# Georgia Worksite Wellness Assessment Tool

Assessing Worksite Support for a Healthy Lifestyle

## Introduction

The Georgia Worksite Wellness Assessment Tool collects information about your company and its policies and practices. This is a needs assessment to help your organization inform, educate, and improve the health of you and your employees. It will provide information to guide your decisions about the best ways to create a work environment and culture that encourage your employees to strive for better health.

CUI	ipany Demographics		
1.	Is your company self-insured for employee health and m	edical be	enefits? □ Yes □ No
2.	Approximately how many employees work for your com $\square < 50$ $\square = 51 - 100$ $\square = 101 - 250$	npany?	251 - 500 501 - 1000 > 1000
3.	Approximately what percentage of your company's worl	cforce is	full-time?
٥.	Less than 25%		51-75%
	□ 26-50%	Ш	76-100%
4.	Approximately what percentage of your company's worl	cforce is	female?
	☐ Less than 25%		51-75%
	☐ 26-50%		76-100%
		Ш	70-100/0
5.	Approximately what percentage of your company's worl	cforce is	racially white?
	☐ Less than 25%		51-75%
	□ 26-50%	П	76-100%
		_	
6.	Approximately what percentage of your company's world	cforce is	under age 50?
	☐ Less than 25%		51-75%
	□ 26-50%		76-100%
7.	Does your company have more than one work shift? $\square$	Yes	□ No
8.	What percentage of your employees can be classified as	manual l	abor? (Example: factory line workers,
	farm hands, technicians, constructions workers, etc)		
	☐ Less than 25%		51-75%
	□ 26-50%		76-100%

Circle the number that corresponds to your response ("Yes" or "No"). At the end of each section, circle the number of "yes" responses and write down your subtotal.

Wel	lness Program	Yes	No
1.	Does your company's mission statement include a reference to improving and maintaining employee health?		
2.	Does your company belong to any national or state-level organized employer effort to improve employee health?		
3.	Does your company belong to a local wellness coalition or health council?		
4.	Does your company have an officially recognized worksite wellness or health promotion program open to all full-time employees?		
5.	Does your company have a health or safety committee or other group that has worksite wellness as part of its scope of work and meets regularly?		
6.	Does your company employ a person full-time whose primary responsibility is the delivery of health promotion/wellness programs? (Example: nurse, dietitian, fitness instructor, wellness coordinator).		
7.	Does your company have a budget or allocate funds for employee health and wellness?		
9.	Does your company offer any incentives, financial or other, to employees who participate in health promotion, wellness, or disease screening programs?		
10	Does your company publicly recognize or honor employees who promote or champion health and wellness to their colleagues?		
11	During the past 12 months, has your company worked with your local health department, hospital, or health advocacy organization such as the American Heart Association, to develop and implement any worksite wellness or health promotion events or programs?		
12	During the past 12 months, did your company conduct any health fairs or other one-day health educational events including health observances like Wear Red for Women Day and Diabetes Alert Day?		
13	Has your company ever assessed employees' knowledge, attitudes, skills, and/or habits related to health behaviors and wellness?		
14	Does your company track employee participation in company-sponsored worksite wellness or health promotion programs or activities?		
15	Do you measure participant changes in health or fitness status to verify effectiveness of your programs?		
16	Does your company formally evaluate your wellness program or activities?		
	Wellness Program Subtotal		

Nuu	rition	Yes	No
1.	Does your company's primary worksite have a cafeteria, vending machines, or other access to healthy food for employees during working hours (i.e. food that are low fat, low-sodium, high-fiber, fruits, vegetables, water)?		
2.	Does your company have a written policy that makes healthy food choices available in your cafeteria and/or vending machines?		
3.	Are foods and beverages in the cafeteria and vending machines labeled with nutritional information or designated as "healthy" choices?		
4.	Are healthy options like fruit, whole grain breads, granola bars and water available at company meetings and events?		
5.	Does your worksite have a break room with a refrigerator and microwave?		
6.	Does your company have a written policy that permits breastfeeding women to take time off during working hours to express or pump breast milk?		
7.	Does your company's primary worksite have a designated area for breastfeeding mothers that offers privacy to express breast milk and refrigerated storage for bottles?		
8.	During the past 12 months, did your company provide or promote on-site nutrition education or weight management programs?		
9.	During the past 12 months, did your company subsidize employees' participation in community nutrition education programs such as Weight Watchers?		
10	During the past 12 months, did your company provide on-site breastfeeding support or education programs, and/or promote community-based breastfeeding support programs?		
11	Does your company have any signs or pictures posted around your worksite to encourage workers to eat healthier foods?		
12	Does your company distribute information to workers in company newsletters, e-mails or other mailings about the importance of eating healthier foods?		
	Nutrition Subtotal	•	
Phys	sical Activity	Yes	No
1.	Does your company's primary worksite have on-site fitness facilities available to employees?		
2.	Does your company offer fitness classes on-site (such as yoga, aerobics, stretching)?		
3.	Does your company subsidize employees' membership in health clubs/gyms in the community?		
4.	Does your company have a policy that allows employees to engage in physical activity during paid work time? (Example: participate in walking groups or fitness classes, use onsite fitness facility, etc)		
5.	Does your worksite promote use of walking trails, bicycle racks or stairs?		

