



CDC Work@Health® Accreditation Readiness Assessment Tool

Form Approved
OMB No. 0920-XXXX
Exp. Date: XX-XX-XXXX

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INTRODUCTION

This online survey asks about your organization's workplace wellness program to assess whether you are prepared to apply for workplace wellness accreditation. The instrument will help to identify areas of your program that may need enhancement and improvement before applying for accreditation. You are asked to complete the survey because of your participation in the Work@Health® Program. This project is funded by the Centers for Disease Control and Prevention. Many parts of this project are being managed by the 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 is conducting this survey. They are helping CDC evaluate the Work@Health® program.

INFORMED CONSENT

Before you get started, we'd like to give you some more information to help you decide whether you would like to participate.

- Your participation is voluntary. In the course of this survey, you may refuse to answer specific questions. You may also choose to end the survey 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 aggregate as feedback from the group. In our project reports, your name and your employer's name will not be linked to the information or comments you provide.
- There are no risks or benefits to you personally for participating in this survey.
- CDC is authorized to collect information for this project under the Public Health Services Act.
- We are interested in your comments so that we can improve the Work@Health® Program for future participants. Please feel free to contact Dr. Jennifer Lauby at PHMC. Her phone number is 215-985-2556 and her email is Jennifer@phmc.org.

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Please answer the following questions about your organization's workplace wellness program, thinking about your activities over the past 12 months.

Training Participation ID (when participants enter the program they are assigned an ID number, which will be entered here):

Domain A: Organizational Alignment

Aside from health insurance and incentives for employees, does your organization have a budget or dedicated funding for wellness, occupational health, and safety?

Yes No

How much do you spend annually per employee on workplace wellness programs? (Please do not include salaries of staff that support the wellness programs)

- Less than \$50 per employee
- \$50-124 per employee
- \$125-199 per employee
- \$200-400 per employee
- More than \$400 per employee
- Don't know

Does this amount include occupational health and safety costs?

Yes No

How often does the senior leadership of your organization support a culture of health in the following ways?

	Very Often	Often	Occasionally	Not at all often	Never	Don't Know
Senior leaders actively participate in worksite wellness activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leaders publicly recognize employees for healthy actions or outcomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Senior leaders hold managers accountable for supporting the health of employees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leaders support changes in the physical workspace to improve health of employees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leaders discuss the link between employees' health and organization goals such as profitability and sustainability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leaders discuss the value of improving health for employees' own wellbeing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you have an active wellness committee?

Yes No

Does the committee include participation from different organizational units that is representative of the workforce?

Yes No

Do you have a wellness champion network such as volunteer staff to support the committee or to serve as liaisons if there are multiple work sites?

Yes No



Do you have one or more staff persons whose job description includes the support of workplace wellness programs?

Yes No

What percent of effort (FTE) is devoted to this task?

- 0.10-0.39 FTE
- 0.40-0.69 FTE
- 0.70-0.99 FTE
- 1.00 FTE
- Don't know

Do you pay a third-party vendor to provide wellness programming to your organization?

Yes No

Do middle managers and supervisors receive training in workplace wellness?

Yes No

Do you have a written wellness strategic plan in place?

Yes No

Does the plan clearly identify specific, measurable goals and objectives?

Yes No

Is the plan reviewed and updated at least once a year?

Yes No

Do senior leaders review and approve the plan annually?

Yes Senior leaders review the plan, but not annually No

Are middle managers and supervisors aware of the plan?

Yes No

Is the plan shared with all employees?

Yes No

Do you have a system for recognition, awards, or celebrations for meeting wellness plan goals?

Yes No

In the past 12 months, have you used any of the following community partnerships and resources to promote workplace wellness?
(check all that apply)

- Local YMCA/YWCA
- Municipal recreation programs (e.g., city or township recreation programs)
- Health clubs and gyms
- Private sector vendors, such as Weight Watchers
- State or local health department
- Health clinics or hospitals
- National health/disease advocate organizations (e.g., American Heart Association, American Diabetes Association, American Lung Association, American Red Cross, American Cancer Association)
- Business coalitions
- Unions or trade associations
- Employers in your region and/or industry
- Colleges and universities
- Other community partners (please specify)

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Domain B: Population Health Management

Please indicate which of the following modalities are used to deliver wellness initiatives in your organization. These could be initiatives delivered by your wellness program staff, a third party vendor, or your health insurance company. For each wellness topic, check the ways your program has been delivered over the past 12 months (check all that apply).

	Group Education Sessions, Meetings	Support Groups	Face-to-Face Coaching	Telephonic or Online Coaching	Web Portal or Other Online Resources	Communication Materials (print, email, social media)	Campaigns or Challenges	Other	None - Our program does not address this topic
Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Disease (e.g., high blood pressure, diabetes, obesity, high cholesterol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco Cessation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug and Alcohol Misuse/ Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you selected other in the question above, please specify the modality used.

