

Final Report:
Revision of the California Fit Business Kit
(Deliverable 3A)



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I. Executive Summary

The California Fit Business Kit (CFBK) is a resource that intends to support the successful implementation of worksite wellness efforts among employers of low-wage employees. Created by the California Department of Public Health’s Nutrition Education and Obesity Prevention Branch (NEOPB), the toolkit has been periodically updated to reflect the changing worksite wellness landscape and the evolving needs of employers.

From February 2018 to September 2019, the CFBK underwent a major revision that was informed by the worksite wellness academic and grey literatures, findings from interviews with worksite wellness experts and target employers, and ongoing consultations with NEOPB and potential CFBK end-users (e.g. Local Health Departments).

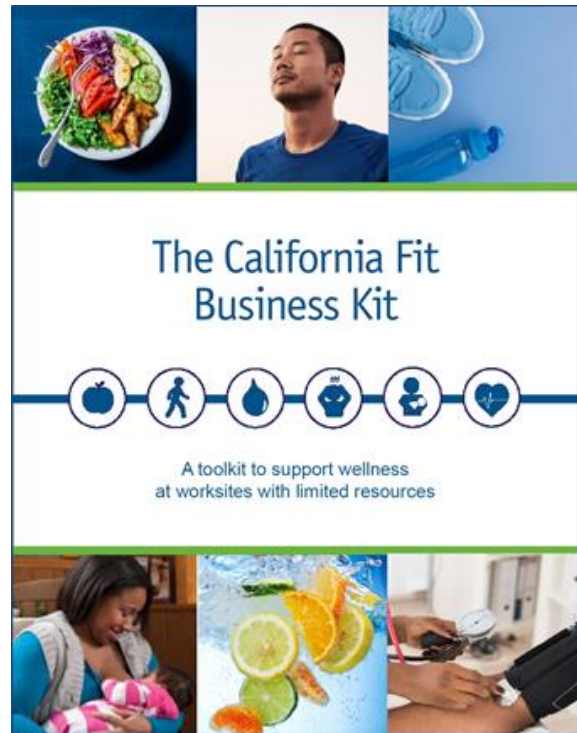


Figure 1. California Fit Business Kit cover.

The main aspects of the revision included:

1. Adding new wellness content areas on the prevention and management of stress and chronic disease
2. Adding new assessment and evaluation tools
3. Providing editable templates to accompany each worksite wellness strategy
4. Adding a “Building Relationships with Worksites” section to support Local Health Departments who are new to worksite wellness partnerships
5. Restructuring the toolkit to reflect worksite wellness strategies of varying difficulty levels so that employers can align strategies with their capacity
6. Reorganizing the toolkit around wellness focus areas (such as “Eat Healthy” and “Be Active”) so that employers can quickly find strategies for their topics of interests
7. Reformatting the toolkit so that it can be digitally navigated through hyperlinks that jump to sections of interest

This document describes the major activities that constituted the CFBK revision, including the key findings from background research, the components of the revision process, and the steps that remain prior to the official CFBK release. The appendix provides a list of all completed deliverables that can be referenced for more detailed reports of different project components.

II. Background Research

To inform the direction of the CFBK, three phases of background research were conducted between February and December 2018: **(1)** a review of the academic and grey literatures, **(2)** consultations with worksite wellness experts, and **(3)** consultations with employers of low-wage employees. Key findings are summarized below; more detailed descriptions of these activities are available in deliverables 1.1 and 1.2.

A. Literature Review on Worksite Wellness

The literature review phase included a review of 273 articles from the peer-reviewed academic literature (2008-2018), drawing from MEDLINE, Web of Science, and the Cochrane Library databases. In addition, 55 resources from the grey literature were reviewed, including existing worksite wellness resources from government and non-government agencies (see Figure 2).

Figure 2. Overview of materials reviewed from the grey literature.

Category	Publishing Organization	Description of Source(s)
Major Health Organizations	World Health Organization	<ul style="list-style-type: none"> “Healthy workplaces: a model for action” (2010 report)¹
Government Agencies	Centers for Disease Control and Prevention	<ul style="list-style-type: none"> Online “Workplace Health Promotion” tools²
	State Health Departments	<ul style="list-style-type: none"> Online worksite wellness resources via state websites
Non-governmental agencies	RAND Corporation (sponsored by U.S. Department of Labor)	<ul style="list-style-type: none"> “Workplace Wellness Programs Study: Final Report” (2013)³ “Workplace Wellness Programs: Services Offered, Participation, and Incentives” (2015)⁴
	Kaiser Permanente	<ul style="list-style-type: none"> Online “Thrive at Work” worksite wellness tools⁵
Best Practices Portals	The Community Guide	<ul style="list-style-type: none"> All systematic reviews in with “worksite” as target setting⁶

B. Worksite Wellness Expert Consultations

Fifteen worksite wellness experts—all with experience using the CFBK to support wellness initiatives at SNAP-Ed eligible worksites—participated in phone consultations with Facente Consulting. Of the 15 experts, 13 were Local Health Department (LHD) representatives, one was a California Department of Public Health representative, and one was a private sector representative who formerly worked on the CFBK. The experts represented eight California counties, including Fresno, Los Angeles, Orange, San Bernardino, San Diego, San Francisco, San Joaquin, and Santa Clara (see Figure 3).



Figure 3. Counties participating in expert consultations.

