The CDC Worksite Health ScoreCard:

An Assessment Tool for Employers to Prevent Heart Disease, Stroke, & Related Health Conditions

Health ScoreCard Manual

National Center for Chronic Disease Prevention and Health Promotion
Division for Heart Disease and Stroke Prevention

FOREWORD

The purpose of this manual is to assist employers with using *The CDC Worksite Health ScoreCard (HSC)* to assess their health promotion programs, identify gaps, and prioritize high-impact strategies to prevent heart disease, stroke, and related conditions. CDC believes worksite health promotion and wellness programs are essential to maintaining a healthy workforce.

This manual is for CDC guidance only. It does not establish or affect legal or administrative rights or obligations. References within this manual to any specific commercial products, processes, services by trade names, trademarks, or manufacturers do not constitute an endorsement or recommendation by the CDC.

Both *The CDC Worksite Health ScoreCard* manual and tool, in their current forms, may be updated and revised at any time.

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INTRODUCTION

What is *The CDC Worksite Health ScoreCard*?

The CDC Worksite Health ScoreCard (HSC) is a tool designed to help employers assess whether they have implemented ***evidence-based health promotion interventions or strategie****s in their worksites to prevent heart disease, stroke, and related conditions such as hypertension, diabetes, and obesity. The tool was developed by the CDC Division for Heart Disease and Stroke Prevention in collaboration with the Emory University Institute for Health and Productivity Studies (IHPS), the Research Triangle Institute, the CDC National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) Workplace Workgroup, and an expert panel of federal, state, academic, and private sector (individuals who contributed to the development of the CDC Worksite HSC are listed on page 4). To ensure the validity and reliability of the tool, a validation study was conducted by Emory University's IHPS. This study involved a national sample of 93 employers of variable size who agreed to pilot test the survey and provide feedback on the survey's content and structure. For more information on how the tool was developed and validated, please refer to the Frequently Asked Questions (FAQs) in Appendix A.*

Why Use *The CDC Worksite Health ScoreCard*?

The United States is facing an unparalleled health epidemic, driven largely by chronic diseases that are threatening American businesses' competitiveness because of lost productivity and unsustainable health care costs. The medical care costs of people with chronic diseases was reported in 2009 to account for more than 75% of the nation's $2.2 trillion medical care costs.[1,2] For example:

- Cardiovascular disease (CVD), including heart disease and stroke, is the leading cause of death in the United States and responsible for one out of every three (more than 800,000) reported deaths each year.3 CVD is responsible for 17% of national health expenditures, and as the population ages, these costs are expected to increase substantially.[4] In 2010, annual direct and overall costs resulting from CVD in the United States were estimated at $273 billion and $444 billion, respectively.[4]

- In 2008 dollars, the medical costs of obesity were estimated at $147 billion.[5]

- In 2007, the economic costs related to diabetes were estimated at $174 billion including $116 billion in direct medical expenses and $58 billion in indirect costs attributed to disability, work loss, and premature mortality.[6]

- Between 2000–2004, the economic costs related to tobacco use were estimated at $192.8 billion per year including $96 billion per year in direct medical costs and $96.8 billion per year in lost productivity.[7]

Although chronic diseases are among the most common and costly of all health problems, adopting healthy lifestyles can help prevent them. A wellness program aimed at keeping employees healthy is a key long-term human asset management strategy. To curb rising health care costs, many employers are turning to workplace health programs to make changes in the worksite environment, help employees adopt healthier lifestyles and, in the process, lower their risk of developing costly chronic diseases.

The approach that has proven most effective is to implement an **evidence-based comprehensive health promotion program** that includes individual risk reduction programs, coupled with environmental supports for healthy behaviors and is coordinated and integrated with other wellness activities.[8-10] However, only 6.9% of employers offer a comprehensive worksite health promotion program, according to a 2004 national survey.[11]

Several studies have concluded that well designed worksite health promotion programs can improve the health of employees and save money for employers instituting these programs. For example:

- In 2005, Chapman summarized results from 56 qualifying financial impact studies conducted over the past two decades and concluded that participants in workplace programs had 25%–30% lower medical or absenteeism expenditures than non-participants.[12]

- In 2010, Baicker et al. published a literature review in *Health Affairs* focused on cost savings garnered by worksite wellness programs. The investigators found the medical costs return on investment (ROI) to be $3.27 for every dollar spent and the absenteeism ROI to be $2.73 for every dollar spent.[13]

Note that worksite health promotion programs may take 2 to 5 years to realize positive ROIs.[14-16]

While employers have a responsibility to provide a safe and hazard-free workplace, they also have abundant opportunities to promote individual health and foster a healthy work environment. CDC encourages employers to provide their employees with preventive services, training and tools, and an environment to support healthy behaviors.

The CDC Worksite Health ScoreCard, includes questions on many of the key evidence-based and best practice strategies and interventions that are part of a comprehensive worksite health approach that address the leading health conditions driving health care and productivity costs.

Who can use *The CDC Worksite Health ScoreCard*?

Employers, human resource managers, health benefit managers, health education staff, occupational nurses, medical directors, wellness directors, or others responsible for worksite health promotion in an organization can use The CDC Health ScoreCard to establish benchmarks and track improvements (evaluation) over time. State health departments may assist employers and business coalitions in using the tool and help find ways to establish healthier workplaces. State health departments also can use the tool for monitoring worksite practices, establishing best practice benchmarks, and to track improvements in worksite health promotion programs over time to more effectively direct resources to support employers.

What can *The CDC Worksite Health ScoreCard* tell you?

The tool contains 100 questions that assess how evidence-based health promotion strategies are implemented at a worksite. These strategies include health promoting counseling services, environmental supports, policies, health plan benefits, and other worksite programs shown to be effective in preventing heart disease, stroke, and related health conditions. Employers can use this tool to assess how a comprehensive health promotion and disease prevention program is offered to their employees, to help identify program gaps, and to prioritize across the following health topics:

- Organizational Supports (18 questions)
- Tobacco Control (10 questions)
- Nutrition (13 questions)
- Physical Activity (9 questions)
- Weight Management (5 questions)
- Stress Management (6 questions)
- Depression (7 questions)
- High Blood Pressure (7 questions)
- High Cholesterol (6 questions)
- Diabetes (6 questions)
- Signs and Symptoms of Heart Attack and Stroke (4 questions)
- Emergency Response to Heart Attack and Stroke (9 questions)

Steps for Using the Health ScoreCard to Improve Your Worksite's Health Promotion Programs

1. Complete the Health ScoreCard (HSC) using the instructions in the next section of this manual. See page 8.

2. Calculate your worksite's scores using the Scoring Guide on page 9.

3. Review your HSC scores and use them as a planning tool. Your scores are intended to assist you in prioritizing strategies as you set near- and long-term goals for developing your worksite's comprehensive health promotion program. Review your scores to identify potential gaps in your worksite's health promotion program (that is, topic areas where your organization currently has few strategies in place).

4. Determine and prioritize which strategies your worksite will implement.

    a. Identify the highest impact strategies not currently in place at your worksite.

    b. Use this information and your scores to prioritize future strategies that are relevant, feasible, and consistent with your organization and employee needs, health issues, and health promotion budget.

    c. Identify which of your priority strategies are feasible for short- or long-term accomplishments.

    d. Use this information to develop an Annual Worksite Health Improvement Plan and Budget.

5. Consult the Resources for Action section (Appendix B) in this report for guidance on developing strategies.

6. Contact your State Health Department for technical assistance as needed to improve your worksite health promotion program. State Health Departments can be valuable resources for offering additional tools and resources as well as for providing technical guidance around program design, performance, and evaluation; check with your local health departments for more information. You may find contact information for your state program at
http://www.cdc.gov/workplacehealthpromotion/organizations/index.htm
http://www.chronicdisease.org/search/

7. Create a baseline report to demonstrate progress in adopting these strategies over time. Complete the survey again in a year to document and report progress. You also may evaluate how your HSC scores correlate with improvements in aggregated health risk scores among employees who were exposed to the strategies.

8. Inform and educate employees and management about your organization's health promotion program by presenting and disseminating your worksite's HSC scores.

Instructions

Instructions for completing *The CDC Worksite Health ScoreCard*

- Answer "yes" or "no" for each question on the tool. Consult the Glossary (Appendix C) to help you understand terms used in the questions. All questions should be answered consistently with your worksite practices and programs that are currently in place (i.e., on-going activities, services) or have occurred within the last 12 months (e.g., annual 12-week walking challenges).

- There are 12 topic sections to the tool; you may complete each section in separate sittings and in any order. Individual topic scores can be tallied for each section and combined for a total HSC score once all sections are completed. The entire survey will take approximately 30 minutes to complete.

- We recommend that you form a small team, representing different organizational units to complete this survey together. A team-based approach will allow for more accurate responses, increase ownership and involvement amongst the team, and decrease effort for any single team member. Because a strong knowledge of your organization and its health promotion program(s) is recommended to accurately complete the tool, strive to pick team members who occupy the following positions:

    - Members of a worksite health promotion committee
    - Human resource managers
    - Health benefits managers
    - Health education staff
    - Occupational nurses
    - Medical directors
    - Wellness directors
    - Health promotion coordinators
    - Building facilities managers

- Scan each section before attempting to respond. Answers to most questions are readily available following a review of organizational health policies (e.g., a policy handbook), benefit plan designs, interviews with key stakeholders, and direct observation. In some cases, answers may not be immediately obvious to the person assigned to complete the section. If you do not know the answer to the question, leave the box empty, and then engage others at the worksite to help you answer it.

- Some questions ask you to describe your health insurance plan. If your organization offers more than one health insurance option, base your responses on the health insurance plan with the highest enrollment.

- Throughout the survey, questions refer to "health promotion" at your worksite. This also is known as "worksite wellness" or "wellness programs."

- If you are a large organization with multiple worksites, consider completing this tool for each worksite separately, or select the particular worksite of interest. A worksite is a building, unique location, or business unit within the organization where work occurs. A worksite can include a campus of multiple buildings as long as all the buildings are in close proximity (walking distance) and defined as part of the

organization. For example, a shipping company should consider a single retail store, distribution center, or corporate office park as an individual worksite unless they are geographically adjacent. By completing the tool separately for each worksite, you can identify different areas of strengths and opportunities for improvement across the worksites within your organization.

- After completing the HSC tool and scoring your answers, you can compare your scores with employers that participated in the validation study. The Validation Study Benchmarking Report on page 35 summarizes the total and individual topic scores of a convenience sample of 93 worksites across the United States. For a sample of an individualized benchmarking report that employers who participated in the validation study received, please review http://www.sph.emory.edu/ihps/projects.php#7

Do not interpret this benchmark as a recommended score. It is intended to provide a reference where your worksite stands compared to a small sample of other worksites.

