



# Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2227

---

## AHELP Registration Checklist

- I. Letter to Director (page 2)
- II. Director Letter of Intent Template (page 3)
- III. AHELP Policy Template (page 4-6)
- IV. Healthy Choices at Official Events Policy Template (page 7-9)
- V. Physical Activity Policy Sample (page 10)
- VI. Breastfeeding Policy Sample (page 11)
- VII. Tobacco Free Policy including E-Cigarettes (page 12-14)
- VIII. Act 724 (linked)

For more information, please visit <https://www.ahelp.arkansas.gov>



## Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2227

8/28/2015

Dear Director:

The Arkansas Healthy Employee Lifestyle Program (AHELP) is a worksite wellness program that can help the employees, at your agency, accomplish this. Implemented through AHELP, legislation was passed allowing state employees to earn up to three days paid leave for satisfactory participation in the web-based tracking behavior program. In addition, it also recommends state agencies have indoor walking routes or outside trails for employees in close proximity to the worksite.

The Arkansas Department of Health makes AHELP available to all state agency Directors and will assist the state agencies in implementation of the program. At the discretion of the state agency Director:

- An employee may be granted paid leave of up to three days per calendar year for satisfactory compliance with the Arkansas Healthy Employee Lifestyle Program.
- The leave will be used in the calendar year in which it was granted.
- The leave is not compensable at termination.

To get started in this program we will need the following from your agency:

- Director letter of intent (template provided)
- Designated contact person to assist with implementation of the Arkansas Healthy Employee Wellness Program for your agency.

If you have any further questions or concerns please do not hesitate contacting me at 501-661-2227 or [Katrina.Betancourt@arkansas.gov](mailto:Katrina.Betancourt@arkansas.gov) or visit us at <https://www.ahelp.arkansas.gov>

Sincerely,

*Katrina Betancourt*

Katrina Betancourt  
Worksite Wellness Section Chief  
Arkansas Department of Health  
4815 W. Markham Street, Slot 6  
Little Rock, AR 72205

## AGENCY LETTERHEAD

Director Letter of Intent Template

August 28, 2015

Ms. Katrina Betancourt  
Arkansas Department of Health  
Chronic Disease Prevention and Control  
4815 W Markham, Slot-6  
Little Rock, AR 72205

Subject: Letter of Intent-Arkansas Healthy Employee Lifestyle Program  
(AHELP)

Site:

The \_\_\_\_\_ has reviewed the literature for the Arkansas Healthy Employee Lifestyle Program (AHELP). This Letter of Intent is offered as an indication of the agency's acceptance of the terms of AHELP.

Accordingly, \_\_\_\_\_ hereby provides notice of its intent to participate in this initiative and to promote a multi-component wellness program, to include health policies for our agency's staff. \_\_\_\_\_ welcomes the opportunity to participate in a collaborative partnership with the Arkansas Department of Health's Arkansas Healthy Employee Lifestyle Program. Thank you for the opportunity to join this initiative.

Designated contact person:  
Agency Code:  
Number of Employee Positions:  
Contact Phone:  
Contact Email:

Sincerely,

# Director

## AHELP POLICY TEMPLATE

### Policy and Procedure for ARKANSAS HEALTHY EMPLOYEE LIFESTYLE PROGRAM (AHELP)

#### Definitions

State Agency - a department, agency, bureau, including the Bureau of Legislative Research, board, or commission of any branch of state government.

State Employee - a full-time employee of the State of Arkansas or any branch, department, agency, board, bureau, including the Bureau of Legislative Research, or commission of any branch of state government.

Healthy Employee Lifestyle Program or HELP - the incentive program of the Department of Health that rewards regular exercise, good nutrition, and other healthy lifestyle choices.

Granted – the date in which the participant selects the incentive in the AHELP web-tracking program.

Calendar year – January 1 through December 31.

#### Policy:

Arkansas Department of Health:

- Makes the “Arkansas Healthy Employee Lifestyle Program“ available to all state agency Directors.
- Assists the state agencies in implementation of the program.

State agency Directors shall consider making the Arkansas Healthy Employee Lifestyle Program available to the agency's employees.

