A low participation rate in corporate wellness programs is one of the major reasons organizations fail to get healthcare costs to drop. Companies successful in reducing costs usually have 80% or more of their employees and families actively involved. One great way to get more people to participate is to build effective incentives into your program structure.

The types of incentives, amounts, and the uses of incentives vary. If you do not have a lot of extra funds to spend on employee incentives, you'll want to determine how best to spend your limited dollars.

Most importantly, you want to motivate people to take the Health Risk Appraisal (HRA). Without an incentive, you can expect about 10-15% participation – and these are generally the healthiest people. You want to encourage the other 85-90% who wouldn’t normally take the HRA to participate. With the right incentive, you’re more likely to get those with health risks and health conditions or diseases on board.

Once at-risk people are identified through the HRA, you can begin interventions to reduce risks and decrease potential future healthcare costs. You should determine what you hope to accomplish through incentives, and design an incentive structure that will help you accomplish those goals. When you select wellness incentives that are viewed as meaningful by employees, your organization will experience greater participation and healthier employees – resulting in decreased absenteeism and increased productivity.

Health Benefit Incentives
Benefits-linked incentives are most effective in increasing participation. A few examples of successful benefits strategies follow:

- Employees receive a discount of up to $20 per pay period on their health insurance premiums for participating in your wellness program.
- Participating employees are enrolled in a health plan that provides more coverage or expanded services.
- Employers make a contribution to an employee’s flexible spending account (FSA/section 125) account for participating in various wellness program activities. For example, a participating employee might receive $50 for the assessment, $20 for a health screening, and $20 for enrolling in an intervention.

Game Cards
Programs that reward often for a variety of activities are bound to be successful. Wellness program game cards are great incentives for just this reason. Simply distribute game cards to employees when they’ve met specific wellness goals, safety goals, and more. The Wellsource game card incentive program allows participants to accumulate points over time for high quality gifts of their choosing, as well as a cash prize drawing component. The advantages for using game cards are as follows:
• Cards are inexpensive, allowing employers to distribute cards often and for a variety of different wellness activities.
• When cards are distributed often, employee enthusiasm and excitement for your program is maintained over time, keeping employees motivated.
• The Wellsource game card program is the easiest type of incentive program to administer.
• The two-tiered component of the game card system (point accumulation and quarterly/annual cash drawings) makes the program appealing to participants.

Monetary Incentives and Gift Cards
Monetary incentives and gift cards can be very effective for increasing participation – depending on the dollar amount. Although a $10 incentive may inspire some people to participate, studies show that in order to reach high participation levels, employers need to commit at least $100 to each participant who completes the HRA. This likely means you’ll only be able to award for a select few activities with your wellness program. Other disadvantages for using monetary incentives and gift cards include:

• Cash is often viewed as compensation rather than an incentive.
• Cash and gift cards disappear rapidly and are easily forgotten.
• Gift cards involve service fees over and above the cash value of the card – the higher the dollar amount of the card, the higher the service fee.
• Once a retailer is selected for the gift card, the participant can only redeem the gift card toward that retailer, allowing less flexibility for the participant.

Non-Monetary Incentives
Incentives such as t-shirts, mugs, water bottles, gym bags, etc. can be fun and useful in certain scenarios. However, they are not the most effective way to motivate someone to take an HRA. Save them as mementos for activities such as fun runs, bicycle events, and other wellness related programs.

Survey Your Population
Before deciding what incentives to offer, survey your population about the type of incentives that would motivate them.

• Some incentives motivate more people to participate than others.
• Certain types of incentives keep people involved in wellness programs longer than others.

Give employees a list of possible incentives, and ask them to rank each using a scale from 1 (least motivational) to 5 (most motivational). Be sure to leave a suggestion blank for employees to fill in themselves. There is no greater resource than your own employees when looking for incentives that are effective.

The Last Word
Although incentives are a key to participation, it’s also important that people know why they should participate in your wellness program. Avoid focusing on incentives alone. Rather, be sure to focus on the benefits they will receive by being a part of the program, such as:

• Free health screening
• Information about their health, and how to improve it
• Assistance in making positive health changes (coaching)
• A medical self-care guide
• Free health newsletter
• Other motivating tools you offer through your wellness program

Incentives will guide people into your well-structured program, but should not be their sole purpose for participating in it. Help participants value the program for what it is, not just for what they get.