Scoring Your Survey

The Health ScoreCard scoring system was developed to reflect the relative impact of proven health promotion strategies. Each item on the HSC survey has been assigned a point value between 1 and 3 (where 1=good, 2=better, and 3=best). This point value reflects the level of impact that the strategy has on the intended health behaviors or outcomes *and* the strength of scientific evidence supporting this impact. For example, awareness-building materials such as brochures (1 point) have less of an affect on employee health than lifestyle counseling or self-management programs (3 points). For more information about the evidence and impact rating systems, please see Appendix D. For the citations used as evidence to assign scores for each of the items on the HSC, please see *The CDC Worksite Health ScoreCard Scoring Methodology: Evidence and Impact Ratings and Supporting Citations.*

The HSC tool below shows the point value is assigned to each strategy. When scoring your completed HSC, you will be able to determine two scores—a total HSC score and individual scores for each of the 12 topic sections.

- To calculate your total HSC score, add the point values of all the questions to which you responded YES.

- To calculate individual topic section scores, add the point values of all of the questions to which you responded YES in a particular section (e.g., organizational supports).

- Questions that are skipped are counted as "no," whether or not the strategy is applicable to your worksite. You will receive 0 points for skipped questions. When you review your total HSC score and individual topic scores, please keep in mind that your scores may be lower because of the questions that were not applicable to your worksite.

The CDC Worksite Health ScoreCard: An Assessment Tool to Prevent Heart Disease, Stroke, and Related Conditions Worksheet

OPTIONAL BACKGROUND INFORMATION

This section of the tool may be used to capture demographic information about your worksite's population. Please complete the contact information section if you are completing this tool for a state health department or are working with other partners. If you want to skip this section, please proceed to page 14 to begin completing the HSC.

1. CONTACT INFORMATION

Name: _____

Job Title: _____

Address: _____

Telephone number: _____

E-mail address: _____

2. EMPLOYEE CHARACTERISTICS

2a. Number of employees

☐ < 100 ☐ 100–249 ☐ 250–749 ☐ ≥750

2b. Gender

% Male _____

% Female _____

2c. Age group

% <18 years of age _____

% 18–34 years of age _____

% 35–44 years of age _____

% 45–64 years of age _____

% ≥65 years of age _____

2d. Average Age

Years of age _____

2e. Racial/ethnic group

% Non-Hispanic White _____

% Non-Hispanic Black/African American _____

% Hispanic/Latino _____

% Asian/Asian American _____

% American Indian/Alaska Native _____

% Native Hawaiian/Pacific Islander _____

% Other _____

2f. Work status

% Full-time _____

% Part-time _____

% Temporary _____

2g. Job type

% Salaried _____

% Hourly _____

2h. Education level

% Less than high school _____

% High school graduate/GED _____

% Some college/technical school _____

% College graduate _____

% Post-graduate/advanced degree _____

3. Your Organization's Business Type

☐ For-profit

☐ Nonprofit/government

☐ Nonprofit/other

4. Your Organization's Industry Type:

☐ Agriculture, Forestry, Fishing and Hunting

☐ Mining, Quarrying, and Oil and Gas Extraction

☐ Retail/Wholesale Trade

☐ Accommodation & Food Services

☐ Professional, Scientific, & Technical Services

☐ Transportation, Warehousing, & Utilities

☐ Health Care & Social Assistance

☐ Real Estate & Rental & Leasing

☐ Finance and Insurance

☐ Information

☐ Construction

☐ Educational Services

☐ Manufacturing

☐ Administrative & Support & Waste Management & Remediation Services

☐ Arts, Entertainment, and Recreation

☐ Other Services (except Public Administration):
_____

☐ Public Administration

5. Health insurance coverage provided to employees?

☐ Yes ☐ No

6. Elements of worksite health promotion programs offered at your organization:
(check all that apply)

- ☐ Health education (e.g., skills development and behavior change classes; awareness building brochures, posters)
- ☐ Links to related employee services (e.g., referral to employee assistance programs (EAPs)
- ☐ Supportive physical and social environment for health improvement (e.g., tobacco free policies, subsidized gym memberships)
- ☐ Integration of health promotion into your organization's culture (e.g., health promotion being part of business' mission statement)
- ☐ Employee screenings with adequate treatment and follow up (e.g., Health Risk Assessments (HRAs) and biometric screenings)

The CDC Worksite Health ScoreCard:

An Assessment Tool to Prevent Heart Disease, Stroke, and Related Conditions Worksheet

Organizational Supports

Organizational Supports ***During the past 12 months, did your worksite:***	***Yes***	***No***	***Score***
1. Conduct an employee needs and interests assessment for planning health promotion activities? *Answer "yes" if, for example, your organization administers focus groups or employee satisfaction surveys to assess your employee health promotion program(s). Answer "no" if your organization administers general surveys that do not assess your employee health promotion program(s).*	☐ (1 pt.)	☐ (0 pts.)	
2. Conduct employee health risk appraisals/assessments through vendors, on-site staff, or health plans and provide individual feedback plus health education? *Answer "yes" if, for example, your organization provides individual feedback through written reports, letters, or one-on-one counseling.*	☐ (3 pts.)	☐ (0 pts.)	
3. Demonstrate organizational commitment and support of worksite health promotion at all levels of management? *Answer "yes" if, for example, all levels of management participate in activities, communications are sent to employees from senior leaders, the worksite supports performance objectives related to healthy workforce, or program ownership is shared with all staff levels.*	☐ (2 pts.)	☐ (0 pts.)	
4. Use and combine incentives with other strategies to increase participation in health promotion programs? *Answer "yes" if, for example, your organization offers incentives such as gift certificates, cash, paid time off, product or service discounts, reduced health insurance premiums, employee recognition, or prizes.*	☐ (2 pts.)	☐ (0 pts.)	
5. Use competitions when combined with additional interventions to support employees making behavior changes? *Answer "yes" if, for example, your organization offers walking or weight loss competitions.*	☐ (2 pts.)	☐ (0 pts.)	

Organizational Supports ***During the past 12 months, did your worksite:***	***Yes***	***No***	***Score***
6. Promote and market health promotion programs to employees? *Answer "yes" if, for example, your worksite's health promotion program has a brand name or logo, uses multiple channels of communication, or sends frequent messages.*	☐ (1 pt.)	☐ (0 pts.)	
7. Use examples of employees role modeling appropriate health behaviors or employee health-related "success stories" in the marketing materials?	☐ (1 pt.)	☐ (0 pts.)	
8. Tailor some health promotion programs and education materials to the language, literacy levels, culture, or readiness to change of various segments of the workforce? *Answer "no" if you do not perceive a need for your organization to tailor its health promotion programs and education materials to any specific group(s).*	☐ (3 pts.)	☐ (0 pts.)	
9. Have an active health promotion committee? *Answer "yes" if your health promotion committee exists and has been involved in planning and implementing programs.*	☐ (2 pts.)	☐ (0 pts.)	
10. Have a paid health promotion coordinator whose job (either part-time or full-time) is to implement a worksite health promotion program? *Answer "yes" if implementing the employee health promotion program(s) at your worksite is included in a paid staff member's job description or performance expectations.*	☐ (2 pts.)	☐ (0 pts.)	
11. Have a champion(s) who is a strong advocate for the health promotion program? *Answer "yes" if there is someone at your worksite who actively promotes programs to improve worksite health promotion.*	☐ (2 pts.)	☐ (0 pts.)	
12. Have an annual budget or receive dedicated funding for health promotion programs?	☐ (2 pts.)	☐ (0 pts.)	
13. Set annual organizational objectives for health promotion?	☐ (2 pts.)	☐ (0 pts.)	
14. Include references to improving or maintaining employee health in the business objectives or organizational mission statement? *Answer "no" if your organization's business objectives or mission statement only reference occupational health and safety, without reference to improving the workforce's health.*	☐ (1 pt.)	☐ (0 pts.)	

Organizational Supports ***During the past 12 months, did your worksite:***	***Yes***	***No***	***Score***
15. Conduct ongoing evaluations of health promotion programming that use multiple data sources? *Answer "yes" if, for example, your organization collects data on employee health risks, medical claims, employee satisfaction, or organizational climate surveys.*	☐ (2 pt.)	☐ (0 pts.)	
16. Make any health promotion programs available to family members?	☐ (1 pt.)	☐ (0 pts.)	
17. Provide flexible work scheduling policies? *Answer "yes" if, for example, policies allow for flextime schedules and work at home.*	☐ (2 pts.)	☐ 0 pts.)	
18. Engage in other health initiatives throughout the community and support employee participation and volunteer efforts? *Answer "yes "if, for example, your organization supports participation in community events and school-based efforts, such as corporate walks, collaborate with state and local advocacy groups, health and regulatory organizations, and coalitions.*	☐ (2 pts.)	☐ (0 pts.)	
Your Worksite's Organizational Supports Section Score:			
Maximum Organizational Supports Section Score:			**33**

Tobacco Control

Tobacco Control ***During the past 12 months, did your worksite:***	***Yes***	***No***	***Score***
19. Have a written policy banning tobacco use at your worksite? *Answer "yes" if your worksite adheres to a statewide, countywide, or citywide policy banning tobacco use in the workplace.*	☐ (3 pts.)	☐ (0 pts.)	
20. Actively enforce a written policy banning tobacco use? *Answer "yes" if, for example, your worksite posts signs, does not have ashtrays, or communicates this written policy banning tobacco use through various channels at your worksite.*	☐ (1 pt.)	☐ (0 pts.)	
21. Display signs (including 'no smoking' signs) with information about your tobacco-use policy?	☐ (1 pt.)	☐ (0 pts.)	
22. Refer tobacco users to a state or other tobacco cessation telephone quit line? *Answer "yes" if, for example, your worksite refers tobacco users to 1-800-QUIT NOW or smokefree.gov.*	☐ (3 pts.)	☐ (0 pts.)	
23. Provide health insurance coverage with no or low out-of-pocket costs for prescription tobacco cessation medications including nicotine replacement? *Answer "yes" if, for example, your organization provides coverage for inhalers, nasal sprays, bupropion (e.g., Zyban) and varenicline (e.g., Chantix).*	☐ (3 pts.)	☐ (0 pts.)	
24. Provide health insurance coverage with no or low out-of-pocket costs for FDA-approved over-the-counter nicotine replacement products? *Answer "yes" if, for example, your organization provides coverage for nicotine replacement gum, patches, or lozenges.*	☐ (2 pts.)	☐ (0 pts.)	
25. Provide or promote free or subsidized tobacco cessation counseling? *Answer "yes" if these programs are provided on- or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans or programs, community groups, or other practitioners.*	☐ (2 pts.)	☐ (0 pts.)	

