

Organizational Assessment

Having a healthy environment, wellness policies/guidelines, and a leader champion are just some of the items that can have a positive impact on employee health at the workplace. The purpose of this Organizational Assessment is to collect information on key components of your organization's workplace wellness initiative so we can best tailor the Statewide Health Improvement Program (SHIP) work site collaborative/project to your needs. The more complete the information you provide in the Organizational Assessment, the better we can guide your organization to success.

We recommend that you involve other staff in completing this assessment. People from human resources, top and mid-level management, finance, marketing, communications, the wellness committee, facilities, vendor management and other relevant areas can provide valuable perspective.

Directions for completion

The Organizational Assessment is intended to capture answers to closed-ended questions ("yes" or "no") and, where applicable, multiple choice answers from lists provided. Record the best answer for the status of what is taking place within your organization based upon the direction provided for each question.

This document is set up as a *form* document. Use the "Tab" key to move through the document and record your responses (check boxes with the left mouse key, click into a grey box to type and answer). Please save this document in your electronic file, and then return the completed assessment electronically. Return to _____ no later than _____.

Complete this document by entering information that indicates your organization's status on **October 1, 2013**. In other words – "What was in place back on October 1, 2013?"

Note the answer choices of "IP"

As you move through the Organizational Assessment, please notice areas where there is response category for " **IP**," **IP** stands for "**in process**." This option applies wherever your organization is currently **developing** that particular strategy. For example, should your organization be *in the process of forming a wellness committee*, your answer for the question, "Does your organization have a work site wellness committee?" would be **IP**.

Respondent information

Today's date _____
Organization name _____
Number of work locations _____
Name of your location _____
Your name _____
Your title _____
Work e-mail _____
Work phone _____

Organizational Information

Please fully complete the information in this section.

Employer demographics

1. Industry type

Indicate your organization's industry type. Check one.

- Agriculture, Forestry, Fishing and Hunting
- Mining, Quarry
- Retail/Wholesale Trade
- Accommodation & Food Services
- Professional, Scientific, and Technical
- Transportation, Warehousing, and Utilities
- Health Care and Social Assistance
- Real Estate and Rental and Leasing
- Finance and Insurance
- Information
- Construction
- Educational Services
- Manufacturing
- Administrative and Support and Waste Management and Remediation Services
- Arts, Entertainment and Recreation
- Government / Public Administration
- Services other than Public Administration/Government

2. General demographics

- _____ Total number of employees in the organization
- _____ Total number of employees at this location
- _____ % Percentage of female employees
- _____ Number of female employees age 45 and under
- _____ % Annual attrition rate

3. Average age

- _____ Average age of all employees

4. Age group of employees (Provide a percentage for each category.)

- _____ % <18 years of age
- _____ % 18 to 34 years of age
- _____ % 35 to 44 years of age
- _____ % 45 to 59 years of age
- _____ % ≥ 60 years of age

5. Health plan/medical benefits coverage

Identify whether your organization offers group health insurance

- Our organization offers group health insurance.
Percent of employees not covered by plan (such as opt-outs) _____%
- Our organization does not offer group health insurance.

6. Education distribution - Highest level of education completed
Provide the percentage of employees for each category.

- _____ % Some high school
- _____ % High school/GED
- _____ % Technical/two-year degree
- _____ % Four-year degree
- _____ % Graduate/Post-graduate

7. Race/Ethnicity distribution

Identify the number of employees in the following race/ethnic groups.

- _____ Asian/Asian American
- _____ Non-Hispanic Black/African American
- _____ Hispanic/Latino
- _____ American Indian/Alaska Native
- _____ Native Hawaiian/Pacific Islander
- _____ Non-Hispanic White/Caucasian
- _____ More than one race/ethnicity
- _____ Other (please define): _____
- _____ Don't know

8. English language learners distribution

Provide percentage of employees for the following.

