o Counseling
 - o Flexible work environments like a remote work policy
- **Other Health Promotion Programming Issues**
 - o Does the organization have a non-smoking policy?
 - o Has your organization offered health screenings?
 - o Does your organization offer any other health education classes?
 - o Does your health plan provide free influenza vaccinations?
 - o Have you collected basic demographic information?

Assessing for Inclusion: Tools to Help You

Inclusion should be fundamental to a wellness program, but there are many details to think about. Checklists have been developed by NCHPAD and other organizations to help you identify areas where accessibility can be improved.

- **Accessibility Instruments Measuring Fitness and Recreation Environments (AIMFREE) Tools** were developed by NCHPAD to help individuals with mobility and other disabilities, as well as fitness providers and professionals, determine the accessibility of fitness facilities. There is a professional (fitness provider) version and a consumer version of the AIMFREE tool. They are particularly useful for worksites that have onsite fitness

gyms or space with fitness equipment. The AIMFREE tool can be accessed at: <http://www.nchpad.org/426/2254/AIMFREE~Manuals>.

- **Community Health Inclusion Index (CHII)** is another tool available from NCHPAD. The CHII is more broadly focused in that it evaluates the capacity of various sectors of a community, including worksites, to support health promotion programs that are inclusive of people with disabilities. The On-Site and Organizational Assessments can be particularly useful to worksite wellness coordinators. The different sections of the CHII can be downloaded at <http://www.nchpad.org/1273/6362/Community~Health~Inclusion~Index>.
- **Other Inclusive Tools** are available to help you incorporate the needs of those with disabilities. For example, the North Carolina program Work Well NC has developed an [Inclusive Worksite Wellness Assessment](#) that asks broadly focused questions about how inclusive your wellness programming is.

Physical Activity Space and Equipment

Often a worksite has spaces set aside for exercise or wellness classes. In addition to ensuring that all employees can get to the area, it's important to have programming and equipment that is accessible to all.

- If a fitness gym is present, ensure that there is at least a 3 foot wide pathway to all equipment, and that a space of at least 30 inches x 48 inches is next to the seat
- If possible, choose equipment with swing away or removable seats to allow for those in wheelchairs to use it
- You can purchase adapted cuffs or gloves for those with limited grips
- If there are free weights available, have a variety of sizes on hand
- Have non-latex exercise bands and medicine balls
- Ankle or wrist weights are also useful for those with fine motor limitations
- If you have group exercise classes, ensure that those with hearing loss can see the instructor clearly
- Those who have difficulty keeping up with the pace of the class should be provided instruction at a slower pace
- If a user has vision loss, but can keep pace with the class, it's important to verbally describe movements
- NCHPAD also has several [YouTube videos](#) that can be used to get more information on inclusive fitness

Health Risk Appraisal (HRA)

A Health Risk Appraisal, also known as a Health Risk Assessment, is a process that usually involves a set of questions or screenings to gather baseline information on the health behaviors and risk factors of an individual. Following the assessment, an HRA provides an individual with feedback related to resources, information and education to identify certain health risk factors and encourage healthy behavior changes. The process of how the HRA is delivered is equally as important as the content that the assessment includes. For individuals with disabilities, the information in the assessment should be tailored to their individual needs and abilities along with being provided in an accessible manner. An example might include conducting the HRA via in-person meeting with the wellness coordinator or HR manager instead of providing it in a written or online survey. HRAs can play a role in helping employees learn about the impact of their lifestyle choices on personal health and make a plan for change. They can also help employers determine ways to lower health care costs and set the direction for a worksite wellness program.