Tobacco Control ***During the past 12 months, did your worksite:***	***Yes***	***No***	***Score***
26. Inform employees about health insurance coverage or programs that include tobacco cessation medication and counseling?	☐ (2 pts.)	☐ (0 pts.)	
27. Provide incentives for being a current nonuser of tobacco and for current tobacco users that are currently involved in a cessation class or actively quitting? *Answer "yes" if, for example, your organization provides discounts on health insurance, increases in disability payments or additional life insurance for non-smokers and tobacco users who are actively trying to quit.*	☐ (1 pts.)	☐ (0 pts.)	
28. Do not allow sale of tobacco products on company property? *Answer "yes" if, for example, your worksite does not sell tobacco products on company property in vending machines or through on-site vendors.*	☐ (1 pt.)	☐ (0 pts.)	
Your Worksite's Tobacco Control Section Score:			
Maximum Tobacco Control Section Score:			**19**

Nutrition

Nutrition ***During the past 12 months, did your worksite:***	***Yes***	***No***	***Score***
29. Provide places to purchase food and beverages? *Answer "yes" if, for example, your worksite provides vending machines, cafeterias, snack bars, or other purchase points.* *IF NO, PLEASE SKIP TO QUESTION 36.*	☐ (0 pts.)	☐ (0 pts.)	question not scored
30. Have a written policy or formal communication that makes healthier food and beverage choices available in cafeterias or snack bars? *Answer "yes" if, for example, the policy or formal communication makes vegetables, fruits, 100% fruit juices, whole grain items and trans fat-free or low-sodium snacks available in cafeterias or snack bars.*	☐ (1 pt.)	☐ (0 pts.)	
31. Have a written policy or formal communication that makes healthier food and beverage choices available in vending machines? *Answer "yes" if, for example, the policy or formal communication makes vegetables, fruits, 100% fruit juices, whole grain items and trans fat-free/low-sodium snacks available in vending machines.*	☐ (1 pt.)	☐ (0 pts.)	
32. Make most (more than 50%) of the food and beverage choices available in vending machines, cafeterias, snack bars, or other purchase points be healthier food items? *Answer "yes" if the healthy foods are items such as skim milk, 1% milk, water, unsweetened flavored water, diet drinks, 100% fruit juice, low-fat and low-sodium snacks, or fresh fruit. (See Dietary Guidelines for Americans, 2010, or GSA/HHS Health and Sustainability Guidelines for Federal Concessions and Vending Operations.)*	☐ (3 pts.)	☐ (0 pts.)	
33. Provide nutritional information (beyond standard nutrition information on labels) on sodium, calories, trans fats, or saturated fats for foods and beverages sold in worksite cafeterias, snack bars, or other purchase points?	☐ (2 pts.)	☐ (0 pts.)	
34. Identify healthier food and beverage choices with signs or symbols? *Answer "yes" if, for example, your worksite puts a heart next to a healthy item near vending machines, cafeterias, snack bars, or other purchase points.*	☐ (3 pts.)	☐ (0 pts.)	

Nutrition ***During the past 12 months, did your worksite:***	***Yes***	***No***	***Score***
35. Subsidize or provide discounts on healthier foods and beverages offered in vending machines, cafeterias, snack bars, or other purchase points?	☐ (3 pts.)	☐ (0 pts.)	
36. Have a written policy or formal communication which makes healthier food and beverage choices available during meetings when food is served? *Answer "yes" if, for example, the policy or formal communication makes vegetables, fruits, 100% fruit juices, whole grain items or trans fat-free/low-sodium snacks available during meetings.*	☐ (1 pt.)	☐ (0 pts.)	
37. Provide employees with food preparation and storage facilities? *Answer "yes" if your worksite provides a microwave oven, sink, refrigerator, or kitchen.*	☐ (1 pt.)	☐ (0 pts.)	
38. Offer or promote an on-site or nearby farmers' market where fresh fruits and vegetables are sold?	☐ (1 pt.)	☐ (0 pts.)	
39. Provide brochures, videos, posters, pamphlets, newsletters, or other written or online information that address the benefits of healthy eating? Answer "yes" if these health promotion materials address the benefits of healthy eating as a single health topic or if the benefits of healthy eating are included with other health topics.	☐ (1 pt.)	☐ (0 pts.)	
40. Provide a series of educational seminars, workshops, or classes on nutrition? *Answer "yes" if these sessions address nutrition as a single health topic or if nutrition is included with other health topics. These sessions can be provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans or programs, community groups, or other practitioners.*	☐ (2 pts.)	☐ (0 pts.)	
41. Provide free or subsidized self-management programs for healthy eating? *Answer "yes" if these programs are provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans and programs, community groups, or other practitioners.*	☐ (2 pts.)	☐ (0 pts.)	
Your Worksite's Nutrition Section Score:			
Maximum Nutrition Section Score:			**21**

Physical Activity

Physical Activity ***During the past 12 months, did your worksite:***	***Yes***	***No***	***Score***
42. Provide an exercise facility on-site?	☐ (3 pts.)	☐ (0 pts.)	
43. Subsidize or discount the cost of on-site or offsite exercise facilities?	☐ (3 pts.)	☐ (0 pts.)	
44. Provide <u>other</u> environmental supports for recreation or physical activity? *Answer "yes" if, for example, your worksite provides trails or a track for walking/jogging, maps of suitable walking routes, bicycle racks, a basketball court, open space designated for recreation or exercise, a shower and changing facility.*	☐ (3 pts.)	☐ (0 pts.)	
45. Post signs at elevators, stairwell entrances or exits and other key locations that encourage employees to use the stairs? *Answer "no" if your worksite is located in a one-story building.*	☐ (3 pts.)	☐ (0 pts.)	
46. Provide organized individual or group physical activity programs for employees (other than the use of an exercise facility)? *Answer "yes" if, for example, your worksite provides walking or stretching programs, group exercise, or weight training.*	☐ (3 pts.)	☐ (0 pts.)	
47. Provide brochures, videos, posters, pamphlets, newsletters, or other written or online information that address the benefits of physical activity? *Answer "yes" if these health promotion materials address the benefits of physical activity as a single health topic or if the benefits of physical activity are included with other health topics.*	☐ (1 pt.)	☐ (0 pts.)	
48. Provide a series of educational seminars, workshops, or classes on physical activity? *Answer "yes" if these sessions address physical activity as a single health topic or if physical activity is included with other health topics. These sessions can be provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans or programs, community groups, or other practitioners.*	☐ (2 pts.)	☐ (0 pts.)	

Physical Activity ***During the past 12 months, did your worksite:***	***Yes***	***No***	***Score***
49. Provide or subsidize physical fitness assessments, follow-up counseling, and physical activity recommendations either on-site or through a community exercise facility?	☐ (3 pts.)	☐ (0 pts.)	
50. Provide free or subsidized self-management programs for physical activity? *Answer "yes" if these programs are provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans or programs, community groups, or other practitioners.*	☐ (3 pts.)	☐ (0 pts.)	
Your Worksite's Physical Activity Section Score:			
Maximum Physical Activity Section Score:			**24**

Weight Management

Weight Management ***During the past 12 months, did your worksite:***	***Yes***	***No***	***Score***
51. Provide free or subsidized body composition measurement, such as height and weight, Body Mass Index (BMI) scores, or other body fat assessments (beyond HRAs) followed by directed feedback and clinical referral when appropriate?	☐ (2 pts.)	☐ (0 pts.)	
52. Provide brochures, videos, posters, pamphlets, newsletters, or other written or online information that address the risks of overweight or obesity? *Answer "yes" if these health promotion materials address the risks of overweight or obesity as a single health topic or if the risks of overweight or obesity are included with other health topics.*	☐ (1 pt.)	☐ (0 pts.)	
53. Provide a series of educational seminars, workshops, or classes on weight management? *Answer "yes" if these sessions address weight management as a single health topic or if weight management is included with other health topics. These sessions can be provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans or programs, community groups, or other practitioners.*	☐ (3 pts.)	☐ (0 pts.)	
54. Provide free or subsidized one-on-one or group lifestyle counseling for employees who are overweight or obese? *Answer "yes" if these programs are provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans or programs, community groups, or other practitioners.*	☐ (3 pts.)	☐ (0 pts.)	
55. Provide free or subsidized self-management programs for weight management? *Answer "yes" if these programs are provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans or programs, community groups, or other practitioners.*	☐ (3 pts.)	☐ (0 pts.)	
Your Worksite's Weight Management Section Score:			
Maximum Weight Management Section Score:			**12**

Stress Management

Stress Management ***During the past 12 months, did your worksite:***	***Yes***	***No***	***Score***
56. Provide dedicated space where employees can engage in relaxation activities, such as meditation, yoga, or biofeedback?	☐ (1 pt.)	☐ (0 pts.)	
57. Sponsor or organize social events throughout the year? *Answer "yes" if, for example, your worksite sponsors or organizes team building events, company picnics, holiday parties, or employee sports teams.*	☐ (1 pt.)	☐ (0 pts.)	
58. Provide stress management programs? *Answer "yes" if these programs address stress management as a single health topic or if stress management is included with other health topics. Answer "yes" if these programs are provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans or programs, community groups, or other practitioners.*	☐ (3 pts.)	☐ (0 pts.)	
59. Provide work-life balance/ life-skills programs? *Answer "yes" if, for example, your worksite provides elder care, child care, referrals, tuition reimbursement, or other programs that are offered through vendors, on-site staff, or employee assistance programs.*	☐ (3 pts.)	(☐ 0 pts.)	
60. Provide training for managers on identifying and reducing workplace stress-related issues? *Answer "yes" if, for example, your worksite provides training on performance reviews, communication, personnel management, assertiveness, time management, or conflict resolution.*	☐ (3 pts.)	☐ (0 pts.)	
61. Provide opportunities for employee participation in organizational decisions regarding workplace issues that affect job stress? *Answer "yes" if, for example, your worksite provides opportunities for employees to participate in decisions about work processes and environment, work schedules, participative problem-solving, and management of work demands.*	☐ (3 pts.)	☐ (0 pts.)	
Your Worksite's Stress Management Section Score:			
Maximum Stress Management Section Score:			**14**

Depression

Depression ***During the past 12 months, did your worksite:***	***Yes***	***No***	***Score***
62. Provide free or subsidized clinical screening for depression (beyond HRAs) followed-by directed feedback and clinical referral when appropriate? *Answer "yes" if these services are provided directly through your organization or indirectly through a health insurance plan.*	☐ (3 pts.)	☐ (0 pts.)	
63. Provide access to online or paper self-assessment depression screening tools?	☐ (2 pts.)	☐ (0 pts.)	
64. Provide brochures, videos, posters, pamphlets, newsletters, or other written or online information that address depression? *Answer "yes" if these health promotion materials address depression as a single health topic or if depression is included with other health topics.*	☐ (2 pts.)	☐ (0 pts.)	
65. Provide a series of educational seminars, workshops, or classes on preventing and treating depression? *Answer "yes" if these sessions address depression as a single health topic or if depression is included with other health topics. These sessions can be provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans or programs, community groups, or other practitioners.*	☐ (3 pts.)	☐ (0 pts.)	
66. Provide one-on-one or group lifestyle counseling for employees with depression? *Answer "yes" if these programs are provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans and programs, community groups, or other practitioners.*	☐ (3 pts.)	☐ (0 pts.)	
67. Provide training for managers on depression in the workplace? *Answer "yes" if, for example, your worksite provides managers with training on how to recognize depression, productivity or safety issues, and company or community resources for managing depression.*	☐ (2 pts.)	☐ (0 pts.)	