By Danna Boersma, MS and Glen Coblens, MS

Blood Pressure and Coffee Consumption

Coffee is one of the most popularly consumed beverages in the world. Any health effects, even if small, from drinking coffee could have large public health effects. One of the concerns of drinking coffee and caffeinated
beverages is its effect on blood pressure. It’s been known for many years that even one cup of coffee increases the stress hormone epinephrine and causes blood pressure to rise, but it’s been thought to be only a temporary effect.

Two recent meta-analyses (combining several studies to analyze a specific problem) have looked at coffee and caffeine intake and have concluded that they do result in higher blood pressure. The rise is modest but significant. The author’s simple conclusion, “Regular caffeine intake increases blood pressure.”1

Recently, a large prospective study also reported an association between coffee and caffeine and risk of developing high blood pressure that requires treatment with medication. The study was conducted in Finland on a large group of people (24,710) who all were not on medication for hypertension at the start of the study. After 13.2 years of follow-up, persons who drank 2-3 cups of coffee daily had a 29% increased risk of developing hypertension requiring medication compared to those who drank little or no coffee (0-1 cups/day). The 29% increased risk of developing hypertension was after adjusting for other possible confounders including: age, sex, education, physical activity, alcohol, tea, fruit and vegetable intake, bread consumption, smoking, and BMI.

When people who were already at high risk for cardiovascular disease (by having high cholesterol or diabetes) were eliminated from the study, the risk for high blood pressure from drinking coffee rose to 36% in those drinking 2-3 cups daily and 32% for those drinking 4-5 cups daily compared to no or a low intake.

The authors of the study concluded that “this study showed that coffee drinking seemed to increase the risk of antihypertensive drug treatment.”2 The researchers are not sure why coffee increases the risk of developing high blood pressure but suggested that it may be related to the fact that coffee consumption increases several stress hormones, including epinephrine, norepinephrine, and cortisol. All of these stress hormones can cause blood pressure to be elevated.

While a 29% increased risk seems small, the researchers point out that it has public health importance because coffee is the most commonly consumed beverage in America (other than water) and because high blood pressure is one of our nation’s most common, chronic health problems (affecting 27% of all adults age 20 or older, and over half of all people age 50 and above).

**Bottom line.** If you are interested in preventing high blood pressure, you may want to limit coffee consumption to no more than 1 cup a day. In addition, keep physically active, keep weight in a healthy range, limit alcohol intake, eat an abundance of fruits and vegetables, and choose whole grain breads and cereals (aim for 4 servings daily).

**Reference:**


---


Triglycerides and Cardiovascular Risk

When assessing coronary risk, blood triglycerides have traditionally not been considered a major coronary risk factor. The reason is that when you statistically adjust for blood cholesterol (LDL and HDL), fasting triglyceride levels cease to be a significant predictor of risk.

Two new studies shed new light on this subject and may change risk assessment standards in the future. The first report comes from the Women’s Health Study,1 a cohort of over 26,000 healthy women. More than 20,000 of these women had fasting triglyceride tests, and 6,391 had nonfasting triglyceride tests. Over the next 11.4 years, researchers monitored the number of cardiovascular events that occurred (heart attacks, coronary heart disease, and strokes) and compared these to the women’s blood triglyceride levels.

Here is what they found:

- Fasting triglyceride levels were not a significant predictor of risk after adjusting for other coronary risks including cholesterol levels (confirming earlier research).
- Nonfasting triglycerides, however, were a significant, independent predictor of coronary risk, even after adjusting for other risks. Women with nonfasting triglycerides greater than 170 mg/dL were twice as likely to develop cardiovascular disease compared to women with triglycerides less than 105 mg/dL.
- Nonfasting triglycerides were most predictive of future cardiovascular event when they were measured 2-4 hours after a meal (triglycerides peak at about 4 hours after a meal). In this group, women with high triglycerides (170+ mg/dL) were 4.5 times as likely to develop cardiovascular disease as women with healthy nonfasting triglyceride levels (less than 105 mg/dL).