At the discretion of the state agency Director:

- An employee may be granted paid leave of up to three days per calendar year for satisfactory compliance with the Arkansas Healthy Employee Lifestyle Program.
- The leave will be used in the calendar year in which it was granted.
- The leave is not compensable at termination.

Each agency shall identify and maintain, if practicable, in or near each agency building, an area or areas that employees may use for walking exercise.

The Arkansas Department of Health has an “Arkansas Healthy Employee Lifestyle Program” (AHELP) website. Employees who participate in the AHELP on-line program will be more aware of:

- Making appropriate nutritional choices.

- Understanding the importance of maintaining a healthy weight.
- Understanding the benefits of regular physical activity.
- Understanding the need to reduce/cease tobacco use.
- Understanding the importance of regular medical screenings.

The AHELP website allows participants to earn points for positive lifestyle activities and behaviors. Points are awarded according to the time spent performing activities such as:

- Cardiovascular exercises/physical activity
- Strength and flexibility exercises
- Consumption of healthy servings of fruits and vegetables daily
- Annual health assessments
- Remaining tobacco free

Employees who participate in the program will be able to purchase paid leave with the AHELP points they earn and with the approval of their supervisor.

Employees may participate in the “Arkansas Healthy Employee Lifestyle Program” by logging on to the AHELP web site and following the instructions to establish individual profiles and entering positive lifestyle activities and behaviors. The system automatically calculates daily points as well as tracking total points awarded.

Accumulated points transfer across participating state agencies/institutions.

AHELP Leave Incentive Redemption Process

1. The time-off incentive is limited by ACA 21-4-106, and the participating employee must meet the requirements for BOTH total number of points AND the time in which they are earned. The necessary points for redemption must have been earned within the 52 weeks prior to the date of requesting/redeeming the points.
2. The computer program determines if the points were earned in the time frame necessary. If the participant receives the message “You have not earned enough points within the specified time to earn this prize,” the participant may not redeem the requested time-off. The participant may request a lesser amount of time off if the requirements of total points earned within the specified time are met.

**Redemption Points**

<b>Total Points</b>	<b>Leave Accrued</b>
600	1 Hour (See Note.)
4750	8 Hours
5320	16 Hours
5890	24 Hours

Note: One hour of leave may be taken up to four times every 52 weeks.

Explanation of Points

- Tobacco – Participants earn points for every day they are tobacco free.
- Fruits and Vegetables – Participants earn points depending on their daily intake.
- Physical Activity - Participants earn points depending on the amount of time spent performing an aerobic or strength training physical Activity.

- Doctor Recommended/Age Appropriate Screenings – Participants can earn points annually for completing the screenings.
- Annual Health Risk Assessment (HRA) – Participants can earn points annually for completing the required HRA.

#### Redeeming Time-Off

##### The Participant:

1. Prior to choosing the leave time incentive in the AHELP web-tracking system, must consider the restraints as defined in the policy for the leave (time must be used in the calendar year in which it was granted). Granted is defined as the date in which the participant selects the incentive in the AHELP web-tracking program. Once the leave incentive is chosen, the system will number and date the certificate for the leave.
2. Prints the certificate.
3. Attaches the Employee Request for Leave (HR-1120) with the certificate.
4. Schedules and receives the supervisor’s approval for leave time.
5. Gives the HR-1120 with certificate to his/her timekeeper.
6. Makes a copy of both for personal records.

##### The Supervisor:

1. Gives approval of the earned leave in the same manner as any other leave time.
2. Should be aware of the time restraints of the leave (Use in the calendar year January 1 through December 31).

Note: Once the supervisor approves the leave, it must be used within that calendar year.

##### The Timekeeper:

1. Receives the dated and numbered certificate attached to the HR-1120 which has been approved by the supervisor.
2. Makes sure the leave code reads “AHELP” and is entered under “Other” – along with the increment of time the employee is requesting.
3. Gives a copy of the redemption certificate to the AHELP Leader/Coordinator and maintains on file.
4. Enters AHELP leave time on the weekly CAT2: timesheet as “HELP” after the day(s) are taken.

#### Loss of AHELP Points for Leave

The AHELP point keeping system is designed to recognize the points accumulated for each participant for the past 52 weeks of the date the participant is redeeming leave. If a participant has accumulated 4750 points (the total number of points needed to exchange for one day of leave) within the last 52 weeks, he/she can print the certificate. Supervisors approve the days requested based on usual leave request practices. The same holds true for two days leave (5320 points required) or three days leave (5890 points required).

