

Workplace Health Solutions Center for Workplace Health Research & Evaluation

Workplace Health Achievement Index User Guide for Enrolling and Completing Sections 1 and 2

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Workplace Health Achievement Index Introduction

The AHA Index is a voluntary, online organizational assessment that measures both the comprehensiveness of your workplace culture of health and the health of your workforce. There are three parts to the Index:



This User Guide will provide step-by-step instructions on **Sections One and Two**. For information on how to complete **Section Three**, refer to the document, *Choosing a Method for Submitting Employee Health Data* for the three Index Performance Measures.

Enrolling in the Index

Accessing the Index Admin Portal

To set up an Index Admin account, access the Index Admin Portal from the <u>Workplace Health</u> <u>Solutions website</u> and click on the "Get Started" button (refer to arrow).



Once you click on the "Get Started" button, you will be presented with AHA's terms and conditions. We encourage you to take the time to review them. Upon accepting the terms and conditions by clicking the "I agree" button, you will be directed to the Index Sign Up page.

Sign Up

For Organization Administrator Contact Information:

STEPS	SCREEN SHOTS
 Enter First Name, Last Name, Job Title, Phone Number, Email, Address, including City, State, ZIP code and County. 	Sign Up Organization Administrator Contact Information First Name*
2. Indicate if you have an AHA Contact.	Last Name* Job Title* Phone Number*
	Email*

AHA Contact:

If you are currently working with an AHA staff member, please insert there name here.

Doy	ou have an AHA Contact?*	
ΘY	es	
ON	0	
ON	ot Sure	
First	Name	
Last	Name	

For My Life Check Participation:

Next, you will be asked, "Will your organization be utilizing the My Life Check Health Risk Assessment (HRA) to determine workplace wellness?"



Click on the information icon at the end of the question to learn more. The information icon will present the following information:

"Performance Measures compares the deidentified data about your employees against a scientifically validated definition of ideal cardiovascular health based on four modifiable health behaviors (not smoking, healthy weight, eating healthy and being physically active) and three health factors (blood pressure, blood cholesterol, and blood sugar) otherwise known at the AHA as "Life's Simple 7[®]." The data will be processed using our secure, HIPAA-compliant third-party data center to produce an initial benchmark of the relative cardiovascular health of your workforce that you can use for later comparisons as you track the progress of your company's programs."

Options for submitting your organization's health performance data are:

- 1. Using a free version of AHA's My Life Check® Assessment tool.
- Using an enhanced version of AHA's My Life Check Assessment tool for a fee. (Please contact <u>workplacehealthsolutionssupport@heart.org</u> to learn more about the added features and benefits of My Life Check Enhance.)
- 3. Providing Life's Simple 7[®] equivalent data from your organization's existing health data (health risk assessment and biometric data).

By selecting 'Yes', your organization will be enrolled in My Life Check Basic and its health performance data will be automatically integrated into the Workplace Health Achievement Index. (Option 1)

If you select 'No', please contact AHA's Technical Support team at 888-242-453 or <u>workplacehealthsolutionssupport@heart.org</u> to get setup to submit data using one of the alternative data submission options. (Option 2)

For Organization Information:

Worksite: Provide your organization name and indicate how many worksites your organization has. Companies can elect to submit separate assessments for each worksite or submit one assessment for the overall company.

Number of Eligible Employees: This number refers to the total number of employees eligible for taking a health risk assessment (HRA) and/or eligible for participating in biometric screenings offered by your organization to employees. This number excludes dependents and spouses eligible to participate.

For Create Your Organization's Account:

Username: You can make your own or use the suggested name provided. Username should be no more than 15 characters.

Password: The password should include at least 7 characters and no more than 15. If should include at least one letter and one number.

Signing In

To sign into your organization's Index Admin account, go to the <u>Index Admin Portal</u>. Use the **Username** and **Password** you created when you set up your account.

You will be directed to the Workplace Health Achievement Index introduction tab upon successful sign in. You can also access the Index Admin Portal from the Workplace Health Solutions website.

Password Reset Process

If you do not know your **Password** you may reset your **Password** as long as you have the account **Username**.

STEPS	SCREEN SHOTS	
1. Click "Forgot your password?"	Sign In Username Extn Password T	
Continued		Sign In Screen
 2. Enter your Username. 3. Click SEND RESET LINK button. 	To reset your password, enter the username you registered with. Username Exin ISEND RESET LINK	

Reset Link Screen

Continued

- 4. Check your email for the password reset link.
- Click the password reset link in your email.

Thank you!

Your password reset link has been sent to your registered email. Please check it!

Confirmation

You will be directed to the **Password Reset** screen.

Continued

- 6. Enter New Password.
- 7. Enter Confirm Password.
- 8. Click Reset Password button.
- You will receive confirmation of Password Reset before being redirected to Sign In screen.
- 10. Follow Returning User Sign In instructions.

Reset your p	assword.			
New Password				
Confirm Password				
Reset Password				
Sign In				
Your passy seconds, p	vord reset was succ lease click or copy a	essful! If you a & paste the fol	re not redirecte lowing URL into	d within 10 9 your browser

Reset Your Password Screen & Confirmation

Password Update Process

Once signed in, you can update their password in the Settings screen.

STEPS	SCREEN SHOTS	
1. Enter your Username.	Sign In	
2. Enter your Password.	Exin	Enter your Username
3. Click SIGN IN button.	Password	Enter your Password
	SIGN IN Forgot your password?	

Sign In Screen

You will be directed to the **Workplace Health Achievement Index** introduction tab upon successful sign in.



Index Screen -- Introduction Tab

You will be directed to the **Settings** screen to update your **Password**.

