


WORKSITE WELLNESS WISCONSIN v 4.0

HELLO
My name is:
Jon Morgan

Resource Kit	
<small>(To prevent obesity & related chronic diseases)</small>	
Employee Health	
<small>Improve overall fitness and mental wellness</small>	
Overall fitness	100%
Payback on Investments	100%
<small>An Investment in Good Health:</small>	
<small>Improved Productivity & Lower Healthcare Costs</small>	
Improved Morale	100%
Nutrition	100%
Reduced...	
Sudden Illness	
Chronic Health Issues	
6 Steps	
<small>Apply Incentives</small>	100%
<small>Have to get Started</small>	100%
<small>Assessing my Worksite</small>	100%
<small>Marketing Decisions</small>	100%
<small>Programming for Worksite</small>	100%
<small>Evaluate Worksite</small>	100%

My Agenda for Today

8:30	Introductions & Overview
8:31	Story 1 - Why the Worksite: A Quick Summary (10 min down & dirty)
8:41	Story 2 – How Did We Get Here?
	Key Concept: Change the Environment 
8:50	Story 3 - “A Day in the Life”
	Key Concept: Delivering a “Dose” for Impact
8:55	The WI Worksite Kit
9:00	Questions

Visual Presentation

And if a picture is worth a 1000 words, you are about to get the equivalent of 76,000 words – in 30 minutes, so buckle up.

Part 1: A 10-Minute *Down & Dirty Summary*



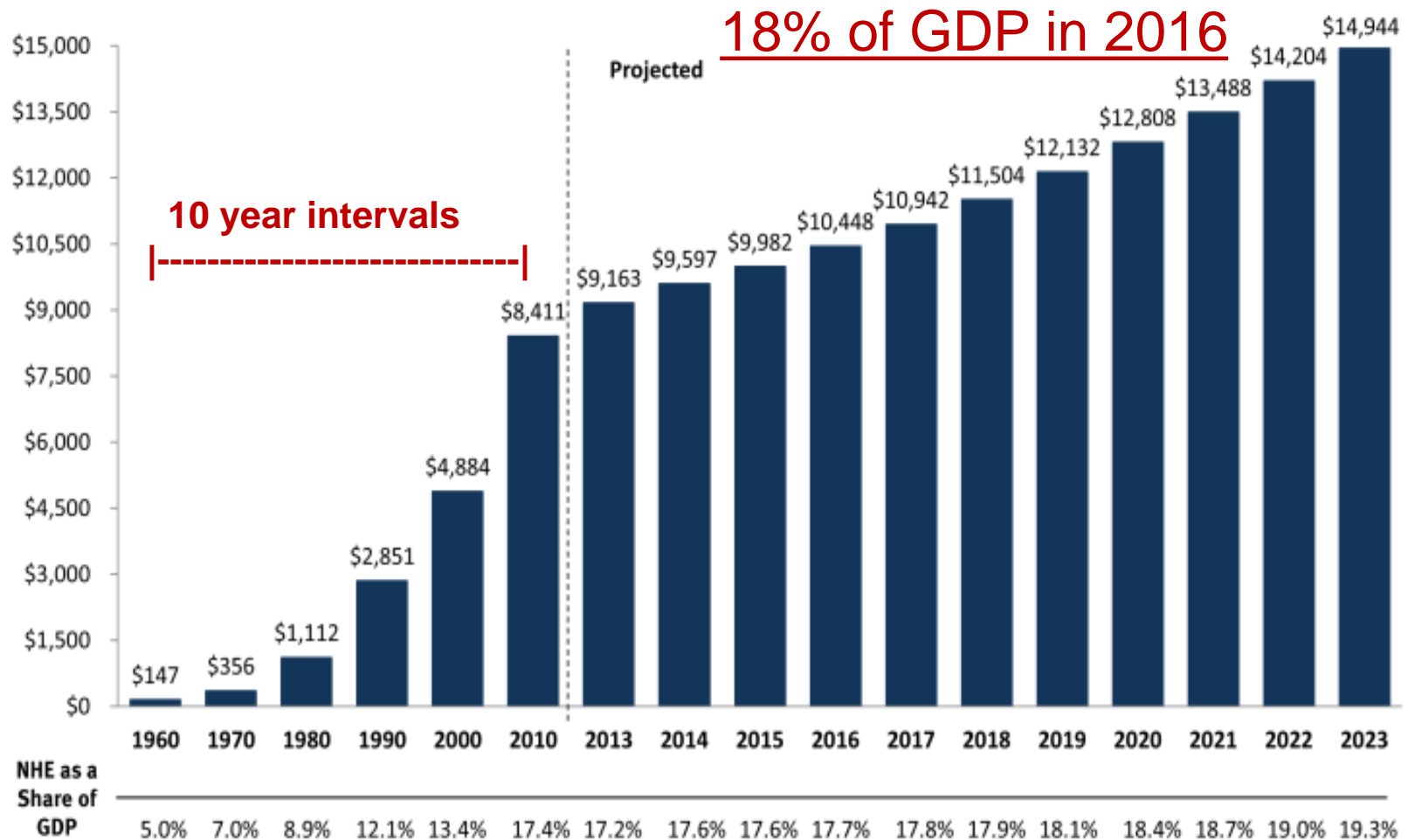
Worksite Costs and Wellness Programs

Costs vs. Benefits

Fact #1

Healthcare Costs are Going Up

National Health Expenditures per Capita, 1960-2023



NOTE: According to CMS, population is the U.S. Bureau of the Census resident-based population, less armed forces overseas and their dependents.

SOURCE: Kaiser Family Foundation calculations using NHE data from Centers for Medicare and Medicaid Services, Office of the Actuary, National Health Statistics Group, at <http://www.cms.hhs.gov/NationalHealthExpendData/> (For 1960-2010 data, see Historical; National Health Expenditures by type of service and source of funds, CY 1960-2012; file nhe2012.zip. For 2013-2023 data, see Projected; NHE Historical and projections, 1965-2023, file nhe65-23.zip).

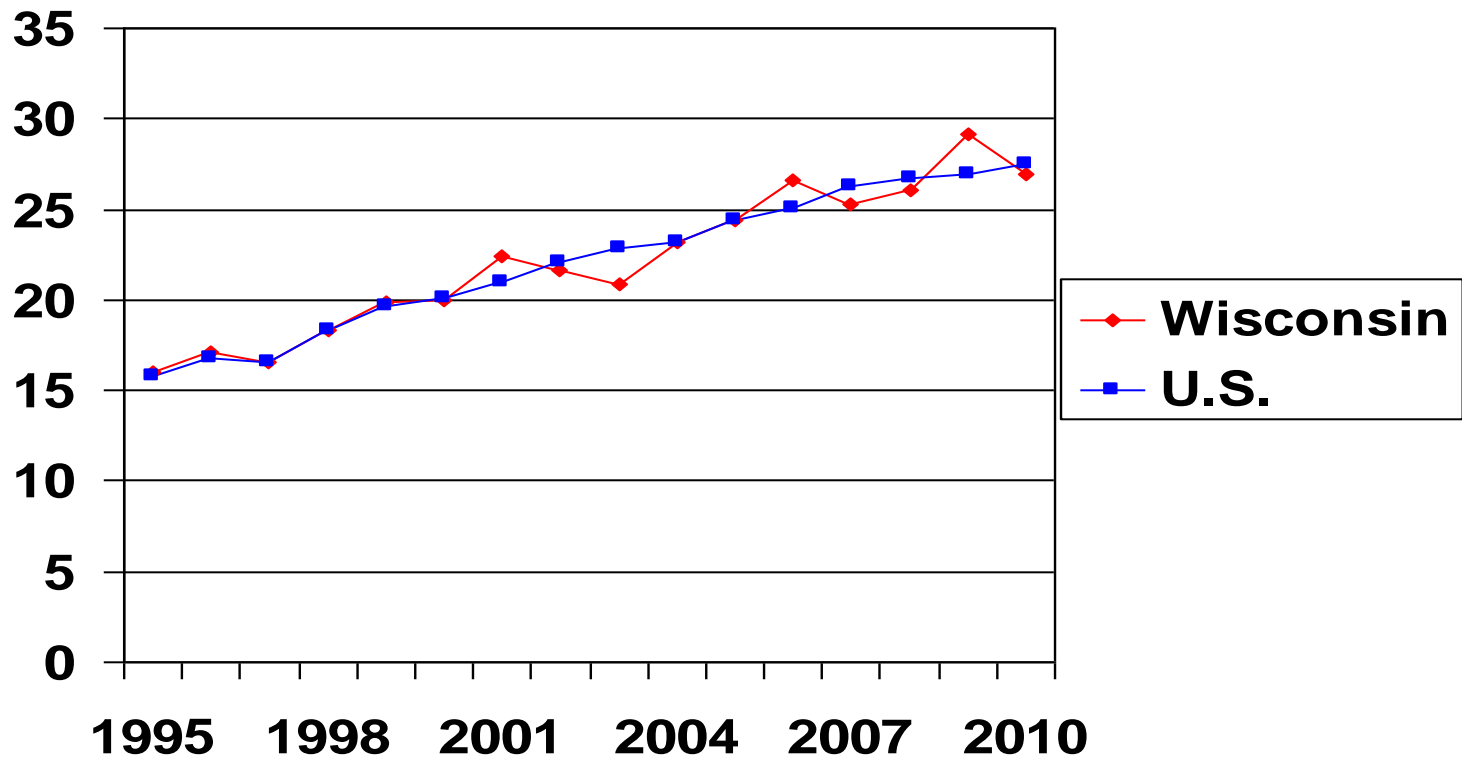
Fact # 2

**People are Living Longer &
Getting More Obese, so...**

Fact #3

**...They Have More Chronic
Diseases**

Percentage of U.S. Adults Who Are Obese



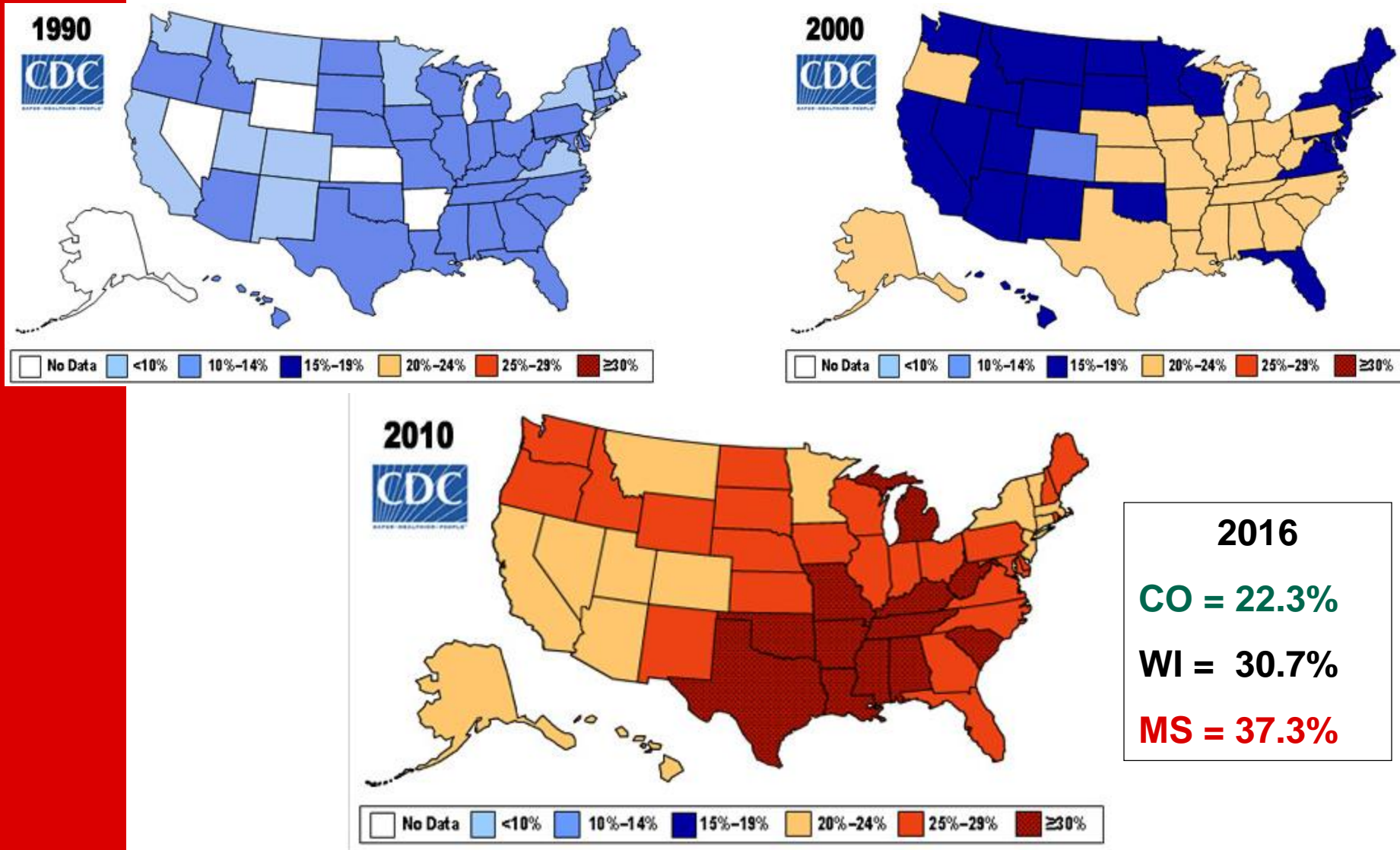
In 2016, WI was the 30th best State for % Obese at 30.7%.