The point system intentionally requires a high number of points. Individual participants have to demonstrate a serious commitment to a “healthy” lifestyle, which will show in the number of points he/she accrues toward the incentive.

An alternative to a whole day of leave can be achieved by allowing for an hour’s leave (600 points required) up to 4 times within 52 weeks. The 4 hours leave are part of the total 3 days maximum leave per year.

Once a participant has earned and exchanged his/her points for leave and printed the certificate, the actual leave that the participant is away from the job is entirely at the discretion of the participant's supervisor. Agency, board, and/or commission policy and procedures governing leave are in no way altered by the use of leave time earned as a part of the AHELP system.

## TEMPLATE

### HEALTHY CHOICES AT OFFICIAL EVENTS

#### Introduction

The foods we choose to eat are one of the major determinants of our health and well-being. Worksites that offer nutritious food choices help employees by providing opportunities to make healthy choices. Access to nutritious food also helps to create a healthier workforce by supporting individuals who are trying to eat better or follow a diet plan.

The \_\_\_\_\_ acknowledges that healthy eating can have an impact on its employees' health, and that the provision of healthy foods and beverages contributes to better health for all. Also, the \_\_\_\_\_ must serve as a model of desired behavior to improve the health of Arkansans to prevent chronic disease and attain optimum health. This policy focuses on ways to accommodate diverse, healthy lifestyles and behaviors in the workplace in order to improve workplace performance and well-being.

#### Policy:

The \_\_\_\_\_ is committed to and ensures the following:

1. **A healthy environment** for its employees' health and those worked with and served in the community.
2. **At any \_\_\_\_\_ function** (meeting, reception, conference, meal, break, training or other similar event) at least 50% of the food and beverage items served will be healthy choices. This includes events sponsored by the Agency, even if the food and beverages are not paid for by Agency funds. Although this policy does not cover unofficial occasions not funded by the Agency, such as potlucks, it is recommended that healthy choices be offered at these events also.
3. **Serve fruits and/or vegetables every time food is offered.** Examples include fresh fruit and salads; fresh and cooked vegetables
4. **Offer a variety of grains—especially whole-grain foods.** Examples include whole-grain breads, pasta, and cereals; and muffins, fruit breads, or granola bars.
5. **Provide fat-free, low-fat, or low-calorie foods and beverages.** Ideas include fat-free or low-fat dressings or toppings such as salsa, low-fat yogurt dressing, sweet mustard; low-fat or calorie desserts such as angel food cake; low-fat or skim milk, low-fat yogurt or cheeses; and lean meats, poultry or fish, cooked and dried beans, peas and lentils.
6. **Offer foods and beverages low in added sugars.** Unsweetened cereals, fruit spreads, cereal bars, water, 100% fruit juices, and regular and decaffeinated coffee or tea could be served. When half-and-half or whole milk is served, 1% or skim milk will also be provided.
7. **Serve foods that are low in salt and sodium,** such as fruit, fresh vegetables, unsalted pretzels, popcorn, or baked chips; grilled or roasted entrees; and entrees cooked with spices and herbs instead of salt.
8. **Include smaller portions** such as mini-muffins or mini-bagels and 1-inch low-fat cheese squares.

#### **Tips for implementing the Food and Beverage Guidelines**

Note: Foods such as processed meats, olives, pickles, chips, pretzels, popcorn, canned foods/soups, sauces, nuts, Asian foods and many condiments {e.g., catsup, mustard, soy sauce, bouillon, baking powder, monosodium glutamate, steak sauce, Worcestershire sauce, relish, many salad dressings} may be high in sodium. When ordering food, ask for low-sodium choices; when reading labels, be sure the item has 140 mg of sodium or less per serving to meet the U.S. Food and Drug Administration's low-sodium guidelines.