The second study2 on triglycerides studied the risk of heart disease related to nonfasting triglycerides in both men and women. Researchers found nonfasting triglycerides to be independent risk factors for cardiovascular disease in both men and women, although the risk was stronger in women. In men, nonfasting triglyceride levels of 180+ mg/dL resulted in a 60% increased risk of heart disease, and those with triglyceride levels of 260+ mg/dL were 2.3 times more likely to have a heart attack than men with healthy triglyceride levels (less than 90 mg/dL). Women with high triglycerides (180+ mg/dL) had a 2.5 times increased risk of a heart attack.

This is good news for screening programs because you don’t have to ask people to fast 12 hours before their blood test. Traditionally, people have been asked to fast because LDL cholesterol is based on a calculation...
using fasting triglyceride levels. In an editorial in the same JAMA issue as these two studies, the editors suggest that using the non-HDL cholesterol test result may be a better method of assessing risk than testing for LDL cholesterol because a non-HDL cholesterol test can be done nonfasting and reflects the risk from both LDL cholesterol and nonfasting triglycerides. Non-HDL cholesterol is simply Total cholesterol – HDL cholesterol. Norms for non-HDL cholesterol as set by NIH (ATP-3 report) are shown below, along with the better known LDL cholesterol risk standards for comparison:

<table>
<thead>
<tr>
<th>Risk Rating</th>
<th>Ideal risk</th>
<th>Low risk</th>
<th>Moderate risk</th>
<th>High risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>LDL cholesterol, (mg/dL)</td>
<td>&lt;100</td>
<td>100-129</td>
<td>130-159</td>
<td>160+</td>
</tr>
<tr>
<td>Non-HDL cholesterol (mg/dL)</td>
<td>&lt;130</td>
<td>&lt;160</td>
<td>&lt;190</td>
<td>190+</td>
</tr>
</tbody>
</table>

Norms set by NIH, National Heart, Lung, and Blood Institute, ATP-3 report.

References:


Whole Grains and the Risk of High Blood Pressure

Whole grains contain numerous nutrients (vitamins, minerals, fiber, and phytochemicals) that are protective to our health. They reside primarily in the outer bran and inner germ layers of the wheat kernel. In making white flour, both the germ and the bran layers are removed along with these protective nutrients. Because of this, white flour is more energy-dense (higher in calories) but less nutrient-dense.

Previous studies have shown that whole grains are protective to the heart, helping reduce the risk of heart attacks. New data now explains one of the ways whole grains protect against cardiovascular disease – by helping prevent high blood pressure.
Researchers studied the relationship between whole grains and blood pressure in a large group of 28,926 women health professionals. All were free of high blood pressure at the beginning of the study. After 10 years, 8,722 women developed high blood pressure. Women who ate the most whole grains (4 or more servings daily) were one-fourth (23%) less likely to develop high blood pressure during the 10-year study than women who ate less than 1 serving of whole grains daily.

The USDA MyPyramid.gov website recommends at least 3 servings of whole grains daily. This study shows that even higher intakes of whole grains – 4 or more servings of whole grains daily – has even greater health benefits; in this case, lower blood pressure levels. The national DASH diet emphasizing fruits, vegetables, and whole grains also demonstrated a lowering of blood pressure using this approach.

Choosing more whole-grains bread and cereals is an easy lifestyle change that can have major health consequences for our nation, especially when you realize that 50 million Americans already have high blood pressure.

**Bottom line.**

To help prevent the development of high blood pressure, be sure you choose more whole-grain breads and cereals. Aim for at least 4 serving of whole grains daily. Also, you’re your intake of sodium (salt) low, get regular physical activity, keep weight in a healthy range, limit alcohol, and eat plenty of fresh fruits and vegetables.

**References:**


Preventing Hip Fractures

Each year in the United States, some 329,000 people experience a hip fracture. Breaking a hip is serious. It can lead to immobility, isolation, depression, and early mortality. In fact, 1 out of 5 persons who break a hip will die within the first year. Hip fractures are also very costly in medical care and long-term support. This is the bad news. The good news is that you can do something to lower your risk of a hip fracture.

A recent report from the *Women's Health Initiative or Study of Osteoporosis Fractures* reveals new insights into the cause for hip fractures and steps you can take through better nutrition and physical activity to lower your risk. The study followed more than 93,000 postmenopausal women for 7.6 years, so it is one of...
the largest studies ever reported. During the 7.6 years there were 1,132 hip fractures. Here are the most predictive risk factors of increased risk for a hip fracture.