US Average = 30.1%

Obesity Trends* Among U.S. Adults

BRFSS, 1990, 2000, 2010

(*BMI ≥ 30 , or about 30 lbs. overweight for 5'4" person)



In 1900, how many of the Top 3 causes of death were due to Chronic Disease?

1. Zero
2. One
3. Two
4. Three

In 2010, how many of the Top 3 causes of death were due to Chronic Disease?

1. Zero
2. One
3. Two
4. Three

1900 Top 10 Leading Causes of Death

	1900: Top 10 Leading Causes of Death	Rate/100,000
1	Pneumonia (all forms) and influenza	202
2	Tuberculosis (all forms)	194
3	Diarrhea, enteritis, and ulceration of the intestines	143
4	Diseases of the heart	137
5	Cerebrovascular (stroke)	107
6	Nephritis (all forms)	89
7	All accidents	72
8	Cancer and other malignant tumors	64
9	Senility	50
10	Diphtheria	40

Communicable

Chronic

Injury

1098

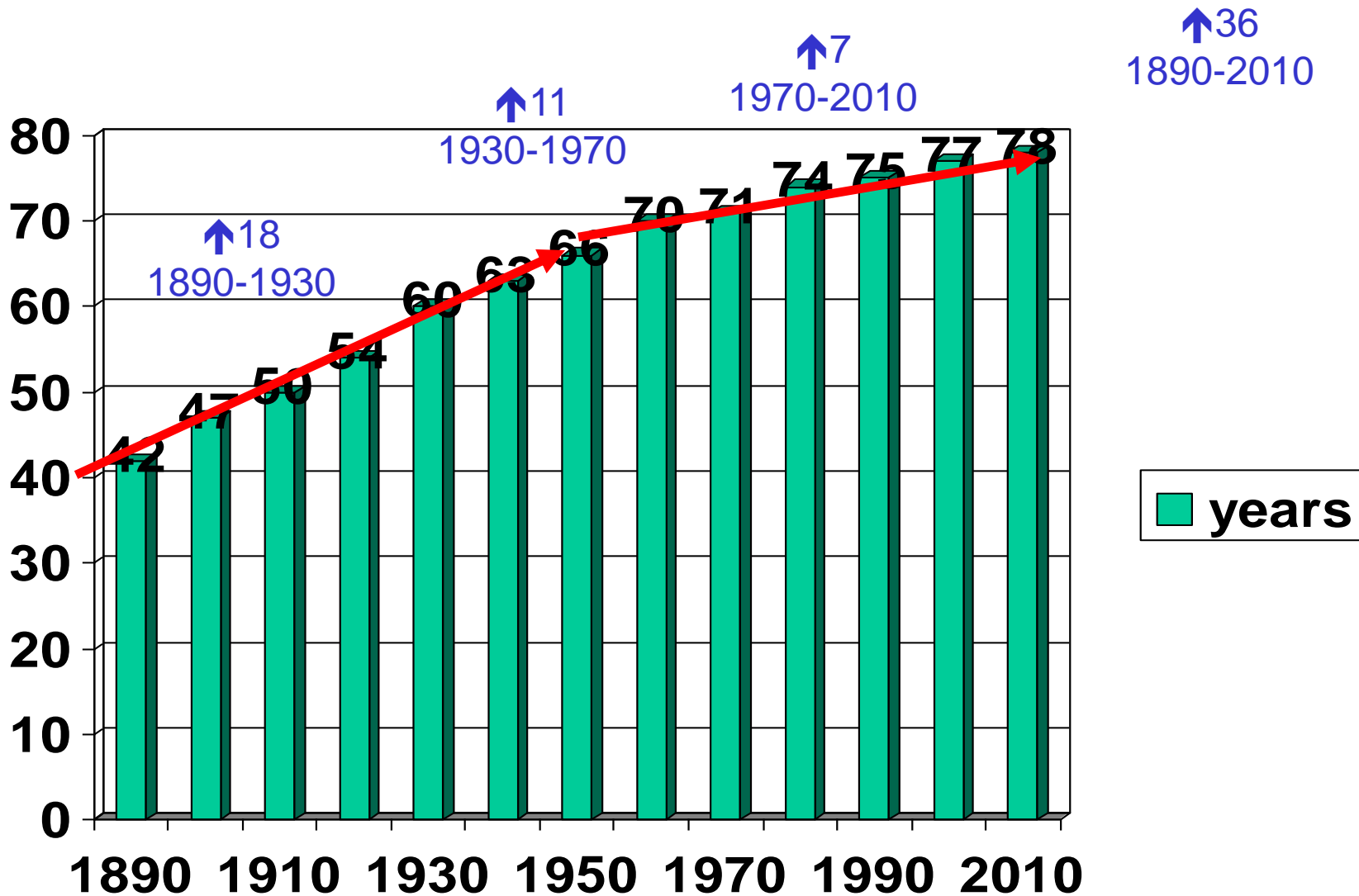
1950 Top 10 Leading Causes of Death

	1950: Top 10 Leading Causes of Death	Rate/100,000
1	Diseases of heart	355
2	Cancer	140
3	Cerebrovascular (stroke)	104
4	Accidents	61
5	Certain diseases of early infancy	41
6	Influenza and pneumonia	31
7	Tuberculosis, all forms	22
8	General arteriosclerosis	20
9	Chronic and unspecified nephritis	16
10	Diabetes	16

2010 Top 10 Leading Causes of Death

	2010: Top 10 Leading Causes of Death	Rate/100,000
1	Diseases of heart	179
2	Cancer	173
3	Lower respiratory	42
4	Cerebrovascular(stroke)	39
5	Accidents	37
6	Alzheimer's	25
7	Diabetes	21
8	Chronic and unspecified nephritis	15
9	Influenza and pneumonia	15
10	Suicide	12

US Life Expectancy

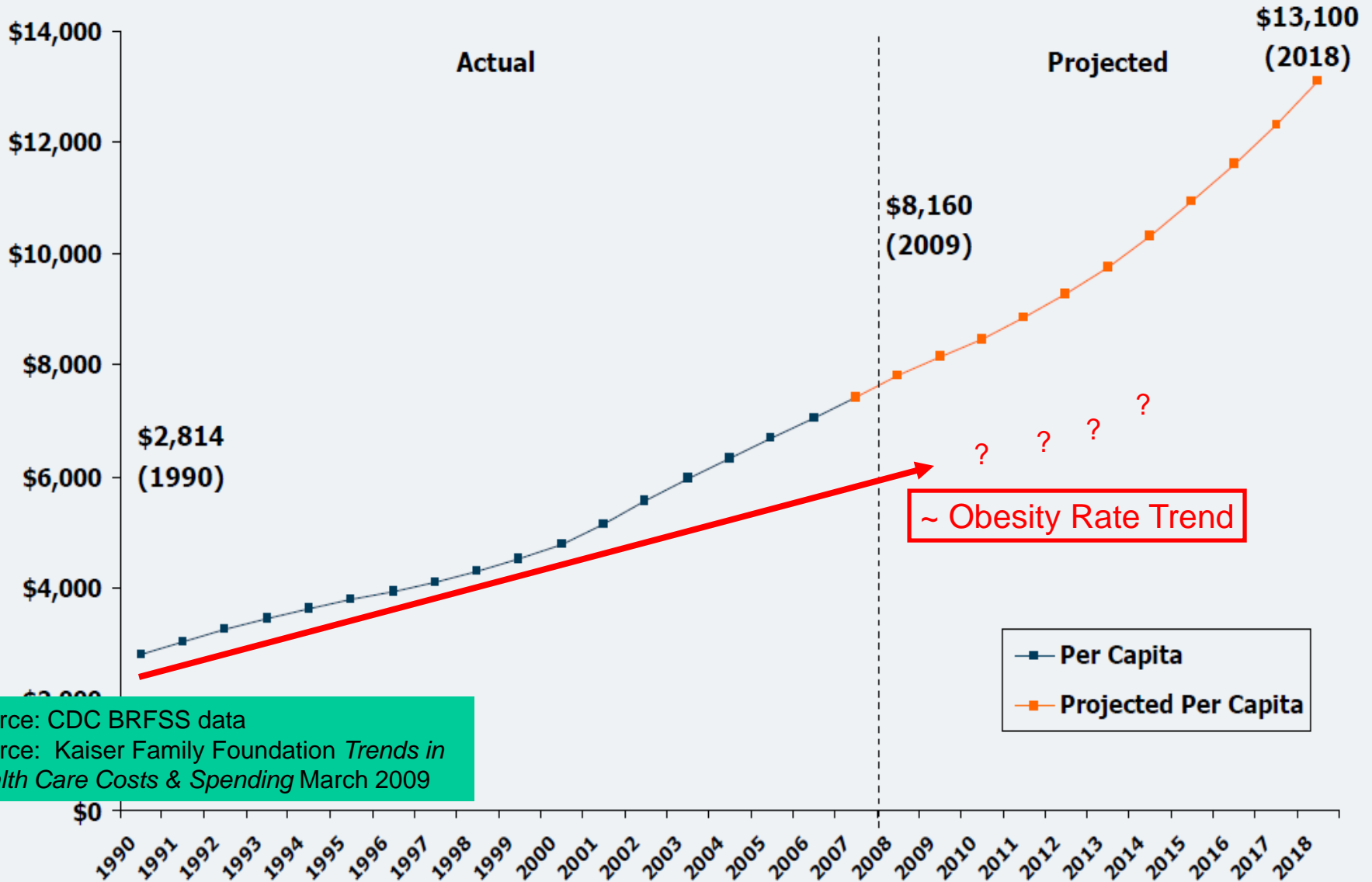


And if you believe that “an ounce of prevention is worth a pound of cure”, than ...

Fact #4

**... We're Not Spending
Enough on Prevention**

Exhibit 1: National Health Expenditures per Capita, 1990-2018



Source: CDC BRFSS data
Source: Kaiser Family Foundation *Trends in Health Care Costs & Spending* March 2009



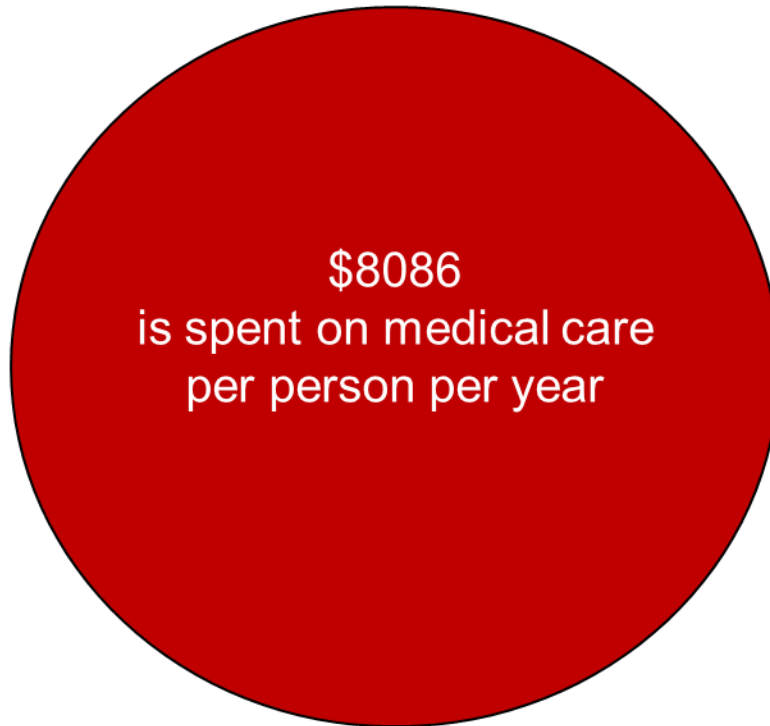
Obesity a key link to soaring health tab as costs double

July 27, 2009

Americans who are 30 or more pounds over a healthy weight cost the country an estimated \$147 billion in weight-related medical bills in 2008, double the amount of the prior decade.