Continued

- 6. Enter Username.
- 7. Enter Current password.
- 8. Enter **New Password** that should include at least 7 characters and no more than 15, including at least one letter and one number.
- Confirm New Password.
- 10. Click **SAVE** button.

me.	Username	
t	Exin	
ssword clude at	Current*	
15, ast one number.	New*	
	Password should include at least 7 characters and no more than 15, including at least one letter and one number.	
utton.	Confirm New*	
	••••••••••••••••••••••••••••••••••••••	
	CANCEL	

Settings Screen

Continued

11. Click OK button on the Confirmation popup.	Confirmation
	Your changes have been saved.
	ОК

Confirmation Pop-up

You will be redirected to the Workplace Health Achievement Index introduction tab.

Section 1: Organization & Demographic Information

Fields with a red asterisk (*) are required.

ORGANIZATION

STEPS

- **SCREEN SHOTS**
- 1. Enter **Organization Name**. (Registered organizations will display in the dropdown menu when user types).
- 2. Enter Headquarters location.
- Select radio button Yes or No indicating Headquarters applying for recognition.
- 4. Select radio button Yes or No indicating Headquarters applying on behalf of branch worksites.

Organization & Demographic Information Struct	cture & . Performanc. Review
Organization Name* Excellent Excellent Co	Worksites must match Headquarters' Organization Name.
Excellent Indy Indianapolis	Worksites must match Headquarters' location.
Yes No This field cannot be blank. Is the Headquarters applying of branch worksites?* Yes No This field cannot be blank.	g on behalf

Organization & Demographic Information Tab -- Organization

Continued

- 5. Enter **Address** Line 1: street address, P.O. box, organization name, c/o.
- 6. Enter **Address** Line 2: apartment, suite, unit, building, floor, etc.
- 7. Enter City.
- 8. Enter **State** by selecting dropdown arrow.
- 9. Enter Zip Code.
- 10. **County** auto populates upon zip code entry.

Worksite Applicant

Address Line 1*

76 E. Main St.

This field cannot be blank.

Street address, P.O. box, company name, c/o

Address Line 2

Apartment, suite, unit, building, floor, etc.

City*

Indianapolis

Thie	field	connot	ha	blank
11113	nera	Garmot	00	Diam.

State*	
Indiana	•
This field cannot be t	olank.
Zip Code*	
46201	
This field cannot be t	olank.
County*	
Marion	County auto populates with zip code entry.
Organization & Demograph	ic Information Tab Organization

- 11. Enter **Region** by selecting dropdown arrow.
- 12. Enter **Number of U.S. worksites** (individual, geographically dispersed worksites).

M	dwest	
	Northeast South	
	✓ Midwest West	
Num geog	ber of U.S. worksites (individual, graphically dispersed worksites)?*	
10)	

Organization & Demographic Information Tab -- Organization

States by Re	gion
Northooot	CT DC ME MA NH NI NY PA RI VT
Nonneasi	
South	IA, IL, IN, KS, MI, MN, MO, NE, ND, OH, PR, SD, WI
Midwest	AL, AR, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV
West	AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, WY

- 13. Enter **Organization Type** by selecting dropdown arrow. (List based on NAICS codes).
- 14. Enter **Organization Classification** by selecting dropdown arrow.

	Private Company	×.,
Priva	ate Company	
Publ	lic Company	
Non	profit	
Sch	ool/School District	
Univ	versity/ College Campus	
Faith	h-based Organization	
Com Othe	nmunity Organization (e.g. health ca	enters,insurance companies,
1	This field cannot be blank.	
	Organization Classificatio	n*
	Retail Trade	•
Agricu Mining Utilitie Constr Manufa	Iture, Forestry, Fishing and Hunting s ruction acturing	
Botall	sale frade	
Transp	ortation and Warehousing	
Inform	ation	
Financ	e and Insurance	
Profes	sional Scientific and Technical Services	
Real E	state Rental and Leasing	
Admin	ement of Companies and Enterprises	ment and Remediation Services
Educat	tion Services	nent and Remediation Services
Health	Care and Social Assistance	
Arts, E	intertainment and Recreation	
Accom	modation and Food Services	
Public	Administration	
Other 5	Services	

Organization & Demographic Information Tab -- Organization

- 15. Enter Total Number of Employees for Worksite Size.
- 16. Enter **Worksite Size Classification** by selecting dropdown arrow.
- 17. Select radio button Yes or No to indicate provisions/ contributions to employer-based health insurance coverage. (If No, continue to step 20. If Yes, continue to step 18).

Total Numb			
Iotal Num	per of Employees		
10			
Worksite \$	Size Classificatio	on*	
< 50 emp	oloyees		•
< 50 employ	yees		
50-249 emp	loyees		
250-749 em	ployees		
> 5.000 emp	ployees		
,			
Do you pro to) employ coverage?	ovide (or make o yer-based health ?*	ontribution insurance	S
Do you pro to) employ coverage?	ovide (or make c ver-based health ?*	contribution insurance	S

Organization & Demographic Information Tab -- Organization

Continued

- 18. Enter Total U.S. employees covered (eligible).
- 19. Enter Total U.S. dependents covered (eligible).
- **20.** Enter **Annual Gross Revenue** by selecting dropdown arrow.
- 21. Click Save button.

Total U.S. employees covered (eligible employees)?*

~~	
60	
00	

Total U.S. dependents covered (eligible dependents)?*

150

Annual Gross Revenue

V/A		
)-\$1M		
51M-\$10M		
10M-\$100M		
100M-\$500M		
500M-\$1B		
More than \$1B		

Organization & Demographic Information Tab -- Organization

Continued

22. Click OK button on	Confirmation
Confirmation popup.	Your changes have been saved.

Confirmation Pop-up

You will return to the **Organization** section.