C. Employer Consultations

Ten employers of low-wage employees participated in interviews about worksite wellness. Survey data on employee satisfaction with worksite wellness were available for 8 additional companies. Represented industries included manufacturing (n=5), retail (n=4), hospitality (n=4), agriculture (n=2), healthcare (n=2), and public service (n=1). Workforces ranged from 100 to 4,000 employees, from seasonal to year-round employees, and from single business locations to multi-state chains.

D. Findings from Background Research

Key findings from the background research activities are summarized in Figure 4. Findings included format-related issues, such as the need for the CFBK to be more quickly navigable, as well as content-related issues—such as the need for content beyond nutrition and physical activity, the need for better assessment and evaluation tools, the need for better catering to employers with limited bandwidth, and the need for ready-made template materials.

E. Revision Recommendations

Drawing from the background research findings, a series of recommendations for California Fit Business Kit (CFBK) revision were drafted. The major recommendations (detailed in deliverable 1.4), and final revision decisions are summarized in Figure 5 on the following page.

Figure 4. Major Findings from Background Research

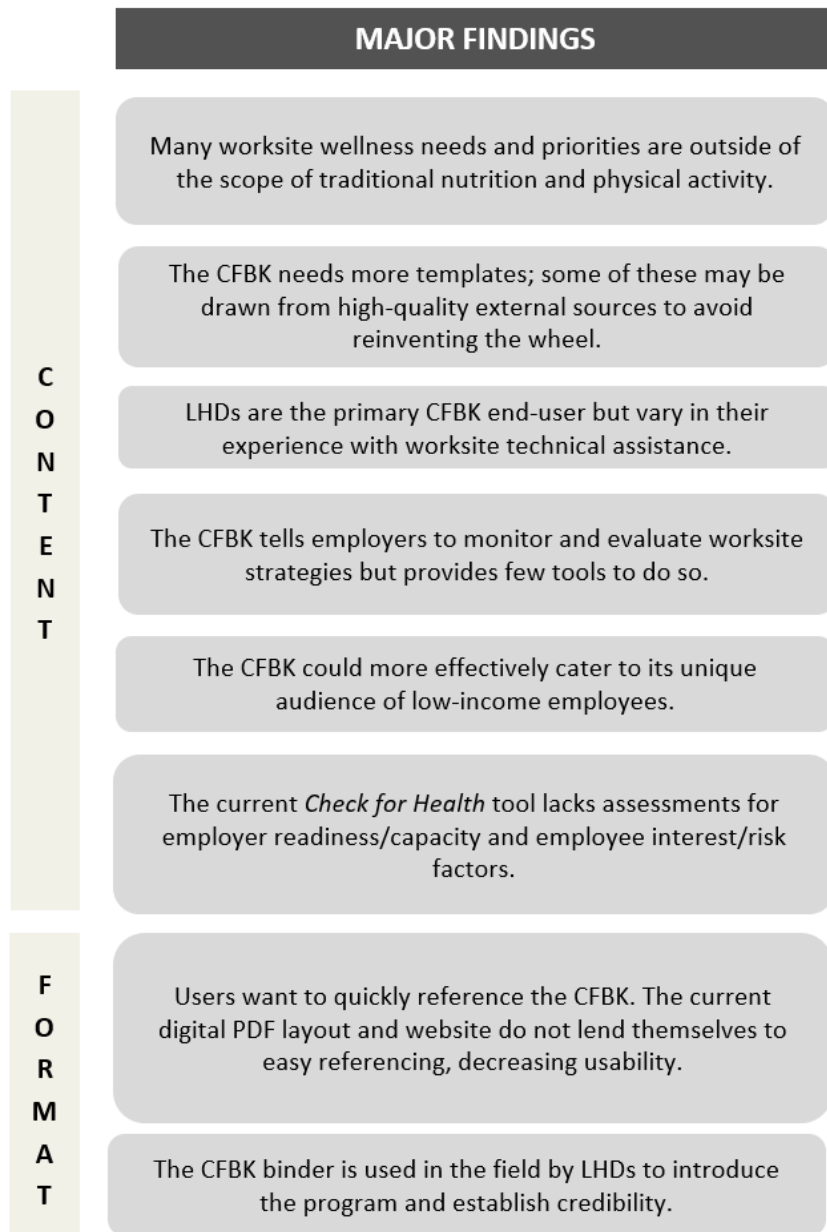


Figure 5. Major findings, resulting recommendations, and ultimate decisions made for CFBK revision.

