



Workplace Health Solutions

Workplace Health Achievement Index

QUESTIONS

Table of Contents

Organization & Demographic Information.....	3
Organization.....	3
Option Sets.....	6
Demographics.....	9
Worksite Health Promotion Programs Elements.....	13
Use of Incentives.....	14
Persons Completing the Index.....	15
Structure & Process Measures.....	16
Leadership.....	16
Organizational Policies & Environment.....	17
Communications.....	22
Programs.....	23
Engagement.....	27
Partnerships.....	28
Reporting Outcomes.....	29

Organization & Demographic Information

▼ Organization

Organization Name*

Headquarters*

Is the Headquarters applying for recognition?*

- Yes
- No

Is the Headquarters applying on behalf of branch worksites?*

- Yes
- No

Worksite Applicant

Address Line 1*

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

Address Line 2

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

City*

State*

Zip Code*

County*

Region*

Number of U.S. worksites (individual, geographically dispersed worksites)?*

Organization Type*

Organization Classification*

Worksite Size*

Total Number of Employees*

Worksite Size Classification*

Do you provide (or make contributions to) employer-based health insurance coverage?*

- Yes
- No



Covered Lives*

Total U.S. employees covered by health insurance

Total U.S. spouses and dependents covered by health insurance

Employees eligible to participate in your wellness program's health assessment (MLC or other assessment)?*

Total U.S. employees eligible

Total U.S. spouses and dependents eligible

Annual Gross Revenue

Option Sets

State

Options			
Alabama	Indiana	Nebraska	South Carolina
Alaska	Iowa	Nevada	South Dakota
Arizona	Kansas	New Hampshire	Tennessee
Arkansas	Kentucky	New Jersey	Texas
California	Louisiana	New Mexico	Utah
Colorado	Maine	New York	Vermont
Connecticut	Maryland	North Carolina	Virginia
Delaware	Massachusetts	North Dakota	Washington
Florida	Michigan	Ohio	West Virginia
Georgia	Minnesota	Oklahoma	Wisconsin
Hawaii	Mississippi	Oregon	Wyoming
Idaho	Missouri	Pennsylvania	District of Columbia
Illinois	Montana	Rhode Island	Puerto Rico

Region

Options
Northeast
South
Midwest
West

Organization Type

Options
Private Company
Public Company
Nonprofit
School/School District
University/College Campus
Faith-based Organization
Community Organization (e.g. health centers, insurance companies, retailers, business groups, etc.)
Other

Organization Classification

Options
Agriculture, Forestry, Fishing and Hunting
Mining
Utilities
Construction
Manufacturing
Wholesale Trade
Retail Trade
Transportation and Warehousing
Information
Finance and Insurance
Professional Scientific and Technical Services
Real Estate Rental and Leasing
Management of Companies and Enterprises
Administrative and Support and Waste Management and Remediation Services
Education Services
Health Care and Social Assistance
Arts, Entertainment and Recreation
Accommodation and Food Services
Public Administration
Other Services

Worksite Size Classification

Options
< 50 employees
50-249 employees
250-749 employees
750-4,999 employees
> 5,000 employees

Annual Gross Revenue

Options
N/A
0-\$1M
\$1M-\$10M
\$10M-\$100M
\$100M-\$500M
\$500M-\$1B
More than \$1B

▼ Demographics

Gender Ratio

% Male

% Female

Age Group Distribution

% <18 years of age

% 18-34 years of age

% 35-44 years of age

% 45-64 years of age

% >65 years of age

Average Employee Age

Job Type

% Salaried

% Hourly

Work Status

% Full-time

% Part-time

Temporary Employees

%

Remote/Home Office Workers

%

Work Tenure

% Employed < 1 year

% Employed 1-2 years

% Employed 3-5 years

% Employed > 5 years

**Annual Employee Income Before Taxes
(annualized for temporary / part-time employees)**

- % Lowest 20 (\$0 - \$18,361)
- % Second 20 (\$18,362 - \$35,681)
- % Third 20 (\$35,682 - \$59,548)
- % Fourth 20 (\$59,549 - \$99,622)
- % Highest 20 (\$99,632 and above)

(Source: Consumer Expenditure Survey, 2014;
<http://www.bls.gov/cex/2014/combined/decile.pdf>).