Depression ***During the past 12 months, did your worksite:***	***Yes***	***No***	***Score***
68. Provide health insurance coverage with no or low out-of-pocket costs for depression medications and mental health counseling?	☐ (3 pts.)	☐ (0 pts.)	
Your Worksite's Depression Section Score:			
Maximum Depression Section Score:			**18**

High Blood Pressure

High Blood Pressure ***During the past 12 months, did your worksite:***	***Yes***	***No***	***Score***
69. Provide free or subsidized blood pressure screening (beyond HRAs) followed by directed feedback and clinical referral when appropriate?	☐ (3 pts.)	☐ (0 pts.)	
70. Provide brochures, videos, posters, pamphlets, newsletters, or other written or online information that address the risks of high blood pressure? *Answer "yes" if these health promotion materials address the risks of high blood pressure as a single health topic or if the risks of high blood pressure are included with other health topics.*	☐ (1 pt.)	☐ (0 pts.)	
71. Provide a series of educational seminars, workshops, or classes on preventing and controlling high blood pressure? *Answer "yes" if these sessions address preventing or controlling high blood pressure as a single health topic or if preventing and controlling high blood pressure are included with other health topics. These sessions can be provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans or programs, community groups, or other practitioners.*	☐ (3 pts.)	☐ (0 pts.)	
72. Provide one-on-one or group lifestyle counseling and follow-up monitoring for employees with high blood pressure or pre-hypertension? Answer "yes" if these programs are provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans or programs, community groups, or other practitioners.	☐ (3 pts.)	☐ (0 pts.)	
73. Provide free or subsidized self-management programs for blood pressure control? *Answer "yes" if these programs are provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans or programs, community groups, or other practitioners.*	☐ (3 pts.)	☐ (0 pts.)	

High Blood Pressure ***During the past 12 months, did your worksite:***	***Yes***	***No***	***Score***
74. Make blood pressure monitoring devices available with instructions for employees to conduct their own self assessments?	☐ (2 pts.)	☐ (0 pts.)	
75. Provide health insurance coverage with no or low out-of-pocket costs for blood pressure control medications?	☐ (2 pts.)	☐ (0 pts.)	
Your Worksite's High Blood Pressure Section Score:			
Maximum High Blood Pressure Section Score:			**17**

High Cholesterol

High Cholesterol ***During the past 12 months, did your worksite:***	***Yes***	***No***	***Score***
76. Provide free or subsidized cholesterol screening (beyond HRAs) followed by directed feedback and clinical referral when appropriate?	☐ (3 pts.)	☐ (0 pts.)	
77. Provide brochures, videos, posters, pamphlets, newsletters, or other written or online information that address the risks of high cholesterol? *Answer "yes" if these health promotion materials address the risks of high cholesterol as a single health topic or if the risks of high cholesterol are included with other health topics.*	☐ (1 pt.)	☐ (0 pts.)	
78. Provide a series of educational seminars, workshops, or classes on preventing and controlling high cholesterol? *Answer "yes" if these sessions address preventing andcontrolling high cholesterol as a single health topic or if preventing and controlling high cholesterol are included with other health topics. These sessions can be provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans or programs, community groups, or other practitioners.*	☐ (3 pts.)	☐ (0 pts.)	
79. Provide one-on-one or group lifestyle counseling and follow-up monitoring for employees who have high cholesterol? *Answer "yes" if these programs are provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans or programs, community groups, or other practitioners.*	☐ (3 pts.)	☐ (0 pts.)	
80. Provide free or subsidized self-management programs for cholesterol or lipid control? *Answer "yes" if these programs are provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans and programs, community groups, or other practitioners.*	☐ (3 pts.)	☐ (0 pts.)	
81. Provide health insurance coverage no or low out-of-pocket costs for cholesterol or lipid control medications?	☐ (2 pts.)	☐ (0 pts.)	
Your Worksite's High Cholesterol Section Score:			
Maximum High Cholesterol Section Score:			**15**

Diabetes

Diabetes ***During the past 12 months, did your worksite:***	***Yes***	***No***	***Score***
82. Provide free or subsidized pre-diabetes and diabetes risk factor self-assessments (paper/pencil or online) and feedback, followed by blood glucose screening and clinical referral when appropriate?	☐ (3 pts.)	☐ (0 pts.)	
83. Provide brochures, videos, posters, pamphlets, newsletters, or other written or online information that address the risks of diabetes? *Answer "yes" if these health promotion materials address the risks of diabetes as a single health topic or if the risks of diabetes are included with other health topics.*	☐ (1 pt.)	☐ (0 pts.)	
84. Provide a series of educational seminars, workshops, or classes on preventing and controlling diabetes? *Answer "yes" if these sessions address preventing and controlling diabetes as a single health topic or if preventing and controlling diabetes are included with other health topics. These sessions can be provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans or programs, community groups, or other practitioners.*	☐ (3 pts.)	☐ (0 pts.)	
85. Provide one-on-one or group lifestyle counseling and follow-up monitoring for employees who have abnormal blood glucose levels (pre-diabetes or diabetes)? *Answer "yes" if these programs are provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans or programs, community groups, or other practitioners.*	☐ (3 pts.)	☐ (0 pts.)	
86. Provide free or subsidized self-management programs for diabetes control? *Answer "yes" if these programs are provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans or programs, community groups, or other practitioners.*	☐ (3 pts.)	☐ (0 pts.)	
87. Provide health insurance coverage with no or low out-of-pocket costs for diabetes medications and supplies for diabetes management (glucose test strips, needles, monitoring kits)?	☐ (2 pts.)	☐ (0 pts.)	
Your Worksite's Diabetes Section Score:			
Maximum Diabetes Section Score:			**15**

Signs and Symptoms of Heart Attack and Stroke

Signs and Symptoms of Heart Attack and Stroke *During the past 12 months, did your worksite:*	*Yes*	*No*	*Score*
88. Have posters or flyers in the common areas of your worksite (such as bulletin boards, kiosks, break rooms) that identify the signs and symptoms of a heart attack and also convey that heart attacks are to be treated as emergencies?	☐ (1 pt.)	☐ (0 pts.)	
89. Have posters or flyers in the common areas of your worksite (such as bulletin boards, kiosks, break rooms) that identify the signs and symptoms of a stroke and also convey that strokes are to be treated as emergencies?	☐ (1 pt.)	☐ (0 pts.)	
90. Provide any other information on the signs and symptoms of heart attack through emails, newsletters, management communications, Web sites, seminars or classes?	☐ (1 pt.)	☐ (0 pts.)	
91. Provide any other information on the signs and symptoms of stroke through e-mails, newsletters, management communications, Web sites, seminars or classes?	☐ (1 pt.)	☐ (0 pts.)	
Your Worksite's Signs and Symptoms of Heart Attack and Stroke Section Score:			
Maximum Signs and Symptoms of Heart Attack and Stroke Section Score:			**4**

Emergency Response to Heart Attack and Stroke

Emergency Response to Heart Attack and Stroke ***During the past 12 months, did your worksite:***	***Yes***	***No***	***Score***
92. Have an emergency response plan that addresses acute heart attack and stroke events?	☐ (2 pts.)	☐ (0 pts.)	
93. Have an emergency response team for medical emergencies?	☐ (2 pts.)	☐ (0 pts.)	
94. Offer access to a nationally-recognized training course on Cardiopulmonary Resuscitation (CPR) that includes training on Automated External Defibrillator (AED) usage?	☐ (3 pts.)	☐ (0 pts.)	
95. Have a policy that requires an adequate number of employees per floor, work unit, or shift, in accordance with pertinent state and federal laws, to be certified in CPR/AED?	☐ (2 pts.)	☐ (0 pts.)	
96. Have one or more functioning AEDs in place? *IF NO, PLEASE PROCEED TO THE END OF THE SURVEY.*	☐ (3 pts.)	☐ (0 pts.)	
97. Have an adequate number of AED units such that a person can be reached within 3–5 minutes of collapse?	☐ (2 pts.)	☐ (0 pts.)	
98. Identify the location of AEDS with posters, signs, markers, or other forms of communication other than on the AED itself?	☐ (1 pt.)	☐ (0 pts.)	
99. Perform routine maintenance or testing on all AEDs?	☐ (1 pt.)	☐ (0 pts.)	
100. Provide information to your local community Emergency Medical Service providers so they are aware that your worksite has an AED in place for an emergency response?	☐ (1 pt.)	☐ (0 pts.)	
Your Worksite's Emergency Response to Heart Attack and Stroke Section Score:			
Maximum Emergency Response to Heart Attack and Stroke Section Score:			**17**

END OF SURVEY
THANK YOU FOR COMPLETING THIS SURVEY!

CDC Worksite Health ScoreCard

You may use the following table to summarize your topic section scores. If you would like to compare them against other employers' scores, proceed to the Validation Study Benchmarking Report on the next page.