DEMOGRAPHICS

STEPS	SCREEN SHOTS
1. Click Demographics section to open.	Introduction Organization & Demographic Information Structure & Process Measures Performance Measures Review

Index Screen -- Organization & Demographic Information Tab

The **Demographics** section will expand.

Continued

- 2. Enter Gender Ratio % of Male
- 3. Enter Gender Ratio % of Female.
- Enter Age Group Distribution % <18 years of age.
- 5. Enter Age Group Distribution % 18--34 years of age.
- Enter Age Group Distribution % 35--44 years of age.
- Enter Age Group Distribution % 45--64 years of age.
- Enter Age Group Distribution % >65 years of age.
- 9. Enter Average Employee Age.

Demographics		Perc must	entages t add up	
	Gender Ratio*	to	100.	
	60 % M	1ale		
	40 % F	emale	Percenta must ado	iges d up
	Age Group Distribution	n*	to 100).
	5 % <	18 years of a	ge	
	20 % 1	8-34 years of	age	
	30 % 3	5-44 years of	age	
	40 % 4	5-64 years of	i age	
	5 % >	65 years of a	ge	
	Average Employee Ag	e*		
	38			

Organization & Demographic Information Tab -- Demographics



Organization & Demographic Information Tab -- Demographics



Organization & Demographic Information Tab -- Demographics



Organization & Demographic Information Tab -- Demographics

Continued

31. Enter Approximate employees who are Spanish language speakers.	Approximate employees who are Spanish- language speakers*
32. Enter Approximate employees who speak English as a second language.	Approximate employees who speak English as a second language*
33. Enter Average Annual Voluntary Turnover Rate.	Average Annual Voluntary Turnover Rate*

Organization & Demographic Information Tab -- Demographics



Organization & Demographic Information Tab -- Demographics

Continued

Confirmation popup. Your changes have been saved.	42. Click OK button on	Confirmation
ОК	Confirmation popup.	Your changes have been saved.
		ОК

You will return to the **Demographic** section.

Confirmation Pop-up

WORKSITE HEALTH PROMOTION PROGRAM ELEMENTS

STEPS	SCREEN SHOTS
1. Click Worksite Health Promotion Program Elements section to open.	Introduction Organization & Demographic Information Structure & Process Measures Performance Measures Review • Organization • Demographics • Worksite Health Promotion Program Elements • Use of Incentives • Use of Incentives • Person(s) Completing the Index • Print

Index Screen -- Organization & Demographic Information Tab

The Worksite Health Promotion Program Elements section will expand.

Continued

- 2. Select all boxes that apply (at least one box must be selected).
- 3. Click Save button.



Organization & Demographic Information Tab – Worksite Health Promotion Program Elements

Continued

4. Click **OK** button on **Confirmation** pop--up.

Confirmation
Your changes have been saved.
ОК

Confirmation Pop-up

You will return to the Worksite Health Promotion Program Elements section.

USE OF INCENTIVES

STEPS	SCREEN SHOTS
1. Click Use of Incentives section to open.	Introduction Organization & Demographic Information Structure & Process Measures Performance Measures Review • Organization • Demographics •

Index Screen -- Organization & Demographic Information Tab

The Use of Incentives section will expand.

- Select radio button Yes or No to indicate provision of participatory incentives. (If No, continue to step 5. If Yes, continue to step 4).
- 3. Enter the **maximum annual incentive for participatory programs** (\$ per employee per year).

Types o	f Incentives
Do you p	rovide participatory incentives?
Yes	
O No	
	l
What is t	he maximum annual incentive for
participa	tory programs?*

Organization & Demographic Information Tab – Use of Incentives

Continued

- Select radio button Yes or No to indicate provision of health-contingent, activity--only incentives. (If No, continue to step 7. If Yes, continue to step 6).
- Enter the maximum annual incentive for health-contingent, activity--only incentive programs (\$ per employee per year).
- Select radio button Yes or No to indicate provision of health-contingent, outcomes--based incentives. (If No, continue to step 9. If Yes, continue to step 8).
- Enter the maximum annual incentive for health-contingent, outcomes--based incentive programs (\$ per employee per year).
- Select radio button Yes or No to indicate financial incentives communicated as a reward.
- Select all boxes that apply (or none) to indicate the structure of incentive programs you use.
- 10. Click Save button.

Do you provide health-contingent, activity-only incentives?*



What is the maximum annual incentive for health-contingent, activity-only incentive programs?*



Do you provide health-contingent, outcomesbased incentives?*



What is the maximum annual incentive for health-contingent, outcomes-based incentive programs?*



Organization & Demographic Information Tab – Use of Incentives

Continued

11. Click **OK** button on **Confirmation** pop--up.



You will return to the Use of Incentives section.

Confirmation Pop-up

PERSON(S) COMPLETING THE INDEX

1. Click Person(s) Completing the Index section to open.	ures Review

Index Screen -- Organization & Demographic Information Tab

The Person(s) Completing the Index section will expand.

Continued

- Select all boxes that apply (at least one box must be selected) indicating the person(s) and their job roles/positions who have assisted in completing this form.
- 3. Click **Save** button.

that ne box	Indicate the person(s) and their job roles/positions who have assisted in completing this form (check all that apply)*
d)	Chief Medical Officer (CMO) / Chief Health Officer (CHO)
rson(s)	HR Director or Manager
who า	Benefits Director of Manager
form.	Wellness Manager or Coordinator
n.	Finance Director or Manager
	General Manager
	Office Manager
	A team effort comprised of at least 2 of the above people/job roles
	Save

Organization & Demographic Information Tab – Person(s) Completing the Index

Continued

4. Click OK button on **Confirmation** pop--up. Your changes have been saved.

Confirmation Pop-up

You will return to the **Person(s) Completing the Index** section.