- _____ % Hmong
- _____ % Somali
- _____ % Spanish
- _____ % Other (please define): _____

9. Work status / Nature of work

Provide percentage of employees for the following. All three items should total 100 percent.

- _____ % Full-time employees
- _____ % Part-time employees
- _____ % Temporary employees

10. Type of work

Provide percentage of employees for the following.

- a. _____ % Employees performing factory/line work
- b. _____ % Employees on Shift Work non-day schedules
- c. _____ % Employees performing office work
- d. _____ % Employees performing retail work
- e. _____ % Employees who work primarily off-site
- f. _____ % Employees whose primary work environment is driving a vehicle

Fundamental Elements

A strong foundation supports successful work site wellness strategies.

The following questions gather baseline data on your organization's existing infrastructure.

LEADERSHIP and ORGANIZATIONAL SUPPORT

Identify the ways leadership is active and visible in support of work site wellness initiatives. (Leadership is defined as an owner, president, CEO, CFO or VP who has influence over organization-wide decisions for the wellness initiative.)

	YES	NO	IP
1. Work site wellness is incorporated into the organization's <i>business/strategic plan</i> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. At least one member of the leadership team <i>communicates</i> support for work site wellness initiatives directly to all employees <i>at least quarterly</i> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. At least one member of the management team <i>actively participates on the wellness committee</i> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Members of the leadership team <i>visibly model healthy behaviors</i> at the workplace and in the community (for example, eating healthfully, taking walk breaks, holding walking meetings or doing a 5K community walk).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. A <i>budget</i> is provided that allows for year-round work site wellness efforts that are geared toward all employees. If Yes, how many dollars are allocated annually to the work site wellness budget? \$_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Leadership ensures active promotion and support of the work site wellness initiative across the organization (such as <i>performance measures as part of the annual review for managers</i> , and <i>ensures shared program ownership by all levels of staff</i>).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Please provide additional comments about your organization's leadership support: _____			

ORGANIZATIONAL STRATEGIES

Please answer the following questions as they relate to creating a strong foundation for a workplace wellness initiative.

	YES	NO	IP
1. Does your organization have a written <i>vision</i> for work site wellness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your organization have <i>written goals</i> work site wellness? [These goals may be managed by a wellness committee/team.] If No or IP, skip to question #3 in this same section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1 Does your organization, at least annually, <i>measure progress</i> on work site wellness goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does your organization have a <i>brand</i> for its work site wellness initiative? (A brand in its simplest form is a <i>name</i> alongside a <i>logo</i> that is used consistently to promote the initiative. Should your initiative have a brand, check both 'have a name' and 'have a logo'.) <input type="checkbox"/> Have a name <input type="checkbox"/> Have a logo <input type="checkbox"/> None <input type="checkbox"/> Don't know <input type="checkbox"/> IP			
4. Does your organization have a <i>full-time or part-time</i> person devoted exclusively to work site wellness? <input type="checkbox"/> Yes, full-time <input type="checkbox"/> Yes, part-time <input type="checkbox"/> No dedicated staff			
5. Does your organization have a <i>work site wellness committee</i> ? If No or IP, skip to next section "Data-driven initiative".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1 How <i>long</i> has the committee <i>been in existence</i> ? <input type="checkbox"/> Less than one year <input type="checkbox"/> One to three years <input type="checkbox"/> More than three years			
5.2 How <i>often</i> does your committee meet? <input type="checkbox"/> At least monthly <input type="checkbox"/> At least quarterly <input type="checkbox"/> At least twice per year <input type="checkbox"/> At least annually			
5.3 Does your committee have <i>representation from all departments/divisions</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.4 Does your committee have representation from all levels of the organization (management to line staff)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DATA-DRIVEN INITIATIVE

Which of the following data types is used by your organization to set work site wellness priorities?