	MAJOR FINDINGS	RECOMMENDATIONS	REVISION DECISIONS
C O N T E N T	Many worksite wellness needs and priorities are outside of the scope of traditional nutrition and physical activity.	1 Expand health topics to include a tool on stress and resources related to diabetes and heart disease.	✓ Add content areas focused on prevention and management of stress and chronic disease.
	The CFBK needs more templates; some of these may be drawn from high-quality external sources to avoid reinventing the wheel.	2 Add templates for each content area, linking to high-quality external sources when appropriate.	✓ Add links to high-quality content and customizable templates to all CFBK sections.
	LHDs are the primary CFBK end-user but vary in their experience with worksite technical assistance.	3 Add an “LHD Support” layer with guidance on employer recruitment and relationships.	✓ Add “Building Relationships with Worksites” and “Building Worksite Capacity” sections.
	The CFBK tells employers to monitor and evaluate worksite strategies but provides few tools to do so.	4 Add a module on evaluation tools that includes easily editable examples.	✓ Add “Evaluating Your Worksite Wellness Strategy” section with template surveys and spreadsheets.
	The CFBK could more effectively cater to its unique audience of low-income employees.	5 Revise content and framing to better market to low-income employees and industries.	✓ Organize wellness strategies by a tiered difficulty level (bronze, silver, gold).
	The current <i>Check for Health</i> tool lacks assessments for employer readiness/capacity and employee interest/risk factors.	6 Add assessment tools to integrate employer readiness/capacity and employee interest/risk factors with <i>Check for Health</i> .	✓ Add “Assessing Your Worksite” section with a revised <i>Check for Health</i> , template surveys, and template spreadsheets.
F O R M A T	Users want to quickly reference the CFBK. The current digital PDF layout and website do not lend themselves to easy referencing, decreasing usability.	7 Reformat the CFBK pdf for user-friendly navigation (e.g. hyperlinks, buttons).	✓ Reformat the CFBK pdf using hyperlinks between sections.
		8 Include resource filtering on the website.	✗ New website features are infeasible.
	The CFBK binder is used in the field by LHDs to introduce the program and establish credibility.	9 Offer a binder option for LHDs.	✗ Make CFBK printable; however, providing binders from CDPH is infeasible.

III. Key Aspects of the Revised California Fit Business Kit

A. Overview of Big-Picture Changes

The CFBK revision process entailed a major revision of the way the toolkit is structured and navigated. These revisions are summarized in Figure 6 and described in the following sections.

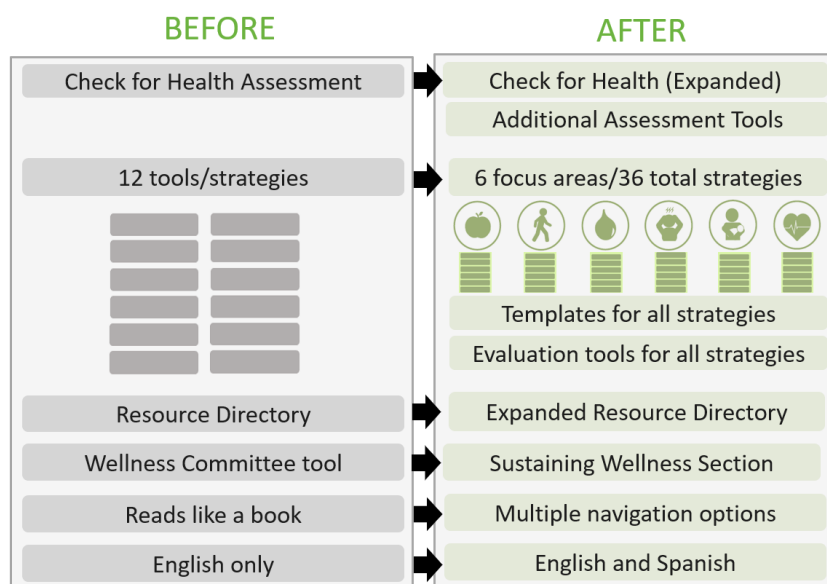


Figure 6. Summary of big-picture changes to the California Fit Business Kit. The left side of the figure shows the key components of the CFBK before revision; the right side shows key components post-revision.



Figure 7. The guiding framework for the California Fit Business Kit.

B. The Revised Toolkit Structure

The Revised CFBK is guided by a framework that focuses on (1) identifying a wellness focus area, (2) implementing a wellness strategy, and (3) evaluating the wellness strategy (Figure 7). In addition, the CFBK includes (4) a “Sustaining Your Worksite Wellness Initiative” section—intended to build worksite wellness capacity for less experienced employers or worksite partners (e.g. LHDs)—and (5) a Resource Directory that compiles all links to CFBK resources in a single place. The key components of each of the CFBK sections are described below.

i. Identify a Wellness Focus Area

In this first section of the CFBK, a range of assessment tools are provided to help worksites identify an area of focus for their initiative. These tools include an expanded “Check for Health” assessment—a cornerstone of the existing CFBK that helps find strengths and gaps in the worksite environment and makes recommendations for which part(s) of the CFBK to utilize. The revised “Check for Health” is printable but also comes in an Excel version where results are auto-calculated and can be compared across years. In addition to the “Check for Health”, this section of the CFBK provides employee interest surveys to gauge employee input on worksite

wellness initiatives. Lastly, this section of the CFBK includes tips for using health risk assessments and biometric screenings to identify worksite wellness priorities.

From these assessment tools, worksites can choose a wellness focus area to pursue. Focus areas included “Eat Healthy”, “Be Active”, “Rethink Your Drink”, “Stress Less”, “Support Breastfeeding”, and “Fight Chronic Disease” (Fig. 8). The “Stress Less” and “Fight Chronic Disease” areas are new, widening the CFBK’s scope.



Figure 8. The CFBK’s new structure organizes worksite wellness strategies into six different wellness focus areas.

ii. Implement a Worksite Wellness Strategy

Once a worksite decides on a specific wellness focus area (Figure 8), it needs to consider the type of strategy it would like to implement. In the revised CFBK, each wellness focus area offers a menu of six worksite wellness strategies. This menu is organized into two major categories: *individual strategies*, which focus on employee-level behavior change, and *organizational strategies*, which focus on changing the worksite environment. In addition, this menu of strategies is organized into three tiers to indicate the resource-intensiveness of the strategy: *bronze*, *silver*, and *gold*. Importantly, because the toolkit is designed for employers of low-wage employees, even the gold-level strategies are intended to be attainable with limited resources. Figure 9 shows an example wellness strategy menu for the “Rethink Your Drink” focus area.