How to Print a Copy of Responses to Section 1

STEPS	SCREEN SHOTS
1. Scroll to bottom of page.	Introduction Organization & Demographic Information Structure & Process Measures Performance Measures Review
2. Click Print to print Organization &	Vorganization Demographics Worksite Health Promotion Program Elements Use of Incentives
Demographic Information survey.	Person(s) Completing the Index

Index Screen -- Organization & Demographic Information Tab

Section 2: Structure & Process Measures

The user will enter data in the following sections where all questions require an answer.

LEADERSHIP



Structure & Process Measures Tab -- Leadership

Continued

- 4. A4 Select all boxes that apply (at least one box must be selected).
- 5. A5 Select all radio buttons (at least one button must be selected).
- 6. A6 Select radio button Yes or No.
- 7. Click **Save** button.

strat	egic wellness plan through any of the methods listed below?
	liddle managers and supervisors are made aware of the plan
	Viddle managers and supervisors are held accountable for meeting the bjectives of the wellness plan goals
	The plan is shared with all employees
	Your company has a system for recognition and awards for meeting wellnes plan goals.
	None of these
	>50% Full Time Equivalent
0	>50% Full Time Equivalent < 50% Full Time Equivalent No
0 0	n promotion program? >50% Full Time Equivalent < 50% Full Time Equivalent No e last 12 months, did your organization show support for allocating additional
6 In the head prog	 So% Full Time Equivalent So% Full Time Equivalent No e last 12 months, did your organization show support for allocating additional count towards operationalizing your organization's worksite health promotio ram?
A6 In the head prog	 So% Full Time Equivalent So% Full Time Equivalent So% Full Time Equivalent No e last 12 months, did your organization show support for allocating additional dount towards operationalizing your organization's worksite health promotio ram? Yes
A6 In the head prog	 So% Full Time Equivalent So% Full Time Equivalent So% Full Time Equivalent No e last 12 months, did your organization show support for allocating additional d count towards operationalizing your organization's worksite health promotio ram? Yes No

Structure & Process Measures Tab -- Leadership

Continued

8. Click **OK** button on **Confirmation** pop--up.



Confirmation Pop-up

You will return to the Leadership section.

ORGANIZATIONAL POLICIES & ENVIRONMENT

STEPS	SCREEN SHOTS
1. Click Organizational Policies & Environment accordion bar to open.	Introduction Organization & Demographic Information Structure & Process Measures Performance Measures Review

Structure & Process Measures Tab

The Organizational Policies & Environment section will expand.

_

STEPS

SCREEN SHOTS

- 1. B1 Select all boxes that apply (at least one box must be selected).
- B2 Select radio button Yes or No. If No continue to B3, if Yes select all boxes that apply (at least one box must be selected).
- B3 Select radio button Yes or No. If No continue to B4, if Yes select all boxes that apply (at least one box must be selected).

nization & Demographic Information Structure & Process Measures Performance Measures R		
Lea	dership	
Org	anizational Policies & Environment	
81 Ir a	1 the last 12 months, did your organization actively enforce written policies in any of the following reas?	
	Ccupational health and safety	
	Provision of medical benefits for full-time employees	
	Making workplace health and well-being programs available to dependents	
	Orug abuse (substance abuse) policy	
	Alcohol abuse (substance abuse) policy	
	Employee assistance program (EAP) access for counseling and intervention for those already high ris	
	Mental well-being and stress management	
	Flexible working schedule and/or working remotely	
	Vaccinations and other preventive screenings	
	Vehicle safety	
	None of these	
32 Ir (1	the last 12 months, did your organization conduct employee health risk appraisals/assessments HRAs) through vendors, onsite staff, or health plans?	
	O Yes	
	○ No	
In	the last 12 months, did your organization provide individual feedback with health education that upport action plans to address employee health risks through any of the methods listed below?	
	Written reports (sent by email or letter)	
	One-on-one counseling - online	
	One-on-one counseling - telephonic	
	One-on-one counseling - in-person	
3 Ir s	I the last 12 months, did your organization have an active health promotion committee that advocates and upports the health promotion program with any of the following criteria?	
	Q Yes	
	No	
	Meets at a pre-determined frequency	
	Is responsible for helping determine company wellness policy	

Structure & Process Measures Tab – Organizational Policies & Environment

Continued

- 4. B4 Select radio button Yes or No.
- 5. B5 Select radio button Yes or No.
- 6. B6 Select radio button Yes or No.

)Yes ◯No
B5 To tha (in en ex cla roo	bacco Policy. In the last 12 months, did your organization adhere to and enforce a tobacco-free policy at applies to employees and non-employee visitors banning the use and sales of all tobacco products cluding but not limited to cigarettes, cigars, smokeless tobacco products and e-cigarettes) within the closed areas on the company premises (including buildings and vehicles owned, leased (to the tent possible), or operated by the organization with no exception to common work areas, auditoriums, ussrooms, conference/meeting rooms, elevators, cafeterias, stairwells, hallways, restrooms, break pms, garages, warehouse, or all other enclosed facilities)?
) Yes ◯No

Structure & Process Measures Tab – Organizational Policies & Environment

Continued

- 7. B7 Select radio button Yes or No.
- 8. B8 Select radio button Yes or No.



Structure & Process Measures Tab – Organizational Policies & Environment

Continued

- 9. B9 Select radio button Yes or No.
- 10.B10 Select radio button Yes or No.

*Note: B10 will only appear and will only be required, if "No" is selected for B9. B9 Tobacco Policy. In the last 12 months, did your organization ban the use and sales of all tobacco products including but not limited to cigarettes, cigars, and smokeless tobacco products on all **outside property or grounds owned or wholly leased by the organization** (including work areas, construction sites, temporary offices, trailers, restrooms, vehicles, and parking lots. This also applies to private vehicles while they are on the organization's property)?