	YES	NO	IP
1. Employee needs and/or interests survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <i>Health assessment</i> aggregate report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. <i>Biometric screenings</i> aggregate report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. <i>Medical claims</i> aggregate report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. <i>Pharmacy claims</i> aggregate report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. <i>Program/service</i> aggregate report (such as Employee Assistance Program)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Other (please describe) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ENGAGEMENT THROUGH INDIVIDUAL ASSESSMENT

- Has your organization offered a **health assessment in the past two years?** (*a health assessment is a questionnaire that asks about an individual's health behaviors to assess their health risks. Employers do not see individual results, but may receive an aggregate report of the data.*)
 - No
 - Yes, but not in the past two years
 - Yes (If yes, also answer the three items below.)
 - _____ Number of employees eligible to complete the health assessment
 - _____ Number of employees who participated in the most recent health assessment
 - _____ Describe the incentive offered. If none offered, list "none".
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- Has your organization offered **on-site biometrics screenings in the past two years?** (*a biometric screening is a short test that measures things like body mass index, blood pressure and glucose levels.*)
 - No
 - Yes, but not in the past two years
 - Yes (If yes, also answer the three items below.)
 - _____ Number of employees eligible to participate in screenings
 - _____ Number of employees who participated in the most recent screening event
 - _____ Describe the incentive offered. If none offered, list "none".

WORK SITE ENVIRONMENT

The next section contains questions to assess best practices for reducing tobacco use, increasing physical activity and healthy eating, and implementing lifestyle improvement strategies.

TOBACCO

When completing this section, think of ways in which your organization and its environment support employees in reducing or eliminating tobacco use.

		YES	NO	IP
1.	Do all employees have access to smoking/tobacco quit program /support? If No or IP, skip to question #2 in this same section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2	What type of quit program/support is offered <input type="checkbox"/> On-site individual support/coaching <input type="checkbox"/> On-site group program/support <input type="checkbox"/> Phone coaching program/support			
2.	Does your organization provide the following:			
a.	Coverage for over-the-counter quit medications (nicotine patches, gum, or lozenges) approved by the Food and Drug Administration (FDA)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Coverage for prescription tobacco cessation medications (such as Chantix, bupropion/Wellbutrin) approved by the FDA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Does your organization have a written tobacco-free work site <i>policy</i> or <i>guideline</i> ? If No or IP, skip to question #4 in this same section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1	Which of the following items are included in your current tobacco-free work site policy/guideline? Check all that apply. <input type="checkbox"/> No tobacco use in buildings <input type="checkbox"/> No tobacco use on grounds, including personal vehicles <input type="checkbox"/> No tobacco use on grounds, but it's allowed in personal vehicles <input type="checkbox"/> No tobacco use in company vehicles <input type="checkbox"/> No sale of tobacco products on company property <input type="checkbox"/> Signage is placed in conspicuous areas (also consider entrances to property) to inform employees, contractors and visitors of policy <input type="checkbox"/> Other (please describe) _____			

		YES	NO	IP
3.2	<p>What forms of tobacco does the policy prohibit?</p> <p><input type="checkbox"/> Specific language that states, “All forms of tobacco, as well as e-cigarettes”</p> <p style="text-align: center;">OR</p> <p>Identify the tobacco/nicotine products. Check all that apply.</p> <p><input type="checkbox"/> Cigarettes</p> <p><input type="checkbox"/> E-cigarettes</p> <p><input type="checkbox"/> Cigars</p> <p><input type="checkbox"/> Pipes</p> <p><input type="checkbox"/> Smokeless tobacco (chew, pouched products such as snus)</p> <p><input type="checkbox"/> Other (please describe) _____</p>			
3.3	<p>Does the policy include enforcement procedures?</p> <p>(Enforcement procedures define the steps that are taken when an employee does not follow the policy. For example, a manager follows a human resources procedure to report an employee’s violation of the policy.)</p> <p>If No or IP, skip to question #3.5 in this same section</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4	<p>What enforcement procedures are included in the policy?</p> <p>Check all that apply. (Procedures might reflect actions for a first or a subsequent warning.)</p> <p><input type="checkbox"/> Employee receives verbal warning</p> <p><input type="checkbox"/> Employee receives written warning</p> <p><input type="checkbox"/> Human resources is notified</p> <p><input type="checkbox"/> Disciplinary action is noted in employee’s personnel file</p> <p><input type="checkbox"/> Possible termination</p> <p><input type="checkbox"/> Other (please describe) _____</p>			
3.5	<p>Is the tobacco-free policy consistently enforced (per the provisions included the policy) across the organization?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<p>Please provide additional comments about your organization’s initiatives to help employees reduce or eliminate tobacco use: _____</p>			