- **Increasing age** was the strongest predictor. There is not much you can do about having birthdays, but as you get older it is even more important that you eliminate any modifiable risks and take positive steps to insure healthy bones. It’s never too late to start with a bone-healthy lifestyle but the sooner you start, especially in the teen years, the better your chances of preventing a hip or other bone fracture.

- **Self-reported health perception.** People who rated their health as fair or poor (versus excellent) were 2.38 times more likely to have a hip fracture. Taking good care of your health so you feel good is critical to your future health and well-being.

- **Race/ethnicity.** Light-colored races and American Indians are at significantly higher risk of a hip fracture than African-American, Asian-American, and Hispanic races.

- **Smoking status.** Current smokers were 2.3 times more likely to have a hip fracture than nonsmokers. Smoking damages bone health. If you are a smoker, the sooner you stop the better for your bones. Persons who have stopped smoking for several years had a risk similar to those who never smoked.

**Inactivity.** Inactive persons had a 64% increased risk of hip fractures. Regular, weight-bearing activity helps the bones maintain good strength. Brisk walking, jogging, jumping rope, and playing active sports all help prevent osteoporosis. Aim for at least 30 minutes of activity daily. A separate 12-year study of hip fractures in men showed similar results. Inactive men had a 62% increased risk of a hip fracture compared to men who participated in regular vigorous physical activity.²
• **Lean weight.** Being lean is good for heart health, but being too lean can increase your risk for osteoporosis and hip fractures. While it is always prudent to avoid obesity, being of moderate weight (neither too lean nor too fat) is good for healthy bones.

• **Family history of fractures.** If a parent broke a hip, you have a 50% increased risk.

• **Personal history of fractures.** If you broke a bone after age 54, your risk of hip fracture is increased by 74%.

• **Tall persons** had an increased risk of hip fractures.

• **Persons taking certain medications** (medicine for diabetes or corticosteroids by mouth) were at increased risk for a hip fracture (74-94% increased risk).

Researchers developed a prediction equation for hip fractures based on this research. You can determine your risk of a hip fracture in the next 5 years at [http://hipcalculator.fhcrc.org](http://hipcalculator.fhcrc.org).

Other research also points out the protective effects of a diet high in fruits and vegetables (especially leafy greens), and moderate in animal proteins. Getting adequate calcium and vitamin D have also been shown to help prevent fractures. Women who are age 65 or older are recommended to get a bone density scan to see how strong their bones are currently. Ask your doctor about this test. Your doctor may recommend a bone density test sooner if you are high risk for fractures (i.e., have multiple risks listed above).

**Reference:**


---

**Vitamin D and Risk of Heart Disease**

Research continues to accumulate on the benefits of vitamin D to your health. The latest evidence found is the role vitamin D plays in heart health, and it comes from the famous Framingham Heart Study. Researchers studied 1,739 offspring from the Framingham study. At the start of the study, vitamin D blood levels (25 OH vitamin D) were measured to see who might be deficient. Five and a half years later, researchers recorded who had heart attacks, strokes, and coronary artery disease. Here is what they found:

• When researchers divided people into two groups, based on their blood vitamin D levels, those with low vitamin D levels (less than 15 ng/mL) had **twice as many** (RR=2.04) **cardiovascular events** (i.e., heart attacks, angina, and stroke) than those with higher levels of vitamin D after adjusting for age and sex.

• When researchers adjusted for additional coronary risks, such as high blood pressure, diabetes, blood lipids, smoking, and BMI, the increased coronary risk for low vitamin D levels still remained high, at a **62% increased risk.** This implies that low vitamin D levels are an independent risk factor from other risks.

• People with high blood pressure and low vitamin D levels had the highest coronary risk. They were **2.42 times more likely to develop a serious cardiovascular problem** than those getting adequate vitamin D.

• The increased coronary risk with low vitamin D levels was found to be stepwise related; the lower the vitamin D level, the higher the coronary risk. If people with high blood pressure had low vitamin D levels (less than 15 ng/mL), their coronary risk increase by 93% higher. If vitamin D levels were even lower (less than 10 ng/dL), coronary risk increased by 2.51 times compared to people with adequate vitamin D levels.