B10 Tobacco Policy. In the last 12 months, did your organization designate an outdoor smoking area at the discretion of the organization's management, designate an outdoor smoking area for employees to use on breaks that is located at least 25 feet from worksite entrances and building air intake ducts with appropriate and regularly-cleaned disposal containers?



Structure & Process Measures Tab – Organizational Policies & Environment

- 11.B11 Select radio button Yes or No. <u>(See Healthy</u> <u>Workplace Food &</u> Beverage Pledge).
- 12.B12 Select radio button Yes or No.
- 13.B13 Select radio button Yes or No. (See Healthy Workplace Food & Beverage Toolkit).
- 14. B14 Select radio button Yes or No. (See Healthy Workplace Food & Beverage Toolkit – Guidance on Vending Machines).



Continued

- 15.B15 Select radio button Yes or No. (See Healthy Workplace Food & Beverage Toolkit).
- 16.B16 Select radio button Yes or No.
- B15 Nutrition Policy. <u>Catered Meals (On- and Off-Site Meals/Events</u>): In the last 12 months, did your organization offer catered meals (breakfast, lunch or dinner) in cafeterias, on- or off-site meetings, and other meals served at worksite align with American Heart Association recommendations for heart-healthy diet? Answer "yes" if foods served at meals are consistent with a healthy dietary pattern, which promotes consumption of fruits, vegetables, whole grains, nonfat and low-fat dairy, fish, skinless poultry, legumes and nuts, and limits consumption of sodium, saturated and trans fats, added sugars and limits and ultimately excludes sugar-sweetened beverages. (See Healthy Workplace Food & Beverage Toolkit)
 Yes
 No
 B16 Nutrition Policy. <u>Nutritional Information</u>: In the last 12 months, did your organization post nutritional information and menu labeling on sodium, calories, and added sugars for foods and beverages sold in worksite cafeterias, snack bars, vending machines, catered meals, or other purchase points? Answer "yes" if nutrition facts panel information is posted on vending machines and menu labeling is posted in cafeterias.

Structure & Process Measures Tab – Organizational Policies & Environment

No

Continued

- 17.B17 Select radio button Yes or No.
- 18.B18 Select radio button Yes or No.
- 19.B19 Select radio button Yes or No.



Structure & Process Measures Tab – Organizational Policies & Environment

Continued

- 20. B20 Select all boxes that apply (at least one box must be selected).
- 21. B21 Select all boxes that apply (at least one box must be selected).
- 22. B22 Select all boxes that apply (at least one box must be selected).
- 23. Click Save button.

	Indoor/outdoor walking/jogging tracks or trails
	Maps of suitable walking routes
	Bicycle racks
	Open-space designated for recreation
	Safe, well-lit, accessible stairwells identified with posted point-of-decision signs
	Shower and/or changing facility and/or locker room
	Public transportation access and use
	Walking meetings
	None of these
B21	Healthy Design Policy. In the last 12 months, did your organization implement components of healthy design in your workplace?
	Adjustable/standing desks
	Proper air/ventilation
	Adequate kitchen space that allows for the preparation of meals on-site
	Cafeteria architecture promotes healthy options
	Ready access to windows
	None of these
B22	2 Lactation Policy. In the last 12 months, did your organization demonstrate support for breastfeeding mothers by implementing any of the policies listed below?
	Have a written policy on breastfeeding for employees
	Breastfeeding mothers are provided access to a private room for breastfeeding or pumping other the a bathroom, with appropriate seating and privacy
	 Enough refrigerator and/or freezer space is available to allow all breastfeeding mothers to store expressed breast milk
	Provide flexible paid or unpaid break times to allow mothers to pump breast milk
	None of these

Structure & Process Measures Tab – Organizational Policies & Environment

Continued

24. Click OK button on Confirmation popup.	Confirmation
	Your changes have been saved.
	ОК

Confirmation Pop-up

You will return to the Organizational Policies & Environment section.

COMMUNICATIONS

STEPS	SCREEN SHOTS
1. Click Communications section to open.	Introduction Organization & Demographic Information Structure & Process Measures Performance Measures Review • Leadership •

Structure & Process Measures Tab

The **Communications** section will expand.

STEPS

SCREEN SHOTS

- 1. C1 Select radio button Yes or No.
- 2. C2 Select radio button Yes or No.
- 3. C3 Select all boxes that apply (at least one box must be selected).
- 4. C4 Select radio button Yes or No.



Structure & Process Measures Tab – Communications

Continued

- 5. C5 Select radio button Yes or No.
- 6. C6 Select radio button Annually, Quarterly, or Monthly.
- 7. Click Save button.



Structure & Process Measures Tab – Communications

Continued

 Click OK button on Confirmation popup. 	Confirmation
	Your changes have been saved.
	ОК

Confirmation Pop-up

You will return to the Communications section.

PROGRAMS

STEPS	SCREEN SHOTS
1. Click Programs section to open.	Introduction Organization & Demographic Information Structure & Process Measures Performance Measures Review

Structure & Process Measures Tab

The **Programs** section will expand.

