CDC Worksite Health Scorecard Registration

Public reporting of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1014).

Respondents/Sources	Method	Content	Timing	Respondents	Time per Respondent
Employers (e.g., wellness/ human resources Representative)	Online	Presence of health promoting practices and programs	Participants may begin the survey immediately after they agree to participate, establish an account, and receive a login code via email.	800	0.08 hrs

The CDC Worksite Health ScoreCard is a tool designed to help employers assess whether they have implemented evidence-based health promotion interventions or strategies in their worksites to prevent heart disease, stroke, and related conditions such as hypertension, diabetes, and obesity.

Although chronic diseases are among the most common and costly of all health problems, adopting healthy lifestyles can help prevent them. A wellness program aimed at keeping employees healthy is a key long-term human asset management strategy. To curb rising health care costs, many employers are turning to workplace health programs to make changes in the worksite environment, help employees adopt healthier lifestyles and, in the process, lower their risk of developing costly chronic diseases. The approach that has proven most effective is to implement an evidence-based comprehensive health promotion program that includes individual risk reduction programs, coupled with environmental supports for healthy behaviors and is coordinated and integrated with other wellness activities. To better understand these employer-based workplace health programs, the U.S. Centers for Disease Control and Prevention (CDC) is conducting this organizational survey of employer workplace health programs, policies, and practices.

The assessment contains 154 questions that assess how evidence-based health promotion strategies are implemented at a worksite. These strategies include health promoting counseling services, environmental supports, policies, health plan benefits, and other worksite programs shown to be effective in preventing heart disease, stroke, and related health conditions. Employers can use this tool to assess how a comprehensive health promotion and disease prevention program is offered to their employees, to help identify program gaps, and to prioritize across the following health topics:

- Organizational Supports (25 questions)
- Tobacco Use (8 questions)
- Nutrition (14 questions)

- Physical Activity (10 questions)
- Weight Management (4 questions)
- Stress Management (7 questions)

- Depression (7 questions)
- High Blood Pressure (6 questions)
- High Cholesterol (5 questions)
- Prediabetes and Diabetes (6 questions)
- Heart Attack and Stroke (12 questions)
- Alcohol and Other Substance Use (6 questions)

- Maternal Health Lactation Support (7 questions)
- Sleep and Fatigue (8 questions)
- Occupational Health and Safety (9 questions)
- Vaccine-Preventable Diseases (6 questions)
- Musculoskeletal Disorders (7 questions)
- Cancer (7 questions)

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

On average, it will take you 5 minutes to complete the registration portion of the survey. You may need to consult with another person to provide the most accurate and complete information on your workplace health programs, policies, and practices. Examples of people to consult with include human resource managers, health benefit managers, health education staff, occupational nurses, medical directors, wellness directors, or others responsible for worksite health promotion in an organization.

Completing the survey is voluntary. No names will ever be reported.

If you have any questions, you can contact Jason Lang at the Centers for Disease Control and Prevention. His phone number is 770-488-5597 and his email is ilang@cdc.gov.

Instructions

- Answer "yes" or "no" for each question on the tool.
- All questions should be answered consistently with your worksite practices and programs that are current or that have been in place within the last 12 months.
- There are 19 sections to the tool; you may complete each section in separate sittings and in any order. Individual scores can be tallied for each section and combined for an overall score once all sections are completed. The entire survey will take approximately 45 minutes to complete.
- We recommend that you form a small team, representing different organizational units to complete this survey together. A team-based approach will allow for more accurate responses, increase ownership and involvement amongst the team, and decrease effort for any single team member. Since a strong knowledge of your organization and its health promotion program(s) is recommended to accurately complete the tool, strive to pick team members who occupy the following positions:
 - o Members of a worksite health promotion committee
 - o Human resource managers
 - o Health benefits managers
 - o Health education staff
 - o Occupational nurses
 - o Medical directors
 - o Wellness directors
 - o Health promotion coordinators
 - o Building facilities managers

- Scan each section before attempting to respond. Answers to most questions are readily available following a review of organizational health policies (e.g., a policy handbook), benefit plan designs, interviews with key stakeholders, and direct observation. In some cases, answers may not be immediately obvious to the person assigned to complete the section. If you do not know the answer to the question, leave the box empty, and then engage others at the worksite to help you answer it.
- Some questions ask you to describe your health insurance plan. If your organization offers more than one health insurance option, refer to the health insurance plan with the highest enrollment.
- Throughout the survey, questions refer to "health promotion" at your worksite. This is also known as "worksite wellness" or "wellness programs".



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













The CDC Worksite Health ScoreCard is a tool designed to help employers assess whether they have implemented evidence-based health promotion interventions or strategies in their worksites to prevent heart disease, stroke and related conditions such as hypertension, diabetes and obesity. It provides guidance on key evidence-based strategies that employers can put in place to promote a healthy workforce, increase productivity, and reduce the risk and associated cost of poor employee health.



Register

Create a CDC Worksite Health ScoreCard account to assess and build health promotion programs offered to employees, save your information electronically, access reports, and monitor progress over time.

To participate in the CDC Worksite Health ScoreCard, each employer must register two types of accounts:

· One or more worksite accounts (one for each



worksite) for users who maintain worksite-level information and complete scorecards for individual worksites

 One employer administrator account for users who maintain employer-level information or who must review or complete scorecards for multiple worksite accounts

An employer administrator account must be created before you can register a worksite and complete a CDC Worksite Health ScoreCard.