**How many people were low in vitamin D?** In this study from the Boston area, 28% of the people were found to be low (blood vitamin D levels less than 15 ng/mL). That means that 1 in 4 people are deficient in vitamin D to the point that it could increase their risk of a heart attack by 2-2.5 times that of persons with normal levels (15+ ng/dL). Fortunately, there is an easy an inexpensive way to correct this problem.
**Bottom line.** If you live in the northern half of North America, you have a high probability of being deficient in Vitamin D, especially if you don’t get out in the sunshine frequently. If you are concerned, ask your doctor to check your blood vitamin D levels. The preferred blood test is a measure of 25-hydroxy-vitamin D (25-OH D). If your level runs less than 15 ng/mL, you are at increased risk. The recommended therapy to correct this problem (or prevent it) is to get frequent exposure to sunshine. Ten to 15 minutes two or more times daily is generally adequate. However, those living in the Northern U.S. can’t make adequate vitamin D from sunshine in the winter due to the low angle of the sun. In this case you need to be sure to get adequate vitamin D from your diet. To correct vitamin D deficiency, the authors of this study recommended dietary amounts of at least 800 IU/day or more (1,000 IU/day is a frequently recommended intake for correcting deficiencies).

**References:**


---

**Health Links**

**A Pocket Guide to Blood Pressure Measurement in Children**

Gives guidance on the new standards and norms for children’s blood pressure. Prepared by the National Institutes of Health, National High Blood Pressure Education Program.

**Vitamin D Council**

Interested in vitamin D and health? This informational site gives you numerous articles, studies, and interviews with vitamin D researchers. The site is not a government agency, or conservative views, but high pro-vitamin D. I think you will find it enlightening and challenging to your thinking.

---

**PowerPoint® Slides**

- Whole Grains and Blood Pressure — Graphs the effect of whole grains on blood pressure. (1 slide)
- Risk Factors for Hip Fractures — Shows the ways of getting a possible hip fracture from old age, health status, physical activity, et cetera. (9 slides)
- Physical Activity and Mortality — Shows how physical activity can lower the chances early death from any cause. (2 slides)
- Physical Inactivity and Risk of Death — Shows the dramatic decrease in mortality from any cause as people get more regular exercise, increasing their level of fitness. (2 slides)
- Nonfasting Triglycerides and Risk of Heart Disease — Shows the risk of heart disease comparing fasting and nonfasting triglycerides. (2 slides)
- Vitamin D and Risk of Cardiovascular Disease (CVD) — Shows the relationship between vitamin D, blood pressure, and risk of cardiovascular disease. (2 slides)
- Weight and Healthcare Costs — Graphs the relationship of the cost of healthcare based on your weight.

---

**Recipes**

Try this recipe for a delicious Spring brunch dish.
Spinach-Potato Quiche

<table>
<thead>
<tr>
<th>1 Recipe Potato, Oat or Wheat Crust</th>
<th>3 T</th>
<th>Cornstarch</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 c Onions, Chopped</td>
<td>2 T</td>
<td>Water</td>
</tr>
<tr>
<td>1 c Fresh mushrooms, chopped</td>
<td>2 T</td>
<td>ENER-G® Egg Replacer</td>
</tr>
<tr>
<td>1 clove Garlic, minced</td>
<td>1 T</td>
<td>Dry minced onion</td>
</tr>
<tr>
<td>1 T Olive oil</td>
<td>1 tsp</td>
<td>Chicken-style seasoning</td>
</tr>
<tr>
<td>10 oz Fresh spinach, coarsely chopped</td>
<td>1 tsp</td>
<td>Salt</td>
</tr>
<tr>
<td>1 c Raw potatoes, shredded</td>
<td>1 tsp</td>
<td>Basil</td>
</tr>
<tr>
<td>4 oz Chopped green chilies, canned</td>
<td>¼ tsp</td>
<td>Lawry's® Seasoned Salt Paprika to garnish</td>
</tr>
<tr>
<td>1 c &quot;Cheese&quot; Sauce (recipe follows)</td>
<td>2 boxes</td>
<td>Mori-Nu Tofu, extra firm (12.3 oz each)</td>
</tr>
</tbody>
</table>