STEPS

SCREEN SHOTS

- D1 Select all boxes that apply (at least one box must be selected).
- 2. D2 Select all boxes that apply (at least one box must be selected).

rganizati	on & Demographic Information Structure & Process Measures Performance Measures Revi
🔻 Lea	dership
🔻 Org	anizational Policies & Environment
▼ Pro	grams
D1 S	creening. In the last 12 months, did your organization provide screening tools/risk factor assessment and edback, with follow-up and clinical referral when appropriate for the following health risk measures?
	Life's Simple Seven (LS7):
L D	C Tobacco Cessation
	Nutrition and Healthy Eating
	Physical Activity
	Weight Management
	Blood Pressure
	Cholesterol
	☑ Diabetes
	Other:
	Alcohol or drug abuse
	Depression
	Stress Management
	Sleep
L	None of these
D2 P pi	rint / Online Materials. In the last 12 months, did your organization provide brochures, videos, posters, amphlets, newsletters, or other written or online information that address the following health risks leasurements?
	Life's Simple Seven (LS7):
Г Г	C Tobacco Cessation
	Vutrition and Healthy Eating
	Physical Activity
	Weight Management
	Blood Pressure
	Cholesterol
	✓ Diabetes
	Other:
	Alcohol or drug abuse
	Depression
	Stress Management
	Sleep

Structure & Process Measures Tab – Programs

- 3. D3 Select all boxes that apply (at least one box must be selected).
- 4. D4 Select all boxes that apply (at least one box must be selected).

D3 Works works	shops. In the last 12 months, did your organization provide educational seminars, webinars, hops, or classes on the following health risk measurements?
Life	e's Simple Seven (LS7):
	Tobacco Cessation
	Nutrition and Healthy Eating
	Physical Activity
	Weight Management
	Blood Pressure
	Cholesterol
	Diabetes
Ot	er:
	Alcohol or drug abuse
	Depression
	Stress Management
	Sleep
	None of these
D4 Lifest or grou emplo	yle Counselling. In the last 12 months, did your organization provide free or subsidized one-on-one up lifestyle counseling (whether online, telephonically, or in-person) and follow-up monitoring for yees on the following health risk measurements?
Lif	e's Simple Seven (LS7):
	Tobacco Cessation
	Nutrition and Healthy Eating
	Physical Activity
	Weight Management
	Blood Pressure
	Cholesterol
	Diabetes
Ot	ier:
	Alcohol or drug abuse
	Depression
	Stress Management
	Sleep
	None of these

Structure & Process Measures Tab – Programs

- 5. D5 Select all boxes that apply (at least one box must be selected).
- 6. D6 Select radio button Yes or No.
- 7. D7 Select radio button Yes or No.

C	Obesity
	Diabetes
C	Hypertension
C	Metabolic syndrome
C	Congestive heart failure (CHF)
C	Coronary artery disease (CAD)
C	Chronic obstructive pulmonary disease (COPD)
C	Musculoskeletal disorder (including back pain)
•	Depression
	Arthritis
Ċ	Asthma
	Autoimmune disorders
C	Cancer
C	None of these
late	• errity Program. In the last 12 months, did your organization provide a lifestyle program for new hers?
0	Yes
0	No
ign: ost ma	rt Attack & Stroke. In the last 12 months, did your organization provide information identifying the s, symptoms, and need for emergency response to stroke, heart attack, and cardiac arrest through ers or flyers in the common areas of your worksite (such as bulletin boards, kiosks, break rooms), ils, newsletters, management communications, websites, seminars, or classes? Yes

Structure & Process Measures Tab – Programs

Continued

 D8 Select radio button Yes or No. 	D8 Heart Attack & Stroke. In the last 12 months, did your organization have an emergency response plan, which includes an emergency response team that addresses acute heart attack and stroke events?
 D9 Select radio button Yes or No. 	Yes No No D9 Heart Attack & Stroke. In the last 12 months, did your organization have a policy that requires an
10. <mark>D10</mark> Select radio button Yes or No.	adequate number of employees per floor, work unit, or shift, in accordance with pertinent state and federal laws, to be certified in Cardiopulmonary Resuscitation (CPR) including Automated External Defibrillator (AED) through a nationally-recognized training course?
11.Click Save button.	No D10 Heart Attack & Stroke. In the last 12 months, did your organization have an adequate number of AED units in place such that a parsen can be reached within 3.5 minutes of collages?
	Ves No Save

Structure & Process Measures Tab – Programs

Continued

12. Click OK button on	Confirmation
Commation popup.	Your changes have been saved.

Confirmation Pop-up

You will return to the **Programs** section.

ENGAGEMENT

STEPS	SCREEN SHOTS
1. Click Engagement section to open.	Introduction Organization & Demographic Information Structure & Process Measures Performance Measures Review • Leadership • Organizational Policies & Environment • Organizational Policies & Environment • Organizational Policies & Environment • Communications • • Decoremet • • Provement • Partnerships • Reporting Outcomes • Print • Print

Structure & Process Measures Tab

The **Engagement** section will expand.

STEPS

SCREEN SHOTS

- 1. E1 Select radio button Yes or No.
- E2 Select radio button Yes or No. If No continue to E3, if Yes, select radio button Yes or No for the subquestion.

Lea	dership
Org	anizational Policies & Environment
Cor	nmunications
Pro	grams
Eng	agement
e	the last 12 months, did your organization engage the CEO or C-suite to inspire and engage mployees around their health through role modeling? Answer yes' if health and wellness messages are ommunicated directly from the CEO/C-suite and the CEO/C-suite regularly participate in health promotion tivities.
E2 Ir	the last 12 months, did your organization engage the CEO or C-suite to inspire and engage mployees around their health through role modeling? Answer 'yes' if health and wellness messages are immunicated directly from the CEO/C-suite and the CEO/C-suite regularly participate in health promotion tivities. Yes No the last 12 months, did your organization use financial incentives to increase program participation?
E2 Ir	the last 12 months, did your organization engage the CEO or C-suite to inspire and engage mployees around their health through role modeling? Answer 'yes' if health and wellness messages are mmunicated directly from the CEO/C-suite and the CEO/C-suite regularly participate in health promotion tivities. Yes No the last 12 months, did your organization use financial incentives to increase program participation? Yes No

Structure & Process Measures Tab – Engagement

Continued

- 3. E3 Select all boxes that apply, (at least one box must be selected).
- 4. E4 Select all boxes that apply, (at least one box must be selected).
- 5. E5 Select radio button Yes or No.
- 6. E6 Select radio button Yes or No.
- 7. Click Save button.

