

Healthy Workplace

Assessment



Our quick Assessment is the first step toward becoming a Certified Healthy Workplace™ and promoting Total Worker Health® throughout your organization. The Assessment helps you measure your organization's progress based on six benchmarks:

- Organizational Supports: How well do your leaders support team members' health and safety and what resources are dedicated to promoting health and safety?
- Workplace Assessment: What types of activities does your organization complete to understand team members' needs and interests in terms of health and safety?
- Health Programs and Policies: What types of programs and policies does your organization have in place to support and encourage health and well-being?
- Safety Programs and Policies: What types of programs and policies does your organization have in place to promote workplace safety?
- **Engagement**: To what degree are team members aware of and engaged in health and safety practices at your organization?
- Evaluation: What steps does your organization take to measure the impact of health and safety initiatives?



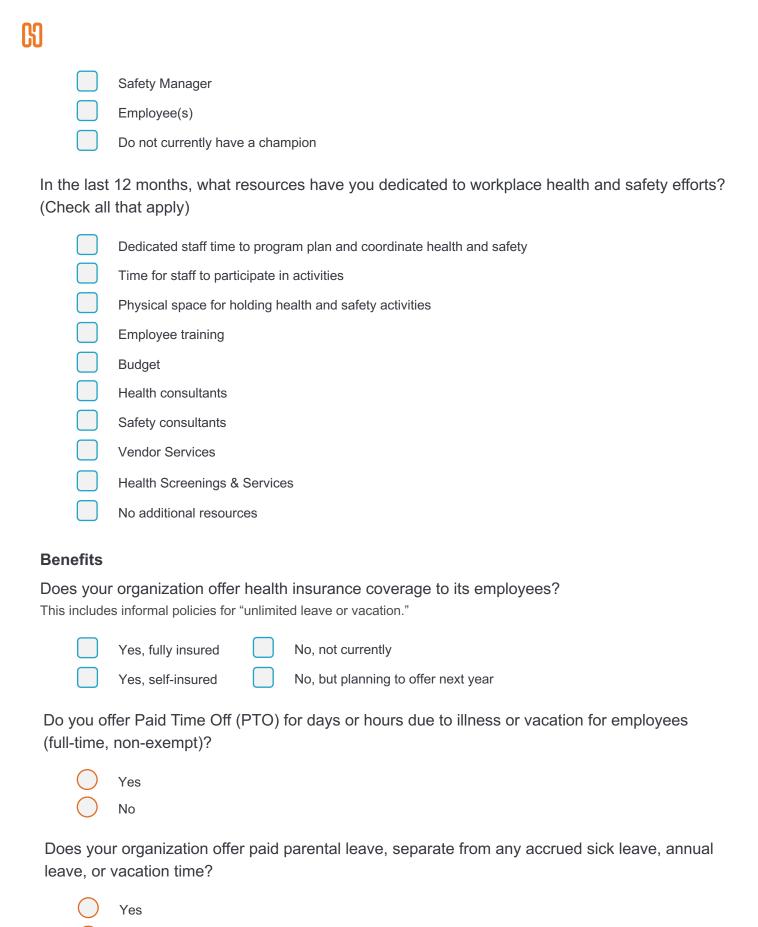
Employer Demographics

Location **Organization Name** Website **Phone Number** Address 1 Address 2 City Zip Code State **Contacts Primary Contact Name** Secondary Contact Name **Primary Contact Position Secondary Contact Position Primary Contact Phone** Secondary Contact Phone **Primary Contact Email** Secondary Contact Email **Number of Employees** Total including full time, part time, & contractors Part time (less than 50% time)