6.	Does your company provide any other accommodations such as showers and changing rooms to support physical activity at work during break times or in commuting to work?		
7.	Does your company organize or sponsor employee walking groups?		
8.	During the past 12 months, has your company participated in or sponsored a corporate fitness challenge, physical activity event, and/or sports team for employees?		
9.	Does your company have any signs or pictures posted around your worksite to encourage workers to be more physically active?		
10	Does your company distribute information to workers in company newsletters, e-mails or other mailings about the importance of being physically active?		
	Physical Activity Subtotal		
Toh	vacco	Yes	No
1.	Does your company have a written policy restricting use of all tobacco products onsite?	T CS	110
2.	Does your company's primary worksite have a designated area for smoking that is enclosed and has signage posted according to the Georgia Smokefree Air Act of 2005?		
3.	Does your company ban the sale of cigarettes and other tobacco products on-site (vendors, vending machines, etc)?		
4.	During the past 12 months, did your company provide or promote on-site smoking cessation programs?		
5.	During the past 12 months, did your company subsidize employee's participation in community smoking cessation programs?		
6.	Does your company have any signs or pictures posted around your worksite to encourage workers to stop tobacco use?		
7.	Does your company distribute information to workers in company newsletters, e-mails or other mailings about the health effects of tobacco use and the importance of cessation?		
	Tobacco Subtotal	'	
Scr	eening & Disease Management	Yes	No
1.	Does your company's health benefits package include preventive clinical services?	1 65	110
2.	Does your company's health benefits package include disease management services for persons with chronic diseases such as diabetes?		
3.	Does your company have health care professionals on-site or partner with any health care agency or provider to offer screenings and disease management services (blood pressure check, blood sugar check, cholesterol check, medication checks, etc.)?		
4.	Are employees permitted to have health monitoring devices (blood pressure and glucose monitors) and medications on their person or on-site?		
5.	Does your company offer health risk assessments to employees?		

6.	Does your company <b>require</b> all full-time employees to be screened for chronic diseases such as heart disease or diabetes?		
7.	Does your company <b>require</b> employees identified as high risk for chronic diseases to participate in disease management programs?		
8.	Does your company offer web-based, telephonic, or in-person health counseling or clinical management of chronic diseases?		
9.	During the past 12 months, did your company support or offer on-site any <b>voluntary</b> disease prevention or screening services (such as blood pressure screening, blood sugar testing, on-site flu shots, depression screenings, etc.)?		
10	During the past 12 months, did your company provide any educational programs on any specific chronic disease such as cancer, diabetes, or heart disease?		
11	Does your company have any signs or pictures posted around your worksite to encourage workers to get checked regularly for chronic diseases?		
12	Does your company distribute information to workers in company newsletters, e-mails or other mailings about the importance of getting checked regularly for chronic diseases?		
	Screening Subtotal		
Stre	ess	Yes	No
1.	Does your company offer an employee assistance program (EAP)?		
	Does your worksite have a lounge or other area where employees can go to take a break or		
2.	practice relaxation exercises?		
3.			
	practice relaxation exercises?		
3.	practice relaxation exercises?  Does your company subsidize employee's use of counseling and/or mental health services  During the past 12 months, has your company offered any of the following programs to employees: stress management, violence prevention, caregiver support, and alcohol or drug		
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3. 4. 5. 6.	Does your company subsidize employee's use of counseling and/or mental health services  During the past 12 months, has your company offered any of the following programs to employees: stress management, violence prevention, caregiver support, and alcohol or drug abuse prevention education?  Does your company have any signs or pictures posted around your worksite to encourage workers to manage stress?  Does your company distribute information to workers in company newsletters, e-mails or other mailings about the importance of stress management?  Stress Subtotal		
3. 4. 5. 6.	practice relaxation exercises?  Does your company subsidize employee's use of counseling and/or mental health services  During the past 12 months, has your company offered any of the following programs to employees: stress management, violence prevention, caregiver support, and alcohol or drug abuse prevention education?  Does your company have any signs or pictures posted around your worksite to encourage workers to manage stress?  Does your company distribute information to workers in company newsletters, e-mails or other mailings about the importance of stress management?	Yes	No
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4.	Are policies in place for new employee orientation regarding emergency/evacuation procedures?		
5. Are signs prominently displayed at your company's worksites explaining how and when to make an emergency call (9-1-1)?			
6.	6. Does your company offer training to employees on cardiopulmonary resuscitation (CPR) and/or first aid?		
7.	7. Do employees have access to first aid kits in prominent and well-marked locations?		
8.	8. Is there at least one Automated External Defibrillators (AED) present at your company's primary worksite in a prominent and well-marked location?		
9.	Does your company have any signs or pictures posted around your worksite to encourage workers to be aware of the warning signs and symptoms of heart attack, stroke, or diabetes?		
10	Does your company distribute information to workers in company newsletters, e-mails or other mailings about the importance of being aware of warning signs and symptoms of heart attach, stroke, or diabetes?		
	Emergency Response Subtotal		