E3 In the la wellnes	ast 12 months, did your organization engage spouses or domestic partners in their health and s in any of the ways listed below?
Pro	ovide access to wellness programs
🗆 Pro	ovide incentives to participate in programs
🗌 Tai	rget communications
Co	llect health and wellness data
🔽 No	one of these
E4 In the la ways lis	ast 12 months, did your organization engage dependents in their health and wellness in any of the sted below?
🗆 Pro	ovide access to wellness programs
🗌 Pro	ovide incentives to participate in programs
🖂 Ta	rget communications
Co	llect health and wellness data
🔽 No	one of these
E5 In the la materia you do materia • Ye • No	ast 12 months, did your organization tailor some health promotion programs and education Is to the language , literacy levels , and cultural preferences of the workforce? Answer "no" if not perceive a need for your organization to tailor its health promotion programs and education <u>Is to any specific group(s)</u> .
E6 In the la materia a need specific Ye	ast 12 months, did your organization tailor some health promotion programs and education Is to employees' readiness to change their health behaviors? Answer 'no' if you do not perceive for your organization to tailor its health promotion programs and education materials to any group(s).

Structure & Process Measures Tab – Engagement

Continued

8. Click **OK** button on **Confirmation** pop--up.



Confirmation Pop-up

You will return to the Engagement section.

PARTNERSHIPS

STEPS	SCREEN SHOTS		
1. Click Partnerships section to open.	Introduction Organization & Demographic Information Structure & Process Measures Performance Measures Review Leadership Organizational Policies & Environment Communications Programs Engagement Partnerships Reporting Outcomes Print Print 		

Structure & Process Measures Tab -- Leadership

The **Partnerships** section will expand.

STEPS

SCREEN SHOTS

- 1. F1 Select radio button Yes or No.
- 2. Click Save button.

Leader	ship								
Organia	zational Policies	& Environme							
Commu	unications								
Program	ms								
Engage	ement								
Partner	ships								
F1 In the health attain or hea	last 12 months, c n, the social and e ment, reducing pr alth outcomes? Yes No	id your organ nvironmental verty, improvi	ization active determinants ing access to	ly participal of health (care, addro Save	te in any co such as rac essing resid	ommunity c sial equality dential env	oalitions focu , educationa ironments, ai	used on I nd so for	th)

Structure & Process Measures Tab – Partnerships

Continued

 Click OK button on Confirmation pop--up.



Confirmation Pop-up

You will return to the **Partnerships** section.

REPORTING OUTCOMES

STEPS	SCREEN SHOTS	
1. Click Reporting Outcomes section	Introduction Organization & Demographic Information Structure & Process Measures Performance Measures Review	N
to open.	 → → Organizational Policies & Environment 	
	▼ Communications	
	v Programs	
	▼ Engagement	
	- Dartnarshina	
	▼ Reporting Outcomes	
	Print	

Structure & Process Measures Tab

The Reporting Outcomes section will expand.

STEPS

SCREEN SHOTS

- 1. G1 Select all boxes that apply, (at least one box must be selected).
- 2. G2 Select all boxes that apply, (at least one box must be selected).
- 3. G3 Select radio button Yes or No.

ŝ	Leadership
	Organizational Policies & Environment
	Communications
	Programs
i R	Engagement
	Partnerships
	Reporting Outcomes
G	Implementation Data. In the last 12 months, did your organization collect a variety of relevant data to measure your workplace health program implementation?
	Coveral program participation rates Fmplovee participation rates for specific programs
	Employee satisfaction with programs and activities
	None of these
G	2 Outcomes Data. In the last 12 months, did your organization collect a variety of relevant data to measure your workplace health program <u>outcomes</u> ?
	Biometric data
	Health risk information
	Absenteeism or presenteeism
	Workers compensation claims
	Health behavior change (including well-being outcomes)
	Employee engagement
	Healthcare utilization or medical costs
	None of these
G	3 Program Evaluation. In the last 12 months, did your organization conduct ongoing, formal evaluations of health promotion programming that use multiple data sources? Answer 'yes' if, for example, your organization conducts annual evaluations that measure improved knowledge of chronic disease, behavior change, health risk migration, and return on investment, or value on investment.
	© Yes

Structure & Process Measures Tab – Reporting Outcomes

Continued

- 4. G4 Select radio button Yes or No.
- 5. Click Save button.



Structure & Process Measures Tab – Reporting Outcomes

Continued

6. Click OK button on Confirmation pop-up.

Confirmation Pop-up

You will return to the **Reporting Outcomes** section.

How to Print a Copy of Answers to Section 2

STEPS	SCREEN SHOTS	
 Scroll to bottom of page. Click Print to print Structure & Process Measures survey. 	Introduction Organization & D. Structure & Process Measures Performance M. • Leadership • Organizational Policies & Environment • • Organizational Policies & Environment • Communications • • Programs • Engagement • • • Partnerships • Reporting Outcomes • Print • Print • •	Review

Index Screen -- Organization & Demographic Information Tab

Reviewing Answers to Section 2

Confirming That Section 2 Has Been Completed

Each module in the Review tab represents a section in the Structure & Process Measures tab. The user has successfully completed the survey when <u>all modules</u> have a Completed check.

Complete Survey



Review Tab – Complete Survey

Incomplete Section 2

If the user has not completed the required questions in the **Structure & Process Measures** tab, the Index Dashboard will not be available to the user, and the **Review** module will alert the user to the number of questions requiring an answer within each section.

The user will return to the Structure & Process Measures tab to complete the survey.



Performance Measures Tab



Structure & Process Measures Tab

Finalize all questions within the section. Hit the "Save" button.

