



Training Employers | Promoting Health | Maximizing Performance

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

Introduction to the CDC Worksite Health Scorecard

Form Approved
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Introduction

Informed Consent

Before you get started, we'd like to give you some more information to help you decide whether or not you would like to participate.

- This project is funded by the Centers for Disease Control and Prevention. Many parts of the project are being managed by ASHLIN Management Group (ASHLIN). ASHLIN is a private sector consulting firm with a focus in the area of health and human services based in Greenbelt, MD. They are helping CDC implement the Work@Health™ Program. The Public Health Management Corporation (PHMC), a non-profit, public health institute located in Philadelphia, PA and part of the ASHLIN Team designed this survey.
- You were asked to participate because your workplace is participating in the Work@Health™ program.
- Your participation in this survey is voluntary. In the course of this survey, you may refuse to answer specific questions. You may also choose to end the discussion at any time.
- The survey is designed to take about 30 minutes.
- There are no right or wrong answers or ideas—we want to hear about YOUR experiences and opinions.
- All of the comments you provide will be maintained in a secure manner. We will not disclose your responses or anything about you unless we are compelled by law. Your responses will be combined with other information we receive and reported in the aggregate as feedback from the group. In our project reports, your name will not be linked to the comments you provide in this survey.
- CDC is authorized to collect information for this project under the Public Health Services Act.
- There are no personal risks or personal benefits to you for participating in this survey.
- If you have any questions, you can contact Kristin Minot at Public Health Management Corporation. Her phone number is 215-985-2519 and her email is Kristin@phmc.org.

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Employee Characteristics

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 2 to begin completing the HSC.

1. Number of employees (Full and part time)

2. Gender

% Male

% Female

3. 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

4. Average Age

Years of age

5. 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

6. Work Status

% Full-time

% Part-time

% Temporary

7. Job Type

% Salaried

% Hourly

8. Education Level

% Less than high school

% High school graduates/GED

% Some college/technical school

% College graduate

% Post-graduate/advanced degree

9. Your Organization's Business Type

☐ For-profit

☐ Nonprofit/government

☐ Nonprofit/other

10. Your Organization's Industry Type

☐ Agriculture, Forestry, Fishing and Hunting

☐ Mining, Quarrying, and Oil and Gas Extraction

☐ Retail/Wholesale Trade

10. 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
- ☐ Public Administration

Other Services (except Public Administration)

11. Health insurance coverage provided to employees?

- ☐ Yes ☐ No

12. 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)

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Organizational Supports

13. During the past 12 months did your worksite:

	Yes	No
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).	☐	☐
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.	☐	☐
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.	☐	☐
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, reduces health insurance premiums, employee recognition, or prizes.	☐	☐
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.	☐	☐
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.	☐	☐
Use examples of employees role modeling appropriate health behaviors or employee health-related "success stories" in the marketing materials?	☐	☐
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).	☐	☐
Have an active health promotion committee? Answer "yes" if your health promotion committee exists and has been involved in planning and implementing programs.	☐	☐
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.	☐	☐
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 workplace health promotion.	☐	☐
Have an annual budget or receive dedicated funding for health promotion programs?	☐	☐