Marketing and Communicating Worksite Wellness: Inclusion Strategies

An inclusive worksite wellness program ensures that wellness messaging reaches and is relevant to all members of the workforce. This means that employers, wellness coordinators and wellness committees should be aware of and incorporate these simple strategies:

- **Remember appropriate language.** As mentioned previously, when referring to people with disabilities in your program materials, use appropriate language such as person-first or identify-first.
- **Make information accessible.** Provide program information in alternate formats, which can include:
 - Large print (16-18 point font or higher)
 - Braille documents
 - Written documents with little text and more photos
 - Accessible electronic or online formats. The online resource Web Accessibility in Mind, www.webaim.org, provides up-to-date information on creating and evaluating the accessibility of web sites and other information technology
- **Use inclusive communication tools.** Research tools related to inclusive communication.
 - NCHPAD's Health Communication Guidelines <http://www.nchpad.org/1264/5992/Inclusive~Health~Communication~Guidelines>
 - The NCHPAD Health Communication Scorecard <http://www.nchpad.org/1275/6000/Inclusive~Health~Communication~Scorecard>
 - NACCHO Five Steps for Inclusive Communication https://www.naccho.org/uploads/downloadable-resources/HDfactsheet_accessiblecomms-Oct2016.pdf

Use a variety of accessible means of communication when advertising your worksite or other wellness program. Don't rely on using just one alternate format because it worked for a particular participant. The needs of your workforce can change so it's important to be prepared.

Designing Incentives and Accommodations

Offering incentives for participating in wellness programs is a first step in encouraging members of a workforce to adopt a healthier lifestyle. Incentives must be relevant and meaningful to the individual. As has been mentioned previously, getting input from your workforce on incentive preference is key. When thinking of employees with disabilities, many of the same incentives that would be appropriate for those without disabilities would of course still work, but keep the accessibility and usability of incentives in mind so all can benefit from their use. Some ideas could include:

- Monetary incentives like health insurance premium discounts or gift cards
- Merchandise such as clothing, water bottles or towels
- Activity trackers such as pedometers. Be sure to adapt devices when necessary.
- Gym memberships. Contact fitness providers to discuss the various accessibility features in their facilities. Use AIMFREE or other assessment tools mentioned previously.

Accommodations

Employees with disabilities are entitled to reasonable accommodations when participating in any worksite activity, including wellness programs. Employers should discuss any accommodations that might be needed with the individual. In worksite wellness programs, accommodations might include:

- Someone to read health education or other materials to an employee with vision loss
- A person who is trained to be a sighted guide to help with walks
- Someone to assist with other manual tasks
- Longer break times



Additional Worksite Wellness Considerations

Active Breaks

Employees should be encouraged to incorporate movement into their day in whatever form they can.

- NCHPAD has developed a program called Deskercise which is designed to allow anyone working at a desk to take an active break without leaving their workstation. Deskercise is a series of 20 cardiovascular, strength and flexibility exercises. Deskercise demonstrations, including a video, can be accessed by going to <https://www.nchpad.org/1061/5452/Deskercise~20~Ways~to~Get~Moving~While~you~Work>.
- NCHPAD has developed an **8 Minute Inclusive Workout Video** that can be performed in limited space and with no equipment. <https://www.youtube.com/watch?v=q0ttPm8LSEk>

Accessible Wellness Committee Meetings, Lunch n' Learns and Other Gatherings

- Consider the following when planning Wellness Committee Lunch n' Learns, or other meetings:
 1. Have a procedure in place for obtaining needed accommodations, particularly for meetings that are open to individuals from outside of the workforce. Identify agencies where you can obtain interpreter services, such as your state agency that serves deaf citizens.
 2. In your registration or meeting announcements, let attendees know how they can request accommodations and whom to contact. Be sure you let your workers know the deadline for receiving requests so you have enough time to make the proper arrangements.
 3. Ensure all meeting spaces:
 - Can be accessed on the ground floor or have elevator access.
 - Are near accessible restrooms
 - Have a minimum pathway width of 36 inches or 3 feet.
 - Seating should be available at various accessible locations for individuals using wheelchairs, scooters or other assistive devices. This avoids a situation where all the participants using assistive devices are gathered in one location (e.g. the back row).
 4. For participants with hearing loss you may need to purchase an assistive listening device that can amplify sound. It is best practice to always use a microphone in a group meeting space.
 5. For deaf participants, be sure to obtain interpreter services ahead of time and ask what kind of interpreters are needed.
 6. For participants with vision loss or blindness, you will need to create alternate formats of any handouts or other information. Be sure you know what formats participants prefer to use.
 7. If you know you have participants with chemical sensitivities, be sure to request that participants avoid wearing strong perfumes or colognes in your meeting announcements.
 8. If some individuals have intellectual disabilities, create presentations that require little or no reading and focus more on discussion of activities. Remember that a truly inclusive environment values all opinions.



