

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 and Equity:** To what degree are team members aware of and engaged in health and safety practices at your organization?
- Quality Improvement: 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	time (more than 50% time)		Contingent Workers (e.g. Contracted, Temporary, Seasonal, Freelance, Consultants)
	nber of Employees by Age years of age		50-65 years of age
21-2	29 years of age		>65 years of age
30-4	19 years of age		
Nun Fem	nber of Employees by Gender		Nonbinary
Mal	е		
	cription at industry does your organizatio	n identif	y 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 your business at least 51% owned, controlled, and actively managed by any of the following?							
	Minority Person(s)		Woman/Women		LGBTQ(s)		
	Veteran(s)		Disabled Person(s)		None of the Above		
Motivation for organizational commitment to health and safety. Please select the primary reasons for prioritizing workplace health, safety, and well-being.							
	To improve the health of o	our emplo	oyees and their families		To decrease absenteeism		
	To improve employee mor	rale			To increase employee retention		
	To enhance productivity				Other:		
	To contain costs						
	nizational Supports						
_			ustains a culture for healt lease answer the followin		ty, and well-being. To evaluate tions:		
Leadership Leaders who are role models, for health, safety and work-life balance walk the talk. They are authentic, open and supportive. They participate in health, safety, and well-being activities.							
					•		
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authe	ntic, open and supportive eader's support is dem	e. They nonstra	participate in health, safe	ety, and that a	d well-being activities.		
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Who	are the champ	ions for I	nealth and safety at yo	ur organ	ization? (Check	all that apply)
Chan activi		e are you	r organization who active	ely promo	ote health and saf	ety programs and
	Senior Executive	(CEO, CF	O, COO)		Managers and su	pervisors
	Employee(s)				None of the above	е
Resc	ources					
What apply		s your o	rganization dedicate to	workpla	ace health and s	afety? (Check all that
	Dedicated staff to	me to pro	gram plan and coordinate h	ealth and	safety programs	
	Dedicated budge	t for healt	n and safety			
	Paid time (work I	nours) for	employees to participate in	health an	d safety	
	Education and tra	aining for	nealth and safety			
	Health and/or sa	fety consu	Itants			
	Health and welln	ess vendo	ors			
	Other (specify)					
	None of the abov	/e				
Does	s your organiza	tion prov	ide health insurance c	overage	to any of the fol	lowing? (Select one)
	Employee only		Employee + Children		None of the above	€
	Employee + Spouse/Partner		Family			
Nam	e(s) of health in	nsurance	e provider(s):			
Mos		·	ired by law to carry wo			,
			npt from having to provide			ance
		·	es employees with workers	•	auon insurance	
Nam	e ot worker's co	ompensa	ation insurance provide	r:		



appl	s your organization offer any of the following types of paid time off/benefits? (Check all tha y)
	Paid holidays
	Paid vacation time
	Paid sick leave
	Paid Time Off Bank (combined vacation time and sick time)
	Paid Parental/Family Leave (adoption, maternity/paternity, caregiver leave)
	None of the above
A hea	aboration althy workplace engages multiple members of the organization to facilitate programs, draft es, and participate in activities.
Does	your organization have: (Select one)
	A health/wellness committee only
	A safety committee only
	Both health/wellness and safety committees (separate)
	A combined health/wellness and safety committee (e.g., <i>Total Worker Health</i> ® Committee)
	None of the above
	our organization's health and well-being activities integrated with your worksite safety ties in any of the following ways? (Check all that apply)
	Safety and injury prevention elements are included in your health and well-being goals and objectives (e.g., preventing chronic injuries and musculoskeletal disorders)
	Health and well-being elements are included in your safety program (e.g., physical activity, nutrition, stress management)
	None of the above



Workplace Assessment

Workplace assessments address the health and safety needs and interests of both your organization and your employees. Assessments provide information about what hazards exists, what workers value, and what motivates them.



Health Policies and Programs

Health and well-being are addressed through a strategy to educate, provide services, and set policies that consider a range of topics to meet the needs of all employees.

Does	your organization set goals for worker health and well-being?
Chec	k yes if your organization sets measurable goals for employee health and wellness.
	Yes
	No
	your organization have a dedicated person responsible for health and well-being? (e.g., n resources professional, wellness specialist, health and well-being officer, etc.)
	Yes
	No
	If yes, provide title of position
the ma	loes your organization support the health and well-being of your employees? (Check ain categories first – Tobacco, Disease Prevention, Healthy Eating, etc and review s below each category).
	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 quit lines and other resources
	Other (specify)
	Disease Prevention & Management (including prediabetes, diabetes, heart disease, stroke, arthritis) (Check all that apply)
	Provide education that addresses the risk of chronic disease (e.g., lifestyle change classes, awareness building brochures, posters)
	Provide paid time off and/or flexible work arrangements to help workers prevent and manage chronic disease (e.g., participate in health screenings, disease prevention and management programs)
	Provide free or subsidized health screenings (e.g., blood pressure, cholesterol, prediabetes)
	Provide free or subsidized chronic disease prevention programs (e.g., The National Diabetes Prevention Program)
	Provide free or subsidized chronic disease self-management program (e.g., lifestyle

modification, medication adherence, blood pressure monitoring, diabetes self-management)