Figure 9. Each CFBK wellness focus area has a menu of six wellness strategies. These are organized into individual (i.e. employer behavior change) and organizational (e.g. worksite environment change) strategies, and come in three levels of resource-intensiveness (bronze, silver, gold).

	Individual Strategies to encourage individual employees to replace sugary drinks with water.	Organizational Strategies to change the worksite environment so that choosing water is easier.
Bronze (simplest)	1 Share information about the health benefits of replacing sugary drinks with water. See more.	1 Serve and promote water instead of sugary drinks at meetings and other company activities. See more.
Silver	2 Work with community partners to offer workshops or other resources that promote water over sugary drinks. See more.	2 Set up and maintain water stations where employees can access cost-free drinking water at any time. See more.
Gold	3 Launch a multi-week program that encourages employees to replace sugary drinks with water. See more.	3 Make vending and dining options healthier by promoting water over sugary drinks. See more.

From the menu of strategies, worksites can click “see more” to be taken to a one-page guide on how to implement the strategy. The one-page guide includes instructions, links to high-quality external resources, editable templates in English and Spanish, tips for engaging employees, and information on evaluating the strategy. For example, if a worksite chooses to set up water stations where employees can access cost-free drinking water at any time (see organizational strategy #2 in the right hand column of Figure 9), the one-page guide includes information on how to set up water stations, links to printable fruit-infused water recipes, editable printable signs for labeling water stations, an editable map for mapping water stations at large worksites, and editable talking points and e-mail templates for communicating information to employees.

iii. Evaluate the Wellness Strategy

Every one-page wellness strategy in the CFBK has a link to evaluation tools to support the strategy. These evaluation tools include tracking templates that help worksites reflect on their progress, employee feedback surveys, Excel templates for summarizing wellness efforts, and a program pitch handout to share successes with others. Figure 10 shows one of the graphs that will auto-update when a worksite inputs data from into the CFBK “evaluation summary” Excel template.

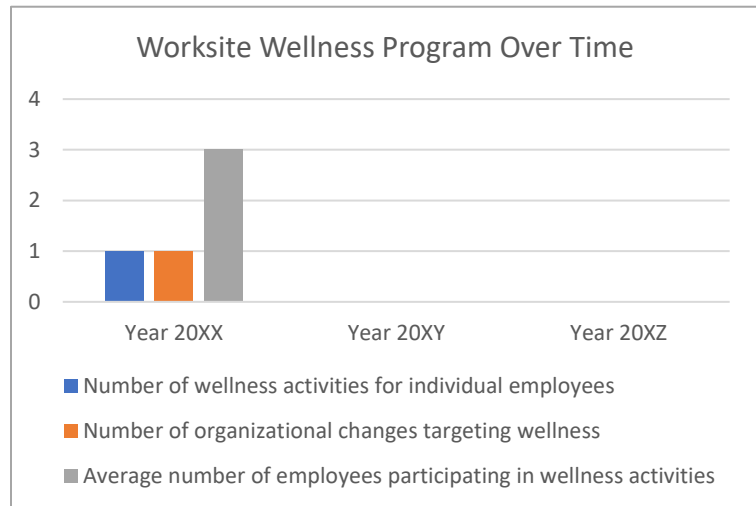


Figure 10. The CFBK evaluation tools include an Excel spreadsheet that auto-generates graphs based on the data entered. One example (with data for one year) is shown above.

iv. Sustain the Worksite Wellness Strategy

In addition to the six wellness focus areas listed on page 7, the CFBK includes two sections to support less experienced worksites in any content area, titled “Building Relationships with Worksites” (for worksite wellness partners who are supporting worksites) and “Building Worksite Capacity” (for worksite staff). The “Building Relationships with Worksites” section has tips for recruiting worksite partners and maintaining relationships. The “Building Worksite Capacity” section has tips for engaging upper level management and building a wellness committee. Figure 11 lists examples of resources from these sections.

Figure 11. Resources from the “Sustaining Your Worksite Wellness Initiative” section.

- Scripts for recruiting partner worksites
- Spreadsheets to track worksite partnerships
- Handout and slide deck pitches
- Handout of successful case studies
- Handout with quotes about worksite wellness from employers/employees
- List of worksite wellness awards
- Frequently asked questions/answers
- Information on return on investment

v. Resource Directory

To support worksites who want to quickly find a resource (rather than walk through a one-page strategy), the resource directory provides links to all external content and templates, organized by wellness focus area. For example, in the “Stress Less” section of the Resource Directory, users can browse for content in various categories, including handouts, web resources, videos, pledges/policies, talking points, e-mail templates, rosters, and evaluation tools (Figure 12).