Walking Initiatives for Everyone

One of the most popular ways worksites are getting employees moving more is to implement walking or activity tracking programs. Consider the following for implementing walking initiatives to include employees of varying abilities:

- **Walking Clubs** are often incorporated into a worksite's wellness activities. These can be formal or informal. As with any other activity, it is important to ensure that all employees can participate. To the greatest extent possible, address the following when starting a walking club:
 - o Route is flat or features minimal, gradual elevation change(s)
 - o Elevation changes greater than one-half inch feature ramps to make them more feasible
 - o Paths are at least 36 inches wide throughout the entire route, and at least 48 inches wide for turns
 - o Slopes are no more than 1:20 rise-to-run ratio, and cross slopes no more than 1:48
 - o All surfaces are smooth (sidewalks, paved trails, boardwalks, etc.) and do not act as obstacles (broken, splintered, non-existent in areas, no connectivity, etc.)
 - o Connectivity exists throughout the route in the form of seamless accessible features such as curb cuts, ramps, and crosswalks
 - o Crosswalks are well marked and feature multiple signals (audible and visual)
 - o Curb cuts and other elevation and surface changes are marked in some manner to alert participants, such as with truncated domes
- **Walking meetings** are a popular way to get people moving at many worksites. To include employees with disabilities, consider the following:
 - Arrange the meeting in advance allowing individuals to bring proper footwear or assistive devices.
 - Set the path ahead of time ensuring the same start and finish.
 - Ensure that the path is accessible to all persons. Terrain should be a smooth, firm surface with no steep slopes. It should be free of obstacles within the path of travel and include curb cuts at all transfers. If possible, assess the chosen pathway with workers with disabilities. This will allow them to be familiar with the pathway ahead of the meeting and possibly offer other ways to remove identified barriers.
 - Conduct an accessibility assessment of walking routes.
 - o Find information about conducting a Walk Audit at <https://www.nchpad.org/1709/6826/Conducting~a~Walk~Audit>.
 - o Use the Sidewalk Accessibility checklist from the US Department of Transportation: http://www.fhwa.dot.gov/environment/bicycle_pedestrian/publications/sidewalk2/sidewalks2ab.cfm.
 - o Use the Community Health Inclusion Index developed by NCHPAD http://www.nchpad.org/fppics/CHII_On-Site%20Assessment.pdf.
 - o AARP also has guides on conducting a walk audit <https://www.aarp.org/livable-communities/getting-around/info-2014/aarp-walk-audit-tool-kit.html>.
 - For walkers of different abilities, some adjustment in speed may be necessary. The meeting should move at the pace of the slowest person.
 - Consider high levels of ambient noise. A bullhorn can be used to ensure the speaker is heard by all.
 - For deaf workers, especially those who use sign language interpreters, walking meetings can be challenging - but not impossible! For an interpreter to accurately and

efficiently translate for a deaf person, he or she must be facing them, which means he or she would have to walk backwards in a walking meeting. This is less than ideal and not very safe. If someone who is deaf is participating, consider conducting the actual meeting conversation at selected stopping points along the walking path. This will allow for accurate and safe interpretation.

- For walkers with vision loss, be sure the pathway is free of obstacles and obstructions. If possible, avoid winding pathways, as a consistent and straight pathway is easier to navigate. It might help to have attendees with vision loss or blindness walk the path ahead of time to provide input and get oriented and co-workers may have to learn how to be sighted guides.

Adapting Pedometers and Other Fitness Trackers

Pedometers, or step counters, are typically placed in a vertical position on an individual's waistband in alignment with their knee joint or along the seam of their pants. For people with disabilities, pedometers can be placed in alternative locations to measure significant movement. For example, a person who uses a wheelchair can place the pedometer on their arm or wrist, either over or under their clothing. It should be placed on whatever area produces the most movement and remain in the same place for each use. Activity trackers have different features that make them more or less accessible to people with disabilities. For some individuals, a simpler tracker may be most appropriate, such as a pedometer that only tracks steps and has a single reset button. Some activity trackers "talk" or have an artificial voice. This is particularly useful for individuals with vision loss or blindness.

