

WORKSITE ASSESSMENT CHECKLIST

| Wellness Component | Yes | In Process | No | Potential Priority | Comments |
|--|-----|------------|----|--------------------|----------|
| INFRASTRUCTURE | | | | | |
| 1. Does the worksite have a commitment from key stakeholders such as senior management, human resource managers, safety officers, staff members, etc.? | | | | | |
| 2. Does the worksite have a mission statement, clearly defined goals and an action plan to implement the program? | | | | | |
| 3. Does the worksite have a worksite wellness plan in place that addresses the purpose, nature, duration, resources required, participants involved, budget and expected results of a worksite wellness program? | | | | | |
| 4. Does the worksite have a representative committee that meets at least quarterly to oversee worksite wellness program operations? | | | | | |
| 5. Does the worksite have at least part-time dedicated staff to implement a wellness program? | | | | | |
| 6. Is there a worksite budget for employee health promotion that includes some funds for programming? | | | | | |
| Infrastructure area totals (# of Yes, In Process and No items) | | | | | |
| PROGRAM COMPONENTS | | | | | |
| 7. Does the worksite offer educational programs for such health areas as physical activity, nutrition, weight management, breast-feeding, stress management and tobacco cessation? | | | | | |
| | | | | | |



APPENDIX B

| Wellness Component | Yes | In Process | No | Potential Priority | Comments |
|---|-----|------------|----|--------------------|----------|
| 8. Communications: Does the worksite have a variety of ways to regularly communicate wellness programming and information to employees? Examples of ways to “promote and encourage employee participation” include: | | | | | |
| • Information at new employee orientation | | | | | |
| • Program information provided in paychecks or email | | | | | |
| • Flyers on the wall, bulletin boards or resource tables | | | | | |
| • Letters mailed directly to employees | | | | | |
| • Announcements at employee meetings | | | | | |
| • Employee newsletter articles | | | | | |
| • Incentive/reward programs | | | | | |
| • Public recognition | | | | | |
| • Health insurance discounts | | | | | |
| • Sponsor employee sports teams | | | | | |
| 9. Does the worksite promote employee self-care and provide resources for interested employees to use? | | | | | |
| 10. Does the worksite provide or arrange for health counseling, employee assistance programs or other support mechanisms to modify behavior? | | | | | |
| 11. Does the worksite provide incentives to encourage participation in worksite wellness activities? Examples include: | | | | | |
| • Small merchandise (i.e. water bottles, pedometers) | | | | | |
| • Gift certificates | | | | | |
| • Monetary awards | | | | | |
| • Reimbursement for the cost of participation in certain wellness programs | | | | | |
| • Health insurance rebates or discounts | | | | | |
| 12. Does the worksite offer or provide healthcare coverage for employees and their families for screening, prevention of and rehabilitation of chronic disease? | | | | | |
| 13. Does the worksite offer wellness programming to family members (spouses and children) of employees? | | | | | |



APPENDIX B

| Wellness Component | Yes | In Process | No | Potential Priority | Comments |
|---|-----|------------|----|--------------------|----------|
| 14. Does the worksite provide on-site childcare to facilitate participation in wellness programs and activities? | | | | | |
| 15. Does the worksite offer an annual needs and interests survey to employees as a means to check-in with the wellness program target audience? Component area totals (# of Yes, In Process and No item) | | | | | |
| 16. Does the worksite offer health risk assessments on a regular basis (at least every other year)? | | | | | |
| 17. Does the worksite offer or provide easy access to free or reasonably priced annual biometric health screenings (height and weight measurements, blood pressure checks, cholesterol screening, diabetes/blood sugar screening, stress or anxiety/ depression screening, etc.)? | | | | | |
| 18. Does the worksite use health risk assessments, biometric health screenings and employee interest surveys as tools for planning their wellness program? | | | | | |
| 19. Does the worksite have a plan to use health risk assessments or screenings and connect higher risk employees with their healthcare provider for follow-up? | | | | | |
| Screening area totals (# of Yes, In Process and No items) | | | | | |
| PHYSICAL ACTIVITY | | | | | |
| 20. Does the worksite support physical activity during work time (flex-time)? | | | | | |
| 21. Are employees provided with breaks during working hours and are employees encouraged to be active during break time? | | | | | |
| 22. Does the worksite allow for "walk & talk" meetings instead of conference room meetings to encourage smaller amounts of activity? | | | | | |
| 23. Can all employees use the worksite's indoor/outdoor physical activity facilities outside of work hours? | | | | | |



