**Starting an Effective Worksite Wellness Program**

Wednesday January 27, 2016

Action Plan Template

Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Next Three – Six Months |
| **Action Steps** | **Person responsible or delegated to:** | **Due date** |
| *Example: Confirm support from Executive Director* | *Me* | *By February 12* |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |

# Resources needed to implement action steps (webpage, communication channel, maps, incentives, etc):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |

# Identify Wellness Team members (HR staff, department managers, Board of Director, leadership, others):

|  |  |  |
| --- | --- | --- |
| **Team member (name or position)** | **Who will contact them?** | **By When?** |
|  |  |  |
|  |  |  |
|  |  |  |

# Follow-up support needed (tobacco, physical activity, nutrition, evaluation, etc):

|  |  |  |
| --- | --- | --- |
| **Type of Assistance/From Whom?** | **When?** | **Preferred Method (phone, email, in-person)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# Indictors to track success or evaluate program:

|  |  |  |
| --- | --- | --- |
| **Indicators** | **Who collects** | **By When?** |
|  |  |  |
|  |  |  |
|  |  |  |