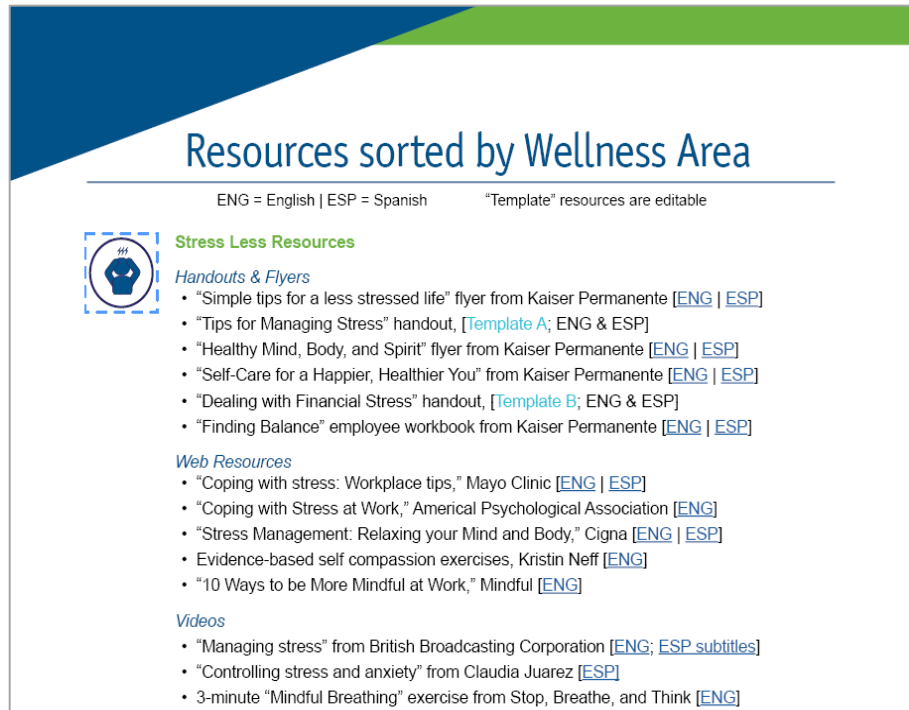


Figure 12. Excerpt of the “Stress Less” category of the Resource Directory. Three sub-categories of resources are shown in this excerpt: handouts & flyers, web resources, and videos. All resources are linked to content.

B. Navigating the Revised Toolkit

Underlying the revised organization of CFBK content is a new form of navigation that allows for clicking between sections (via hyperlinks). The toolkit was re-designed this way to help provide “something for everybody.” As shown in Figure 13, one option is to use the full, comprehensive tool from cover to cover—it can even be printed and read like a book. Other options that are less time-intensive include referencing a specific section of the CFBK (e.g. assessment tools), a specific wellness content area (e.g. “Fight Chronic Disease), a specific strategy (e.g. how to “Host Healthy Eating Clubs”), or a specific resource (e.g. handout on breastfeeding tips). These less time-intensive options are just a click away from the table of contents and various other sources of hyperlinked text throughout the toolkit.

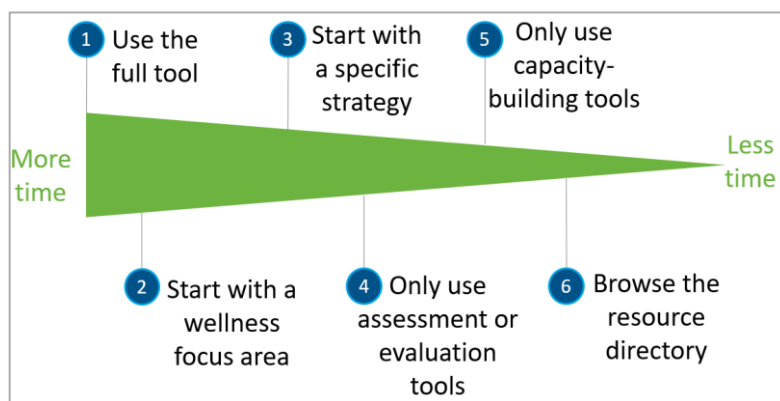


Figure 13. Six examples of how the CFBK might be navigated, ranging from most time-intensive (left) to least time-intensive (right).

IV. Stakeholder Engagement

CFBK draft materials were shared with key stakeholders throughout the revision process to provide ongoing feedback. A timeline of stakeholder engagement is shown in Figure 14; engagement activities are described below.

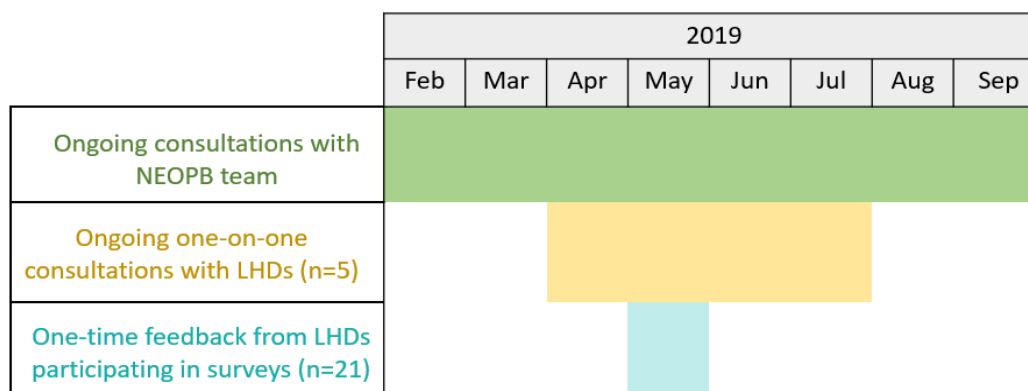


Figure 14. Timeline of stakeholder engagement in reviewing CFBK draft materials.
LHD = Local Health Department.

A. NEOPB Consultation

Between February and September 2019, the California Fit Business Kit (CFBK) was revised and iterated, taking into account feedback from the NEOPB reviewing team. Each section was drafted at least three times to allow ample opportunity to incorporate feedback and improve clarity. Meetings between NEOPB and Facente Consulting took place at least monthly to allow for discussion of the revision process, to discuss any barriers, and to delineate next steps and action items. Detailed meeting agendas and notes from all planning meetings can be reviewed in deliverable 3.1.