[] Full	I time (more than 50% time)		Contingent Workers (e.g. Contracted, Temporary, Seasonal, Freelance, Consultants
Nun Fem	nber of Employees by Gender nale		Nonbinary
Male	e		
	mber of Employees by Age		50 C5
<21	years of age		50-65 years of age
21-2	29 years of age		>65 years of age
30-4	49 years of age		
	cription at industry does your organizatio	n identit	fy with?
	Accommodation and food service		Health care
	Administration and support		Information technology
	Agriculture		Manufacturing
	Art, entertainment, and recreation		Outdoor industry (private company/brand)
	Construction		Outdoor industry (non-profit, conservation, advocacy)
	Education		Retail and wholesale
	Government		Transportation



Is yo	ur bus	siness at least 51%	owne	ed, controlled, and a	ctively	managed by any of the following?
	Mino	rity Person(s)		Woman/Women		LGBTQ(s)
	Veter	ran(s)		Disabled Person(s)		None of the Above
	e seled	ct the primary reasons	for prio	itment to health and ritizing workplace health	•	and well-being.
		•	·	yees and their families		To decrease absenteeism
	To im	prove employee mora	le			To increase employee retention
	To er	nhance productivity				Other:
	То со	ontain costs				
Orga	nizat	tional Supports				
_			•			mployee health and safety. To evaluate wer the following questions:
Lead	lersh	ip Support				
Our I	eade	r's support is demo	onstrat	ed through (check a	ll that a	apply)
		Leaders consistently	commu	nicate the importance of	health	promotion and safety activities
						ork-life balance. For example, they lay, etc. (They walk the talk!)
		Leaders recognize er	nployee	es for healthy and safe d	ecisions	3
		Leaders provide reso	urces (i	n the form of time, mone	ey, etc.)	to support health and safety
		Top management hol and well-being	lds man	agers and supervisors a	occounta	able for supporting health, safety,
		A leader (other than a health and safety goa		er or CEO) has authority	to take	action to achieve the organization's
		None of the above				
The Champions						
This is	s one o	•	•	motion champions(s	,	rograms to improve worksite health
		Senior Executive (CE	:O, CFC), COO)		
		Managers and superv	visors			



No, but we provide other types of insurance to employees injured on the job (such as wage replacement,

medical benefits, etc.)

No



Does your organization offer paid parental leave, separate from any accrued sick leave, annual leave, or vacation time?	al
Yes	
No	
Health & Safety Team	
A healthy workplace engages multiple members of the organization to facilitate programs, polic	cies
and activities.	
This could be a single individual or multiple individuals. Answer "yes" if your committee exists and is involved in planning and coordinating programs.	
Does your organization give staff time to coordinate your health and safety efforts for all related activities?	d
Yes	
No No	
Do you currently have a designated health and safety committee?	
Yes	
O No	
How many employees are on your workplace health promotion committee?	
How many employees are on your safety committee?	
Is your organization's health promotion activities integrated with your worksite safety activities any of the following ways?	in
Safety and injury prevention are elements of the health promotion goals and objectives	
Health promotion elements, such as physical activity, nutrition, or stress management, are included in our safety programming	
Workplace safety data is combined with employee health promotion data for identifying, reporting, and performing analytics	
None of the above	
We do not have a safety program	



Workplace Assessment

Workplace assessments address two main areas: the needs and interests of your organization and your employees. Frequent assessments provide information about what hazards exist, what employees value, and why they're motivated.

How have you determined the health and safety needs of your employees? (Check all that apply)

For Health	For Safety	y
		Employee Survey
		Health Risk Assessment
		Physical Worksite Assessment
		Health Screening
		Causes of Job Absence
		Disability Claims
		Healthcare Claims & Costs
		Causes of Injuries and Accidents
		Workers' Compensation Claims & Costs
		Other (please specify):
		We have not currently done anything

Health Programs and Policies

It is important that an organization takes a comprehensive view of health and considers a range of health and wellness topics to meet the unique needs of all employees.

Workplace Health Promotion Plan

Does your organization set annual objectives for workplace health promot	ion?
Check "yes" if your organization sets measurable goals for employee health and wellness	3.

