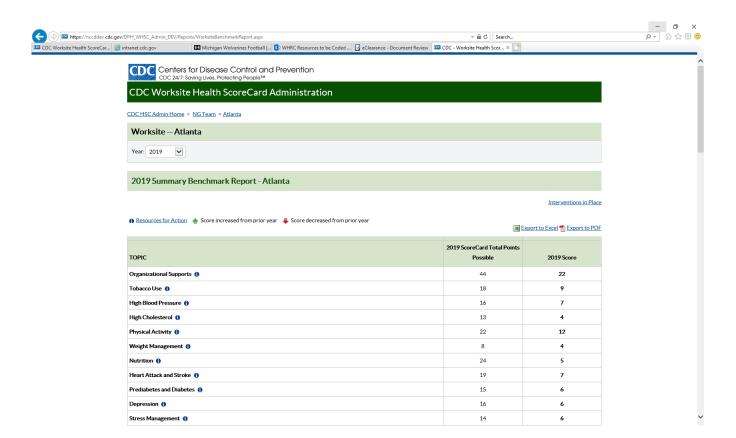
Public reporting of this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not 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 D74, Atlanta, Georgia 30333; ATTN: PRA (0920-1014).

CDC Worksite Health ScoreCard Sample Benchmark Report for a ScoreCard

The following is an example of the benchmark report that will be generated when you submit a CDC Worksite Health ScoreCard (HSC). This report provides a score for each worksite for the year in which the scorecard was submitted (the current year). This score is benchmarked against each worksite's score from the prior year and against scores from the prior year for other worksites for the same employer. It is also benchmarked against scores from the prior year for all worksites of the same size and all worksite scorecards submitted to CDC, regardless of employer affiliation or size.



Alcohol and Other Substance Use	9	6
Sleep and Fatigue ()	11	6
Musculoskeletal Disorders 0	8	3
Occupational Health and Safety 0	18	10
Vaccine Preventable Diseases 0	13	7
Maternal Health and Lactation Support ()	15	7
Cancer 0	11	4
TOTAL	294	131

Mode

*Total number of worksites included in NG Team's 2019 average: 9

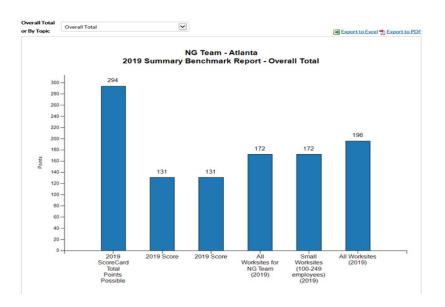
^bThis worksite's scores are included in calculating the employer's average

No prior year scores are available for comparison

"Total number of worksites included in All Worksites 2019 average: 93

Source

CDC Worksite Health ScoreCard Online



How to Read this Benchmark Report

What do the points mean?

The CDC Worksite Health ScoreCard (HSC) scoring system was developed to reflect the relative impact of proven health promotion strategies. As part of the development process, each of the strategies in the HSC was assigned a weighted score based on an expert panel's assessment of each item's evidence-base and impact level. Each item (question) on the HSC survey has been assigned a point value between 1 and 3 (where 1-good, 2-better, and 3-best). This point value reflects the level of impact that the strategy has on the intended health behaviors or outcomes and the strength of scientific evidence supporting this impact. For example, awareness-building materials such as brochures (1 point) have less of an effect on employee health than lifestyle counseling or self-management programs (3 points). For more information about the evidence and impact rating system, please see The CDC Worksite Health ScoreCard Scoring Methodology: Evidence and Impact Ratings and Supporting Citations document: http://www.cdc.gov/distss/pubs/docs/HSC Score_Methodology: Evidence and Impact Ratings and Supporting Citations document:

How are the points calculated?

Scoring your completed HSC generates two scores — a total HSC score and individual scores for each of the 15 scored topic sections (Community Resources is not scored). The total HSC score is determined by adding the point values of all the questions to which you responded YES. The individual topic section scores are determined by adding the point values of all of the questions to which you responded YES in a particular section (e.g., organizational supports). A higher score (for all scores combined or for an individual topic) indicates a greater number of strategies in place, a higher percentage of high-impact strategies (i.e. higher-weighted score), or both

Why does the report compare current scores against averages from prior years?