Section	Subtotal	Out of	Percent Score
Example	15	20	15 / 20 x 100 = 75%
Wellness Program		16	
Nutrition		12	
Physical Activity		10	
Tobacco		7	
Screening		12	
Stress		6	
Emergency Response		10	
TOTAL		73	

# **Interpreting Your Results**

Your responses to the survey should be used as a guide in making decisions on how to tailor your worksite wellness program and prioritize your efforts. The survey responses are scored valued more than programs and educational materials/information. When designing your program, make sure that wellness policies and environmental supports are included because they are contribute to the program's sustainability and affect more individuals.

Here are some additional recommendations.

## Your Company

- Pay particular attention to diseases and conditions that are more prevalent in ethnic minorities like diabetes and cardiovascular disease and offer educational programs such as Diabetes at Work.
- For your female employees, include mammograms in health screening events or as part of your health benefit package.
- If you have a lot of older employees, keep in mind that the risk of certain conditions like arthritis, osteoporosis and cardiovascular disease increase with age and offer programs and events that are specific to them.
- Be sure to implement program components from which all employees, irrespective of shift, employment status, position, etc can benefit.
- Employees that can be classified as "manual labor" are particularly vulnerable to injuries that stem from repetitive motion. In planning your wellness program, include occupational safety and ergonomics and allow time for stretch and fitness times.

# Wellness Program

- Demonstrate commitment to your wellness program by allocating resources to it, both monetary and human resources.
- Identify resources in your community that can be used as part of your program. These include local hospitals, health service/advocacy organizations, parks and health departments.
- Plan to do some type of evaluation or analysis of your wellness program. It is important to document the success of the program as a whole and individual health achievements.
- Incentives and recognition (awards, honorable mentions, etc) are important in gaining employee interest and maintaining participation in your wellness program.

#### Nutrition

- Work with food service vendors to offer healthy eating options to employees in the cafeteria and vending machines and at meetings and events.
- Help employees identify healthy options by designating them with color-coded stickers or other symbols so they can be easily identified.
- Allow lactating moms time and a comfortable and private space to express breast milk.

#### Physical Activity

- Create opportunities for and allow your employees time to engage in physical activity during work hours.
- Start a company walking group. No fancy equipment is needed and you can even do loops around the building.
- If you have stairs, encourage employees to take the stairs to meetings.

# Tobacco Use

- Create a company smoke-free policy and enforce it.
- Provide smoking cessation support and services for employees who want to quit.

# Screening and Disease Management

- Instead of a traditional health fair, offer yearly health screenings to employees on-site.
- Provide disease management services to employees that have or are at high risk for developing chronic diseases. Identify resources in your community that can help.

#### Stress

- Offer employees opportunities for stress relief.
- Consider having sessions on positive thinking and relaxation techniques.

### **Emergency Response**

- Include provisions for employees who are on medication or need medical assistance in your emergency response plan.
- Make sure that employees are clear on their roles and responsibilities during an emergency.