PHYSICAL ACTIVITY

When completing this section, think of ways in which your organization and its environment support employees being more physically active during the workday.

	YES	NO	IP
<p>1. Which on-site facilities for physical activity does your organization provide? Check all that apply.</p> <p><input type="checkbox"/> Fitness center</p> <p><input type="checkbox"/> Basketball court or athletic field</p> <p><input type="checkbox"/> Walking and/or biking paths</p> <p><input type="checkbox"/> Other (please describe) _____</p> <p><input type="checkbox"/> IP (please describe) _____</p> <p><input type="checkbox"/> None available at this time</p>			
<p>1.2 Which organized, on-site physical activity options does your organization provide? Check all that apply.</p> <p><input type="checkbox"/> Fitness classes</p> <p><input type="checkbox"/> Walking clubs</p> <p><input type="checkbox"/> Other (please describe) _____</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> IP (please describe) _____</p>			
<p>1.3 Does your organization offer other physical activity supports? Check all that apply.</p> <p><input type="checkbox"/> Fitness membership discounts</p> <p><input type="checkbox"/> On-site assessments or counseling</p> <p><input type="checkbox"/> Discount to attend a fitness class</p> <p><input type="checkbox"/> Telephone-based support</p> <p><input type="checkbox"/> Web-based support</p> <p><input type="checkbox"/> Other (please describe) _____</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> IP (please describe) _____</p>			
<p>1.4 Does your organization provide employees indoor or outdoor routes for physical activity? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IP</p> <p>Ideally, routes are provided on a map that measures distance (in steps or miles) or time (a 10-, 20- or 30-minute walking route).</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>1.5 Does your organization have stairwells available for employees and encourage their use? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IP</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>1.6 Does your organization have an active commuting <i>program</i> (for example, showers for active commuters, guaranteed ride home, discounted transit passes, promotion of biking to work or a program where more experienced riders mentor new bike commuters, Bike to Work Day event)? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IP</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO	IP
1.7 Do employees have access to:			
a. Bike racks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Locker rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Showers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Discounts on transit passes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Does your organization have a written physical activity <i>policy</i> or <i>guideline</i> ? (For example, the policy offers flex time so employees can be physically active during the workday.) If No or IP, skip to question #3 in this same section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1 Which of the following items are included in your current physical activity policy/guideline? Check all that apply.			
<input type="checkbox"/> Casual dress code			
<input type="checkbox"/> Flexible work schedule			
<input type="checkbox"/> Ability to work with manager to establish a schedule that permits physical activity			
<input type="checkbox"/> Dedicated breaks for physical activity			
<input type="checkbox"/> Activity breaks during meetings			
<input type="checkbox"/> Active commuting program (for example, safe bike storage; and lockers, showers, for employees who bike or walk)			
<input type="checkbox"/> Mandatory stretch time (such as to prevent repetitive job injury)			
<input type="checkbox"/> Standing desks/walking work stations			
<input type="checkbox"/> Other (please describe) _____			
2.2 Is the physical activity policy consistently supported by all levels of management across the organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Please provide additional comments about your organization's physical activity initiatives and their promotion: _____			

HEALTHY FOODS

When completing this section, think of ways in which your organization and its environment support employees eating more healthfully during the workday.

