



Wellness Program Planner

Your guide to establishing an effective wellness program.

Provided by:



Healthy tomorrows begin today.

www.brookscorporatewellness.com

Before You Begin



INTRODUCTION

The purpose of this guide is to help you and your organization develop an effective long term wellness strategy. It is our goal that this document will empower you, the employer, to offer wellness programming initiatives that are aligned with organizational goals, and designed to appropriately meet the unique needs of your specific employee population.

*Please note that this guide is for general information purposes only and should not be considered legal advice. Be sure to check employment laws in your state and seek legal council to determine compliance with all federal, state, and local laws.

*This guide also assumes that any health screenings, claims analysis, employee surveys, or other planning aids have been completed prior to utilizing the steps highlighted in this guide.

We are here to help! If you have questions, please contact: contact@brookscorporatewellness.com

First Steps



Your wellness leadership team should include employees from as many departments and levels as possible.

LEADERSHIP

Overall Program Lead

Top Five Priorities

Wellness Committee Guiding Statement

Wellness Program Mission Statement :

WELLNESS COMMITTEE

Employee Name:

Department

Tenure

Interests

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

CURRENT PROGRAMS

Age Range :

Gender :

Education :

Income :

Marital Status :

Family Situation :

Spending Habits :

Location :

Interests/Hobbies :

Motivations :

Problems/Fears :

COMPETITOR ANALYSIS

Top 3 Competitors :

1.

2.

3.

What Are They Offering :

Strengths :

Weakness :

Opportunities :

Threats :

Unique Selling Points :

MARKETING STRATEGY

Channel	Description	Cost	Marketing Goal

WELLNESS PROGRAMMING

Contact	Communication Date	Launch Date

Monthly Focus Topic (Often provided by wellness partner)

1. _____	2. _____	3. _____
4. _____	5. _____	6. _____
7. _____	8. _____	9. _____
10. _____	11. _____	12. _____

Vendor/Partner Name :	Service:	Contact :
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Nice to have items, maybe next year

_____	_____	_____
_____	_____	_____



CURRENT OPPORTUNITIES

Available add-on or included programs :	Participation :	Cost :
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

BUDGET

Vendor :	Area of Wellness :	Annual Cost :
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____

TOTAL ESTIMATED COSTS