Re-branding the Term Walking

The idea of inclusive and accessible campaigns and providing a walking program for all members of a workforce has been previously mentioned. For those worksites that are interested in developing a walking program that is inclusive, NCHPAD has developed a messaging campaign called How I Walk. How I Walk was formed to influence perspectives on walking. The visual campaign aims to promote walking as an inclusive physical activity term that is individualized. This campaign is in response to [Step It Up! The Surgeon General's Call to Action to Promote Walking and Walkable Communities](#) and aims to rebrand the word walking so that everybody is included in walking initiatives. The How I Walk campaign has sample messages to guide the development of communication products and opportunities about walking along with a social media component. For more information you can go to www.nchpad.org/howlwalk.



Health Fairs and Screenings

Health fairs provide employees with opportunities to learn more about various ways to incorporate healthy habits. As with any other activity, it's important to ensure that the environment can be accessed by all. Consider whether or not you have some basic features in your health fair site:

- The area is entirely on a firm and level surface and on the ground floor or accessible by an elevator.
- There is a pathway at least 3 feet wide, preferably more, throughout the entire participant space, including individual vendor booths.
- To the greatest extent possible, vendor booths should provide written and other information in a variety of accessible formats such as large print (16-18 point font or larger), illustration, and accessible electronic format such as a flash drive.
- Videos should provide closed captioning.
- If information is only in a standard written format, vendors should be prepared to read information to participants with vision loss or blindness.
- Display items should be reachable from a seated position. The midline of any display item should be no higher than 54 inches above the floor.
- If a display has controls to manipulate, items such as toggle handles or joysticks, track balls, levers, loop handles, push buttons, and rocker switches work well for most.

Expanding a Culture of Inclusive Wellness into Your Community

Support the Development of Complete Streets

Complete Streets are streets designed for all users. They encourage more active modes of transportation because of their features such as sidewalks with properly designed curb cuts, bike lanes, crosswalks that are properly marked and accessible, and traffic calming features. Business and industry organizations can play a key role in advocating for Complete Streets in their community. Not only will this offer benefit to a business' workforce by increasing opportunities for physical activity, but it can also attract new customers who use active transportation. Additionally, Complete Streets can enable people with disabilities to travel without having to rely on cars or public transit.

<https://smartgrowthamerica.org/program/national-complete-streets-coalition/>

Be a Leader for Active, Healthy Communities

Building active and walkable communities can help support local economies, result in less air pollution, and create more cohesive communities. Corporations can get involved in this work related to community strategies that help build more active and healthy communities. CDC has numerous resources available on combined built environment approaches that enhance physical activity in a community. <https://www.cdc.gov/physicalactivity/community-strategies/index.htm>

Participate In and Encourage Inclusive Health Coalitions

Community based coalitions are often formed by a variety of sector groups such as those representing public health, fitness providers, schools, healthcare and corporations. These coalitions work together to improve the overall health of their citizens. Worksites that

have adopted a culture of inclusive wellness have an excellent opportunity to share their practices with the wider community. NCHPAD has publications designed to help community health coalitions to increase and sustain their focus on including people with disabilities in such efforts. You can find out more about creating inclusive health coalitions through community health sustainability planning efforts at <http://www.nchpad.org/1193/5821/Community~Health~Inclusion~Sustainability~Planning~Guide>.

Commit to Inclusion in Worksite Wellness

NCHPAD and other national partners have developed the Commit to Inclusion campaign to promote the inclusion of people with disabilities into community and organizational health programs and policies. At the core of this campaign are “9 Guidelines to Disability Inclusion”, which provide guidance on how to fully include people with disabilities into health and wellness initiatives and policies, whether they are community-wide or organizational. To learn more and make your company’s commitment to inclusive wellness, go to www.committoinclusion.org.

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http://wellnessproposals.com/pdfs/organizational_health_survey.pdf.