SUMMARY SCORE TABLE		
Section:	Total Points Possible:	Your Worksite's Score:
Organizational Supports	33	
Tobacco Control	19	
Nutrition	21	
Physical Activity	24	
Weight Management	12	
Stress Management	14	
Depression	18	
High Blood Pressure	17	
High Cholesterol	15	
Diabetes	15	
Signs and Symptoms of Heart Attack and Stroke	4	
Emergency Response to Heart Attack and Stroke	17	
TOTAL	**209**	

HSC Validation Study Benchmarking Report

Background and Instructions

As part of the development of *the CDC Worksite Health ScoreCard* (HSC), the Emory University Institute for Health and Productivity Studies (IHPS) conducted an extensive validation study assessing the impact value of worksite health promotion strategies. The goal was to validate questions in the HSC that measure a comprehensive worksite health promotion and disease prevention program.

A group of 93 employers participated in the validation study; with two respondents per employer completing the HSC. Participants are referred to in this report as the 'study sample'; for a summary description of the sample see Figure 1 on the next page. After the study was completed, each employer received an individualized benchmarking report that was developed by IHPS. Because an automated individualized benchmarking report is not currently available, we have modified the benchmarking report information delivered to the study sample so that you can compare your scores to those of the study sample.

With your completed and scored CDC Worksite Health ScoreCard Worksheet in hand, please use the following list of tips to navigate through this benchmarking report:

- Read the Overview section on page 30 to learn more about the study sample and caveats related to scoring of *the CDC Worksite Health ScoreCard*. Compare your worksite's size, business type, and industry to the validation study sample.
- Go over the Study Sample Summary Scores section. Using the worksite size group definitions, categorize your worksite as "very small, small, medium, or large." Compare your worksite's total HSC score to the average total score obtained by employers in your worksite size category and overall.
- Review the Study Sample Worksite Scores by Topic and Worksite Size section. Keeping your worksite's size category in mind, you may compare your worksite's individual topic scores to the average topic score obtained by employers in your worksite size category and overall. Use this information to determine which, if any, topic areas you could improve in.
- Finally, read about the impact-level, evidence-base, and content expertise used to rate the strategies assessed by the HSC in the Scoring Methodology section of Appendix D. Tally how many best, better, and good strategies your worksite had in place. Drawing on knowledge of your company, employees' needs, and health promotion budget, prioritize strategies that your worksite can implement in the future.

Overview

Results presented in this report represent the sample of 93 organizations from 32 states. The table below provides a brief summary of the demographic characteristics of the study sample.

Summary description of sample (n=93)			
	%		%
Organization size*		**Business type**	
Very small	26	Nonprofit	52
Small	14	For-profit	48
Medium	17		
Large	43		
		Industry	
Respondent position		Health care & public health	31
Wellness program personnel	35	Manufacturing	17
Human resource personnel	34	Finance & insurance	13
Management	16	Government/public administration	10
Medical personnel	4	Education	7
Other	10	Other	23

*For this study, the following organization size definitions were used: very small (10–99 employees); small (100–249); medium (250–749); and large (750+).

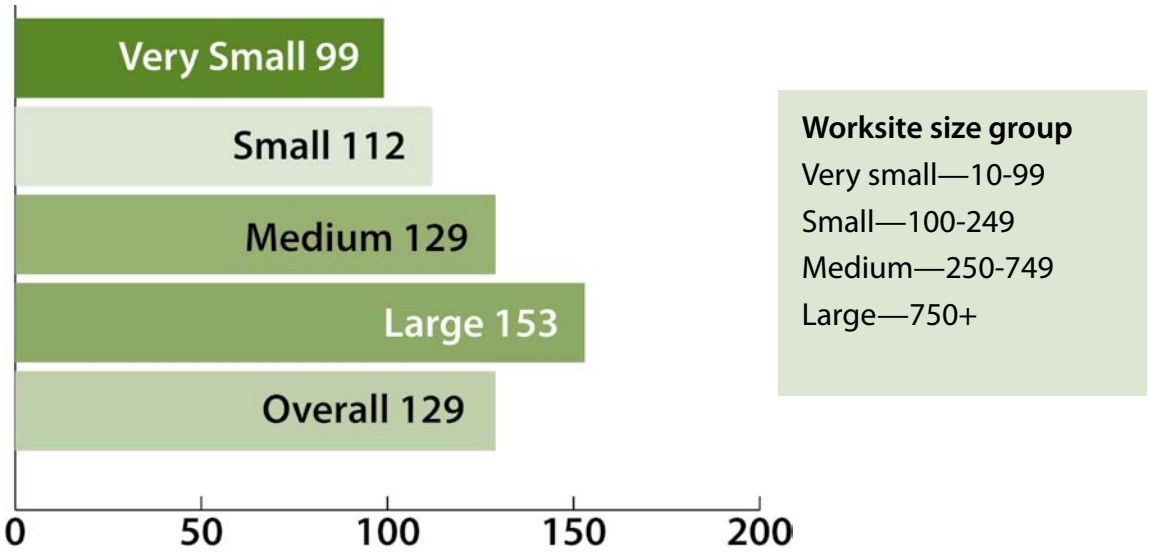
In this report, worksite health promotion strategies (programs, policies, and environmental supports) implemented by the study sample are measured against evidence-based strategies. You may compare your worksite's scores to the self-selected study sample of businesses who participated in the HSC validation study.

As you compare your worksite's scores to the scores of the study sample, please keep in mind that the tool you completed has been revised and is not identical to the tool completed by the study sample. While the content of the tool has not changed, some questions have been revised and reorganized, and the scoring has changed accordingly. The maximum possible score your worksite could receive on the HSC is 209, not 215. Therefore, use the study sample scores as approximate values that your worksite should strive to achieve or exceed to meet or exceed average. Furthermore, because of using a voluntary convenience sample, our study sample may not be representative of all employers. Consequently, please keep in mind that not every strategy may be relevant or feasible for your worksite. The goal is to identify relevant strategies that your organization can prioritize to meet your employee needs. For resources to help guide the implementation of a comprehensive program refer to the Resources for Action section in Appendix B.

Study Sample Summary Scores

The summary scores presented below are the average of the total HSC scores obtained by the two respondents for each of the 93 employers in the validation study. In some cases, there may have been discrepancies in the two responses. When discrepancies occurred, the scores were averaged.

The average total HSC score for the overall study sample was 129 out of a possible 215.



The average total HSC score for the overall study sample was 129 out of 215 points possible. The range of scores for all worksites in the study sample was 18 – 211. When comparing your worksite's total HSC score to the total HSC score obtained by the overall study sample, please keep in mind that the tool you completed has been revised and is not identical to the tool completed by the study sample. The maximum possible score your worksite can receive on the HSC is 209, not 215.

Study Sample Worksite Scores by Topic and Worksite Size

The table below shows the average scores for all worksites in the study sample, as well as the average for worksites by size (ranging from very small to large), for each of the 12 health topics in the HSC.

Based on the worksite size definitions, please determine the size of your worksite; compare your worksite's total and individual topic scores to the scores of all worksites in the study sample and worksites of similar size. Please note, however, that the score values from this study sample are slightly different than the current HSC.

TOPIC	Total points possible	Average scores*				
		Overall	Very small	Small	Medium	Large
Organizational Supports	**34**	24	21	21	24	27
Tobacco control	**23**	13	11	10	13	16
Nutrition	**21**	10	8	8	11	12
Physical activity	**23**	13	9	10	15	16
Weight management	**11**	8	5	6	8	9
Stress management	**14**	10	9	8	11	11
Depression	**19**	9	6	9	7	10
High blood pressure	**17**	10	8	10	10	12
High cholesterol	**17**	10	8	9	9	12
Diabetes	**15**	9	7	8	9	11
Signs and symptoms of heart attack and stroke	**4**	2	2	2	2	2
Emergency response to heart attack and stroke	**17**	11	7	12	11	13
TOTAL	**215**	129	99	112	129	153

**The CDC Worksite Health ScoreCard* uses the following worksite-size categories: very small (10-99 employees); small (100-249); medium (250-749); and large (750+).

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Appendix A

Frequently Asked Questions

1. How was The CDC Worksite Health ScoreCard developed?

The CDC Worksite Health ScoreCard was developed by the CDC Division for Heart Disease and Stroke Prevention in collaboration with the Emory University IHPS; the Research Triangle Institute; the CDC National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) Workplace Workgroup; and an expert panel of federal, state, academic, and private sector representatives. In developing the tool, the following activities were conducted:

- Examined existing worksite inventories and resources[12,14-24] that address heart disease and stroke prevention.
- Identified reliable and valid questions from the Heart Check[17,18] and Heart Check Lite assessment tools for use in *the CDC Worksite Health ScoreCard*.
- Identified new topics and questions to add to the tool that were derived from the worksite literature and from surveys that state heart disease and stroke prevention programs had previously used in worksites.
- Pretested the tool with nine employers in 2008, nine employers in 2010, and more than 70 worksite health promotion practitioners throughout the country to help ensure that the tool was clear, easy to understand, and simple to complete (these employers were not the same as those included in the main study).
- Revised the tool based on feedback from these groups.
- Weighted each question on the basis of expert ratings of the level of scientific evidence and health impact of items on intended health behavior.
- Field tested the tool with a new sample of 93 very small, small, medium, and large worksites for validity and reliability, and feasibility of adopting the strategies highlighted in the tool.
- Revised the tool again on the basis of feedback from the 93 employers.
- Edited and submitted the final tool and this HSC manual for public release.

2. We offer some but not all of the programs listed in the survey. Do I need to complete the whole thing?

It is not necessary to complete the entire survey. You can complete the sections that are of most interest to you at this time.

3. We've taken the initial survey and our scores indicate that we're doing better in some areas than others. Where do we start?

Your Health ScoreCard can help you decide which steps to take next. First, determine the areas where your worksite scores could improve the most. Once you've identified one or more areas to focus on (e.g., tobacco control), review the point values assigned to each of the strategies. The higher point values indicate that a strategy is both effective and strongly supported by scientific evidence. These are the strategies that are likely to yield the best results. Of course, you must also consider whether a particular strategy is feasible for your organization and will address your employee's health needs and interests. Consider costs, ease of implementation, and your organization's needs. After evaluating the potential effectiveness and feasibility of each of the strategies, you will be in a better position to prioritize your next steps.

4. How often should we complete the survey?

The survey is intended to help you establish a baseline for your current health promotion programs and to identify areas where it would be beneficial to add programs. The survey also is intended to help you measure your progress over time, so you may want to retake it at least annually.

5. We had a program three years ago but have since discontinued it. Does that still count?

No. The Health ScoreCard survey is designed to measure health promotion activities currently in place (i.e., a Web site) or have occurred within the last 12 months (i.e., walking challenges).