Additional Key Information

Section 3: Performance Measures

For information on how to submit employee health data for the three Index Performance Measures, refer to the document: *Choosing Method to Submit Employee Health Data*. This document will explain the three methods that are available for submitting employee health data and provide details about the data requirements that must be met.

Annual Cutoff Date for Completing the Index

You can access the Index at any time throughout the year to modify your answers, but please be aware the annual cutoff date for determining recognitions is **March 31st at 11:59 p.m. Pacific.** At this point, you will no longer be able to make changes to the survey and it will be submitted as is. To guarantee that your employee health data is submitted on time if using Aggregate or Batch processes, please submit by March 15th. Due to high volume of organizations submitting data in the weeks prior to the deadline, a lag time is expected for data processing.

Scoring

Section 1 is not scored. However, organization information is required so we can communicate results with you. Demographic information is voluntary. Points allocated for sections 2 and 3 are as follows:

INDEX MEASURES	# OF QUESTIONS	POINTS			
Section 2: Structure and Process Measures (Culture of Health)					
Leadership	6	17			
Policies & Environment	22	52			
Communications	6	16			
Programs	10	31			
Engagement	6	15			
Partnerships	1	5			
Reporting Outcomes	4	15			
TOTAL	55	151			
Section 3: Performance Measures (Employee Health Data)					
Performance Measure 1: Percent of Employee Health Data Submitted	1	33			
Performance Measure 2: Organization Heart Health Score	1	33			
***Performance Measure 3: Relative Improvement in Organization Heart Health Score (%)	1	33			
TOTAL	3	99			
INDEX TOTAL	58	250			

*** Organizations are eligible to receive points for Performance Measure 3 in their second and subsequent years of participation if all data requirements for the Performance Measures were met the previous year.

Organizations that do not quality for Performance Measure 3 points are not penalized. These organizations can achieve a maximum Total Index Score of 217 points, which consists of the max 151 points an organization can achieve in Section 2 for answering the 55 Structure and Process questions and the 66 points that can be achieved for Performance Measure 1 and Performance Measure 2.

Organizations that do quality for Performance Measure 3 points receive this credit as "bonus points." Organizations that qualify for Performance Measure 3 can receive up to 33 points, which allows these organizations to obtain a maximum Total Index Score of 250 points. In 2016, 2017 and 2018, organizations that qualify for Performance Measure 3 points will be scored out of 217 points despite being able to achieve a maximum of 250 points, thus rewarding these organizations with "bonus" points for their achieved improvement in organizational Heart Health Score. This "bonus point" scoring for Performance Measure 3 is subject to change for Index 2019 cycle (April 1, 2018-March 31, 2019).

Recognitions

Organizations are eligible for Gold, Silver, Bronze or Completer recognition based on their Total Index Scores.

Index 2016 – 2018 Tiers					
1	GOLD	175-217 points			
	SILVER	130-174 points			
ex Scale	BRONZE	86-129 points			
Inde	COMPLETION RECOGNITION	<86 points			

Companies that receive recognition are eligible to receive promoted recognition, including but not limited to:

- Digital campaign materials for companies to promote their award on their company website and social media
- A press release template
- Listing on Heart.org
- Recognition certificate, plaque, and window decal

Recognition offerings are subject to change year to year.

Index Dashboard

You can view your results in the Index Dashboard. Reports are updated upon page load.

Tip: The initial load of data for the Index Dashboard may take up to 4 hours for data to be displayed.

STEPS	SCREEN SHOTS	
 Click arrow to access Navigation menu. 	Workplace Health Achievement Index	xin Index Dashboard Workplace Health Achievement Index
 Select Index Dashboard. 	Introduction Organization & Demogra. Structure & Process Measures Performance Meas Welcome to the American Heart Association's Workplace Health Achievement In ("Index") The Index is designed to belo your organization assess the quality	Settings W Sign Out

You will be directed to the Index Dashboard screen.

Tip: If you have not started/completed the Index, and try to view the Index Dashboard a warning popup will display.



Warning Pop-up

Click the Ok button. You will be directed to the **Workplace Health Achievement Index** tab to complete the Worksite Size Classification and Organization Classification in the **Organization and Demographic Information** section, and respond to all questions in the **Structure and Process Measures** section.

Index Screen -- Introduction Tab

From the Index Dashboard you will be able to Download to PDF reports.

TIP: If you do not have any missing data but cannot see your Index Dashboard for the current year, please review your Structure & Process answers in the Workplace Health Achievement Index and select the "Update" button. This may help display your results because your responses may be stored in the system from a previous year, but has not yet been pulled forward for the current year. Hitting the "Update" button, will allow your entered responses to be counted for the current year.



Dashboard Screen

INTERPRETING SCORES

TOTAL INDEX SCORE

This graph shows your organization's Total Index Score compared to the average Total Index Score of your peer companies participating in the Index by Worksite Size Classification and Organizational Classification.



LEADERSHIP

Similarly, this graph shows how your performance compares to peer companies.



ORGANIZATIONAL POLICIES & ENVIRONMENT

This graph shows how your performance compares to peer companies.



COMMUNICATIONS

This graph shows how your performance compares to peer companies.



PROGRAMS

This graph shows how your performance compares to peer companies.



ENGAGEMENT

This graph shows how your performance compares to peer companies.



PARTNERSHIPS

This graph shows how your performance compares to peer companies.



REPORTING OUTCOMES

This graph shows how your performance compares to peer companies.



Downloading a PDF

You can **Download** the reports to **PDF**.

STEPS	SCREEN SHOTS
 Click Download to download results to PDF. 	Report Filters Organization Name Excellent Indy Worksite Indianapolis Search

Dashboard Screen

The report will **Download** to new window.