B. Local Health Department Engagement

To ensure the ongoing input of key end-users in the CFBK revision process, Local Health Departments (LHDs) and other organizations that support wellness at worksites with low wage-employees were invited to provide feedback on draft versions of the toolkit. Two approaches were taken to engage stakeholders. First, to collaborate in-depth with LHDs and worksite partners who had extensive experience using previous versions of the CFBK with target worksites, the experts consulted during the background research phase (see section II) were asked to review parts of the toolkit and provide feedback by e-mail or in phone. Second, to include a large number of LHDs in the revision process, Facente Consulting presented on the CFBK at the May 2019 NEOPB branch-wide All-LHD meeting. These two stakeholder engagement activities are summarized below and are detailed further in deliverables 3.2 and 3.2b.

i. Feedback from All-LHD Meeting

Approximately 45 LHDs attended the May 2019 All-LHD meeting where a brief CFBK presentation was given by Facente Consulting. Following the meeting, 21 LHDs participated in a survey to provide their feedback on a sample section of the CFBK and to indicate their interest in worksite wellness initiatives more generally. Overall, LHDs found the CFBK easy to use and suggested that LHDs were more likely to use the toolkit than employers due to employer time constraints. LHDs also appreciated that their feedback was being considered in the revision process. A common point of feedback was the importance of online access and quick navigation to resources and templates. In response to this feedback, a “Resource Directory” was added to the CFBK. Another common point of feedback was to minimize the amount of text per page; the design and layout of the toolkit were revised to address this feedback.

ii. Feedback from Worksite Wellness Experts

Five LHDs or LHD partners chose sections of the CFBK of interest to their work and provided detailed feedback on those sections. Suggestions from the participating LHDs included: wording changes to improve clarity, ensuring that links were functional, framing messages as positively as possible, and making sure digital navigation options were clear. Upon reviewing CFBK draft materials, some LHDs even felt inspired to share examples of resources they felt would be helpful to add or draw upon in the revised CFBK. Overall, the feedback provided related to small tweaks in the material rather than major overhauls.

While there were no strongly emerging themes from the individualized consultations, one relatively common area of discussion (noted by two LHDs) was whether it was possible to reduce the amount of text per page. LHDs liked the idea of having every piece of the CFBK be a “one-pager,” since LHDs and employers do not have time to read multiple pages of information, but noted that if there was a way to make the pages feel less text-heavy without detracting from quality of content, the document might be more user-friendly. The design and layout of the toolkit were revised to create more spaciousness on each page and to improve visual appeal.

C. Employer Feedback

Although employers from key informant interviews were also invited to participate in the revision feedback process, none were interested in providing additional feedback, citing limitations of time. This level of engagement was considered acceptable given findings from background research (see section II) revealing that the CFBK is primarily used by Local Health Departments and other partners of worksites, rather than worksites themselves, due to limited employer bandwidth and resources.

V. Promotion of the Toolkit

Of 21 Local Health Departments (LHDs) who responded to a survey about worksite wellness following a NEOPB all-branch meeting in May 2019, *only 2/3 knew about the current CFBK*. Promoting the availability of the new CFBK will help ensure that LHDs who would benefit from using the CFBK are aware of it. Below are considerations for CFBK promotion.

A. Promotion Channels

As part of the CFBK revision process, the toolkit was promoted at two timepoints online. First, a brief presentation, already described in section IV, introduced draft concepts of the CFBK to tell LHDs about the revision process and to engage feedback (see deliverable 3.2b). The second webinar was conducted after the CFBK content was finalized to introduce the near-final toolkit to LHDs interested in worksite wellness (see deliverables 2.1, 2.2).

While the LHD network is an important place to advertise the CFBK, it may be worth exploring additional promotion channels outside of NEOPB. These might include sister departments focused on wellness-related topics addressed in the CFBK (such as the Chronic Disease Control Branch), as well as California agencies outside of the California Department of Public Health, such as non-profit organizations who promote worksite wellness (such as the California WIC Association, which has previous versions of the CFBK posted on its website).

B. The Toolkit's Niche

Given the abundance of worksite wellness toolkits and materials available through different health organizations, private sector organizations, and government agencies, it is important to consider what is unique about the CFBK. Like many other worksite wellness resources, the CFBK is a high-quality, comprehensive resource informed by the academic and grey literatures, worksite wellness experts, and employers. However, not all worksite wellness resources are free of cost (e.g. Welcoa). Moreover, very few worksite wellness resources are designed for worksites of low-wage employees. Therefore, as summarized in Figure 15, the combination of high-quality, free cost, and tailored resources are what set the CFBK apart as a worksite wellness resource.