New research shows that medical spending averages \$1,400 more a year for an obese person than for someone with normal weight.

Healthcare vs Prevention Costs



●
Only \$251
is spent per person on public
health measures that prevent
medical conditions
before they occur

Ratio 32:1, or only “½
ounce per pound of
~~care~~ treatment”

What Percent of Health Condition Factors can be Influenced? (not genetically caused)

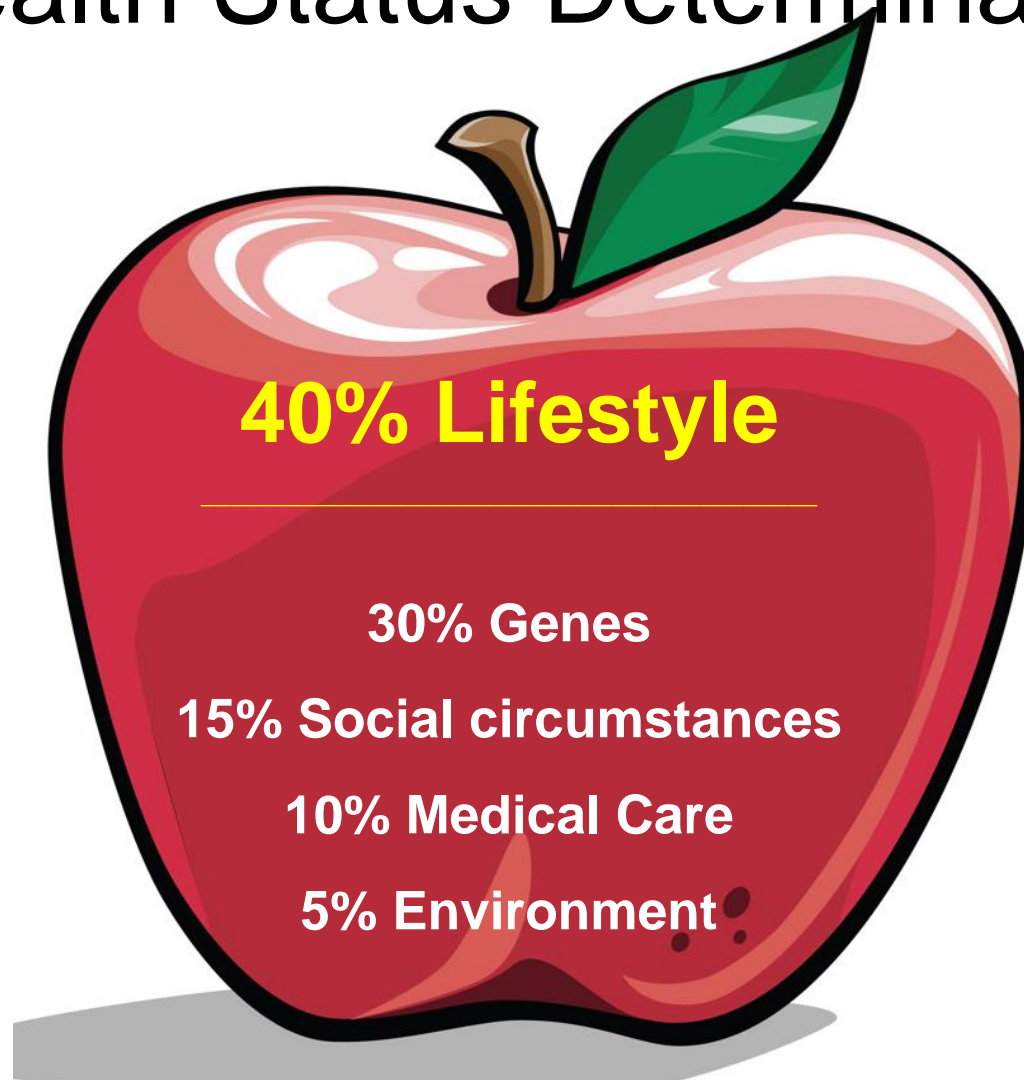
1. 30%

2. 50%

3. 70%

4. 90%

Health Status Determinants



Health Affairs – Volume 21, Number 2, McGinnis, et al (2002)

Fact #5

But it isn't easy

You Can Change Behavior,
which...

Can Reduce Health Risks,
which...

Will Reduce Healthcare Costs
..... in time

Health Risk “Iceberg”

HIGH - Population at risk that have filed a health claim.

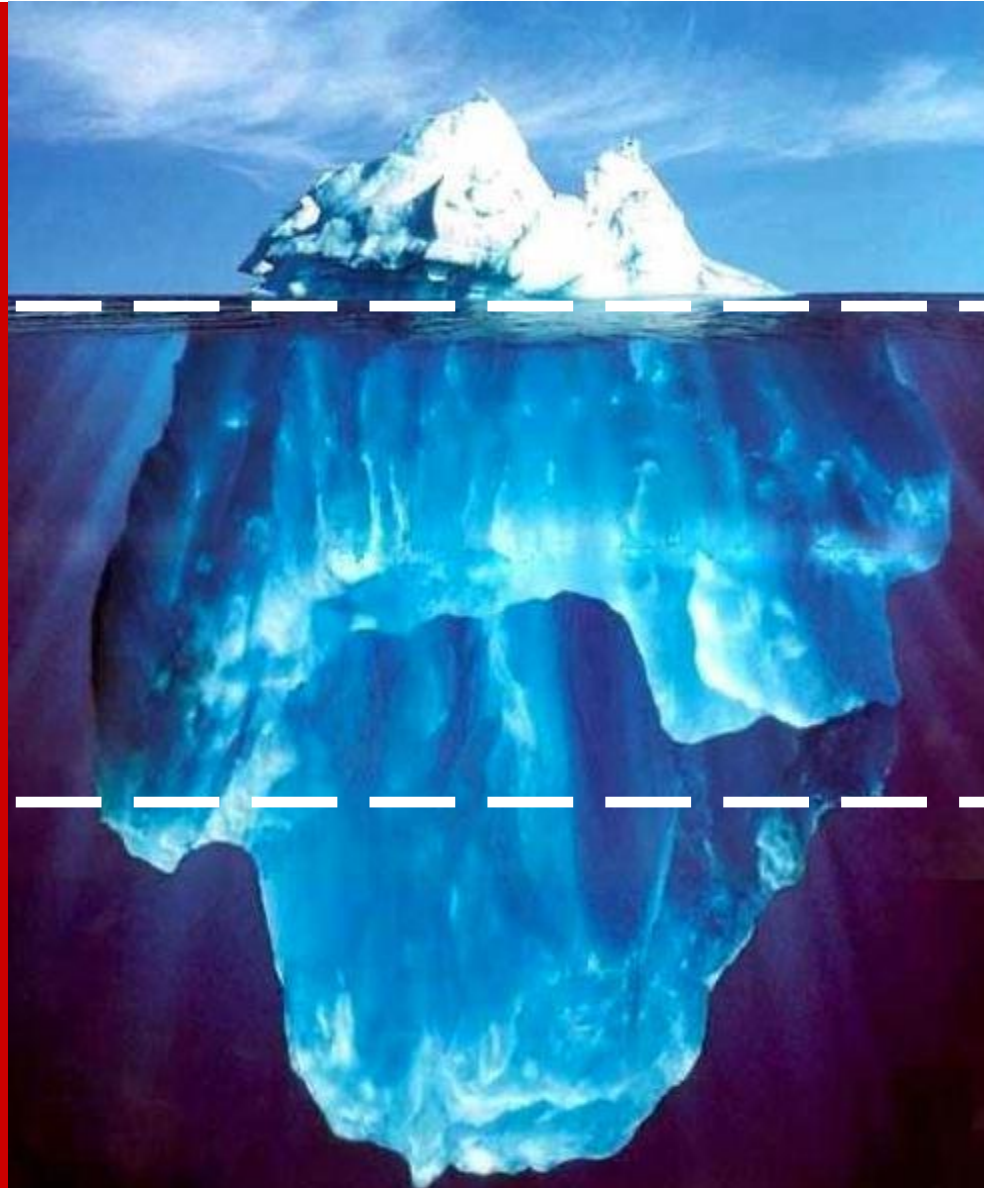
HIGH \$ - Disease and Care Management

MEDIUM – Population with some risks, may not be “sick”.

MEDIUM \$ – Lifestyle and health behavior management.

LOW – Population with no known risk factors.

LOW \$ – Health maintenance & promotion.



Health Risks and Behaviors (13)

Health Risk Measure

- Alcohol
- Blood Pressure
- Body Weight
- Cholesterol
- Existing Medical Problem
- HDL
- Illness Days
- Life Satisfaction
- Perception of Health
- Physical Activity
- Safety Belt Usage
- Smoking
- Stress

Health Risk Criteria

- More than 14 drinks/week
- Systolic >139 or Diastolic >89
- BMI \geq 27.5
- Greater than 239 mg/dl
- Heart, Cancer, Diabetes, Stroke
- Less than 35 mg/dl
- >5 days last year
- Partly or not satisfied
- Fair or poor
- Less than one time/week
- Usage less than 100% of time
- Current smoker
- High

<u>OVERALL RISK LEVELS</u>	
Low Risk	0 to 2 high risks
Medium Risk	3 to 4 high risk
High Risk	5 or more high risks