**Some suggestions for foods and beverages include the following:**

**BEVERAGES**

- Ice water
- Bottled spring or sparkling water – regular or flavored with no sugar
- 100% fruit or vegetable juices – avoid large-size bottles
- Skim or 1% milk
- Coffee and flavored coffees – regular and decaffeinated
- Tea – regular and herb teas – hot or cold
- Coffee/tea creamers of skim milk, 1% milk or fat-free half & half

**SNACKS**

1. Consider offering only beverages at mid-morning and mid-afternoon meetings. See “Beverages” list in this policy.
2. Choose one or both of the following:
  - Fresh fruit – cut up and offered with low-fat yogurt dip
  - Raw vegetables – cut up and offered with fat-free or low-fat dressing or salsa dip
3. If desired and budget allows add one or more of the following:
  - Pretzels – served with sweet mustard dip
  - Tortilla chips – baked and offered with salsa dip
  - Popcorn – lower fat (5 g fat or less/serving)
  - Whole grain crackers – (5 g fat or less/serving)
  - Angel food cake with fruit topping
4. Choose a selection of beverages from the “Beverages” list.

**BREAKFAST MEETINGS**

1. Start with fresh fruit.
2. If desired and budget allows add:
  - Yogurt – flavored non-fat or fat-free and/or choose one or more of grains (whole grains if available)
  - Bagels – 3-1/2” diameter or less; serve with low-fat cream cheese, other low-fat spreads, jam or jelly
  - Muffins – small or mini (5 g fat or less/muffin)
  - Fruit bread (5 g fat or less/1 oz slice) – skip serving with butter or margarine. Consider toppings of low-fat cream cheese, other low-fat spreads, jam or jelly.
  - Granola bars – low-fat (5 g fat or less/bar)
3. Choose a selection of beverages from the “Beverages” list.
4. For a full breakfast, add one or more of the following:
  - unsweetened cereal\*
  - whole grain waffles and French toast\*
  - lean ham or Canadian bacon, vegetarian sausage or bacon substitutes

\*May be added or substituted for bagels and muffins, etc.

**CATERED LUNCHEAS AND DINNERS**

- Select an entrée with no more than 12 to 15 g fat.



- Avoid fried foods or cream sauces; ask the caterer to use lower fat or fat-free preparation methods: broiled, baked, grilled or steamed rather than fried in tomato-based sauces rather than cream, butter or cheese sauces
- Always offer a vegetarian entrée.
- Include fresh fruit.
- Include at least one vegetable, fresh or cooked, with no butter or cream sauces added.
- Serve salads with dressing on the side; offer at least one low-fat or fat-free dressing.
- Include whole grain breads; serve with low-fat cream cheese, other low-fat spreads, jam or jelly.
- Choose lower fat/lower calorie desserts: cut up fresh fruit and offer with low-fat fruit yogurt dip, low-fat ice cream or frozen yogurt, sherbet or sorbet, angel food cake with fruit topping.
- Include beverages from the “Beverages” list.

**Box Lunch Sandwich Ideas (always include a vegetarian option):**

- Whole grain breads or pita wraps – prepared without butter/margarine, mayonnaise/salad dressing
- Meats, poultry or marinated tofu – low-fat (3 g fat/oz)
- Cheese – 1 oz
- Toppings of lettuce, sprouts, tomatoes, onions, pickles, - on the side - mustard, catsup, low-fat mayonnaise
- Fresh fruit
- Pretzels or baked chips (7 g fat or less/oz) or small portion dessert
- Choose a selection of beverages from the “Beverages” list.

**CATERED RECEPTIONS**

- Fresh fruit – cut up and offered with low-fat yogurt dip
- Raw vegetables – cut up and offered with fat-free or low-fat dressing, salsa or tofu dip
- Raw vegetable salads marinated in fat-free or low-fat Italian dressing
- Pasta, tofu, and vegetable salads with fat-free or low-fat dressing
- Vegetable spring rolls – fresh, not fried
- Vegetable sushi rolls
- Cheese – cut into 3/4” squares or smaller
- Whole grain crackers – 5 g fat or less/serving
- Salmon (poached steamed, baked or grilled, no breading)
- Lean beef or turkey – 1 oz slices
- Cake – cut into small 2” squares
- Angel food cake slices with fruit
- Include beverages from the “Beverages” list.

## **[Appendix 7] Sample Flexible Schedule Policy**

### **Physical Activity and Health Activity Time**

#### **A. Purpose:**

Physical activity and other health improvement activities can be a significant factor in preventing disease and improving one's outlook on life. Some studies document that increased energy generated by physical activity increases employee productivity; therefore, in order to encourage employee participation in exercise and other health enhancing activities, the following policy is issued.