_	
\bigcirc	Yes
	No



Health Policies and Programs

How do you support the health and well-being of your employees? (Check all main categories and subcategories below for each option)

Make sure to select how you are addressing each area in the dropdown checklist. Tobacco and/or Nicotine Control Written policy that bans tobacco and nicotine use on company property Written policy that bans tobacco and nicotine use on company time Provide tobacco and nicotine cessation educational materials Refer employees to guit lines and other resources Other Nutrition Provide places to purchase food and beverage Make healthier food and beverage choices available in cafeterias, snack bars, vending machines, and company meetings Provide educational series, workshops, employee training on nutrition Provide nutritional information (beyond standard nutrition information on labels) following AHA or USDA guidelines on sodium, calories, trans fats, or saturated fats for food and beverage sold or offered onsite Have a written or formal policy for ordering healthier food and beverages choices for meetings Other Mental Health Provide access to an employee assistance program (EAP) Provide free or subsidized clinical screening for depression, substance use, or other mental health concerns Provide access to online or paper self-assessment depression screening tools Provide brochures, educational materials, online information that addresses mental health Provide free or subsidized individual or group counseling Other



Family-Friendly
Offer and encourage paid parental leave
Provide breastfeeding accommodations for new mothers (a private space and flexible paid or unpaid break times to allow mothers to breast pump)
Have a written policy on breastfeeding for new mothers
Other
Physical Activity
Provide flextime to encourage employees to participate in physical activities
Encourage active forms of transportation for commuting to, from and during work (biking, walking, public transport)
Provide organized physical activity programs (yoga, group fitness, Zumba)
Promote walking meetings
Provide subsidized or discounted access to onsite or offsite exercise facility
Other
Stress Management
Provide and encourage flextime for employees to promote work-life balance
Provide stress relief therapies onsite (yoga, massage, counseling)
Provide financial advising for employees
Provide family counseling
Provide stress management education and training
Other
Other
Disease Prevention
Provide communication and education that addresses the high risk of chronic disease (including prediabetes, heart disease, stroke)
Provide free or subsidized health screenings (blood pressure, cholesterol, BMI)
Provide free, subsidized or referral to chronic disease self-management program (lifestyle modification, medication adherence, blood pressure monitoring)
Other



Safety Programs and Policies

Worker well-being includes both health and safety. As part of this application, tell us about how your organization addresses the safety of employees.

addresses the safety of employees.		
Does your organization work to keep employees safe?		

•	r organization work to keep employees sate?
You've cons	sidered the safety hazards of your organization and in some way begun to address them.
\bigcirc	Yes
	No
	rts has your organization taken to control and prevent physical injury? I that apply)
	Eliminated hazardous materials from workplace
	Replaced hazardous materials with safer ones
	Changed the way we do our work to reduce the risk of injuries
	Engineering controls (Examples: exhaust ventilation, fire detection system)
	Administrative controls (Examples: adjusted work tasks or schedules to reduce risk of injury or hazardous exposure)
	Provided Personal Protective Equipment to employees (Examples: respirators, hard hats, safety glasses)
	Created a written accident prevention plan
	Other:
	We have not currently done any of these
Ex. "Safety	ave a written safety policy? and health in our company must be a part of every operation. Without question, it is every employee's ity at all levels."
	Yes
	No
Do you h	ave a safety committee or safety coordinator?
	Yes
	No



Do you na	ave a written Return-to-vvork iviodified Duty policy?
	Yes
	No
Do you ha	ve violence and harassment prevention training and/or policy?
	I Institute for Occupational Safety and Health (NIOSH), workplace violence is any physical assault, behavior, or verbal abuse occurring in the work setting.
	Yes
	No
	s has your organization taken to prevent chronic injuries and musculoskeletal (Select all that apply)
	Conducted ergonomic assessment
	Limited amount of time workers perform repetitive tasks
	Fatigue prevention and management
	Modified workstations or work tasks
	Other (specify)
	We have not currently done any of these
Have you	developed a plan for disaster and emergency preparedness?
	can do much to prepare for the impact of the many hazards they face in today's world, including natural floods, hurricanes, snowstorms, and widespread serious illness.
	Yes
\bigcirc	No
Engagem	ent ent
	t is a dynamic benchmark that includes strategic communication, incentives, equity and program reach to all their families, and the community.
-	clusive in delivering health and safety; do you consider ethnicity, language, reading e, gender, or diversity of your employees?
It's importan	t to ensure health equity when designing, delivering, and communicating employee health and safety.
	Yes
\bigcirc	No