Number of Risk Factors

1. Zero

0-2 = 55%

2. 1-2 risk factors

3. 3-4 risk factors

3-4 = 28%

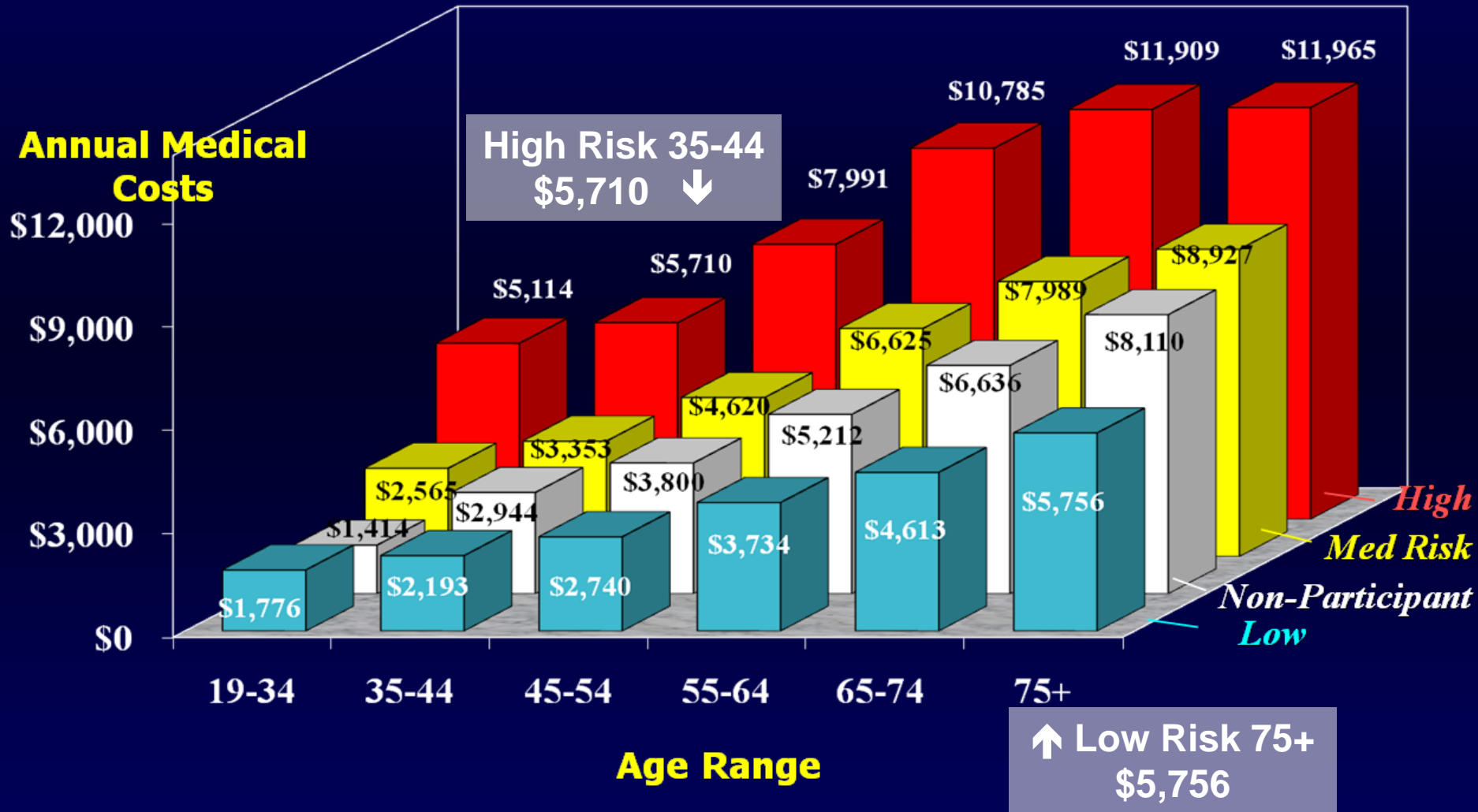
4. 5 or more risk factors

5+ = 17%



Costs Associated with Risks

Medical Paid Amount x Age x Risk

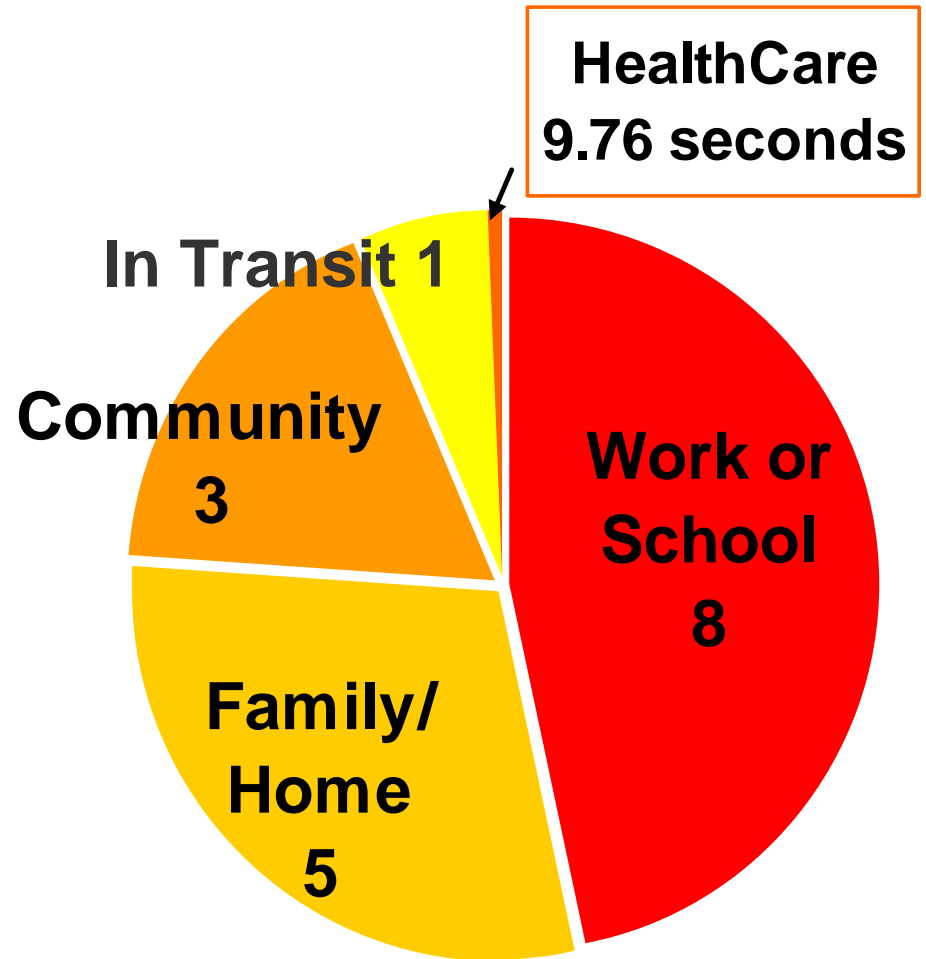


Fact #6

The Worksite is Where
Most Adults Spend
Most of Their Day

Why the Worksite?

What do you do with your 17 waking hours?

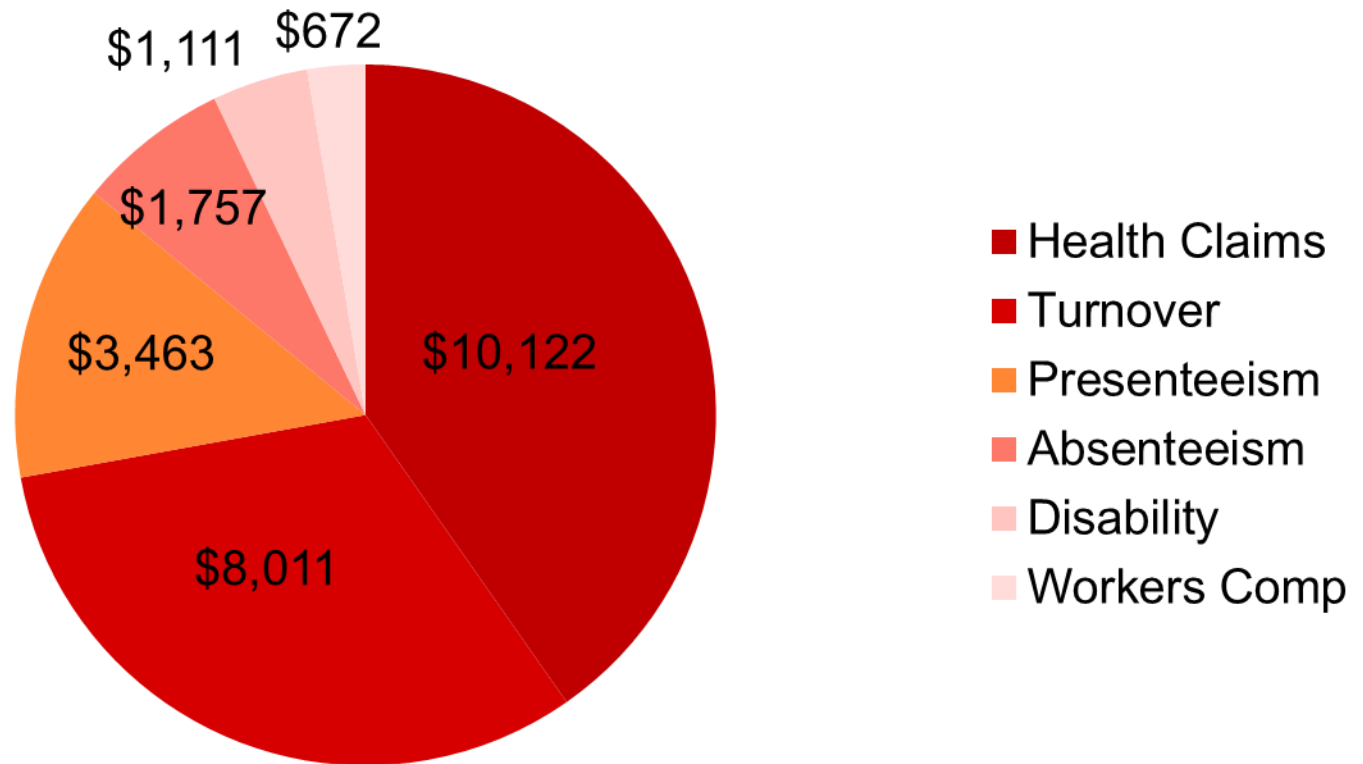


Fact #7

**Return on Investment for
Worksite Wellness Programs
Has Been Documented**

Worker Health Care Costs are More than Health Plan Costs

Total Cost = \$25,136



Source: Goetzel, JOEM, data with top ten presenteeism cost added and adjusted to 2010 by Mercer Employer Survey Results.

Return on Investment

Most studies show a return on investment (ROI) of \$2 to \$5 for every \$1 invested.

ROI usually includes:

- Absenteeism
- Medical & pharmacy costs
- Presenteeism
- Worker's comp. and disability time



What About Your “Happiness” ROI

- Higher quality work
- Superior productivity
- More resilient
- Less burnout
- Less turnover
- Greater sales

(Lyubomirsky, 2005)

7 Key Facts

Fact #1 - Healthcare costs are going up

Fact #2 - People are living longer & getting more obese,
so...

Fact #3 - They have more chronic diseases

Fact #4 - We're not spending enough on prevention

Fact #5 - You can change behavior, which...

Can reduce health risks, which...

Will reduce healthcare costs in time

Fact #6 - The worksite is where most adults spend most
of their day

Fact #7 - Return on investment for worksite wellness
programs has been documented

QUESTION:

What are you waiting for?

It will cost money. But the return (ROI) will save you money – think of it as an investment.

Can you guarantee ROI? No, but if you do nothing it will get worse.

It's not our core business. Aren't your employees part of your core business?

Story 2: How Did We Get Here?

Section 1 of 2

The Input Side - Nutrition

Modify the Equation to Change Weight



Calories In (food) < Calories Out (activity)

Weight Decreases (usually)

Larger Portion Sizes



20 years ago
333 calories



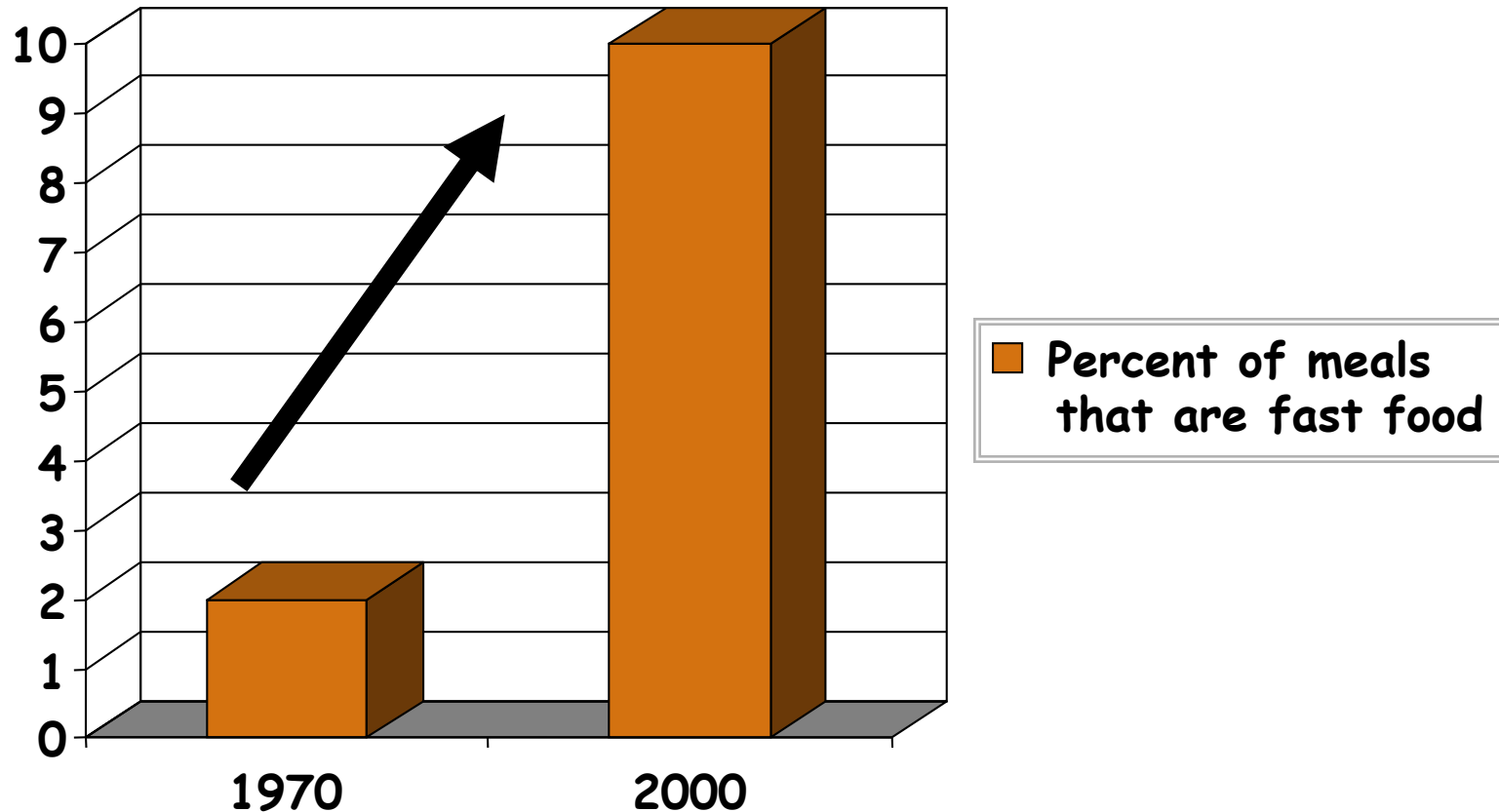
Today
590 calories

Portion Control Anyone?