6. Where are the state health department contacts?

You may also contact your state health department for technical assistance with your worksite health promotion program. State health departments can be valuable resources for offering additional tools and resources as well as for providing technical guidance around program design, implementation, and evaluation. You also can check with your local health departments for more information. Contact information for your state program is found on the following Web sites:

http://www.cdc.gov/workplacehealthpromotion/organizations/index.htm

http://www.chronicdisease.org/search/

Appendix B

Resources for Action

The CDC Worksite Health ScoreCard is designed to be used in conjunction with other CDC guidance documents, such as the CDC's *Successful Business Strategies to Prevent Heart Disease and Stroke Toolkit*. This toolkit provides information, materials, tools and resources that employers can use in developing comprehensive heart disease and stroke worksite programs and preventive services.

For additional resources available to employers, review the NCCDPHP Workplace Health Promotion Website which contains information, tools, guidelines, and resources to guide employers on ways to establish or improve their workplace programs for most of the health topics covered in the CDC Worksite Health ScoreCard.

Topic-specific resources are offered below.

Organizational Supports

The NCCDPHP Workplace Health Promotion Toolkit Planning/Workplace Governance Module
This site describes a number of organizational strategies that provide the infrastructure to ensure program objectives are achieved, employee health risks are appropriately managed, and the company's resources are used responsibly. It includes information on leadership support, wellness council or committees, health improvement action plans, dedicated resources, communications, and data.

CDC Healthier Worksite Initiative—Health Risk Appraisals (HRA)
This site provides practical guidance for the use of Health Risk Appraisals (HRA). The site describes what an HRA is; reasons why employers might use HRAs; and important employer considerations when implementing and using an HRA such as ethics, incentives, and method of follow-up with employees.

NCI Making Health Communications Programs Work
A planning guide developed by the National Cancer Institute with participation from the CDC on all aspects of effective communication of health information.

Tobacco Control

CDC's Tobacco Webpage
This Web site provides a variety of information on tobacco including data and statistics, effective policies, programs and campaigns, recommended strategies, and other resources for consumers and the health professional. It includes a link to a PDF that discusses the importance of health insurance coverage for tobacco cessation services. Within the tobacco page is the Public Health Services (PHS) Guideline for Effective Cessation Treatments that focuses on smoking cessation. http://www.cdc.gov/tobacco/quit_smoking/cessation/coverage/index.htm

A Purchaser's Guide to Clinical Preventive Services
The "Tobacco Use Treatment" chapter— of A Purchaser's Guide to Clinical Preventive Services describes the importance of developing, implementing, and evaluating a comprehensive tobacco dependence treatment benefit. Tobacco-use treatment has been ranked as one of the top three preventive services in terms of impact, cost effectiveness, and effectiveness. Summary Plan Description (SPD) language and coding for benefit implementation is included.

Tobacco Cessation Benefit Coverage and Consumer Engagement Strategies: A California Perspective
http://www.pbgh.org/storage/documents/reports/PBGH-CDC_TobaccoCessation_06-2008.pdf
This report summarizes current employer coverage of smoking cessation benefits. To what degree do large California employers currently offer such benefits? Of those that offer them, what treatments do they cover? In addition, the report summarizes knowledge about the use of such services among employees and the barriers that may prevent them from tapping this important resource. Finally, it highlights best practices for employer coverage of tobacco cessation support programs and services, including promising employer incentive programs to promote their use.

Investing in Health: Proven Health Promotion Practices for Workplaces
Included in this guide are steps any employer can take to improve employee health by reducing tobacco use and exposure; promoting breast, cervical, and colon cancer screening and early detection; and encouraging physical activity and healthy eating.

Nutrition

CDC's Nutrition Web page
This site provides a variety of information on nutrition including data and statistics, programs and campaigns, recommended strategies, and other resources for the health professional.

CDC Healthier Worksite Initiative—Nutritious Eating Toolkits
This site is designed specifically for worksites to encourage nutritious eating and contains checklists, guides, budgets, and other tools to aid in program planning, design, and management.

CDC Healthier Worksite Initiative—Establish a Garden Market
This toolkit provides information on how to establish a garden market in a federal agency or other organization, and demonstrates how it works at CDC.

Choosing Foods and Beverages for Healthy Meetings, Conferences and Events
This resource provides guidelines for selecting healthful foods and beverages for breaks or meals at workplace meetings, conferences, and events.

Improving the Food Environment through Nutrition Standards: A Guide for Government Procurement
This resource provides practical guidance to states and localities for use when developing, adopting, implementing, and evaluating a food procurement policy.

Physical Activity

Physical Activity Guidelines for Americans
This site provides information on the 2008 Physical Activity Guidelines for Americans. The guidelines address physical activity for Americans of all ages including special populations.

National Physical Activity Plan
This site provides information on the U.S. National Physical Activity Plan, a comprehensive set of policies, programs, and initiatives that aim to increase physical activity in all segments of the American population. There is a section of the plan focused on business and industry.

Physical Activity Workplace Toolkits
This web page provides links to toolkits that address reducing barriers and increasing access to places for physical activity in the work place.

Worksite Policies
This Web page contains specific policies that affect health promotion at federal workplaces. Workplaces that are not federal agencies can use this information to generate ideas about how policies may impact health promotion in their organization.

CDC's Physical Activity Web site
This site provides a variety of information on physical activity including physical activity guidelines and recommendations, data and statistics, recommended strategies, and other resources.

Physical Activity Tools for Health Professionals
This Web page provides resources and tools for professionals to use including planning, promoting, and evaluating physical activity programs. The promotion section includes links to brochures that CDC has developed for the general public and links to other organizations that provide resources for physical activity promotion.

Active Environments
This Web page provides links on public health, community design, and related sites that complement active environment efforts.

Exercise is Medicine
This Web page addresses physical activity counseling for health care providers.

Weight Management

CDC's Overweight and Obesity Web site
This site provides a variety of information on overweight and obesity including obesity trends, economic consequences, state-based programs, recommended strategies, and other resources for the health professional.

CDC's Healthy Weight Webpage
This site provides a variety of information on achieving and maintaining a healthy weight including important information on weight assessments, balancing calories, health effects of overweight and obesity, and other resources.

CDC's LEAN Works!
This Web-based resource offers interactive tools and evidence-based resources to design effective worksite obesity prevention and control programs.

Stress Management

NIOSH Stress…At Work
This publication highlights knowledge about the causes of stress at work and outlines steps that can be taken to prevent job stress.

The Changing Organization of Work and the Safety and Health of Working People
This report presents a comprehensive research agenda to investigate and reduce occupational safety and health risks associated with the changing organization of work.

The USA Perspective: Current Issues and Trends in the Management of Work Stress
The article provides a United States perspective on emergent issues in work stress and current efforts to reduce stress at work.

Exposure to Stress: Occupational Hazards in Hospitals
The brochure can be used to identify the sources of occupational stress, identify the adverse health effects of occupational stress, and recommend work practices to reduce occupational stress.

Depression

Workplaces That Thrive: A Resource for Creating Mental Health-Friendly Work Environments
The Substance Abuse and Mental Health Services Administration (SAMHSA) has developed this resource to help human resources professionals understand the benefits and design of a mental health-friendly workplace.

Depression calculator
This resource allows businesses to calculate the impact of depression in the workplace and the benefits of treatment.

Treatment Works: Get Help for Depression and Anxiety
This CDC Web page offers guidance on the signs of depression and where to find help.

CDC Total Worker Health
This resource provides a strategy integrating occupational safety and health protection with health promotion to prevent worker injury and illness and advance health and well-being.

High Blood Pressure and High Cholesterol

CDC's High Blood Pressure Web site and CDC's High Cholesterol Web site
These two sites provide a variety of information on high blood pressure and cholesterol including trends and statistics, economic consequences, state-based programs, related CDC Web sites, recommended strategies, and other resources for patients and professionals.

A Purchaser's Guide to Clinical Preventive Services
Developed in collaboration with the National Business Group on Health and the CDC, the Purchaser's Guide translates clinical guidelines and medical evidence, providing large employers with the information they need to select, define, and implement preventive health benefits such as hypertension and lipid screening, counseling, and treatment.

National Heart, Blood, Lung Institute
This site includes publications, fact sheets, Web sites, and interactive Web applications such as Your Guide to Lowering High Blood Pressure and Your Guide to Lowering Cholesterol with Therapeutic Lifestyle Changes.

American Heart Association—High Cholesterol
This site will provide information about cholesterol including why cholesterol matters; understanding your risk for cholesterol; symptoms, diagnosis, and monitoring of cholesterol; prevention and treatment of cholesterol; and cholesterol tools and resources.

American Heart Association—High Blood Pressure
This site will provide information about high blood pressure (HBP); why HBP matters; your risk for HBP; symptoms, diagnosis and monitoring of HBP; and prevention and treatment of HBP.

Stanford Patient Education Research Center

The Chronic Disease Self-Management Program is a 2 ½-hour workshop given once a week, for six weeks, in community or worksite settings such as senior centers, churches, libraries and hospitals. People with different chronic health problems, such as high blood pressure or cholesterol, can attend together. Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with a chronic diseases themselves. Each participant in the workshop receives a copy of the companion book, Living a Healthy Life with Chronic Conditions, 3rd Edition, and an audio relaxation tape, Time for Healing. Employers can access this program through the Stanford School of Medicine for their employees.

Diabetes

Diabetes At Work

This easy-to-use Web site helps companies to assess their need for diabetes education at the worksite. Users can download more than 30 lesson plans and fact sheets resources that can be used to inform employees about how to best manage their diabetes while at work and how to reduce their risk of further complications. This site was developed by the National Diabetes Education Program's (a joint CDC/NIH program) Business Health Strategy Workgroup for top-level managers, occupational health providers, benefits and human resource managers, and employees.

The National Diabetes Education Program (NDEP)

NDEP is a partnership of the National Institutes of Health, the Centers for Disease Control and Prevention, and more than 200 public and private organizations. NDEP translates the latest science and spreads the word that diabetes is serious, common, and costly, yet controllable and, for type 2, preventable. The resources do not have a copyright so may be co-branded.

Signs and Symptoms of Heart Attack and Stroke

National Heart, Lung, and Blood Institute Heart Attack Signs

The National Heart, Lung, and Blood Institute has free downloadable posters, brochures, and other support materials available for the Act In Time To Heart Attack Signs campaign.