#### **B. Policy:**

1. The **COMPANY** encourages all of its employees to engage in a regular program of exercise and health improvement (unless existing medical conditions make such a program inadvisable).
2. With the written approval of \_\_\_\_\_, employees who wish to participate in a physical activity or other health related program during the work day may be granted thirty minutes per day, for a maximum of three times per week (See Attachment #1 - Employee Request for Physical Activity and Health Activity Time). The time for this activity shall be determined by agreement between the employee and his/her immediate supervisor so as not to interfere with normal work requirements. Supervisors are encouraged, when possible, to schedule working hours such that any employee who wishes participate in a physical activity or other health-related program may do so.
3. Physical activity such as structured aerobics, walking, jogging, swimming, bicycling, and weight control programs, are examples of programs that qualify for approval; however, other appropriate health-related programs may be approved.
4. The immediate supervisor must approve schedule modifications to the original Employee Request for Physical Activity and Health Activity Time.
5. Renewal or continuation of approval to participate in physical activity and/or health activities subject to this policy shall be reviewed annually, preferably during the employee's performance review.
6. Employees on formal corrective or disciplinary action are not eligible to participate in this program.

## [Appendix 14] Sample Breastfeeding Policy

### PURPOSE

To allow employees who are nursing mothers to bring their infants to the **Company** facilities for the purpose of breastfeeding them during working hours.

### POLICY

It is the policy of **Company** to provide a positive work environment that recognizes a mother's responsibility to both her job and her child when she returns to work by acknowledging that a woman's choice to breastfeed benefits the family, the employer, and society.

### APPLICABILITY

All employees of **Company**

Breastfeeding – Supplying milk feedings to an infant at the breast.

### PROVISIONS AND GUIDELINES

#### A. Breastfeeding

1. An employee who wishes to bring her infant to the work site in order to breastfeed the infant for a specific period of time must obtain permission in advance and in writing from her **Department Manager**, as applicable. A **Department Manager** may deny a request only for operational or safety reasons.
2. An authorization to breastfeed an infant at the work site is valid until the infant is four months old. A **Department Manager** may extend this period in one-month increments depending on the job performance of the employee and the activity level of the infant.
3. The employee will be totally responsible for the safety of her infant, and will remain with the infant at all times. If the employee's duties require her to leave her primary work site, she will take the infant with her. An employee may not take her infant to a client's business, nor may she take the infant anywhere in a company vehicle.
4. The employee must maintain acceptable work performance and ensure that the presence of the infant does not create any office disturbances. If problems with the breastfeeding program of an employee arise and cannot be resolved, the **Department Manager** will terminate the program for that employee.
5. Each **Department Manager** will identify one or more locations within the division that employees may use while breastfeeding their infants. Selected locations should be quiet and should provide privacy for the employee.
6. The employee must provide all supplies and equipment needed to care for the infant at the work site, and ensure that the area is kept in a clean and sanitary condition.

### PROCEDURE

- A. An employee who wishes to breastfeed her infant at the work site must prepare a written request, meet with her supervisor and forward the request through her supervisor to her **Department Manager** to obtain prior approval.

**Responsible Position: Any Employee**

- B. The supervisor will review the request and make recommendations to the **Department Manager**, identifying any operational or safety issues.

**Responsible Position: Any Supervisor**

- C. The **Department Manager** will review the supervisor's recommendation and approve or deny the request.

**Responsible Position: Department Manager**

- D. The **Department Manager** will notify the employee immediately of the action taken on her request.

**Responsible Position: Department Manager**

Sample Tobacco -Free Workplace  
Policies and Procedures

<b>Title:</b> Sample Tobacco -Free Workplace Policies and Procedures	<b>Date Implemented:</b>	<b>Approved by:</b>
--	--------------------------	---------------------

**Purpose**

*(Name of Business/Company)* is committed to providing a safe and healthy workplace and to promoting the health and wellbeing of its employees. As required by the *Arkansas Clean Indoor Air Act of 2006*, and also motivated by the desire to provide all employees with a work environment conducive to good health, the following Tobacco Free Workplace Policy has been adopted and shall apply to all employees of *(Name of Business/Company)*.