APPENDIX B

| Wellness Component | Yes | In Process | No | Potential Priority | Comments |
|--|-----|------------|----|--------------------|----------|
| 24. Does the worksite provide free, discounted, or employer subsidized memberships to fitness centers? | | | | | |
| 25. Does the worksite map out on-site trails or nearby walking routes or encourage employees to map their own biking or walking route to and from work? | | | | | |
| 26. Does the worksite provide bike racks in safe and convenient locations and are employees made aware of where they are located? | | | | | |
| 27. Does the worksite provide prompts to promote physical activity near each stairwell or elevator and other key locations? | | | | | |
| 28. Does the worksite provide outdoor exercise areas, playing fields, or walking trails for employee use? | | | | | |
| 29. Does the worksite provide showers and/or changing facilities? | | | | | |
| 30. Does the worksite promote active commuting to work and biking and walking while at work by offering commuters and employees special assistance (e.g. "pool bikes" for local travel near the worksite, umbrellas for walkers, emergency back-up travel/ taxi services for cyclists and walkers, etc.) | | | | | |
| 31. Does the worksite provide an on-site exercise facility? | | | | | |
| 32. Does the worksite provide or contract for assessments such as cardiovascular fitness, % body fat, strength tests, etc.? | | | | | |
| 33. Does the worksite offer company sponsored fitness oriented programs or clubs for employees other than at an exercise facility? | | | | | |
| 34. Does the worksite provide on-site physical activity classes such as aerobics, kick-boxing, dancing, yoga, etc.? (Does not have to be a fitness facility or all-day designated spaces?) | | | | | |
| 35. Does the worksite hold long-term (several weeks) physical activity campaigns? | | | | | |
| Activity area totals (# of Yes, In Process and No items) | | | | | |



APPENDIX B

| Wellness Component | Yes | In Process | No | Potential Priority | Comments |
|---|-----|------------|----|--------------------|----------|
| NUTRITION | | | | | |
| 36. Does the worksite on-site cafeteria follow nutritional standards that align with Dietary Guidelines for Americans and follow healthy cooking practices? | | | | | |
| 37. Does the worksite offer appealing, low-cost, healthful food options, such as fruits and vegetables, juices, whole grains, lean meats and low-fat dairy products in vending machines and snack bars and break rooms? | | | | | |
| 38. Does the worksite provide nutritional labeling of foods? | | | | | |
| 39. Does the worksite advertise or mark healthy options so that they stand out and limit advertising of less nutrition foods? | | | | | |
| 40. Does the worksite provide appropriate portion sizes or options for smaller portion sizes? | | | | | |
| 41. Does the worksite provide protected time and dedicated space away from the work area for breaks and lunch? | | | | | |
| 42. Does the worksite offer healthful food alternatives at meetings, company functions and health events? | | | | | |
| 43. Does the worksite promote healthy choices by modifying vending contracts to : | | | | | |
| • Increase the percent of healthy options that are available (devote more space to healthy items) | | | | | |
| • Use competitive pricing to make healthier choices more economical | | | | | |
| 44. Does the worksite promote the consumption of healthy foods in catering/cafeteria policies through signs, posters, etc.? | | | | | |
| 45. Does the worksite make water available and promote drinking water throughout the day? | | | | | |
| 46. Does the worksite make kitchen equipment (refrigerators, microwaves, stoves, etc) available for employee food storage and cooking? | | | | | |



APPENDIX B

| Wellness Component | Yes | In Process | No | Potential Priority | Comments |
|---|-----|------------|----|--------------------|----------|
| 47. Does the worksite offer local fruits and vegetables at the worksite (i.e. farmer's market or a community-supported agriculture drop-off point)? | | | | | |
| 48. Does the worksite provide on-site gardening? | | | | | |
| 49. Does the worksite provide interactive food opportunities such as taste testing and food preparation? | | | | | |
| 50. Does the worksite provide opportunities for peer-to-peer modeling of healthy eating? | | | | | |
| 51. Does the worksite have activities or long-term (several week) campaigns focused on healthy eating and weight management? | | | | | |
| 52. Does the worksite provide an appropriate place for breast-feeding/pumping (Mother's Room)? | | | | | |
| 53. Does the worksite provide refrigerated space for breast milk storage? | | | | | |
| 54. Does the worksite provide opportunities for breast-feeding employees to pump or breast-feed during the work day? | | | | | |
| 55. Does the worksite insurance coverage include employee benefits that cover lactation visits and breast pumps? | | | | | |
| Nutrition area totals (# of Yes, In Process and No item) | | | | | |
| MENTAL HEALTH / STRESS MANAGEMENT | | | | | |
| 56. Does the worksite provide flexible scheduling to attend or participate in mental health activities offered at work or to allow for medical appointments related to mental health? | | | | | |
| 57. Does the worksite train supervisors to understand mental health issues and better assist employees? | | | | | |
| 58. Does the worksite insurance coverage include mental health as part of the employee benefits? | | | | | |
| 59. Does the worksite provide or contract for an Employee Assistance Program? | | | | | |