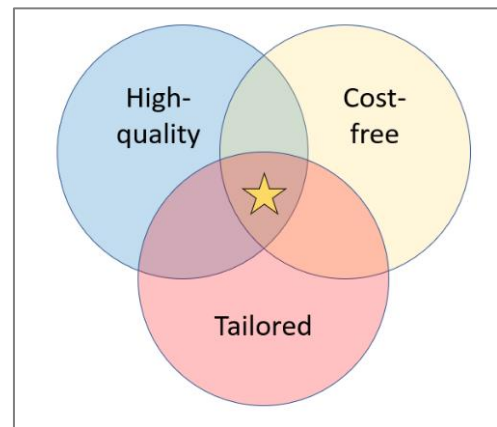


Figure 15. *The CFBK has the unique properties of being cost-free, high quality, and tailored to employers of low-wage employees.*

Tailoring to low-wage worksites is important in light of two major disparities. First, it has been well established that low-income individuals experience greater health problems, including greater morbidity, mortality, and rates of chronic disease.⁷ Second, lower-wage workers have

less access to worksite wellness programs (Figure 16). Our own search for worksite wellness resources, as well as our consultations with experts and employers, found that wellness resources targeted to low-wage employees were rare and that a lack of resources in Spanish were a major barrier to worksite wellness. Therefore, the CFBK’s tailoring is not only what makes it unique; it helps fill a very important gap in the worksite wellness landscape by improving access to worksite wellness for the employees who stand to benefit the most from it.

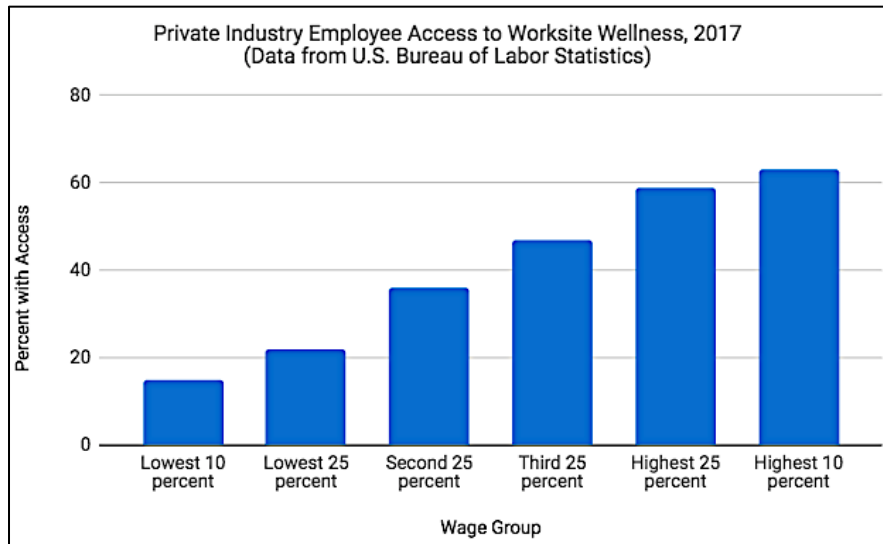


Figure 16. Workers in lower wage groups have lower access to worksite wellness opportunities and programs (U.S. Bureau of Labor Statistics, 2017).

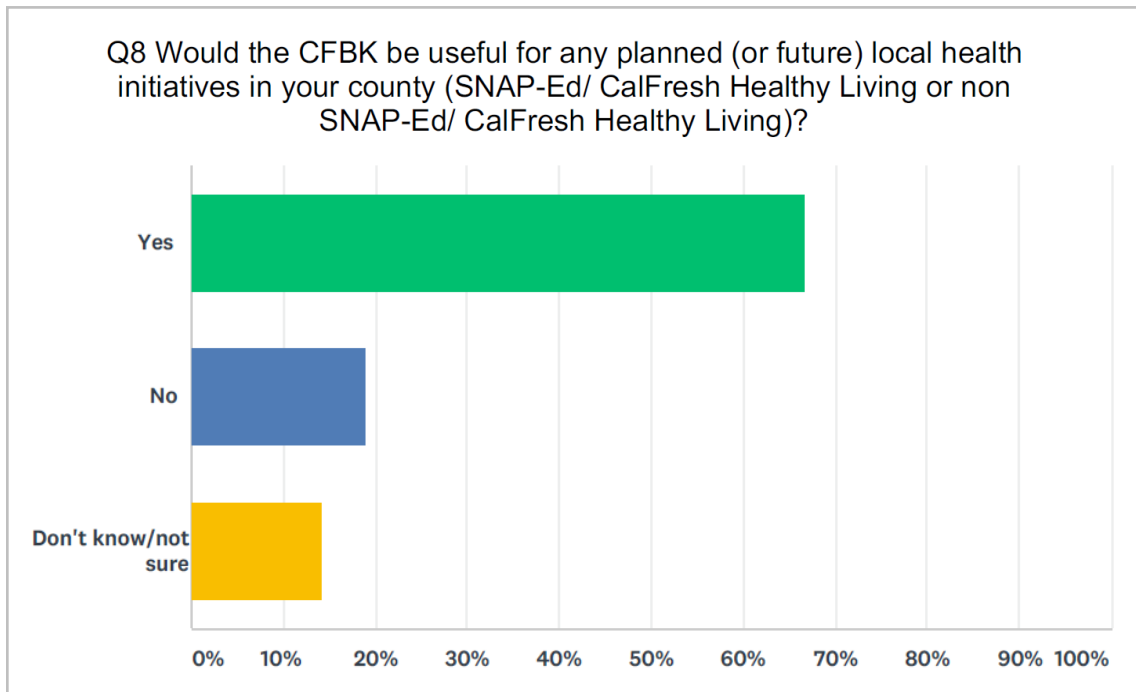
With respect to the CFBK’s tailored approach, a few specific examples are worth noting. First, the toolkit’s worksite wellness strategies—including the “gold” level strategies that are relatively most complex—are designed to require minimal resources. Second, unlike many other worksite wellness resources, which focus on office-based settings—the CFBK provides a range of activities that can be implemented at diverse worksites, such as those in the agricultural and manufacturing industries. Third, all employee-facing materials are available in Spanish, making resources more inclusive of California’s large Spanish-speaking workforce. Lastly, although the CFBK is comprehensive (totaling to more than 200 pages of materials), it is designed to allow users with limited bandwidth to quickly click through links and navigate to the information they are interested in, rather than having to read it like a book.