**Scope of Policy**

Any and all facilities/grounds, owned, leased/operated by *(Name of Business/Company)*, any and all company-owned or company-leased vehicles are designated as tobacco-free areas. The use of tobacco is prohibited on company property at all times, including entryways to the buildings and parking lots. There will be no designated smoking/vaping or tobacco use areas.

This Tobacco Free Workplace policy applies to the following individuals at all times while on company property and company leased facilities:

1. *Regular employees, whether fulltime or part-time*
2. *Temporary workers, contractors, consultants, interns*
3. *Visitors and clients/customers*

This policy shall be clearly communicated to all full and part-time employees, including temporary workers, contractors, consultants, interns, visitors and client/customers.

**Procedure**

Smoking /vaping and the use of tobacco is not permitted anywhere on *(Name of Business/Company)* property at any time. *(Name of Business/Company)* property for the purpose of this policy includes all land, buildings, structures, parking lots and, means of transportation owned by or leased to *(Name of Business/Company)*.

An initial violation of this tobacco-free workplace policy by an employee, temporary worker or intern will result in a reminder of our policy and an offer of tobacco-cessation support. Subsequent infraction and/or violation of this policy shall be dealt with using *(Name of Business/Company)*'s Progressive Discipline Procedure/Policy.

An initial violation of the policy by, contractors, consultants, visitors and client/customers will result in a reminder of our Tobacco-free rule. Subsequent infractions and/or policy violations will be addressed on a case by case basis. *(Name of Business/Company)* shall reserve the right to determine an appropriate corrective action plan which could include termination of the business relationship. *(Name of Business/Company)*'s President shall make the final and binding corrective action decision.

*(Name of Business/Company)* Purchasing Department shall include language in all Purchasing Order (P.O) forms or documents requiring customers/vendors to comply with this policy. Customers/Vendors

will be required to read and accept the terms of this policy prior to gaining access and/or entering (Name of Business/Company) facilities.

**Resolving Complaints about Smoking Vaping or Tobacco Use:**

- A. Any complaints about the application of the policy to the workplace should be brought to the attention of the Human Resources Manager or (Name of Business/Company) President for resolution.
- B. The complaint should be submitted in writing and identify specific objections. (Name of Business/Company) will investigate the complaint and resolve it in accordance with the policy.
- C. No employee shall suffer any form of retaliation for raising a complaint or asking a question about this policy.

**Definition:**

- 1. Tobacco- For the purposes of this policy “tobacco” is to include any product containing, made, or derived from tobacco that is intended for human consumptions, whether chewed, smoked, absorbed, dissolved, inhaled, snorted, sniffed, or ingested by any other means or any component, part, or accessory of a tobacco products to include but not limited to: any lighted or unlighted cigarette, cigar, pipe, and any other smoking product, and spit tobacco, also known as smokeless, dip, chew, snus, and snuff, in any form including, “e-cigarette” and electronic nicotine devices (ENDs).
- 2. Smoking/ vaping - means inhaling, exhaling, burning, or carrying any lighted tobacco product, includes cigarettes, cigars, pipe tobacco, or any other lighted combustible plant material.
- 3. Property and Grounds- Any and all facilities/grounds, owned, leased, operated by (Name of Business/Company) including any and all facilities/grounds owned leased, operated by clients/customers of (Name of Business/Company), and all company-owned or company-leased vehicles.

*Exemption- Nicotine use: Only FDA approved cessation products are allowed. This includes: nicotine gum, nicotine lozenge, nicotine patch, pharmaceutical nicotine inhaler (this does not include any form of e-products) and nicotine nasal spray.*

**References:**

*Arkansas Clean Indoor Air Act of 2006* – This smoking policy is intended to comply with requirements of the Arkansas Clean Indoor Air Act of 2006.

**Statement of Understanding:**

I have read and fully understand the terms of the (Name of Business/Company) Tobacco Free Workplace Policy.

I understand that any infraction or violation of the policy will be subject to disciplinary action up to and including immediate termination.

I understand that (Name of Business/Company) reserves the right to make changes to this policy as may be required.

---

**Employee Print Name**

---

**Employee Signature**

---

**Date**

**Cc: Employee File**