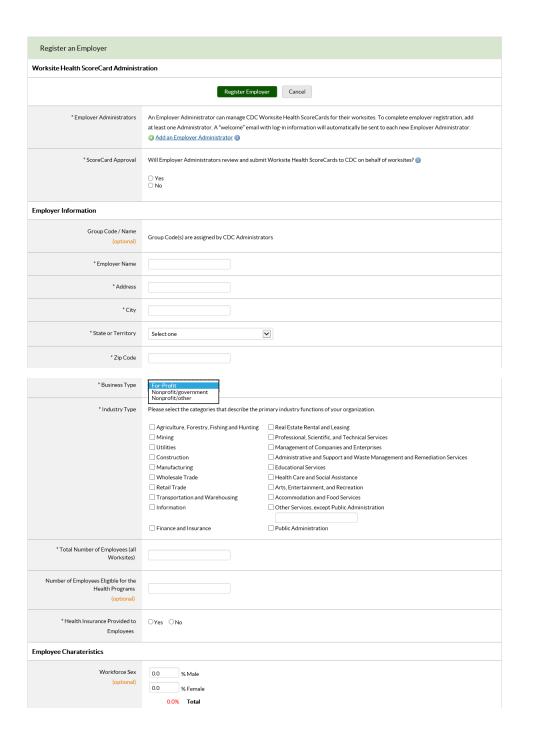
Get Started

See FAQs for more information

Conditions of Use and Logon
This is a U.S. Federal Government system and shall be used only by authorized persons for authorized purposes. Users do not have a right to privacy in their use of this government system. System access, activity, and information stored or transmitted may be monitored for adherence to acceptable use policy. Users of this system hereby consent to such monitoring. Improper or illegal use detected may result in further investigation for possible disciplinary action, ovil penalties, or referral to law enforcement for criminal prosecution. This system contains non-public information that must be protected from unauthorized access, disclosure, sharing, and transmission violation of which can result in disciplinary action, fines, and/or criminal prosecution.

By logging into this application, I understand and agree to use the application in the manner in which it is intended. I agree to keep my user ID or password secured, not allowing others access. Unauthorized access to information or information systems is prohibited. Failure to comply with these rules will result in loss of access.

Print | W Help



Workforce Age Groups (optional)	0.0 % less than 18 years of age							
	0.0 % 18 to 34 years of age							
	0.0 % 35 to 44 years of age							
	0.0 % 45 to 64 years of age							
	0.0 % 65 years of age or old	ler						
	0.0% Total							
Average Workforce Age (optional)								
Workforce Race/Ethnic Groups	0.0 % Non-Hispanic White							
(optional)	0.0 % Non-Hispanic Black/African American							
	0.0 % Hispanic/Latino							
	0.0 % Asian/Asian American							
	0.0 % American Indian/Alaska Native							
	0.0 % Native Hawaiian/Pacific Islander							
	0.0 % Other							
	0.0% Total							
Workforce Education Levels (optional)	0.0 % Less than high school							
	Se Less than nigh school High school graduate/GED							
	0.0 % Some college/technic							
	0.0 % College graduate							
		red degree						
	0.0 % Post-graduate/advanced degree 0.0% Total							
lealth Programs and Promotion *Support for the Workplace Health Programs	Does your organization pay for an our help with the worksite health program		alth plan, or indiv	ridual to provide	full-time or part	-time health ser	vice resources to	
Maintaining the Workplace Health	Please rate each of the following on their level of importance for maintaining the workplace health program(s).							
Programs (optional)		Not Important	Somewhat Important 2	Important 3	Very Important 4	Extremely Important 5	Don't Know	
	Financial resources	0	0	0	0	0	0	
	Staffing for program	0	0	0	0	0	0	
	Leadership support	0	0	0	0	0	0	
	Wellness committee/champions	0	0	0	0	0	0	
	Organization culture change							
	Employee incentives	0	0	0	0	0	0	
	Other:	0	0	0	0	0	0	
							0	
Financial Investment (optional)	Over the next 12 months, what do yo Will spend about the same Will spend more Will spend less Don't know	u foresee for you	ur organization's	financial investr	nent in employe	e health promot	ion?	

Financial Investment (optional)	Over the next 12 months, what do you foresee for your organization's financial investment in employee health promotion? Will spend about the same Will spend more Will spend less Don't know
Incentives (optional)	What incentives does your organization offer to encourage employee participation in health promotion activities? Check all that apply. Reduced insurance premiums/deductibles Pald time off Cash incentives per person per year Competitions with prizes Subsidized gym memberships Token rewards (T-shirts, water bottles, etc.) Recognition Other
Health Programs Offered (all worksites) (optional)	What health programs are offered at your organization? Check all that apply. Health education Links to related employee services Supportive physical and social environment for health improvement Integration of health promotion into your organization's culture Employee screenings with adequate treatment and follow-up N/A

Add an Employ	yer Administrator	×
	ect information is used only to facilitate the management of your CDC eCard (CDC-HSC) account. No contact information is shared with other	^
* First Name		
* Last Name		
* Email Address		
Phone Number (optional)	Ext	
* Job Type	Choose the option that best describes this Employer Administrator's primary job responsibilities.	S
	 Health Promotion/Wellness Program Staff or Volunteer HR/Benefits Personnel Management (e.g. CEO) Medical Personnel (e.g. R.N.) Occupational Health and Safety Other 	
* ScoreCard Completion	Will this Employer Administrator be directly involved in scorecard completion?	
* Point Of Contact		?
	Yes ○ No	~
	OK Cancel	