Healthy Eating and Active Living (Check all that apply)
Provide places to prepare/store food and places to eat
Make healthy food and beverage choices available during company meetings and events
Promote or encourage active forms of transportation (e.g., biking, walking, public transport)
Provide paid time off and/or flexible work arrangements to encourage workers to be physically active
Provide active workstations (e.g., standing desk, treadmill desk, height adjustable workstation)
Promote or encourage workers to take outdoor breaks during work shifts (e.g., walking, personal breaks)
Mental Health (Check all that apply)
Offer health insurance that provides coverage for mental health, behavioral health, and substance use disorders
Written policy banning alcohol and other substance use at the workplace
Provide access to employee assistance programs (EAP)
Provide paid time off and/or flexible work arrangements to encourage workers to take care of their mental health
Provide mental health education and training (e.g., resilience, suicide prevention, emotional intelligence)
Provide a peer support (peer assistance) program
Provide free or subsidized individual or group counseling
Provide digital mental health tools (e.g., online programs, mobile phone apps, wearables)
Sleep and Fatigue (Check all that apply)
Examine and address staffing issues that contribute to worker fatigue (e.g., workload, work hours, shift work, understaffing and worker absences)
Arrange shifts/schedules to allow frequent opportunities for rest breaks and off-shift sleep
Adjust the work environment to increase alertness (e.g., lighting, temperature, surroundings)
Provide education on healthy sleep and the impact of fatigue
Implement a Fatigue Risk Management Plan (e.g., fatigue detection technology, fatigue reporting)
Provide digital sleep tools (e.g., online programs, mobile phone apps, wearables)
Family-Friendly (Check all that apply)
Provide modified duty for expecting parents (e.g., assess job roles and hazards for expecting parents and provide alternative duties that are fit for both physical and cognitive function)
Provide lactation (breastfeeding) accommodations for new parents (a private space other than a restroom, and flexible, paid, or unpaid break times to allow parents to pump)
Have and promote a written policy on lactation (breastfeeding) for new parents



	Offer care assistance (e.g., on-site, off-site, emergency/back-up childcare, elder care)					
	Provide and promote financial mechanisms for caregiving (e.g., flexible spending accounts, dependent care savings accounts, 529 plans, etc.)					
	General Well-being (Check all that apply)					
	Offer flexible work arrangements (e.g., telework, compressed work week, job sharing, flexible start/stop times)					
	Provide free or subsidized stress relief therapies (e.g., art, journaling, massage, meditation/mindfulness)					
	Provide organized wellness activities (e.g., stretching, group exercise, fitness challenges, cooking classes, arts and crafts)					
	Provide free or subsidized vaccinations (e.g., Influenza, COVI	D-19)				
	Promote and encourage good hygiene (e.g., sanitizing stations	s, hand	washing signs, etc.)			
	Provide financial services (including advising, planning, budge	eting, et	cc.)			
Safety	Programs and Policies ensures work-related risks are addressed to prevent injustion, tell us how your organization addresses the safety of		•			
Does	our organization set goals for safety?					
	Yes					
	No		Ex. "Safety and health in our company			
Does	our organization have a written safety policy?	question, it is our company's	• • •			
	Yes		responsibility, and every employee's responsibility at all levels."			
	No		,			
	your organization have a dedicated position responsionmental health and safety professional, etc.)?	ible fo	r safety (e.g., safety manager,			
	Yes					
	No					
\bigcirc	If yes, provide title of position					
	our organization completed a safety inspection or aug g hazards, lifting hazards, fall hazards, chemical haz					
	Yes					
	No					



What apply	has your organization done to reduce or minimize hazards in the workplace? (Check all that
	Installed engineering controls (e.g., guard rails, ventilation systems, machine guards, adjustable workstations)
	Implemented administrative controls to reduce the risk of injuries (e.g., adjusted work tasks or schedules to reduce the risk of injury, limited amount of time workers perform repetitive tasks)
	Provided personal protective equipment (PPE) to workers (e.g., masks/respirators, hardhats, safety glasses, hearing protection)
	Provided training and education on workplace safety (e.g., toolbox talks, resources, videos, handbook)
	Other (specify):
	None of the above
	your organization have a process for investigating and reporting on accidents (e.g., root e analysis)
	Yes No
	your organization conduct/offer ergonomic assessments for workstations/work tasks to be the risk of musculoskeletal disorders?
	Yes
\subset) No
	your organization provide any of the following types of safety training for employees?
	General workplace safety (e.g., ladder safety, electrical hazards, chemical/paint storage, drug free workplace, etc.)
	Workplace violence and harassment
	CPR first aid
	Suicide prevention
	Other (specify):
	None of the above



Does your organization have a written return-to-work / modified duty policy?
Yes No
Does your organization have a disaster preparedness or emergency operations plan to address worker safety and well-being in the event of: (Check all that apply)
Natural hazard (e.g., fire, flood, tornado, snowstorm, earthquake)
Infectious disease outbreak (e.g., Influenza, COVID-19)
Chemical or hazardous waste spill
Active harmer/shooter
Riot or protest involving threat to person or property
Medical emergency (e.g., on-site heart attack)
Accident or fatality in the workplace (e.g., motor vehicle accident, suicide)
Other (specify):
None of the above
Is your organization up to code as required by your facilities department, local department of health, and/or local fire department (e.g., exhaust ventilation, fire detection system) Yes
No



Engagement & Equity

When workers feel a sense of fairness and belonging at the workplace, they are more motivated to participate in health, safety, and well-being activities.