In this Oct. 13, 2008, photo from a pub in PA, the person is seen before attempting to eat a 15-pound cheeseburger with five-pounds of toppings including bun, lettuce, tomatoes, cheese, onions, mild banana peppers and a cup each of ketchup, mustard, relish, and mayonnaise.

Growth of Fast Food in the US



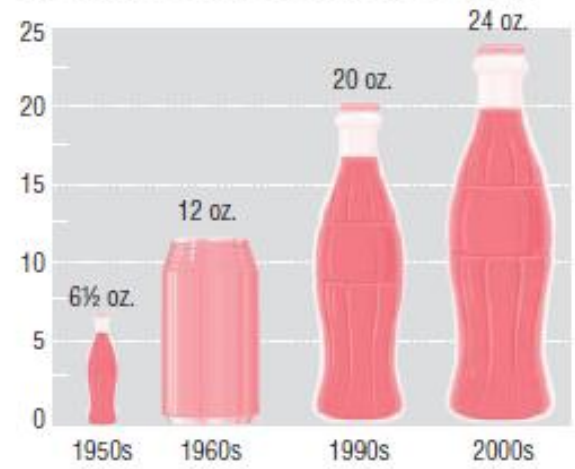
5 fold increase from 1970 to 2000

Lancet, August 10, 2002, vol 360, issue 9331,473.

Increased Soft Drink Consumption



Figure 2 *Size matters*
Growth in soda container size (oz.)



e

32 oz)

44 oz)

est, 2005

Factoid #1

At 4:00 pm on a work day, what percentage of households don't know what they are having for dinner?

1. 20% - 40%

2. 40% - 60%

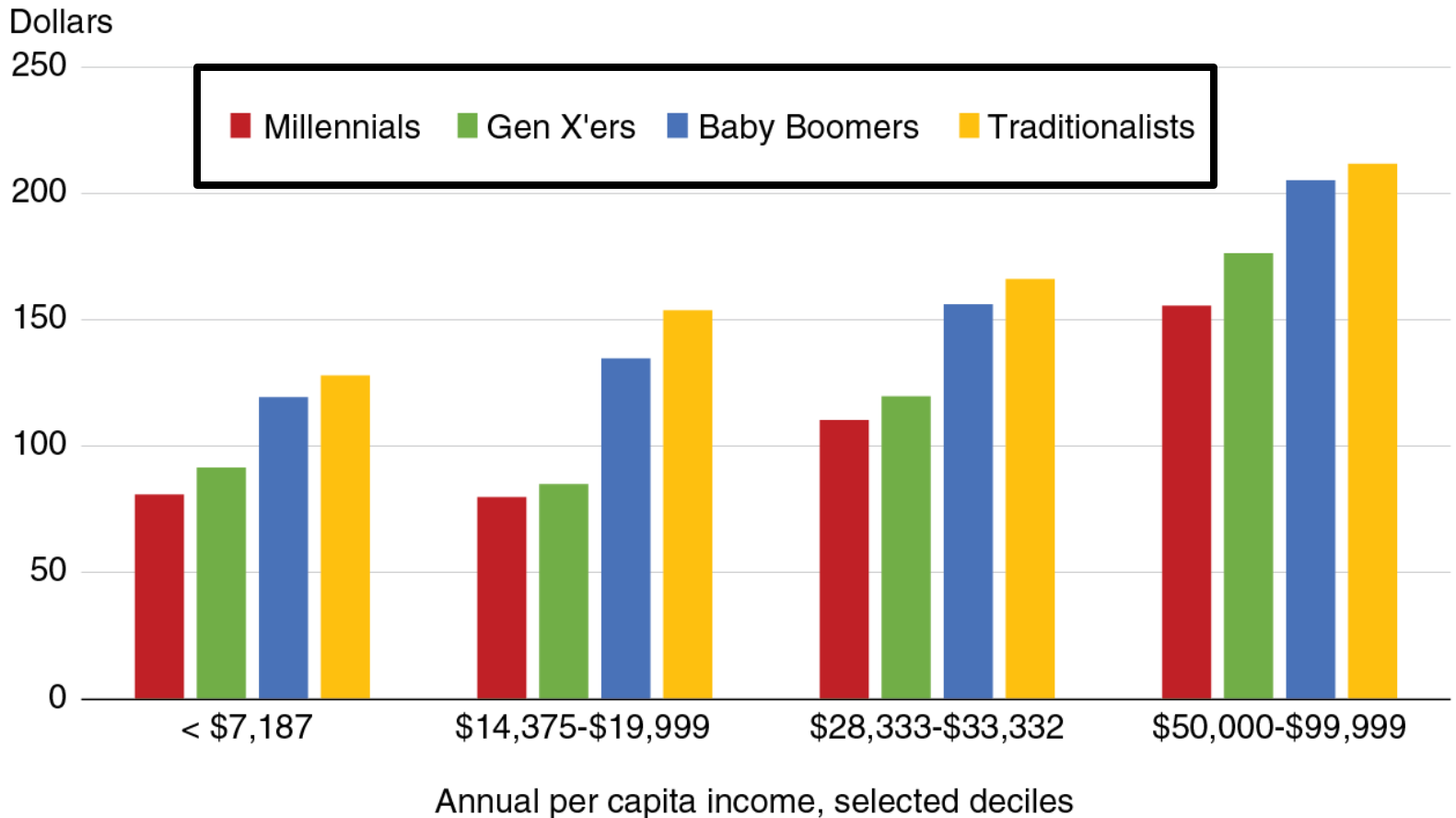
72%

3. 60% - 80%

4. >80%

Food Marketing Institute 2011 survey results

Per capita monthly food-at-home expenditures rise with age and income

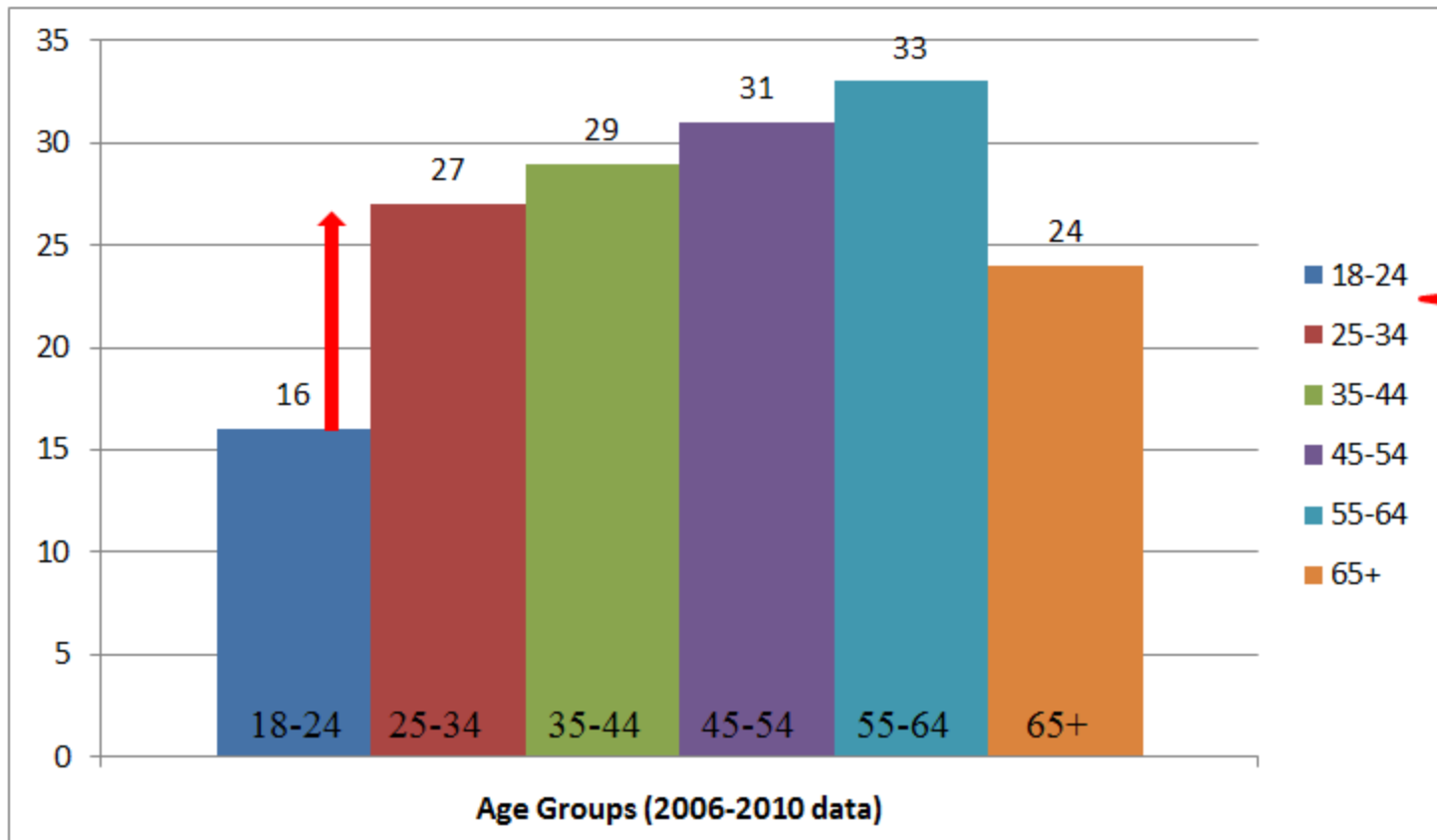


Note: In the Information Resources Inc. data, annual household incomes above \$99,999 were recorded as greater than \$99,999. The ERS study used \$99,999 as the yearly income to be divided by household size for households reporting incomes above \$99,999.

Source: USDA, Economic Research Service using Information Resources Inc. data, 2014.

Key Age Range for Obesity? (2/3 of total increase by Age 35)

% Obese by Age



How Did We Get Here?

Section 2 of 2

The Output Side – Physical Activity

What's Wrong With This Picture?



Is it the
Exercise Room,
the
Snack Room,
or
BOTH!



What's Next?



A refrigerator with a
built-in TV.





Can we engineer
our way into
eliminating all
physical activity
completely?

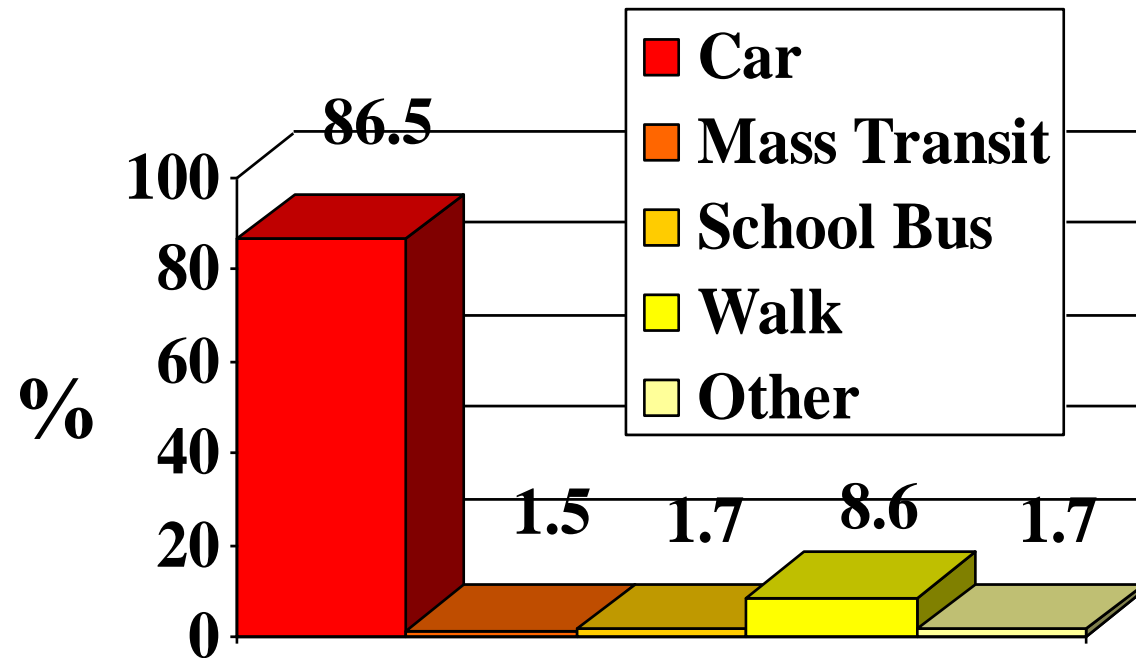


SOCCER NOT
ALLOWED

SOCCER MAY ONLY
BE PLAYED IN
ARCHERY RANGE



Trips By Mode Of Transportation



Factoid #2: Percent of trips less than 1 mile taken by car = 60%

Screen Time

Americans devote more than 10 hours a day to screen time, and growing

By Jacqueline Howard, CNN

Updated 4:22 PM ET, Fri July 29, 2016



Time spent daily using tablets, smartphones, personal computers, multimedia devices, video games, radios, DVDs, DVRs and TVs.
2016 Nielsen survey

The Bottom Line: Widening Chair Seats



"WAISTLINE" VS. ACTUAL WAISTLINE

← MEAN HONEST GENEROUS BORDERLINE DISHONEST →



THE STYLE BLOG

Men's waist size for pants is "tainted"

...and women's waist sizes have been this way for years!!