1. Prepare the Potato Quiche Crust (recipe following) and set aside.
2. In a non-stick frying pan, sauté onions, mushrooms and garlic in oil or 2 T water until onions are translucent.
3. Remove from heat, then remove large stems from spinach, cut into 2-inch pieces and place in a large pot with 1 cup water.
4. Simmer until tender. Drain, cool and squeeze dry.
5. Add spinach, potatoes and chopped chilies to onion-mushroom mixture, cook 1 or 2 more minutes and remove from heat.
6. Prepare "Cheese" Sauce and set aside one cup for the recipe. (This step can be done well in advance to save time on the day it is needed.)
7. In a blender, combine 1 cup "Cheese" Sauce, tofu, cornstarch, water and egg replacer.
8. Process until smooth and creamy. Then pour out into a bowl.
9. Add the spinach-potato mixture, and all the seasonings, except paprika, to the tofu/cheese sauce mixture and mix well.
10. Pour into a 10-inch quiche dish with the prepared crust and garnish with paprika.
11. Bake at 350° F, 50-60 min. or until center of quiche is set.

Yield: 10-inch quiche

"Cheese" Sauce

<table>
<thead>
<tr>
<th>1 c</th>
<th>Rice or millet, cooked</th>
<th>1 T</th>
<th>Fresh lemon juice</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 c</td>
<td>Hot water</td>
<td>1 tsp</td>
<td>Onion powder</td>
</tr>
<tr>
<td>¼ c</td>
<td>Raw cashews or almonds</td>
<td>1 tsp</td>
<td>Salt</td>
</tr>
<tr>
<td>¼ c</td>
<td>Carrots, cooked</td>
<td>½ tsp</td>
<td>Lawry's® Seasoned Salt</td>
</tr>
<tr>
<td>2 T</td>
<td>Nutritional yeast flakes</td>
<td>¼ tsp</td>
<td>Garlic powder</td>
</tr>
</tbody>
</table>

1. In a blender, combine rice/millet, water, nuts, and carrots.
2. Process at high speed until smooth and creamy.
3. Add remaining ingredients and blend again briefly.

Yield: 2½ cups

Potato Quiche Crust

<table>
<thead>
<tr>
<th>½ c</th>
<th>Potatoes, cooked and mashed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 c</td>
<td>Unbleached white flour</td>
</tr>
<tr>
<td>1 T</td>
<td>Soymilk powder, plain</td>
</tr>
<tr>
<td>½ tsp</td>
<td>Salt</td>
</tr>
<tr>
<td>½ c</td>
<td>Water</td>
</tr>
<tr>
<td>3 T</td>
<td>Olive oil, &quot;extra light&quot;</td>
</tr>
</tbody>
</table>
1 tsp Sesame seeds

1. Peel, cube, and boil 2 potatoes.
2. Mash enough potatoes to equal ⅓ cup and set aside.
3. Combine flour, soymilk powder, and salt.
4. Mix water and oil together and pour into the dry ingredients.
5. Stir until just moistened then add mashed potatoes to the dough.
6. Knead mixture together until a soft, pliable dough is formed. Let dough rest several minutes.
7. Roll dough out on a floured surface, then press dough into a 10-inch quiche dish.
8. Flute edges, press sesame seeds into bottom of crust.

Yield: 10-inch crust

Recipes © 2001 Tastefully Vegan written by Gerard and Kathryn McLane. Used with permission.

What's New at Wellsource?

Encourage positive lifestyle habits with WellNotes®

The WellNotes® newsletter is an ideal companion to your wellness program:

- Brief and practical health information
- Cutting edge health and medical breakthroughs
- A monthly Health Challenge™, complete with step-by-step health habit practice plans
- Links to informative and reliable health sources
- Amazingly affordable for organizations of any size
- Twelve monthly issues included with each subscription
- PDF format for easy online viewing and color print duplication
- Information acquired from leading public and private health organizations

Each issue of WellNotes® is sent directly to your email inbox. It can be printed and mailed to employees, clients, or the community. You can also forward the PDF to any email list. Or, you can post the PDF on your organization's intranet.

Contact us today to find out specific pricing for your organization. You can also visit our [website](http://www.wellsource.com/) or call a Director of Business Development at 1-800-533-9355.

About Making Healthy Choices™

The Making Healthy Choices™ newsletter is written by Don Hall, DrPH, CHES, founder and CEO of Wellsource, Inc. with contribution from associated health professionals. It is available as a resource to Wellsource clients and other select organizations involved in promoting health.
Selected content is general health information from evidence based research. Its purpose is not to treat disease but to promote healthy lifestyles. Persons with health problems should consult their physician for specific guidance.