Massachusetts Department of Public Health "Stroke Heroes Act FAST"

The Massachusetts Department of Public Health Heart Disease and Stroke Prevention has free downloadable videos, posters, brochures, and other materials available from their Stroke Heroes Act FAST campaign in English, Spanish, Portuguese, and Khmer. The Stroke Heroes Act FAST message was created using the evidence-based Cincinnati Pre-Hospital Stroke Scale.

Stroke Information Toolkits and Posters

The National Institute of Neurological Disorders and Stroke has a Know Stroke Community Education Kit and support materials available in English and Spanish.

Emergency Response to Heart Attack and Stroke

ACOEM Automated External Defibrillation (AED) in the Occupational Setting

The American College of Occupational and Environmental Medicine has a position statement entitled "Automated External Defibrillation in the Occupational Setting" that summarizes pertinent legislation and provides guidelines for AED use in the workplace.

OSHA Best Practices Guide: Fundamentals of a Workplace First-Aid Program

The Occupational Safety and Health Administration's Best Practices Guide: Fundamentals of a Workplace First-Aid Program has information and resources for AEDs, CPR, and workplace first aid.

American Red Cross OSHA Guide
The American Red Cross has a guide to help determine if your company is in compliance with OSHA standards for first aid training including AEDs and CPR.

American Red Cross Workplace CPR, First Aid and AED Information
The American Red Cross has many resources related to AEDs and CPR training.

Appendix C

Glossary

Brochures, videos, posters, pamphlets, and newsletters: These are print and other media sources of information made available to be read at one's leisure.

Comprehensive worksite health promotion programs: Elements of comprehensive worksite health promotion programs, as defined by Healthy People 2010, contain five elements: health education, supportive social and physical environments, integration of worksite wellness programs into organizational structure, linkages to related programs (e.g., Employee Assistance Programs), and screening programs.[25] Partnerships for a Healthy Workforce added two additional components: some process for supporting individual behavior change with follow-up interventions, and an evaluation and improvement process to help enhance the program's effectiveness and efficiency.[26]

Evidence-based intervention or strategy: An intervention or strategy that has potential for impact, substantiated by evaluation and publication in a peer-reviewed journal.

Health Promotion: Also known as "worksite wellness" or "wellness programs," are services, programs, and environmental supports offered at worksites that are designed to help employees improve their health and maintain healthy lifestyles.

HRA: Health Risk Assessment/Appraisal is a health questionnaire used to provide individuals with an evaluation of their health risks and quality of life.

One-on-one or group lifestyle counseling: A communication process between a trained health professional and an individual or group. A patient education approach offers information and technical skills. The stages of counseling include 1) building a relationship, 2) making an informed assessment, 3) establishing agreed upon goals and objectives, and 4) developing an implementation plan.

Self-management programs: A collaborative, interactive, ongoing process involving the individual(s) and educator(s), where the educator provides the knowledge, skills (specifically, problem solving skills), and tools one needs to successfully manage his or her condition(s), make informed decisions, and engage in healthy behaviors and avoid many of the complications that may be associated with it.

Seminars, workshops, classes: A one time or limited set of educational offerings, typically provided in a group setting.

Worksite: A worksite is a building, unique location, or business unit within the organization where work occurs. A worksite can include a campus of multiple buildings as long as all the buildings are in close proximity (walking distance) and defined as part of the organization.

Appendix D

The CDC Worksite Health ScoreCard (HSC)
Scoring Methodology: Evidence and Impact Ratings

As part of the development of *The CDC Worksite Health ScoreCard*, each of the strategies in the HSC was assigned a weighted score based on an expert panel's assessment of each item's evidence-base and impact-level. Weighting of the items on the HSC was conducted using the following three, consecutive steps.

STEP 1: RATING THE EVIDENCE-BASE FOR EACH SURVEY ITEM

To establish the evidence-base for each of the strategies, the CDC National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) Workplace Workgroup subject matter experts (SMEs) and Emory University's IHPS staff conducted extensive literature searches to find the most up-to-date evidence, in the form of review articles, Cochrane reports, Community Guide summaries, and U.S. Preventive Services Task Force recommendations, supporting each item on the HSC.

The CDC Workplace Workgroup then met several times throughout 2010 to review the scientific evidence and rate the evidence for each item using a 4-point scale (from 1=Weak to 4=Strong). During this rating process, subject matter experts (SMEs) were allowed to consult with other SMEs in their topic area of expertise; however, only the rating of one SME was required for establishing the evidence-based rating for a given survey item. For more information about the evidence and impact rating system, please see the table below. For the actual citations for each of the items on the HSC, please see *The CDC Worksite Health ScoreCard Scoring Methodology: Evidence and Impact Ratings and Supporting Citations* document: http://www.cdc.gov/dhdsp/pubs/docs/HSC_Score_Method.pdf.

Evidence Rating	Definition of the Rating Categories
Weak (1)	Research evidence supporting relationship is fragmentary, nonexperimental, or poorly operationalized. There is debate among experts in the field as to whether or not causal impact is plausible or exists.
Suggestive (2)	Two or more studies support relationship, such as pre-post evaluations, but no studies reported using control groups (e.g., randomized control groups nor quasi-experimental studies.) Most experts believe causal impact is plausible and consistent with knowledge in related areas but some experts see support as limited or acknowledge plausible alternative explanations.
Sufficient (3)	Relationship supported by at least two well-designed quasi-experimental studies containing comparison groups, but no randomized control groups. Experts believe that relationship is likely causal, and studies have eliminated most alternative confounding variables or alternative explanations.
Strong (4)	Cause effect relationship is supported by at least one well-designed study with randomized control groups or three or more well-designed quasi-experimental studies. Little or no debate among experts of causal relationship.

STEP 2: RATING THE IMPACT-LEVEL FOR EACH SURVEY ITEM

On the basis of the evidence-base gathered during step 1, the SMEs rated each item (for the section/s in which they had expertise) in terms of its estimated impact on health behaviors or outcomes (i.e., effect size) using a 3-point scale, as defined in the table below:

Impact Rating	Definition of the Rating Categories
Small (1)	0 to 1 percentage point improvement in one year
Sufficient (2)	>1 to 2 percentage point improvement in one year
Large (3)	>2 or more percentage point improvement in one year

For example, promotion of stair use may get a"Strong-4" rating on strength of evidence and a "Large-3" impact rating for its potential impact on physical activity (it is expected to increase physical activity of the employees by more than 3 percentage points).

STEP 3: ASSIGNING A WEIGHTED-SCORE TO EACH SURVEY ITEM

Once evidence and impact ratings were determined, the CDC Workgroup and Emory University IHPS team met to assign a weighted score to each item. The weighted score for each item was calculated by adding the item's "Evidence-Base Score" to the item's "Impact Score" and adjusting the value based on the criteria below.

Weighted Scoring Key

Evidence Base:	+	Item Impact:	=	Weighted Score	=	Final Health Impact Point Value
1 = weak		1 = small		Total Pts. = 2,3 Value = 1		1 = Good
2 = suggestive		2 = sufficient		Total Pts. = 4,5 Value = 2		2 = Better
3 = sufficient		3 = large		Total Pts. = 6, Value = 3		3 = Best
4 = strong						

Each item on the HSC has an associated health impact point value between 1 and 3, where 1=good, 2=better, and 3=best. This point value reflects the impact (i.e., observable change elicited in a one year period) that the strategy has on health outcomes and the strength of scientific evidence supporting this impact, as determined by SMEs.

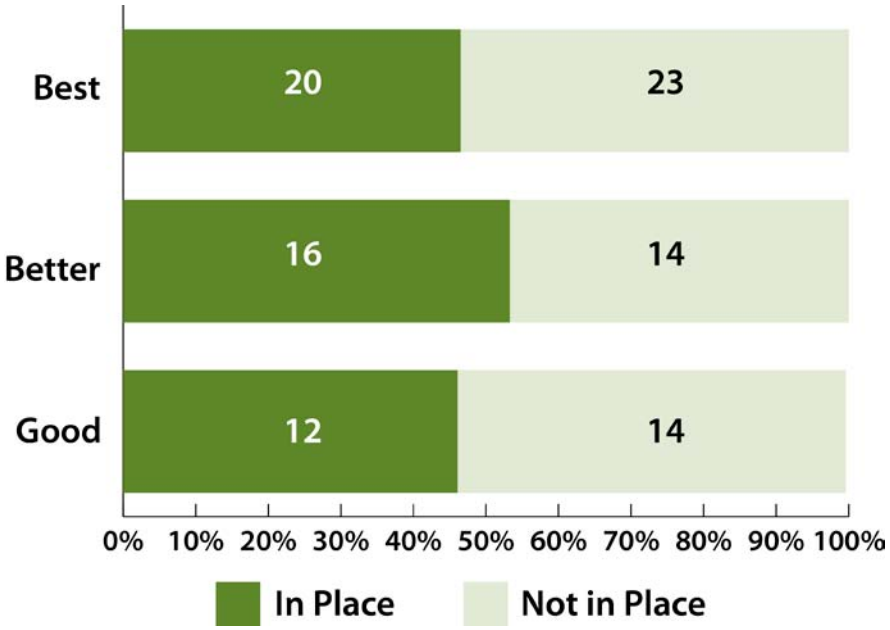
The chart on the next page shows the average number of strategies, by health impact point value, in place at the worksites in the study sample. All of the strategies included in this tool foster an environment that supports and promotes employee health. The "best" strategies are those that receive a score of 3 on the HSC tool, indicating that they have a very large impact on health behaviors or outcomes and a strong evidence base to support that impact.

As you plan the development of your worksite health promotion program, the CDC recommends that you prioritize strategies that have a high impact level, a strong evidence base, and address the specific needs of your employees.

Strategies, by Impact-Level, Implemented at Study Sample Worksites

Overall, worksites in the study sample had 20 of the 43 highest health impact ("best") strategies in place.