Esquire Magazine

So People are Getting Creative

WALK [YOUR CITY] Beta How It Works Case Studies Toolkit **Build a Campaign** Login

WALK TO SEABOARD STATION

IT'S 17 MINUTES BY FOOT TO OAKWOOD CEMETERY

CASE STUDIES Help

A Multi-Faceted Problem...

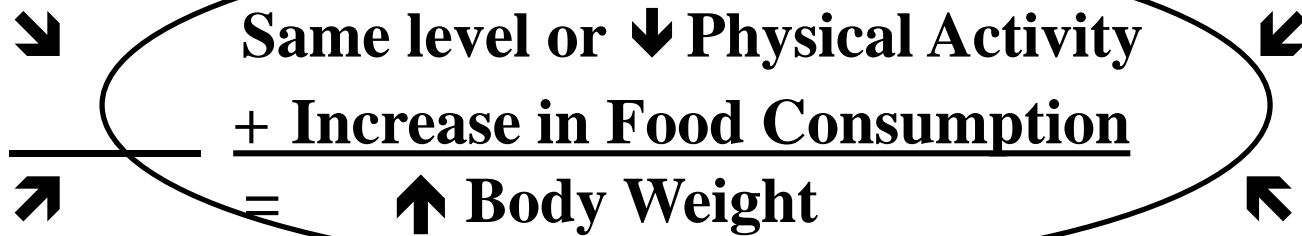
Food Trends

- ↑ 100% Eating out
- ↑ 400% Fast food
- ↑ 200% Soft drinks

Personal Trends

- ↓ Time for adults with kids
- ↑ Average TV/"screen time" = 7.5 hours/day

Genetics



Evolution

Physical Activity Trends

- ↑ 50% trips by car
- ↓ 87% of kids walking to school
- ↓ Physical Education time
- ↓ Jobs are more sedentary

Environmental Trends

- ↑ Spread out communities, which ↑ trips by car
- ↓ Number of "connections", which discourages walk & bike trips
- ↓ inactivity in WI winters

Trends for the past 30-40 years

An Obesity “Perfect Storm”?

Multi-Faceted Problem Needs Multi-Faceted Solution



Evolution

Food Trends

Genetics

Activity Trends

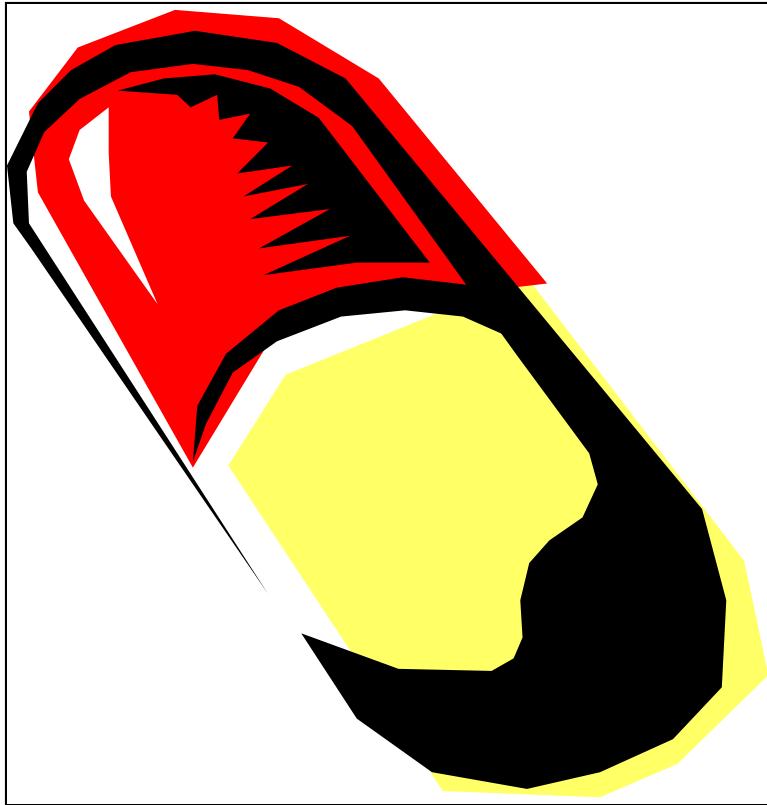
Environmental Trends

Personal Trends

A solid red vertical bar is positioned on the left side of the slide, extending from the top to the bottom.

So what's a person /
worksite to do?

The Perfect Prescription?



“Polypill”

Combines 3 treatments:

- Cholesterol (statin)
- BP (low dose of 3 drugs)
- Baby aspirin

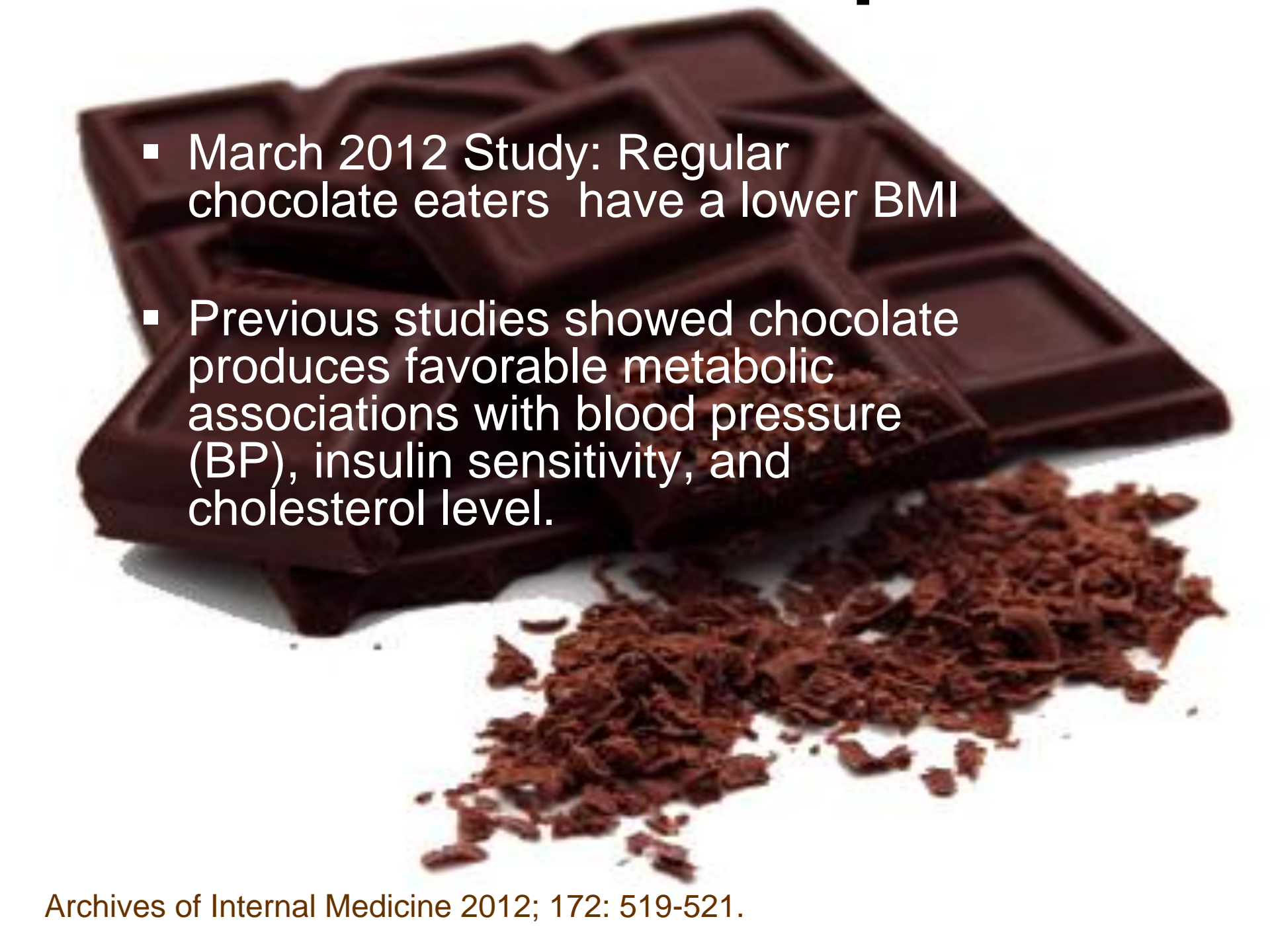
The Perfect Prescription?

Effects: Lose weight, decrease blood pressure, increase good cholesterol, decrease bad cholesterol

Ambulo – 10 mg

Caution - Possible Side Effects: feel better, sleep better, unexpected euphoria, increased energy, decreased risk of diabetes, decreased risk of cancer, decreased risk of heart disease.

May also lessen your desire to drive everywhere.

- 
- A photograph of a broken piece of dark chocolate. The chocolate is broken into several pieces, with a large portion of the top layer missing, revealing a lighter brown, textured interior. The broken pieces are scattered on a white surface, creating a pile of chocolate shavings and small fragments. The lighting is bright, highlighting the texture of the chocolate and the white background.
- March 2012 Study: Regular chocolate eaters have a lower BMI
 - Previous studies showed chocolate produces favorable metabolic associations with blood pressure (BP), insulin sensitivity, and cholesterol level.

Name _____

Address _____

Date _____

Rx

**The Perfect
Prescription ²**

Take a walk and 2 chocolates
and call me in the morning.

MD _____

Dr. Morgan

Signature _____

John Morgan

Changing Behavior

Current State....

Changing the Individual

Is it Effective Creating
Change at Only One Level

.... and Only
One Person at a Time?

The Five Levels of the Social-Ecological Model

Behavior

- Individual
- Interpersonal

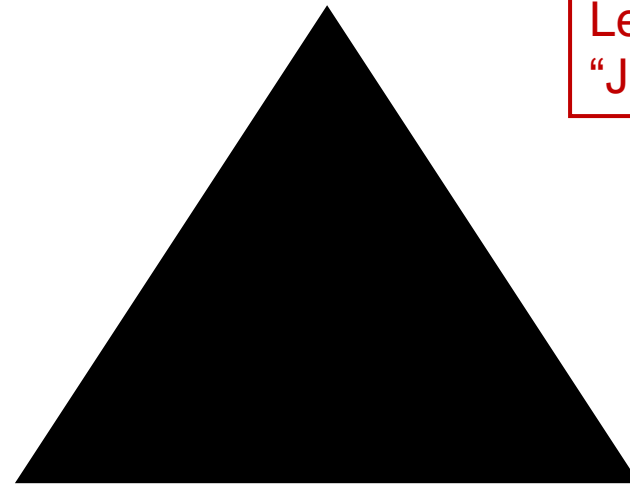
Environment

- Organizational
- Community

Practices or Policies

- National laws
- State laws
- Organizational practices

Behavior



Environment

Practices or Policies

Let's keep it simple: the 3 Levels of the "Jon" Model

- Teach employees how to plan meals ahead
- Provide F & V recipes and tips for selecting & preparing

Behavior

**Social-Ecological Model
Nutrition**

Environment

**Evidence-Based
Practices or Policies**

- Work with CSAs to create a drop-off point at the worksite
- Work with restaurants near the worksite to have more fruit & vegetable entrees; allow substitutions

- Help employers create a healthy eating policy for foods served at meetings & conferences
- Health insurance carrier has an incentive for owning a CSA share