Resources:

- From the Centers for Disease Control and Prevention Workplace Health Promotion Program:
 - Worksite Health Promotion Scorecard: <http://www.cdc.gov/workplacehealthpromotion/initiatives/healthscorecard/index.html>
 - Work@Health: An Employer-based training program. <http://www.cdc.gov/workplacehealthpromotion/initiatives/workathealth/index.html>
 - Worksite Physical Activity: <https://www.cdc.gov/physicalactivity/worksite-pa/index.htm>
- From the National Center on Health, Physical Activity and Disability:
 - Accessibility Instruments Measuring Fitness and Recreation Environments (AIMFREE) Manuals: <http://www.nchpad.org/426/2313/AIMFREE~Manuals>
 - Discover Accessible Fitness: <http://www.nchpad.org/1247/5933/Discover~Accessible~Fitness>
 - Inclusive Community Health Implementation Package (iCHIP) <http://www.nchpad.org/1454/6373/Executive~Summary>
 - Inclusive Health Communication Scorecard: <http://www.nchpad.org/1275/6000/Inclusive~Health~Communication~Scorecard>

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Glossary

Absenteeism - Scheduled or unscheduled time an employee is away from work.

Americans with Disabilities Act Amendments Act (ADAAA) of 2008 is a civil rights law passed in response to several Supreme Court decisions that narrowed the definition of disability under the ADA and thus made it harder for individuals to prove they were entitled to protections. The ADAA broadened the definition of disability under the ADA and expanded protections under both the ADA and Section 503 of the Rehabilitation Act to include previously excluded individuals.

Americans with Disabilities Act (ADA) of 1990 - A civil rights law that prohibits discrimination on the basis of disability in employment, state and local government programs, public accommodations, transportation, and telecommunications.

Culture of Health - The creation of a working environment where employee health and safety is valued supported and promoted through workplace health programs, policies, benefits, and environmental supports. It involves all levels of the organization and integrates workplace health programming into business goals and operations. The results of this culture change include engaged and empowered employees, an impact on health care costs, and improved worker productivity.

Disability - In the International Classification of Functioning, Disability and Health (ICF) disability is “...an umbrella term for impairments, activity limitations and participation restrictions.”

Social Model of Disability - Disability occurs when an environment does not accommodate or is not accessible to an individual with a different level of physical or mental functioning.

Employee - A person who works for another person or organization in return for compensation.

Employer - Any person or organization that offers a paying job to an individual or individuals.

Impairment - A physical or mental condition that causes a limitation in function.

Productivity (Health-Related) - A measure of worker output impacted by the worker's health status.

Return on Investment (ROI) - An analysis used to compare the investment costs to the magnitude and timing of expected gains. For workplace health programs this usually refers to the medical savings or productivity gains associated with the employer's investment in employee health programs.

Sections 501 and 505 of the Rehabilitation Act of 1973 provide protection to federal government workers with disabilities. Section 501 prohibits employment discrimination on the basis of disability and Section 505 contains provisions regarding remedies and attorney's fees for claims made under Section 501.

Wellness - A conscious, self-directed and evolving process of achieving full potential. It encompasses lifestyle, mental and spiritual well-being, and the environment.

The Workforce Innovation and Opportunity Act (WIOA) - A federal law designed to help job seekers and workers access employment, education, training, and support services to succeed in the labor market and match employers with skilled workers. WIOA has special provisions pertaining to job seekers with disabilities.

Worksite Health Assessment - The process of gathering information about what barriers or supports for wellness programs exist in a worksite and behaviors that determine opportunities for improvement.

Worksite Wellness Committee - A group of employees and managers who broadly represent (across departments, business units, or job categories) a worksite's workforce. The committee works with workplace health promotion program staff to advise, consult or make program decisions, promote and champion the program, and represent the needs and interests of employees.

Worksite Wellness Coordinator - An individual who is responsible for the administration and management of the workplace health promotion program.

Worksite Wellness Program is defined as a coordinated and comprehensive set of strategies which include programs, policies, benefits, environmental supports, and links to the surrounding community designed to meet the health and safety needs of all employees. (Centers for Disease Control and Prevention)