Average Number of strategies in place at study sample worksites, by health impact level



APPENDIX E

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Annual Worksite Health Improvement Plan Template
Goal 1:

Objective 1:	Evaluation Measure: Conduct baseline and end-of-year surveys to determine if objective was met.		
Intervention Strategies (What)	**Process (How, When, Who)**	**Communications**	**Evaluation**

Goal 1:

Objective 2:	Evaluation Measure: Conduct baseline and end-of-year surveys to determine if objective was met.		
Intervention Strategies (What)	**Process (How, When, Who)**	**Communications**	**Evaluation**

Annual Worksite Health Improvement Plan Template
Goal 2:

Objective 1:	Evaluation Measure: Conduct baseline and end-of-year surveys to determine if objective was met.		
Intervention Strategies (What)	**Process (How, When, Who)**	**Communications**	**Evaluation**

Annual Worksite Health Improvement Plan Template
Goal 3:

Objective 1:	Evaluation Measure: Conduct baseline and end-of-year surveys to determine if objective was met.		
Intervention Strategies (What)	**Process (How, When, Who)**	**Communications**	**Evaluation**

Sample Annual Worksite Health Improvement Plan

Developing a Worksite Health Improvement Plan is one of the most critical steps in building a comprehensive worksite health program. The plan, which is guided by the assessment and data collection process, assures that the right intervention strategies are chosen for priority health issues. Further, it serves as a road map for taking action on those interventions. The following are key components in the worksite health improvement plan:

1. Develop specific, measureable goals and objectives to address key health needs or priorities.

2. Determine the core set of intervention strategies designed to change the work environment and individual behavior to improve health. This should include a mixture of programs, policies, environmental supports targeting physical activity, nutrition, and tobacco use, as well as other priority health issues.

3. Identify the detailed action steps and timeline for implementation, including dates and responsible staff.

4. Determine what communications strategies will be used for each intervention strategy.

5. Determine the evaluation plan for each intervention strategy, objective, and the overall program.

6. Develop an itemized budget for the work plan.

The following is a sample worksite health plan that incorporates these components.

Annual Worksite Health Improvement Plan Template

Goal 1: Support ABC Company employees in the prevention and control of high blood pressure.

Objective 1:	**By 12/31/2012, 80% of ABC Company employees will know their blood pressure number.** **Evaluation Measure: Conduct baseline and end-of-year surveys to determine if objective was met.**		
Intervention Strategies (What)	**Process (How, When, Who)**	**Communications**	**Evaluation**
Make blood pressure monitoring devices available with instructions for all employees to conduct their own self-assessments.	Sharon to identify space, research, and purchase electronic and manual blood pressure (BP) monitoring devices.	CEO letter and e-mail announcing goal that every employee will know their number by 12/2013.	Was strategy fully implemented? Status: Yes. Electronic device purchased. Manual devices with multiple sized BP cuffs purchased. BP information provided. Space dedicated.
	Ed will set up training for wellness team members on proper BP measurement.	Regular communication via e-mail, newsletters, and company meetings.	Track the type, number, and reach of promotional communications. Status: CEO letter to all employees. E-mail announcement reached 50% of employees. Displayed on digital ticker display and with posters.
	Ashley will work with county health department to compile information for employees, including guidelines		End-of-year assessment to determine if goal was met Status: 86% of employees reported they know their number. Late start held us back.
	Announce by 7/1.		
Offer free, onsite blood pressure screening with directed feedback and clinical referral when appropriate.	Kendra will reach out to local healthcare practitioners and find qualified nurse/ clinician to conduct clinics. (8/1)	Announce and continue to promote using e-mail, newsletter, and company meeting.	Was strategy fully implemented?
	Janelle to coordinate logistics, including space, sign-ups, and announcements.		Track the type, number, and reach of communications.
	Conduct first screening in September		Track participation and tie in with 80% goal.
Provide a series of educational workshops on preventing and controlling high blood pressure	Develop action steps accordingly.	Identify communication strategy.	Determine how intervention strategy will be measured.

Goal 1: Support ABC Company employees in the prevention and control of high blood pressure.

Objective 2:	**By 12/31/2012, 25% of ABC Company employees with existing high blood pressure will control their blood pressure. Evaluation Measure: Conduct baseline and end-of-year surveys to determine if objective was met.**		
Intervention Strategies (What)	**Process (How, When, Who)**	**Communications**	**Evaluation**
Provide access to group lifestyle counseling and follow-up. Monitoring for employees with high BP or prehypertension.	Develop action steps accordingly.	Identify communication strategy.	Determine how intervention strategy will be measured.
Modify health insurance coverage to have no or low employee out-of-pocket costs for BP control medications.	Develop action steps accordingly.	Identify communication strategy.	Determine how intervention strategy will be measured.

Goal 2: Increase the number of ABC Company employees who get at least 30 minutes of physical activity every day

Objective 1:	**By 12/31/12, increase the percentage of employees who meet the Surgeon General's Guidelines for Physical Activity (at least 30 minutes every day) from 22% to 26%.** **Evaluation Measure: Conduct baseline and end-of-year surveys to determine if objective was met.**		
Intervention Strategies (What)	**Process (How, When, Who)**	**Communications**	**Evaluation**
Post signs at elevators, stairwell entrances and exits and other key locations that encourage employees to use the stairs.	Lisa to review plans with Joe from maintenance to improve lighting and paint stairwells by 4/30.	Announce using e-mail, newsletter, and company meeting.	Was strategy fully implemented? Status: Yes, on 6/10.
	Anthony to obtain "point of decision prompt" signs from CDC or elsewhere, and post in key places by 5/15.	Hold stairwell walk kickoff.	Track the type, number, and reach of promotional communications. Status: Five communications received via e-mail by 100% of employees. Promoted during company meetings. Kickoff walk held.
	Complete work by 6/15.	Post signs in other key spots, e.g., bathroom stalls, break rooms, encouraging stair use	Baseline and end-of-year assessment to determine if stair use increased. Status: Both assessments completed; 10% increase in stair use.
Provide environmental supports for recreation or physical activity.	Sheila to work with Joe to determine location for covered bike parking. (3/1)	Announce using e-mail, newsletter, and company meeting.	Was strategy fully implemented?
	Dean to purchase bike rack. (3/15)		Track the type, number, and reach of communications.
	Danielle to purchase bikes and helmets and pedometers, and set up check-out process for pedometers. (4/15)	Promote availability, sign-out process, and location to employees to ride at breaks/ lunch.	Baseline and end-of-year assessment to measure use.
	Marissa to station bikes at parking rack and create sign-out procedure. (5/1)		
	Mary Cay to organize a lunchtime ride on National Employee Health and Fitness Day.	Co-promote the lunchtime ride, bike check out, and bike rack.	
	Create walking path and mileage markers on property. (5/15)		
Develop and promote flexible work scheduling policy to support increased physical activity.	Offer extended lunch breaks for physical activity.	Identify communication strategy.	Determine how intervention strategy will be measured.

Goal 3: Decrease the number of lower back injuries among ABC employees

Objective 1:	**By 12/31/12, decrease the number of annual employee low back claims from 20 to fewer than 10. Evaluation Measure: Conduct baseline and end-of-year surveys to determine if objective was met.**		
Intervention Strategies (What)	**Process (How, When, Who)**	**Communications**	**Evaluation**
Implement mandatory pre-shift employee stretching program..	Nick will work with Human Resources to develop a written policy. (6/10)	Reference safety or injury prevention in Worksite Health Team communications.	Was program fully developed?
	Suzanne will research and obtain job specific stretching routines. (6/1)		Employee survey to determine participation and satisfaction.
	Tim will work with managers to identify space, train stretching leaders, post stretching routines, etc. by 7/12.		
Conduct job design analysis and develop stretching programs to fit job design.	Lisa to interview and hire an ergonomist or physical therapist to conduct job design analysis and design stretching program to fit job design. (2/25)	Worksite Health Team, Safety Coordinator, Human Resources announcements about strategies to make the work environment safer.	Number of job design analyses performed. Number of employee specific stretching programs developed.
	Kevin to train employees on proper job specific stretching techniques, (3/12)		
	Display posters with proper lifting technique in key places in the workplace.(3/12)		
Modify the work environment to support safe work practices.	Jermaine to conduct NIOSH lifting equation evaluation for high straing jobs.		Document number and type of changes made to the work environment.
Eliminate any regular lifting of over 50 pounds conduct NIOSH lifting equation evaluation for any jobs that don't meet that goal.	HR to coordinate with Operations to cross train staff and rotate job functions to limit repetitive motion injuries.	Worksite Health Team, Safety Coordinator, Human Resources announcement about making the work environment safer.	Track the type, number, and reach of communications.
Eliminate all lifts from the floor or over shoulder height	Display posters with proper lifting technique in key places in the workplace.		Review Workers Compensation claims to determine changes in annual low back claims.
Total Worksite Health Program Budget A detailed line item budget should be developed with the final worksite health plan. See the Sample Worksite Health Budget for an example.			**$44,395**

Worksite Health Budget Template

ABC Company—20XX Worksite Health Budget

Category	Item	Subtotal	Total Cost
Wages/Benefits		$	$
Materials and Supplies		$	
		$	
		$	$
Memberships/Affiliations		$	
		$	$
Subscriptions and Publications		$	
		$	$
Health Education Materials		$	
		$	$
Health Assessment & Screenings		$	$
Health Coaching		$	$
Health Plan Changes		$	$
Health Education Programs		$	
		$	$
Equipment		$	
		$	
		$	
		$	
		$	
		$	$
Incentives		$	$
		$	$
Miscellaneous		$	$
		$	$
		$	$
Total			$

Sample Worksite Health Budget Template

The following is a sample budget justification form for a company of 300 employees, allowing for worksite health intervention strategies to be categorized and budgeted. This form should go hand in hand with the worksite health plan in seeking financial support for the worksite health program.

ABC Company—2012 Worksite Health Budget

Category	Item	Subtotal	Total Cost
Wages/Benefits	Part-time Wellness Director	$20,000	$20,000
Materials and Supplies	Lighting and paint for stairwell project	$300	
	Printing for posters, fliers, etc.	$500	
	Supplies for Healthy Pot-Luck lunch series	$150	$950
Memberships/Affiliations	Wellness Council of Greater Cornville	$500	
	National Network of Wellness Councils	$50	$550
Subscriptions and Publications	Electronic newsletter service	$175	
	Various health publications	$150	$325
Health Education Materials	Blood pressure log-books	$500	
	Blood pressure literature and DVD	$300	$800
Health Assessment & Screenings	Currently planned for Year 2	$0	$0
Health Coaching	Currently planned for Year 2	$0	$0
Health Plan Changes	Currently planned for Year 2	$0	$0
Health Education Programs	Blood pressure educational workshops	$250	
	Blood pressure literature and DVD	$250	$500
Equipment	Blood pressure monitoring equipment	$800	
	Bike rack	$450	
	Pedometers	$2,200	
	Bike parking structure	$1,500	
	Bicycles/helmets for sign-out program (2)	$500	$5,450
Incentives	Gift cards and prizes for contests, raffles, etc.	$1,000	$
	Gym reimbursement	$6,000	$7,000
Miscellaneous	Contract with landscaper to create walking paths on property	$8,000	$
	Gym reimbursement	$820	$8,820
Total			**$44,395**