

# Personal Health Assessment







## Personal Health Assessment Checklist

### **WELCOA's Ten Steps To Success**

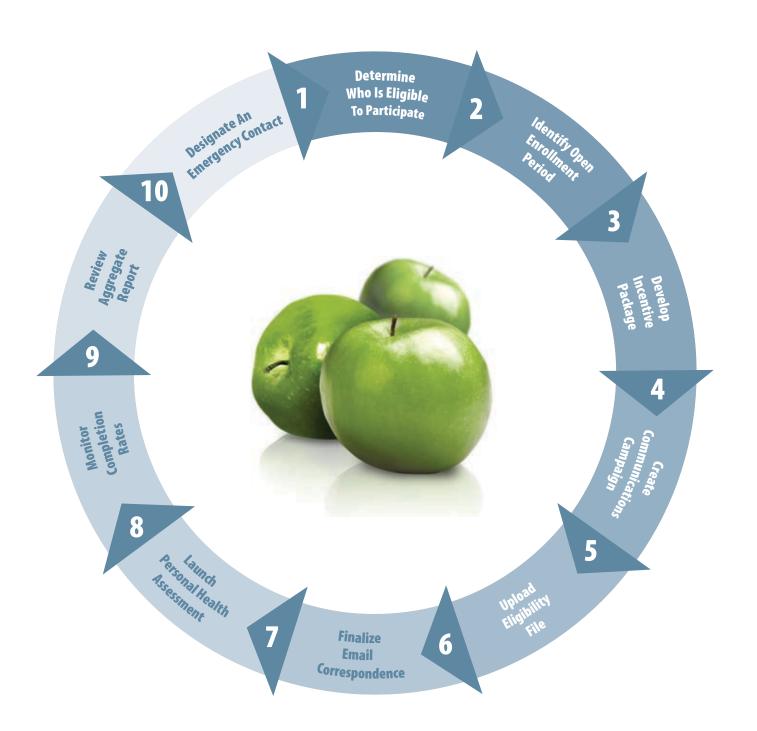
D	etermine Who Is Eligible To Participa	ate	
1.	How many employees does your company have?		
2.	Is your entire employee population eligible to participate?	○Yes	○No
3.	If no, how many employees will be eligible to take the PHA?		
4.	Will dependents be eligible to participate?	○Yes	○ No
5.	If yes, how many dependents will be eligible to take the PHA?		
l	dentify Open Enrollment Period		
1.	What date would you like to launch the PHA?		
2.	What date would you like the enrollment period to end?		
D	evelop Incentive Package		
1.	What percentage of participation would you like to achieve?		%
2.	To meet this goal, will you be offering an incentive for participation?	○No (	○ No
3.	If yes:		
	a. What is the incentive you plan to offer?		
	b. How much will each incentive cost?	\$	
	c. Will you require a list of completers at the end of the open enrollment period?	○ Yes	No
C	reate Communications Campaign		
1.	What type of communication vehicles will you be utilizing to announce the PHA p (Check All That Apply)	rocess?	
	□ Internal Email □ Internal Mailings □ Internal Meetings □ Other		
2.	When will you begin to communicate the PHA to your eligibility list?		
3.	During the PHA Open Enrollment Process, do you plan to communicate with non-completers at the half way point?  As a final reminder?	○ Yes	○ No

_	What department will be preparing your PHA eligibility file?
۷.	Who is the person that will lead this process and what is their email address and phone number:
	Name:
	Email:
	Phone:
3.	How long will it take for this group to prepare your file?
4.	Typical Columns Required for Excel Eligibility file:
	a. First Name
	b. Last Name
	c. Company Name d. Unique Email Address (must be unique to that person)
	e. Unique User ID (An example might be an employee badge number, etc. along with an acrony
	for your company. Ex. welcoal234)
F	inalize Email Correspondence
1.	Would you like to customize the email text that goes out to your employees
	on the day of the launch? O Yes O No
2.	Who is the person in charge of developing the email text?
	Name:
	Email:
	Phone:
3.	Who will be sending the email out on the day of your launch?
	☐ We will have our company launch the email
	☐ We would like the PHA provider to launch the email
4.	If your company will launch the PHA, who will be in charge of this?
	Name:
	Email:
	Phone:
5.	If your PHA provider will need to launch the email, who will they need to contact on your end to discuss the IT needs prior to launch?
	Name:
	Email:

	Name:
	Email:
	Phone:
М	onitor Completion Rates
. \	Vould you like to have an update each week throughout the process as to one own many have taken the PHA?
2.	f yes, who should receive this information?
	Name:
	Email:
3	eview Aggregate Report
	f your company is eligible to receive an aggregate report, who should it be sent to?
	Name:
	Email:
	Lilidii.
	Citiali.
De	
	esignate An Emergency Contact
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WELLNESS COUNCIL OF AMERICA



#### **About WELCOA**

Based in Omaha, NE, WELCOA was founded in 1987 as a national non-profit membership organization dedicated to promoting healthier life styles for all Americans, especially through health promotion initiatives at the worksite. Specifically, WELCOA focuses on building Well Workplaces—organizations that are dedicated to the health of their employees. The Well Workplace process provides business leaders and members with a structure or blue print to help their organizations build results-oriented wellness programs. In addition to helping organizations build structurally sound wellness programs, WELCOA responds to thousands of requests for information and materials by publishing a number of source books, a monthly newsletter read by approximately three million readers, an extensive line of brochures, as well as conducting numerous training seminars.