APPENDIX B

| Wellness Component | Yes | In Process | No | Potential Priority | Comments |
|---|-----|------------|----|--------------------|----------|
| 60. Does the worksite promote mental health and stress management resources (i.e. EAP, insurance carrier, local resources, etc.) | | | | | |
| 61. Does the worksite provide stress reduction through “quiet rooms”, relaxation classes and proper lighting and sound reduction measures? | | | | | |
| Mental Health area totals (# of Yes, In Process and No items) | | | | | |
| ALCOHOL & OTHER DRUG ABUSE (AODA) | | | | | |
| 62. Does the worksite provide flexible scheduling to attend or participate in AODA related activities offered at work or to allow for medical appointments related to AODA? | | | | | |
| 63. Does the worksite train supervisors to understand AODA issues and better assist employees? | | | | | |
| 64. Does the worksite insurance coverage include AODA as part of the employee benefits? | | | | | |
| 65. Does the worksite provide or contract for an Employee Assistance Program? | | | | | |
| 66. Does the worksite promote AODA resources (i.e. EAP, insurance carrier, local resources, etc.) | | | | | |
| AODA area totals (# of Yes, In Process and No items) | | | | | |
| TOBACCO USE | | | | | |
| 67. Does the worksite policy prohibit tobacco use anywhere on the property? | | | | | |
| 68. Does the worksite promote the South Carolina Tobacco Quit Line (800-QUIT-NOW) or similar tobacco cessation resources? | | | | | |
| 69. Does the worksite policy support participation in smoking cessation activities during duty time (flex-time)? | | | | | |
| 70. Does the worksite provide cessation medications through health insurance at low cost or no cost? | | | | | |



APPENDIX B

| Wellness Component | Yes | In Process | No | Potential Priority | Comments |
|---|-----|------------|----|--------------------|----------|
| 71. Does the worksite provide counseling through an individual, group, or telephone counseling program on-site or through a health plan? | | | | | |
| Tobacco area totals (# of Yes, In Process and No items) | | | | | |
| EMERGENCY MEDICAL RESPONSE PLAN | | | | | |
| 72. Does the worksite have a written plan for emergency response to medical events at their facility? | | | | | |
| 73. Does the Worksite provide emergency training in Cardiopulmonary Resuscitation (CPR) and/or Automated External Defibrillators (AEDs) for response to cardiac events in the facility? | | | | | |
| 74. Does the worksite have trained medical responders or equipment such as a defibrillator on-site? Response area totals (# of Yes, In Process and No items) | | | | | |
| 75. Within the past year, has your worksite used the information from an employee wellness interest survey and/or participant satisfaction survey to reassess program initiatives? | | | | | |
| 76. Has your worksite completed a worksite wellness assessment (such as this checklist) within the past year? | | | | | |
| 77. Does your worksite have a formal evaluation process in place to evaluate its worksite wellness program? (Evaluation examples may range from participant counts for various campaigns to the return on investment of money spent on wellness vs. cost savings) | | | | | |
| 78. Does your worksite do an annual wellness program review and report significant results to management? | | | | | |
| Evaluation area totals (# of Yes, In Process and No items) | | | | | |
| | | | | | |



APPENDIX B

| Wellness Component | Yes | In Process | No | Potential Priority | Comments |
|--|-----|------------|----|--------------------|----------|
| Worksite Assessment - Results Summary | | | | | |
| Infrastructure (6) | | | | | |
| Program Components (9) | | | | | |
| Health Screening and Disease Prevention (4) | | | | | |
| Physical Activity (16) | | | | | |
| Nutrition (20) | | | | | |
| Mental Health (6) | | | | | |
| Alcohol and Other Drug Abuse (AODA) (5) | | | | | |
| Tobacco Use (5) | | | | | |
| Emergency Medical Response Plan (3) | | | | | |
| Assessment and Evaluation (4) | | | | | |
| Worksite Total (78) | | | | | |
| | | | | | |