The CDC Worksite Health Scorecard generates benchmarking data by comparing the scores of your worksite to other worksites in the database. In order to allow for the maximum number of tworksites for you to benchmark your scores against, the complete prior year's number of HSC submissions is used, rather than a smaller number of HSC submissions representing only a portion of a calendar year. For example, if you submit your annual HSC in February, you could only be benchmarked against other employers who have submitted their annual HSCs in January or February of that year, which would exclude all the worksites who will submit their annual HSCs during the remaining 10 months of year.

What is the meaning of each report column?

- Topic a category of questions in the Health Scorecard. Seventeen topics are used to group questions that ask about related public-health strategies and interventions (e.g., Nutrition, Physical Activities, and Lactation Support).
- Total Points Possible represents the maximum number of points available when the individual scores of all questions in a Health Scorecard topic and overall are added together.
- 2019 Score represents the points received based on the answers provided (when the individual scores of all the questions in a Health Scorecard
 topic are added together) by topic and overall for an individual worksite that was reported between January 1-December 31, 2019. A green arrow
 represents an improvement in overall score from the prior year. A red arrow represents a lower score from the prior year. No arrow represents no
 change from the prior year.

Figure 1 shows your worksite's overall score compared with the average score of the national sample of organizations that participated in the Study. It also shows average overall scores stratified by worksite size for comparison using the following definitions: very small (10–99 employees), small (100–249), medium (250–749), and large (750+).

Your Worksite 233 Survey Benchmarks All Worksites 194 Very Small 166 Small 172 Medium 208 Large 213 50 100 150 200 250 300 0 CDC ScoreCard Score (Total Points)

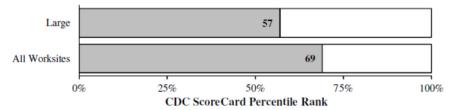
Figure 1. Average CDC Worksite Health ScoreCard Overall Score for Your Worksite and the Study Sample

Because not all strategies in the CDC ScoreCard may be relevant or feasible for all worksites, percentile rank may be a more meaningful indicator of worksite health promotion programming.

Your worksite's score falls within the **57th percentile** for large worksites and within the **69th percentile** for all employers in the sample.

Figure 2 shows your worksite's percentile rank based on the responses from the national sample of businesses that participated in the Study, stratified by worksite size. This indicates that your worksite scored better than 57% of large worksites and 69% of all employers when looking at implementing all available workplace health strategies.

Figure 2. CDC Worksite Health ScoreCard Percentile Rank for Your Worksite Compared to Large Worksites and the Overall Study Sample

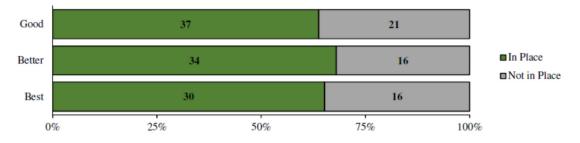


Implementing the strategies included in this tool will help your worksite foster an environment that supports and promotes employee health and well-being. Strategies are assigned a point value indicating their level of impact on health outcomes and the amount of evidence of the strategy's effectiveness, ranging from "Good" (1 point) to "Best" (3 points).

Your worksite has 30 of the 46 highest-impact ("best practice") strategies in place.

Figure 3 shows the number of strategies in place at your worksite by impact score. The average number of "best practice" or "best" strategies in place for large worksites was 29 out of a possible 46. The range of "best" strategies in place for large worksites was 8–43. As you plan the development of your worksite health promotion program, the CDC recommends that you prioritize strategies that have a high impact level, are evidence-based, and address the specific needs of your employees.

Figure 3. CDC Worksite Health ScoreCard Percentile Rank for Your Worksite*



*The data in this chart are based on consensus report; that is, strategies that both respondents reported having in place.