Education Level

- % Some High School
- % High School Diploma
- % Associate Degree
- % Some College
- % Bachelor Degree
- % Advanced Degree

Approximate employees who are Spanish-language speakers

 %

Approximate employees who speak English as a second language

 %

Average Annual Voluntary Turnover Rate

 %

Please enter the estimated percentage of your U.S. population who are

 % American Indian/Alaska Native % Asian/Asian American % Black or African American % Hispanic/Latino % Native Hawaiian/Pacific Islander % White % Other

▼ Worksite Health Promotion Program Elements**Worksite Health Promotion Program Elements (check all that apply)***

- Health education (e.g., skills development and behavior change programs)
- Links to related employee services (e.g., referral to employee assistance program)
- Supportive physical and social environment for health improvement (e.g., tobacco-free policy, healthy food and beverage policy etc.)
- Integration of health promotion into your organization's culture (e.g., health promotion being part of your business' strategic plan)
- Employee health screenings with adequate treatment and follow-up

▼ Use of Incentives**Types of Incentives**

Do you provide participatory incentives?*

- Yes
- No

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

- Yes
- No

Do you provide health-contingent, outcomes-based incentives?*

- Yes
- No

Are financial incentives communicated as a reward?*

- Yes
- No

Structure of Incentive Programs

Please indicate the structure of incentive programs you use (check all that apply)*

- Individual rewards
- Individual deposits
- Group rewards
- Group deposits
- Other

▼ Person(s) Completing the Index

Indicate the person(s) and their job roles/positions who have assisted in completing this form (check all that apply)*

- Chief Medical Officer (CMO) / Chief Health Officer (CHO)
- HR Director or Manager
- Benefits Director or Manager
- Wellness Manager or Coordinator
- Finance Director or Manager
- General Manager
- Office Manager
- A team effort comprised of at least 2 of the above people/job roles

Structure & Process Measures

▼ Leadership

A1 In the last 12 months, did your organization demonstrate **commitment and support of worksite health promotion at all levels of management?**

- All levels of management participate in health and wellness activities
- Leaders discuss the value of improving employee health and well-being
- Communications are sent to employees from senior leaders and middle management
- The worksite supports performance objectives related to healthy workforce and program ownership is shared with all staff levels
- Leaders publically recognize employees for healthy actions or health-related achievements
- None of these

A2 In the last 12 months, did your organization set aside a **budget for wellness, and occupational health and safety** (apart from health insurance and incentives for employees)?

- Yes
- No

A3 In the last 12 months, did your organization have a **formal, written wellness strategic plan** that included **specific, measurable goals and objectives?** (If "No", skip to A5)

- Yes
- No

A5 In the last 12 months, did your organization have a **paid health promotion coordinator** whose job (either part-time or full-time) is to implement a worksite health promotion program?

- >50% Full Time Equivalent
- < 50% Full Time Equivalent
- No

A6 In the last 12 months, did your organization show support for allocating additional head count towards operationalizing your organization's worksite health promotion program?

- Yes
- No

▼ Organizational Policies & Environment

B1 In the last 12 months, did your organization **actively enforce written policies** in any of the following areas?

- Occupational health and safety
- Provision of medical benefits for full-time employees
- Making workplace health and well-being programs available to dependents
- Drug abuse (substance abuse) policy
- Alcohol abuse (substance abuse) policy
- Employee assistance program (EAP) access for counseling and intervention for those already high risk
- Mental well-being and stress management
- Flexible working schedule and/or working remotely
- Vaccinations and other preventive screenings
- Vehicle safety
- None of these

B2 In the last 12 months, did your organization **conduct employee health risk appraisals/assessments** (HRAs) through vendors, onsite staff, or health plans?

- Yes
- No

B3 In the last 12 months, did your organization **provide individual feedback with health education** that support 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

B4 In the last 12 months, did your organization have an active health promotion committee that advocates and supports the health promotion program with any of the following criteria?

- Yes
 - No
- Meets at a pre-determined frequency
 - Is responsible for helping determine company wellness policy
 - Is accountable to the C-suite

- B4** In the last 12 months, did your organization have **active internal champions who advocate and support** the health promotion program?
- Yes
- No
- B5 Tobacco Policy.** In the last 12 months, did your organization adhere to and enforce a tobacco-free policy that applies to employees **and** non-employee visitors banning the use and sales of all tobacco products (including but not limited to cigarettes, cigars, smokeless tobacco products and e-cigarettes) **within the enclosed areas on the company premises** (including buildings and vehicles owned, leased (to the extent possible), or operated by the organization with no exception to common work areas, auditoriums, classrooms, conference/meeting rooms, elevators, cafeterias, stairwells, hallways, restrooms, break rooms, garages, warehouse, or all other enclosed facilities)?
- Yes
- No
- B6 Tobacco Policy.** In the last 12 months, did your organization inform employees of the policy through the **organizational policy manual**, and inform visitors and contractors through clearly-posted signs?
- Yes
- No
- B7 Tobacco Policy.** In the last 12 months, did your organization provide **adequate tobacco cessation coverage as it is defined by the US Department of Labor**, i.e. offering the following services **without any cost sharing**: (1) screen for tobacco use and; (2) offer two cessation attempts each for those who smoke? Coverage for a cessation attempt is defined as four tobacco counselling sessions of at least 10 minutes each (whether telephone, individual, or group), and all FDA-approved tobacco medications for a 90-day treatment regimen when prescribed by a healthcare provider without prior authorization.
- Yes
- No
- B8 Tobacco Policy.** In the last 12 months, did your organization refer tobacco users to a state or other tobacco cessation telephone quit line?
- Yes
- No
- 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)?
- Yes
- No

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?