Engagement

How does your organization engage with workers about health and safety? (Check the main categories first – Participation, Communication, etc. - and review options below each category).

	Participation (Check all that apply)
	Solicit feedback from all workers about health and safety priorities
	Use worker feedback in decision making for health and safety planning
	Find ways to give ownership to employees (i.e., job autonomy, decision-making, etc.)
	Other
	Communication (Check all that apply)
	Frequent communication (at least monthly)
	Team meetings
	Multiple communication channels (e.g., email, newsletter, direct mail)
	Other
	Incentives (Check all that apply)
	Incentives (Check all that apply) Additional paid time off
	Additional paid time off
	Additional paid time off Recognition and/or awards Cash and/or prizes (e.g., discounted health insurance premiums, contributions to flexible
	Additional paid time off Recognition and/or awards Cash and/or prizes (e.g., discounted health insurance premiums, contributions to flexible spending accounts, contributions or discounts on health activities, gear, or equipment)
	Additional paid time off Recognition and/or awards Cash and/or prizes (e.g., discounted health insurance premiums, contributions to flexible spending accounts, contributions or discounts on health activities, gear, or equipment) Other
	Additional paid time off Recognition and/or awards Cash and/or prizes (e.g., discounted health insurance premiums, contributions to flexible spending accounts, contributions or discounts on health activities, gear, or equipment) Other Managers & Supervisors (Check all that apply) Manager-specific health and safety training (e.g., professional development, leadership,
_	Additional paid time off Recognition and/or awards Cash and/or prizes (e.g., discounted health insurance premiums, contributions to flexible spending accounts, contributions or discounts on health activities, gear, or equipment) Other Managers & Supervisors (Check all that apply) Manager-specific health and safety training (e.g., professional development, leadership, personal growth)



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apply)		
	Ensure all workers have a voice (e.g., facilitate forums/focus groups for open discussion)	
	Tailor programs to ensure they are accessible and appealing to <i>all</i> (e.g., workers of different ages, genders, education levels, job categories, cultures, languages, and literacy levels)	
	Extend access to programs to <i>all</i> workers, including hard to reach workers (e.g., telecommuters, contract workers, night shift workers, part-time workers)	
	Foster social connection among all workers	
	Job accommodations (e.g., modified workstations or responsibilities)	
	Conduct pay equity analysis and/or publish annual/hourly salary on all job posts	
	Other	
	None of the above	
Does your organization provide any of the following benefits/services for workers? (Check all that apply)		
	Workforce training and growth opportunities (e.g., tuition reimbursement, financial assistance for continuing education)	
	Transportation to and from work (e.g., free, or discounted passes for public transportation)	
	Housing assistance (e.g., financial aid for housing, down payment assistance, covered moving expenses)	
	Address food insecurity (e.g., on-site food pantry, food distribution, food vouchers)	
	Other	
	None of the above	



Quality Improvement

Evaluation links activities to health and safety outcomes. It involves keeping open communication between leadership and workers, along with collecting, and analyzing data.

Outcomes

In the past 12 months, has your organization collected any of the following data to analyze the impact of activities on health and safety outcomes? (Check all that apply)

Check any box if you've collected data to analyze the impact of activities on health and safety outcomes. Worker motivation Worker participation Worker satisfaction Worker productivity Worker health and well-being Worker morale and engagement Health care claims and costs Safety claims and costs (e.g., workers' compensation, OSHA logs, near miss reports Other None of the above Does your organization maintain any of the following standards for data collection and evaluation? (Check all that apply) Individual data is private/de-identified Individual data is confidential Gender, race, and ethnicity data are used in strategic planning to identify specific needs Gender, race, and ethnicity data are used in program evaluation to assess health equity issues Communicate findings to leadership and workers Other None of the above



How	often does your organization evaluate your health and safety programs? (Select one)	
	Bi-annually (twice/year) or more	
	Annually (once/year)	
	Other	
	None of the above	
Impact		
What safety	has your organization identified as the benefits of improving workplace health and y?	
	Better productivity	
	Lower absenteeism	
	Worker job satisfaction	
	Worker recruitment	
	Worker retention	
	Health insurance costs	
	Workers' compensation insurance costs	
Data Use Agreement		
I understand that data collected through this assessment are used to provide feedback on my organization and to develop resources that meet the needs of employers and workforces. The data will not be provided to commercial third parties. Any use of these data by Health Links® and the University of Colorado are for research or educational purposes will be de-identified.		
	Yes, I agree	



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