How do yo	ou communicate with your employees about health and safety? (Check all that apply)
	Frequent communication (at least monthly)
	Company and employee meetings
	Multiple communication channels (email, newsletter, direct mail)
	Written communications plan
	Branded communications with program logo, name, tagline
	Regular updates to inform stakeholders (board of directors, company shareholders, management teams)
	Trainings and employee evaluations (during on-boarding, performance reviews, etc.)
	Social Media (Facebook, Twitter, LinkedIn)
	We currently do not offer anything
Do your p	olicies and activities include employees who work offsite? (Check all that apply)
	Yes, we offer health and wellness to offsite employees
	Yes, we offer safety to offsite employees
	No, not currently
	We don't have any offsite workers
	olicies and activities include employees who work offsite? (Check all that apply) thave individuals in these population categories, select "Not Applicable."
	Part-time employees or seasonal
	Contracted
	Union employees
	Employees on disability leave
	Dependents including spouses, domestic partners, and children
	Not applicable
	licate whether the following populations have access to safety services. that apply)
If you do no	have individuals in these population categories, select "Not Applicable."
	Part-time employees or seasonal
	Contracted
	Union employees



	Employees on disability leave
	Dependents including spouses, domestic partners, and children
	Not applicable
In the past	12 months, did your organization engage and/or invest in health and safety initiatives in nunity?
Answer "yes	contribute to their communities' greater well-being through their policies, resources, and incentives. "if, for example, your organization and employees participate in community health or charity events passed efforts, such as corporate walks, collaborate with coalitions, or volunteer for non-profit work.
	Yes, please explain how.
	No
_	, how effective do you think your engagement strategies are in encouraging employees ate in programs, monitor their health goals, or take action to improve health, safety, and?
	Very effective
	Somewhat effective
	Not very effective
	Not at all effective
• .	s of incentives do you offer to encourage employee participation? cicipating in challenges, completing health assessments, achieving health outcomes.
	Recognition and/or awards
	Cash and/or prizes
	Discounted health insurance premiums
	Contributions or discounts for health activities, gear or equipment (gym memberships, pro forms, ski passes)
	Other



Evaluation

Strategic evaluation should be linked back to health and safety goals. It measures policy adherence, workplace injuries and illness, and employee engagement. It involves collecting and analyzing data.

In the past 12 months, what data have you collected and evaluated to measure the impact of your health and safety policies and programs?

Check any box if you've collected data to analyze the impact of activities on health and safety outcomes.

	Employee participation
	Employee satisfaction
	Employee health risk factors
	Employee productivity
	Employee morale and engagement
	Organizational culture change
	Quality of life
	Health care claims and costs
	Safety claims and costs (injuries, accidents, near misses)
	Other
How effect programs?	ively are you using the data you collect and track to set goals and improve your
	Very effective
	Somewhat effective
	Not very effective
	Not at all effective



Impact

Please indicate how improving the health and safety of your employees impacts the following costs of doing business.

	High Impact	Medium Impact	Low Impact	No Impact
Better productivity				
Lower absenteeism				
Employee job satisfaction				
Employee recruitment				
Employee retention				
Health insurance costs				
Workers' compensation costs				



Health Links is a mentoring program that champions health and safety at work. We offer evidence-based Healthy Workplace Certification and advising services to help organizations and their team members achieve Total Worker Health®.

As a program based in the Center for Health, Work & Environment at the Colorado School of Public Health, our deep experience as researchers and industry trailblazers informs everything we do for you.

Stay Connected