- Yes
 No

B11 Nutrition Policy. Pledge: Did your organization sign the American Heart Association's Food and Beverage Pledge Letter committing to a Healthier Workplace by Building a Culture of Health?
(See Healthy Workplace Food & Beverage Pledge)

- Yes
 No

B12 Nutrition Policy. General: In the last 12 months, did your organization **implement a written policy and supporting internal communication efforts that make healthier food and beverage choice available** in cafeterias, catered meetings, snack bars and vending machines? Answer "yes" if, for example, the policy or formal communication makes vegetables, fruits, 100% fruit juices, whole grain items, snacks limited in sodium and added sugars available in cafeterias or snack bars.

- Yes
 No

B13 Nutrition Policy. Beverages: In the last 12 months, did your organization implement a plan to **offer at least 50% healthy beverage choices** throughout the workplace, including vending, catered meals, snack bars, and cafeterias, with a plan to eliminate full calorie sugar sweetened beverages in the worksite? Answer 'yes' if the policy meets the American Heart Association's Healthy Workplace nutrition standard for beverages. **(See Healthy Workplace Food & Beverage Toolkit)**

- Yes
 No

B14 Nutrition Policy. Vending/Snack Foods: In the last 12 months, did your organization offer a **minimum of 25% of healthier options**, with a plan to annually improve this percentage, in vending machine and other snack choices available at cafeterias, meetings, catered meetings or snack bars? Answer 'yes' if the healthier options meet the American Heart Association's recommended nutrition criteria and selections that support a healthy diet pattern.

(See Healthy Workplace Food & Beverage Toolkit - Guidance on Vending Machines)

- Yes
 No

B15 Nutrition Policy. Catered Meals (On- and Off-Site Meals/Events): 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. Nutritional Information: 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.

Yes

No

B17 Physical Activity Policy. In the last 12 months, did your organization offer and promote the use of **recreation/ fitness facilities or gym/health club memberships** that are either onsite/free or offsite/with membership reimbursed or discounted?

Yes

No

B18 Physical Activity Policy. In the last 12 months, did your organization offer and promote various onsite or offsite **physical activity classes** (e.g. aerobics, yoga), which could be free or at a cost to the employee?

Yes

No

B19 Physical Activity Policy. In the last 12 months, did managers allow employees (full-time and hourly) **time during the day** to engage in physical activity?

Yes

No

B20 Physical Activity Policy. In the last 12 months, did your organization provide and promote a **supportive environment** for physical activity, recreation or exercise through any of the following options?

- 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 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 than 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

▼ Communications

C1 In the last 12 months, did your organization have a **formal, written** communication plan for internal wellness communications going out to all staff from senior leadership?

- Yes
- No

C2 In the last 12 months, thinking about your wellness communication plan, did your organization **identify your employees for targeted communications** based on demographics (age, gender, race/ethnicity, health literacy, type of worker), or cultural/language preferences?

- Yes
- No

C3 In the last 12 months, did your organization promote and market health promotion programs to employees using your company brand name/logo, using multiple channels or communication?

- Use the company brand / logo
- Use multiple channels of communications (print, email, web, social media)
- Neither of these

C4 In the last 12 months, did your organization **evaluate the impact and effectiveness of the communications plan**?

- Yes
- No

C5 In the last 12 months, did your organization, **include employee input** in the design of health promotion programs and communications?

- Yes
- No

C6 In the last 12 months, did your organization **regularly communicate about major health risk behaviors** such as tobacco use, healthy diet and physical activity?

- Annually
- Quarterly
- Monthly

▼ Programs

D1 Screening. In the last 12 months, did your organization provide screening tools/risk factor assessment and feedback, with follow-up and clinical referral when appropriate for the following health risk measures?

Life's Simple Seven (LS7):

- Tobacco Cessation
- Nutrition and Healthy Eating
- Physical Activity
- Weight Management
- Blood Pressure
- Cholesterol
- Diabetes

Other:

- Alcohol or drug abuse
- Depression
- Stress Management
- Sleep

- None of these

D2 Print / Online Materials. In the last 12 months, did your organization provide brochures, videos, posters, pamphlets, newsletters, or other written or online information that address the following health risks measurements?