C. Anticipated Challenges and Opportunities

A major barrier to use of the CFBK by LHDs is the change in the Integrated Work Plan (IWP) beginning in 2019. Because worksite wellness is no longer a focal point of SNAP-Ed funding, many LHDs are moving away from worksite wellness to focus on other initiatives, either due to limited bandwidth or a lack of worksite-wellness-specific funding from other funding sources.

However, even with the IWP change, two thirds of LHD survey respondents who participated in a worksite wellness survey (n=14/21) said that the CFBK would be useful for their planned/future local health initiatives (Figure 17). Examples of how the CFBK might be used included: working with agencies like Head Start that have worksite wellness programs, sharing the CFBK with organizations who want to do water promoting campaigns, using CFBK resources for healthy beverage promotion in other (non-worksite) settings, and in meetings with local government offices. Therefore, ensuring that LHDs are aware of, have access to, and understand how to use the revised CFBK will be key to its future use.

Figure 17. Two thirds of responding LHDs predicted that the CFBK would be useful for planned or future local health initiatives in their county.



VI. Thinking Forward

A. Remaining Steps

Although the California Fit Business Kit (CFBK) content is finalized, there are a few remaining steps before it is ready for release. These include:

1. Translation of Employee-facing materials
2. Adding final photo files from the Shutterstock library
3. Putting the CFBK on the NEOPB website, including web addresses for each template
4. Adding URLs from step 3 to the CFBK (currently missing as the URLs do not yet exist)
5. ADA (Americans with Disabilities Act) compliance
6. Final Approval

Specific instructions for steps 1-4, such as guidance on which pieces of the toolkit need translating, Shutterstock photo identification numbers, and the process for ensuring that CFBK templates are linked to their eventual places on the NEOPB website, have been specified in Deliverable 1.8a.

B. Recommended Ongoing Steps

Two ongoing CFBK-related tasks are recommended to ensure that the tool remains useful and accessible to worksites who may benefit from it. These include:

i. Link checking

A key finding from the background research phase of this project is that end-users become very frustrated when they find dead-end or outdated links. The revised CFBK draws upon high-quality existing external content (e.g. USDA MyPlate resources) in its recommended resources. Although it is not possible to control whether external web content is moved and taken down, it is strongly recommended that the CFBK links are checked at least annually to identify and update any links that are broken.

ii. Ongoing promotion

As described in Section V of this report, ongoing promotion will be key to connecting the CFBK with end-users who would benefit from its resources, especially in light of recent changes to the Integrated Work Plan that may result in fewer Local Health Departments focusing on worksites. It is recommended that promotion of the CFBK go beyond the initial webinar as well as beyond the NEOPB branch to find its new audience, with an emphasis on the unique niche that it fills in the worksite wellness resource market (see section V).

VII. Appendix: List of all California Fit Business Kit Deliverables

More detailed information about different aspects of the California Fit Business Kit revision process can be found in the deliverables listed below.

- Deliverable 1.1: Literature Review
- Deliverable 1.2: Key Informant Summary Findings
- Deliverable 1.2a: Key Informant Interview Guide
- Deliverable 1.4: Summary Report of Revision Recommendations
- Deliverable 1.8: Finalized California Fit Business Kit
- Deliverable 1.8a: Guidance for finalizing the California Fit Business Kit resources
- Deliverable 2.1: Webinar slide deck with speaker's notes
- Deliverable 2.2: Recorded webinar training
- Deliverable 3.1: Agendas and notes from NEOPB - Facente Consulting meetings
- Deliverable 3.2: Evaluation plan
- Deliverable 3.2b: Interim evaluation summary report
- Deliverable 3.2d: All-LHD meeting webinar materials
- Deliverable 3a: Final Report
- Deliverable 3b: Final presentation

VIII. References

1. World Health Organization. *Healthy workplaces: a model for action: for employers, workers, policymakers and practitioners*. Geneva, Switzerland, 2010.
2. Centers for Disease Control and Prevention. Workplace Health Promotion. <https://www.cdc.gov/workplacehealthpromotion/index.html>. Published 2017. Accessed March 10, 2018.
3. Mattke S, Liu H, Caloyeras J, et al. Workplace Wellness Programs Study: Final Report. *Rand health quarterly*. 2013;3(2):7.
4. Mattke S, Kapinos K, Caloyeras JP, et al. Workplace Wellness Programs: Services Offered, Participation, and Incentives. *Rand health quarterly*. 2015;5(2):7.
5. Kaiser Permanente. Thrive at work. <https://business.kaiserpermanente.org/thrive/index>. Published 2018. Accessed February 15, 2018.
6. The Community Guide. Your online guide of what works to promote healthy communities. The Community Guide. <https://www.thecommunityguide.org/>. Published 2018. Accessed March 1, 2018.
7. Centers for Disease Control and Prevention. Summary Health Statistics for U.S. Adults: National Health Interview Survey, 2012. https://www.cdc.gov/nchs/data/series/sr_10/sr10_260.pdf. Accessed on September 25, 2019.