

NC HEALTHSMART WORKSITE WELLNESS COMMITTEE MEETING

Worksite Name: _____

Date: _____ Time: _____

AGENDA

Call meeting to order

Introductions—Committee Members

Share your name, department, favorite food and one favorite physical activity
Sign Committee Communication list—name, email address and phone number

Orientation to NC HealthSmart Worksite Wellness Toolkit

Multi-Level Approach to Change (**Appendix A**)
NC HealthSmart Program Overview (**Appendix B**)
Overview of the five (5) workbooks (**Appendix L**)

Worksite Wellness Committee

Eat Smart

Move More

Quit Now

Manage Stress

Committee Name

Mission Statement

Committee Chairperson and Program Coordinator Selection

Employee Communication Plan

Overview of Action Plan and Surveys

Worksite Wellness Committee Action Plan (**Appendix C**)
Worksite Wellness Committee Action Plan Sample (**Appendix D**)
Employee Interest Survey (**Appendix I**)
Policy and Environment Survey (**Appendix J**)

Schedule Future Meetings

Adjourn

North Carolina
HEALTH
Smart