Life's Simple Seven (LS7):

- Tobacco Cessation
- Nutrition and Healthy Eating
- Physical Activity
- Weight Management
- Blood Pressure
- Cholesterol
- Diabetes

Other:

- Alcohol or drug abuse
- Depression
- Stress Management
- Sleep

- None of these

D3 Workshops. In the last 12 months, did your organization provide educational seminars, webinars, workshops, or classes on the following health risk measurements?

Life's Simple Seven (LS7):

- Tobacco Cessation
- Nutrition and Healthy Eating
- Physical Activity
- Weight Management
- Blood Pressure
- Cholesterol
- Diabetes

Other:

- Alcohol or drug abuse
- Depression
- Stress Management
- Sleep

- None of these

D4 Lifestyle Counselling. In the last 12 months, did your organization provide free or subsidized one-on-one or group lifestyle counseling (whether online, telephonically, or in-person) and follow-up monitoring for employees on the following health risk measurements?

Life's Simple Seven (LS7):

- Tobacco Cessation
- Nutrition and Healthy Eating
- Physical Activity
- Weight Management
- Blood Pressure
- Cholesterol
- Diabetes

Other:

- Alcohol or drug abuse
- Depression
- Stress Management
- Sleep

- None of these

D5 Disease Management. In the last 12 months, did your organization provide a disease management (DM) program (including lifestyle management) through your health plan or a vendor to address the following diseases or health conditions?

- Obesity
- Diabetes
- Hypertension
- Metabolic syndrome
- Congestive heart failure (CHF)
- Coronary artery disease (CAD)
- Chronic obstructive pulmonary disease (COPD)
- Musculoskeletal disorder (including back pain)
- Depression
- Arthritis
- Asthma
- Autoimmune disorders
- Cancer
- None of these

D6 Maternity Program. In the last 12 months, did your organization provide a lifestyle program for new mothers?

Yes

No

D7 Heart Attack & Stroke. In the last 12 months, did your organization provide information identifying the signs, symptoms, and need for emergency response to stroke, heart attack, and cardiac arrest through posters or flyers in the common areas of your worksite (such as bulletin boards, kiosks, break rooms), emails, newsletters, management communications, websites, seminars, or classes?

Yes

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?

Yes

No

D9 Heart Attack & Stroke. In the last 12 months, did your organization 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 Cardiopulmonary Resuscitation (CPR) including Automated External Defibrillator (AED) through a nationally-recognized training course?

Yes

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 person can be reached within 3-5 minutes of collapse?

Yes

No

▼ Engagement

E1 In the last 12 months, did your organization **engage the CEO or C-suite to inspire and engage employees around their health** through role modeling? Answer 'yes' if health and wellness messages are communicated directly from the CEO/C-suite and the CEO/C-suite regularly participate in health promotion activities.

- Yes
- No

E2 In the last 12 months, did your organization use financial incentives to increase program participation?

- Yes
- No

E2 In the last 12 months, did your organization combine financial incentives with other non-financial incentive strategies such as "physical fitness comp time", "flexible spending dollars" or gift certificates to increase participation in health promotion programs?

- Yes
- No

E3 In the last 12 months, did your organization engage **spouses or domestic partners** in their health and wellness in any of the ways listed below?

- Provide access to wellness programs
- Provide incentives to participate in programs
- Target communications
- Collect health and wellness data
- None of these

E4 In the last 12 months, did your organization engage **dependents** in their health and wellness in any of the ways listed below?

- Provide access to wellness programs
- Provide incentives to participate in programs
- Target communications
- Collect health and wellness data
- None of these

E5 In the last 12 months, did your organization tailor some health promotion programs and education materials to the **language, literacy levels, and cultural preferences** 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).

- Yes
- No

E6 In the last 12 months, did your organization tailor some health promotion programs and education materials to employees' **readiness to change** their health behaviors? 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).

- Yes
- No

▼ Partnerships

F1 In the last 12 months, did your organization actively participate in any community coalitions focused on health, the social and environmental determinants of health (such as racial equality, educational attainment, reducing poverty, improving access to care, addressing residential environments, and so forth) or health outcomes?

- Yes
- No

▼ Reporting Outcomes

G1 Implementation Data. In the last 12 months, did your organization collect a variety of relevant data to measure your workplace health program implementation?

- Overall program participation rates
- Employee participation rates for specific programs
- Employee satisfaction with programs and activities
- None of these

G2 Outcomes Data. In the last 12 months, did your organization collect a variety of relevant data to measure your workplace health program outcomes?

- 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

G3 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
- No

G4 In the last 12 months, did your organization **use data you collect to assess or modify your workplace health promotion programs**? Answer 'yes' if, for example, you use data to modify your strategic plan, add or modify policies, add or drop programs or activities, modify the implementation schedule, change incentive structures, identify community partnerships, or enhance communication strategies.

- Yes
- No