ALLITE	PLAN YOUR EUTF EMPLOYEE WORKSITE WELLNESS EVENT TODAY!				
	Complete the planning form and	email to <u>eutfwellness@h</u>	awaii.gov		
What	A <b>Wellness Fair</b> is an event to bring EUTF, health plan carriers and other wellness organizations to your worksite.				
Why	A Health Education Workshop is a 45-minute learning session about a specific health and wellness topic. Wellness Fairs are a great opportunity for employees to learn more about their plan benefits, receive clinical services and wellness resources to support health and well-being. Health Education Workshops are a fun, quick way to bring colleagues together to learn tips and tools to support health and wellness goals.				
When	A typical Wellness Fair timeline: Setup at 7:45 am; doors open at 8:15 am and the event ends at 1 pm. Health Education Workshops work great as a lunch and learn event.				
How	To get started, simply email your completed planning worksheet to <u>eutfwellness@hawaii.gov</u>				
Host Depa	artment Contact Information (Email and Phone):				
Type of W	Vellness Event: Wellness Fair Health E	ducation Workshop			
Event Location(s):					
	I Date(s)/Time(s):				
Proposed Departme	I Date(s)/Time(s): ents to be invited (Describe all Employers in the vi	cinity, or indicate the speci	fic department, etc.):		
Proposed Departme Estimated	I Date(s)/Time(s): ents to be invited (Describe all Employers in the vi d number of participants:				
Proposed Departme Estimated	I Date(s)/Time(s): ents to be invited (Describe all Employers in the vi	cinity, or indicate the speci Estimated # of Tables/ Chairs/ Parking	fic department, etc.): Questions, Comments:		
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Proposed Departme Estimated Select Pro	I Date(s)/Time(s): ents to be invited (Describe all Employers in the vi d number of participants: oviders to Invite: EUTF Outreach & Training; Health & Wellness	Estimated # of Tables/ Chairs/ Parking 1/3/3			
Proposed Departme Estimated Select Pro	I Date(s)/Time(s): ents to be invited (Describe all Employers in the vi d number of participants: oviders to Invite: EUTF Outreach & Training; Health & Wellness IMSA (Medical Plan)	Estimated # of Tables/ Chairs/ Parking 1/3/3 1/2/2			
Proposed Departme Estimated Select Pro Select Pro E K V	I Date(s)/Time(s): ents to be invited (Describe all Employers in the vi d number of participants: oviders to Invite: EUTF Outreach & Training; Health & Wellness HMSA (Medical Plan) Kaiser Permanente (Medical Plan)	Estimated # of Tables/ Chairs/ Parking 1/3/3 1/2/2 1/3/3			
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Proposed Departme Estimated Select Pro Estimated F E H K V H C	I Date(s)/Time(s): ents to be invited (Describe all Employers in the vi d number of participants: oviders to Invite: EUTF Outreach & Training; Health & Wellness HMSA (Medical Plan) Kaiser Permanente (Medical Plan) /SP (Vision Plan) HDS (Dental Plan)	Estimated # of Tables/ Chairs/ Parking 1/3/3 1/2/2 1/3/3 1/2/2 1/2/2			
Proposed Departme Estimated Select Pro Select Pro E H K V V H C S	I Date(s)/Time(s): ents to be invited (Describe all Employers in the vi d number of participants: oviders to Invite: EUTF Outreach & Training; Health & Wellness HMSA (Medical Plan) Kaiser Permanente (Medical Plan) /SP (Vision Plan) HDS (Dental Plan)	Estimated # of Tables/ Chairs/ Parking 1/3/3 1/2/2 1/3/3 1/2/2 1/2/2 1/2/2			
Proposed Departme Estimated Select Pro Estimated N N N N N N N N N N N N N N N N N N N	I Date(s)/Time(s): ents to be invited (Describe all Employers in the vi d number of participants: oviders to Invite: EUTF Outreach & Training; Health & Wellness HMSA (Medical Plan) Kaiser Permanente (Medical Plan) /SP (Vision Plan) HDS (Dental Plan) EVS (Prescription Drug Plan) Securian (Life Insurance Plan)	Estimated # of Tables/ Chairs/ Parking 1/3/3 1/2/2 1/3/3 1/2/2 1/2/2 1/2/2 1/2/2			

Kokua Mau (Advance Care Planning)	1/2/2			
Other:	1/2/2			
Select services you are interested in offering:	Estimated # of Tables/ Chairs/ Parking	Questions, Comments:		
Biometric screenings (HMSA/KP)	4/20/2	Requires private area (partitions) or separate room and electrical outlets		
Blood Pressure, & Diabetes Risk Test (HMSA)	2/8/2	Requires electrical outlets		
BMI, Body Fat Test, Blood Pressure, & Diabetes Risk Test (KP)	2/8/2	Requires electrical outlets		
Flu/Covid Vaccinations (KP/Times Pharmacy)	3/10/3			
Health education workshops – In person or Online (KP)/Webex (HMSA) *minimum of 10 participants for online; 20 participants for in-person	1/20/2	Requires conference room, monitor/TV with HDMI connection		
Physical Therapy Massage Tools (KP)	1/2/2			
losting Department is responsible to:				
Work with your HRO to obtain employee work time to att executive branch employer find policy language for work				
Coordinate logistic for the event-Reserve rooms/tables/c	hairs/parking passes, etc.			
<ul> <li>Promote event:</li> <li>Provide an email from the Director or HRO stating the granted.</li> <li>Develop promotional materials such as "Save the Date of the Provide materials to EUTF for review.</li> <li>Distribute and post flyers, early and often to ensure</li> <li>Follow-up with invited Departments to see if they had</li> </ul>	ate" and "Reminder" flyers. maximum participation.			
Provide access to the event space to allow enough time for set-up, and event map to providers.				
Provide parking for providers, and map/directions to acce	ess lot.			
Provide access to restrooms and water.				
Provide access to Wi-Fi, if possible, and outlets, as requ	ested.			
Request development of "passport/treasure hunt" form.				

	Request copy of Participant Feedback Survey. If developing your own survey, please request additional EUTF survey questions to include.
	Secure employees to staff the Welcome/Check-in table during the event, distribute/collect "passport/treasure hunt", and execute prize giveaways.
	Print all "passport/treasure hunt" forms, event flyers/surveys, etc.
	Provide emergency evacuation instructions for the building.
	Compile and provide event wrap-up materials such as survey results, pictures, etc. to EUTF.
EUTF	coordination with host department includes:
	Works with the host department to identify the details for the event e.g. date and time period for the event.
	Approves promotional materials.
	Invites the EUTF contracted plan carriers and other providers and provides details for the event.
	Gathers logistics including set-up time, access event location, parking procedures, etc.
	Request's door prizes for the event and provides them to Welcome/Check-in table for distribution.
	Requests services indicated and ensures privacy and confidentiality of the service is provided by the carrier.
	If event invite includes multiple Employers, EUTF can assist with promotion of event through Health and Wellness Announcements/Newsletters, and/or Website.
	If requested, develops the event "passport/treasure hunt" form, listing the vendors to visit for entry into prize drawings.
	Provides Participant Feedback Survey template, or EUTF Wellness Fair questions to be included in host survey.
	If requested, EUTF can assist with compilation of event survey results.
	Provides after event report from the providers to the host department.
	Participates in after event feedback session. May also provide by email if preferred.

## Thank you for being a Wellness Champion!