Please indicate the status of your organization's workplace health policies in each of the following topic areas:

	Do not have a policy in place	In progress - starting to draft or implement a policy	Policy is in place
Nutrition (e.g., healthy food options at events/meetings)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Physical activity, exercise (e.g., paid work time for physical activity, physical activity breaks)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Tobacco control (e.g., no smoking on employer property, removal of ashtrays from property)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Drug & alcohol abuse (e.g., random drug screening)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Stress management (e.g., dedicated space for relaxation, paid work time for relaxation)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Work-life balance (e.g., flexible working hours, child care options)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Physical environment (e.g., well-lit stairways, healthy vending)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Workplace safety (e.g., ergonomic accommodations, cellphone use while driving company vehicles)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Violence prevention (e.g., workplace violence, anti-bullying)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Nutrition policy has been in place for

- Less than 1 year
- 1-2 years
- 3-5 years
- More than 5 years

Physical activity/exercise policy has been in place for

- Less than 1 year
- 1-2 years
- 3-5 years
- More than 5 years

Tobacco control policy has been in place for

- Less than 1 year
- 1-2 years
- 3-5 years
- More than 5 years

Drug and alcohol misuse/abuse policy has been in place for

- Less than 1 year
- 1-2 years
- 3-5 years
- More than 5 years

Stress management policy has been in place for

- Less than 1 year
- 1-2 years
- 3-5 years
- More than 5 years

Work-life balance policy has been in place for

- Less than 1 year
- 1-2 years
- 3-5 years
- More than 5 years

Physical environment policy has been in place for

- Less than 1 year
- 1-2 years
- 3-5 years
- More than 5 years

Workplace safety policy has been in place for

- Less than 1 year
- 1-2 years
- 3-5 years
- More than 5 years

Violence prevention policy has been in place for

- Less than 1 year
- 1-2 years
- 3-5 years
- More than 5 years

If you selected other in the grid above, please specify the other wellness topic you have or are developing a policy to address

For how long has this policy has been in place?

- Less than 1 year
- 1-2 years
- 3-5 years
- More than 5 years



In which of the following ways do you use employees' health risk assessments and/or biometric data to inform your workplace health programs and activities? (check all that apply)

- We do not collect health risk assessments or biometric data
- To measure trends or changes in employee health, as part of a performance dashboard
- To define program needs and to develop appropriate program goals/objectives and interventions
- To communicate results and engage employees in workplace health activities
- To identify at-risk groups for specific targeted programs
- To provide referrals and other services to employees
- To share with/brief leadership for additional funding or support for health programs
- To share with health benefit providers for collaboration

How often do you conduct a survey of employees' needs and interests to help plan your workplace health programs and activities?

- Have not conducted a needs survey
- More than once a year
- Once a year
- Every two years
- Less often than every two years

Do you use health education materials (e.g., brochures, pamphlets) in your worksite health program?

- Yes; we create our own
- Yes; we use those created by other organizations
- No

Tailoring your materials is an important strategy for effectively communicating the offerings of worksite health programs. To what extent do you use the following strategies in your program's health education materials?

	Always	Often	Sometimes	Rarely	Never	Not applicable
Reading level of materials is at 8 th grade level or below	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health terms and concepts are understandable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Materials are available in Spanish or other languages as needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Examples and illustrations represent the racial and cultural diversity of the workforce	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do the following populations have access to your workplace wellness activities and programs?

	Yes, all activities	Yes, some activities	No, not eligible	Not applicable
Full-time employees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Part-time employees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees not located in your main office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees who do not receive health insurance from your organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spouses, domestic partners, children, and other dependents of employees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retirees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you provide incentives to employees as part of your workplace health program?

- Yes, we provide incentives for participating in program activities
- Yes, we provide incentives for achieving health outcomes, such as weight loss or quitting smoking
- Yes, we provide incentives for both participation and achieving health outcomes
- No, we do not provide incentives

What types of incentives do you provide to employees? (check all that apply)

- Insurance premium differentials (either increase or decrease)
- Financial rewards such as cash or gift cards
- Time off from work
- Entry into a lottery
- Token gifts such as t-shirts or water bottles
- Donations to a charitable organization
- Other (please specify)

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Domain C: Data

In the past 12 months, which of the following types of data have you collected to measure your workplace health program implementation? (check all that apply)

- We do not collect any data on implementation
- Overall program participation rates
- Employee participation rates for each activity or service provided
- Participation rates for spouses and dependents
- Employee satisfaction with program/activities
- Other measures (please specify)

In the past 12 months, which of the following types of data have you collected to measure your workplace health program outcomes? (check all that apply)

- We do not collect any data on outcomes
- Health risk information
- Biometric data
- Preventive screenings
- Clinical outcomes
- Absenteeism
- Presenteeism
- Workers compensation, disability
- Health care utilization
- Medical costs
- Employee morale/job satisfaction
- Changes in organizations structure, policies, procedures, or practices
- Other measures (please specify)

Do you benchmark your program outcomes against any of the following? (check all that apply)

- We have not used any benchmarks
- Measures of your organization from previous years
- National/state objectives (e.g., Healthy People 2020)
- Companies of similar size (e.g., CDC Worksite Health Scorecard benchmarks)
- Award or recognition programs
- Other organizations in your state/region
- Other organizations in your industry
- Other benchmark (please specify)

Domain D: Outcomes and Reporting

In which of the following ways have you used the data you collect to assess or modify your workplace wellness program? (check all that apply)

- Have not used data to assess or modify our program
- To create, modify, revise, and/or update a workplace wellness strategic plan
- To add to or modify workplace health programs, policies, or practices
- To drop specific programs, policies, or practices
- To modify the schedule of when programs and/or activities are offered
- To develop communication strategies and materials (tailored, relevant to specific employees)
- To enhance strategies for encouraging participation
- To change how incentives are used
- To identify needed community partnerships
- Other data uses (please specify)

What types of communication (*left column*) do you use to report program outcomes to the following audiences (*top row*)? Please check methods that you have used in the past 12 months for each audience.

	Senior Leaders	Middle Managers/Supervisors	All Employees	Spouses and Family Members	Community Partners	Vendors
Dashboard or Report Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newsletter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formal Report (Quarterly, Semi-Annual, Annual)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meetings/Presentations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Posting on Website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Thank you for completing the Work@Health® Accreditation Readiness Assessment. Your responses have been submitted.

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100%