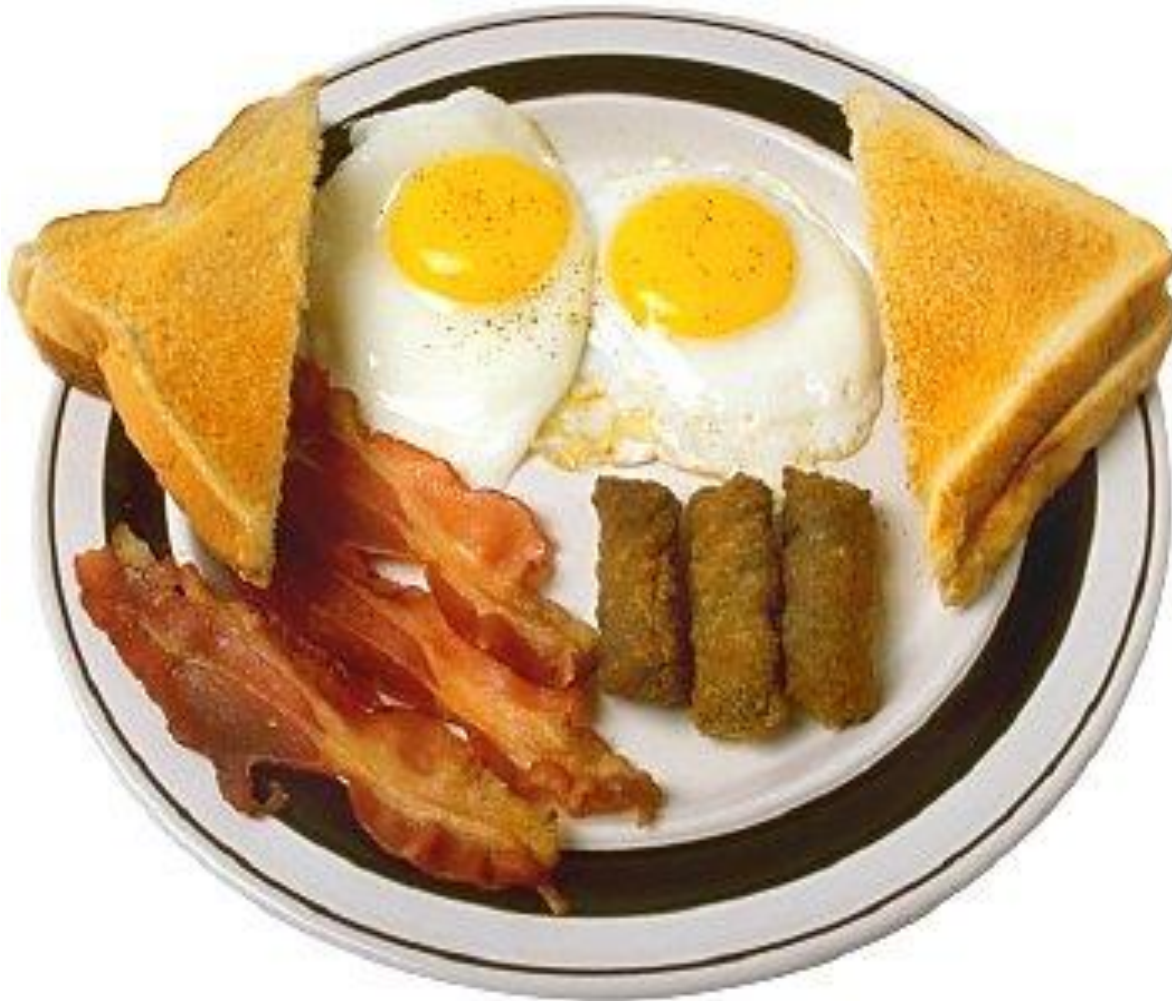
Story 3: “A Day in the Life”

How Daily Decisions Add Up

Take 1: A "Bad Day" in the Life ...



7:00 AM (Breakfast)
700 calories consumed



8:00 AM (Commute to Work)
0 Calories burned





10:00 AM (Snack)
250 Calories consumed



**11:00 AM (Break time)
200 calories consumed**



Noon (Ala Carte Lunch) 800 calories



4:00 PM (Drive Home)
0 Calories burned



5:00 (Unwind)
200 Calories Consumed
(Shaken, not stirred)



5:00 (After Work Snack)

150 Calories

(Bet you can't eat just one!)



5:30 PM (Errand)
0 Calories burned



DRIVE-THRU
OPEN

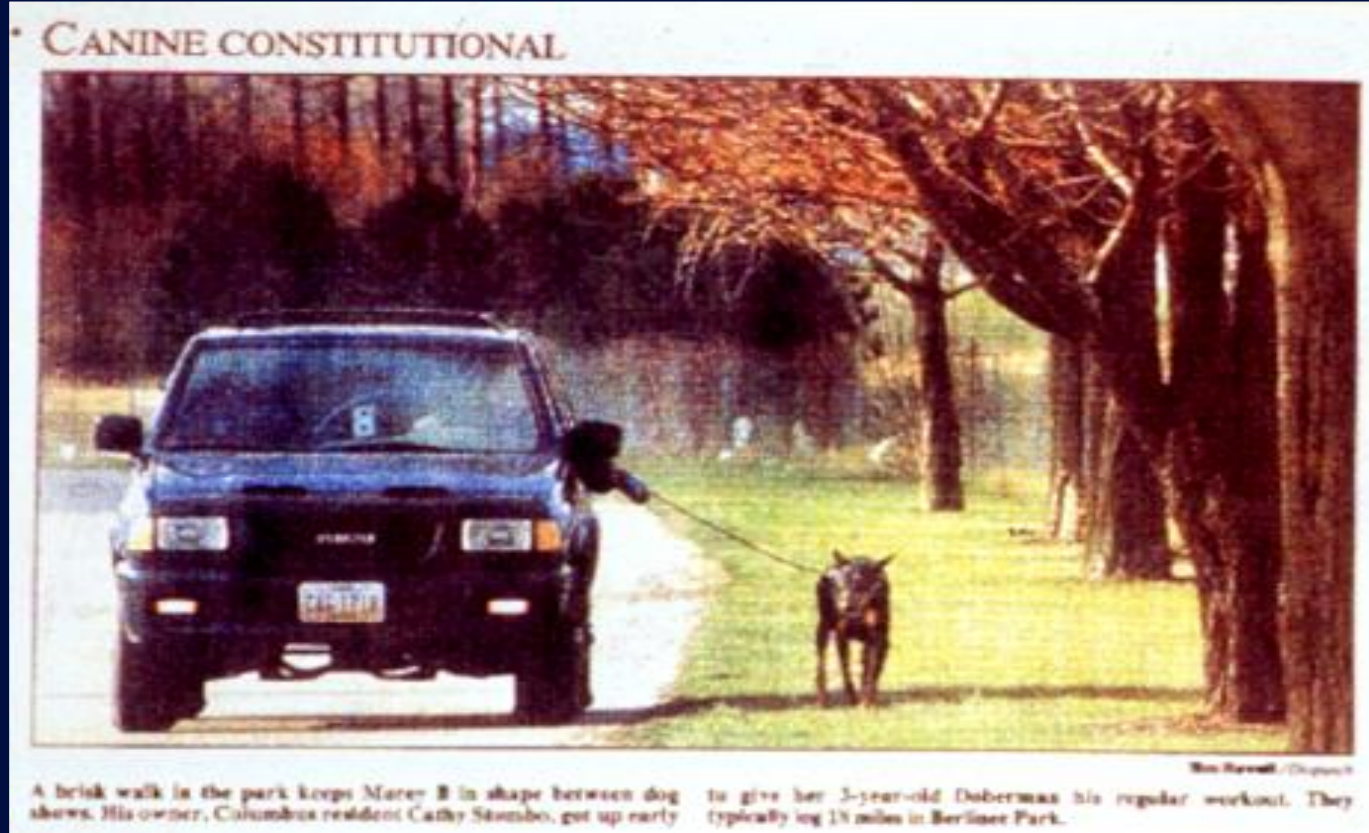
6:00 PM (Dinner)
800 Calories consumed



**7:00 PM Let Dog Out
2 calories burned**



Or "Take the Dog for a Walk" (0 Cals)



8:00 PM TV Time
0 calories burned



"Bad" Day Totals

Calories consumed in meals & snacks =
3100

Calories burned thru activity during the day =
-2

Net difference = **+ 3098**

(Weight gain? Likely)

Take 2: A "Good Day" in the Life



7:00 AM (Breakfast)

400 Calories



**8:00 AM (Bike/walk to Work)
100 calories burned**



Or Walking to Work - "the Old Way"
["4 miles going, 7 miles coming home" (??)]

A Gazillion Calories



10:00 AM
50 Calories consumed



11:00 AM
(active break) 15 Min Walk
100 calories burned



USDA Lunch 600 calories



4:00 PM (Bike home)
200 Calories



Unwind – Weight Training 100 Calories Burned



4:30 PM (After Work Snack)
75 Calories



5:00 PM
100 Calories

**(Errand: Bike
or walk)**

**The Old
Fashioned
Way**



6:00 PM (Dinner: Home cooked) 700 Calories



7:00 PM Walk the Dog 100 calories burned



8:00 PM TV Time
0 calories burned



But
That's OK

"Good" Day Totals

Calories consumed in meals & snacks =

1825

Calories burned thru activity during the day =

700

Net difference = 1125

(Burned due to daily caloric use (BMR) + Activity =
weight loss likely)

A Typical Day: 2 Options

	Day #1	Calories		Day #2
7:00	Large breakfast	700	400	Healthy Cereal
8:00	Drive to Work	0	100	Bike or Walk to Work
10:00	20 oz. "Snack"	250	50	Snack, apple
11:00	Donut Break	200	100	Walking Break
Noon	Ala Carte Lunch	800	600	USDA lunch
3:00	Bus home	0	200	Walk/bike home
4:00	Unwind (martini)	200	100	Weight Training
4:30	Snack (chips)	150	75	Snack (Fruit)
5:00	Errand – drive	0	100	Errand - bike
6:00	Dinner @ Mac's	800	700	Healthy Dinner
7:00	Let dog out / TV	2	100	Walk dog / TV
Total	3100 Eaten, 2 Burned		1825 Eaten, 700 Burned	
	+3098 Net	#2 = 1973 less		+1125 Net



Many Daily Decision Points

Look for Places Where You, or Others
Can Intercede

Just as it's easy to make small increases
in calories eaten and be a little more
sedentary ...

It's also easy to make small reductions in
calories and be a little more active.

Part 5: Why Worksite Wellness & the Kit

For the purpose of this kit, worksite wellness refers to the education, activities, environmental changes and policy changes that a worksite may do to promote healthy lifestyles to employees and their families.

WORKSITE WELLNESS WISCONSIN v 4.0

Resource Kit	
<small>(To prevent obesity & related chronic diseases)</small>	
Employee Health <small>Improve overall fitness and mental wellness</small>	
Overall fitness	100%
Payback on Investments	100%
<small>An Investment in Good Health: Improved Productivity & Lower Healthcare Cost</small>	
Improved Morale	100%
Nutrition	100%
Reduced...	
Sudden Illness	
Chronic Health Issues	
6 Steps	
<small>Why have a website 10.0%</small>	<small>Have to get Started 10.0%</small>
<small>Assessing my Worksite 10.0%</small>	<small>Marketing Decisions 10.0%</small>
<small>Programming for Worksite 10.0%</small>	<small>Evaluate Worksite 10.0%</small>

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Resource Kit Focus Areas

- Wellness Components
- Health Risk Appraisal
- Physical Activity
- Nutrition
- Mental Health
- Tobacco Cessation
- Alcohol and Other Drug Abuse
- Fiscal Fitness



ASSESSING YOUR WORKSITE

STEP 3: INITIAL ASSESSMENT

Assessing your worksite is essential to providing high-level programs to your employees. Matching the wants (interest survey) and needs (biometric screenings/health assessments) of your employees will only help to increase the participation and engagement of your workforce. Getting a snapshot of the work environment and employee health and developing a wellness program based on the information will help build the value of your program in the eyes of both key stakeholders as well as employees. Thinking about what data to collect and how to use the data at the start of developing your program will pay off in the end. Here are the key steps:

Assess Your Worksite Environment

#	Wellness Component	Yes	In Process	No	Potential Priority
6	Does the worksite orient new employees to the wellness program and give them copies of the wellness policies (nutrition, tobacco, etc.)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Survey Your Employees

Please rate your interest in any of the following nutrition resources that might be available?	Very Low	Low	Neutral	High	Very High
a. Attending regular presentations on nutrition topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check Biometric Measures or Have Employee Visit their MD

Biometric measures	Blood Pressure	Cholesterol	Glucose	BMI
Date _____	124/76	188	102	26.4

Gather Your Other Relevant Data

Gather any other information or data that might be available and use it to help develop or expand your wellness program

What Can It Do For Me?

What it's designed to do

- Step-by-step process for comprehensive worksite wellness
- General description of program components and links to best resources
- Identify the strengths and weaknesses
- Develop an action plan to implement or improve your program
- Provide a multi-faceted payback on your investment
- Focus is on chronic disease prevention

What it doesn't do ...

- Detailed content on “programming”
- Focus on safety & injury prevention

Page 1-Strategies

1 List of strategies arranged by level of resources (Low, Medium, High) needed.

2 Box indicating at what level change takes place.

First Page Sample of Strategies

LOW RESOURCES	I	E/O	P
1. Offer flexible work hours to allow for physical activity during the day.			★
2. Support physical activity breaks during the workday, such as stretching or walking.			★
3. Map out on-site trails or nearby walking routes.	★	★	
MEDIUM RESOURCES	Sample		
1. Provide shower and/or changing facilities on-site.		★	
2. Implement incentive-based programs to encourage physical activity, such as pedometer walking challenges.		★	
HIGH RESOURCES			
1. Provide an on-site exercise facility.		★	

TABLE KEY 
I = Individual level
E/O = Environmental / Organizational level
P = Policy level

Page 2-Resources

PHYSICAL ACTIVITY RESOURCES FOR THE RECOMMENDED STRATEGIES

LOW RESOURCES

1. Offer flexible work hours to allow for physical activity during the day. *Supervisors will support this as a standard work practice.*
2. Support physical activity breaks during the workday. *Supervisors will support this as a standard work practice.*
3. Map out on-site trails or nearby walking routes.
<http://walkingguide.mapmyrun.com/>

Italics: Brief description of what needs to take place to implement.

MEDIUM RESOURCES

1. Provide shower and/or changing facilities on-site.
2. Implement incentive-based programs to encourage physical activity, such as pedometer walking challenges.
<http://www.sportsinwisconsin.com/lightenup>
<http://dhfs.wisconsin.gov/forms/DPH/dph40075.pdf>

HIGH RESOURCES

1. Provide an on-site exercise facility.
<http://www.cdphe.state.co.us/pp/COPAN/resourcekits/WorksiteWellnessResource%20Kit.pdf>
(page 45-46)

Hyperlink: Reference to a website with detailed information or examples to implement the strategy listed.

Do the math!



Think in terms of impact using the formula:
DOSE x REACH = IMPACT

Dose is how much of a given strategy is occurring (e.g. minutes of activity or # of fruits and vegetables eaten)

Reach is what percent of the targeted population is being affected.

One Example in a Worksite of 100 Employees

Use 1 dose of activity is equal to 10 minutes. Adult goal is 30 minutes per day or 3 doses.

Scenario 1 – Worksite holds a 1-day event where staff walk for 30 minutes (3 doses).

- 50% of staff participate (*that's a very good number*)
- Impact is 3 doses x 50% = **150** (*for the year – not so good*)

Scenario 2 – Worksite institutes a new policy that encourages daily “walk breaks” at lunch.

- 30% of staff participate regularly – most days of the week (*also a good number*)
- Impact is 2 doses x 30% = 60 x 150 days = **9,000** (*for the year – a much better number*)

150

9,000

Help Deliver Some Dose.....



Even 10 adult doses or 20 kid doses in a year would increase physical activity 1%. In conjunction with other “doses” being received, that could be significant!

I'm officially bestowing on you the title of WD²
Worksite Wellness Doctor of Dose





To showers and locker room
↓

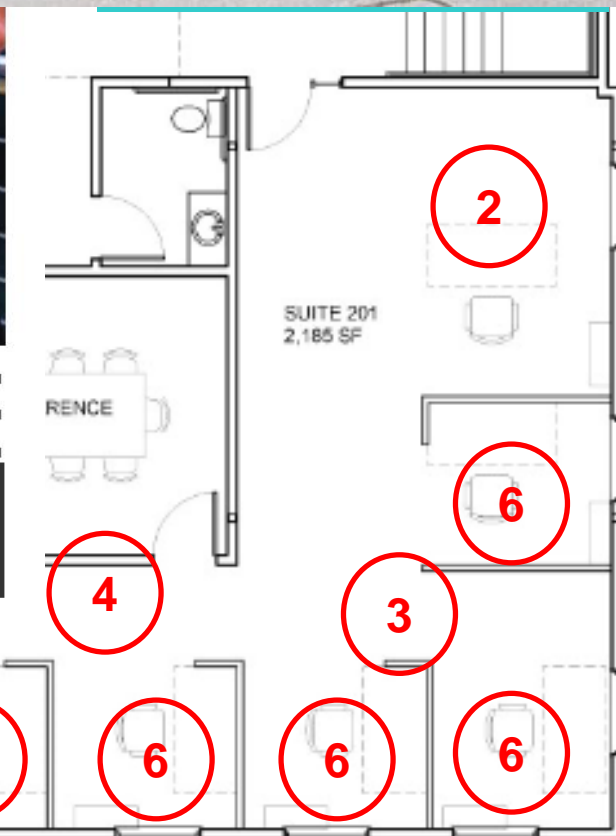


to day to

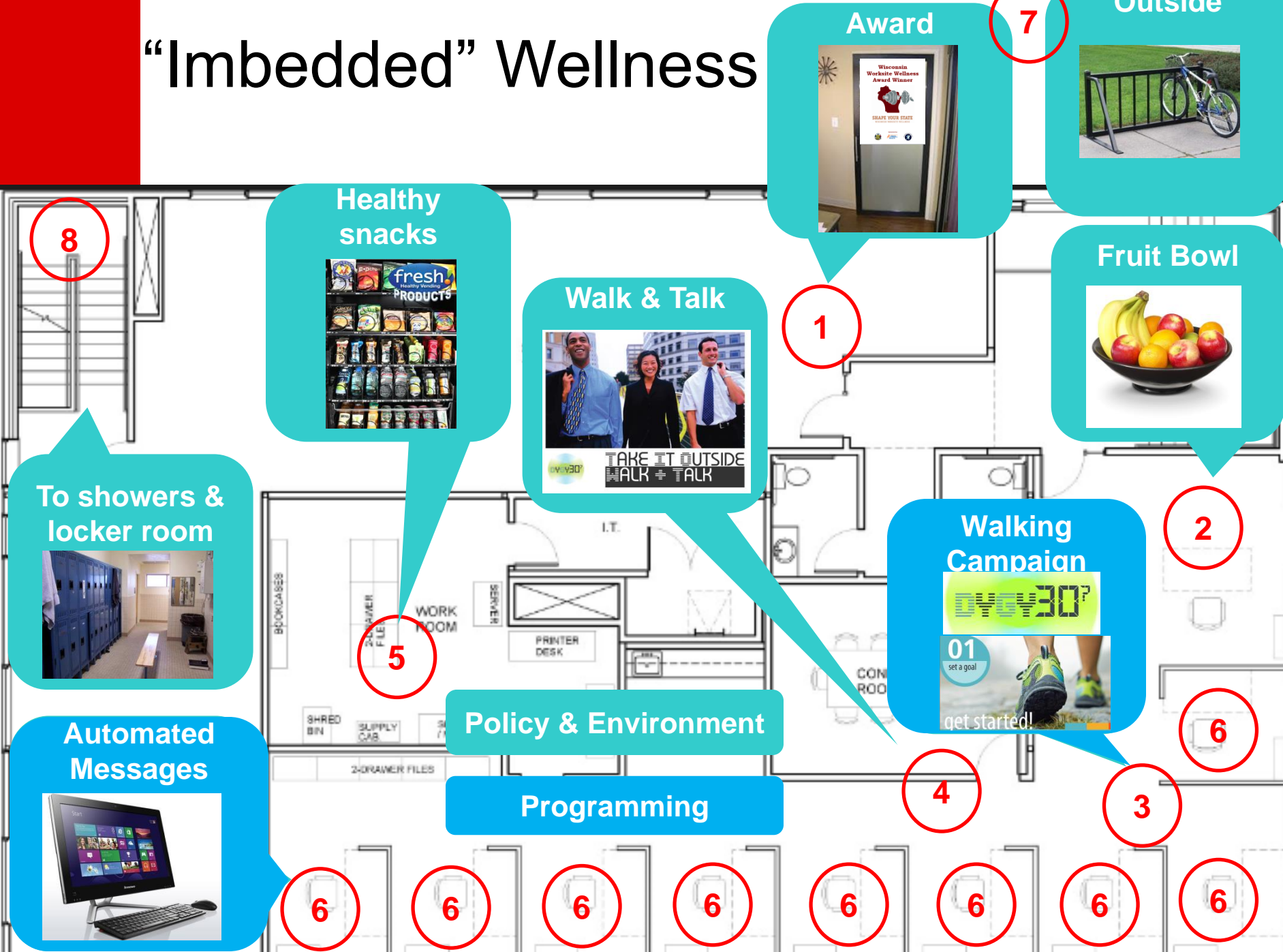


black

Outdoor bike rack



"Imbedded" Wellness



Award

7

Outside



Fruit Bowl



Walk & Talk



1

Walking Campaign



2

Healthy snacks



5

To showers & locker room



Automated Messages



6

6

6

6

6

6

6

6

Policy & Environment

Programming

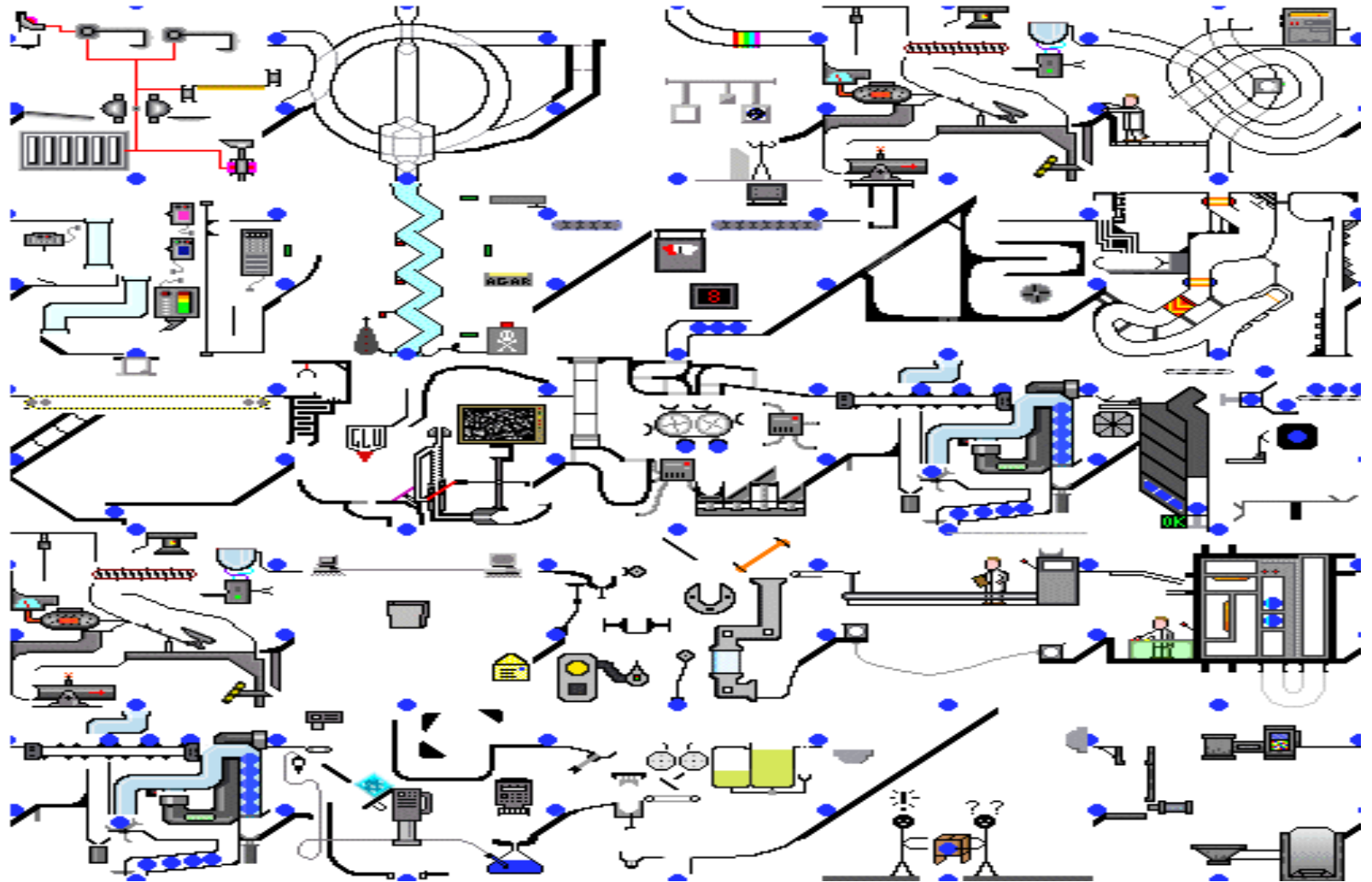
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3

6

Worksite Wellness

It's not Rocket Science!



“Wisconsin Worksite Wellness Resource Kit”

(New Version Soon – March 2018?)

- On the Web at:
 - <http://dhfs.wisconsin.gov/health/physicalactivity/Sites/Worksitekit.htm>
 - Or you can Google “WI Physical Activity”

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