	YES	NO	IP
<p>1. Does your organization have a HEALTHY SNACK STATION? <i>(A healthy snack station is a place where employees can find foods. It may be managed by an outside vendor or employees. Ideally, all items provided in the snack station are healthy choices.)</i> If No or IP, skip to question #2 in this same section.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>1.1 Do all employees have convenient access to a healthy snack station?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>1.2 What percent of <i>foods</i> in the healthy snack station are healthy choices? <i>(Includes fruits, vegetables, whole grain items and items with lowered levels of saturated fat, sodium and added sugars)</i></p> <p><input type="checkbox"/> 100 percent</p> <p><input type="checkbox"/> 75 to 99 percent</p> <p><input type="checkbox"/> 50 to 75 percent</p> <p><input type="checkbox"/> Less than 50 percent</p>			
<p>1.3 What percent of the <i>beverage</i> items in the healthy snack station are healthy choices? <i>Healthy beverages (unsweetened water, coffee, tea; low-fat or nonfat milk, soy milk; 100 percent fruit or vegetable juice 4-8 ounces)</i></p> <p><input type="checkbox"/> 100 percent</p> <p><input type="checkbox"/> 75 to 99 percent</p> <p><input type="checkbox"/> 50 to 75 percent</p> <p><input type="checkbox"/> Less than 50 percent</p>			
<p>2. Does your organization have an ON-SITE VENDING? If No or IP, skip to question #3 in this same section.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2.1 What percent of <i>food</i> items in vending are healthy choices? <i>(Includes fruits, vegetables, whole grain items and items with lowered levels of saturated fat, sodium and added sugars)</i></p> <p><input type="checkbox"/> 100 percent</p> <p><input type="checkbox"/> 75 to 99 percent</p> <p><input type="checkbox"/> 50 to 75 percent</p> <p><input type="checkbox"/> Less than 50 percent</p>			
<p>2.2 What percent of <i>beverage</i> items in vending are healthy choices? <i>Healthy beverages (unsweetened water, coffee, tea; low-fat or nonfat milk, soy milk; 100 percent fruit or vegetable juice 4-8 ounces)</i></p> <p><input type="checkbox"/> 100 percent</p> <p><input type="checkbox"/> 75 to 99 percent</p> <p><input type="checkbox"/> 50 to 75 percent</p>			

		YES	NO	IP
<input type="checkbox"/>	Less than 50 percent			
2.3	Healthy <i>beverages</i> in vending are competitively priced to encourage selection of healthy foods [i.e., healthy foods are offered at a lower cost to encourage purchases of healthy items]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4	Healthy <i>foods</i> in vending are competitively priced to encourage selection of healthy foods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5	Nutrition information is consistently provided across all foods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.6	Healthy foods are consistently identified with a sign or sticker?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Does your organization have an on-site CAFETERIA ? If No or IP, skip to question #4 in this same section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1	Three or more <i>fruit selections</i> (no added sugar) are offered daily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2	Three or more <i>non-fried vegetable</i> selections are offered daily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3	A healthy entrée special is offered daily? <input type="checkbox"/> The healthy entrée is offered at a competitive price.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4	<i>Healthy beverages</i> (unsweetened water, coffee, tea; low-fat or nonfat milk, soy milk; 100 percent fruit or vegetable juice 4-8 ounces) are offered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.5	Healthy foods are competitively priced to encourage selection of healthy foods [i.e., healthy foods are offered at a lower cost to encourage purchases of healthy items]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.6	Nutrition information is consistently provided across all foods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Please describe other <i>venue(s)</i> where healthy foods are offered within your organization, and describe the sales strategy at this venue(s). _____			
5.	Identify all food storage and food preparation facilities available to employees. Check best answer for each of the four options.			
	Refrigerator	<input type="checkbox"/> Available at <i>all</i> locations	<input type="checkbox"/> <i>Most</i> locations	
		<input type="checkbox"/> <i>Some</i> locations	<input type="checkbox"/> None available	
	Sink	<input type="checkbox"/> Available at <i>all</i> locations	<input type="checkbox"/> <i>Most</i> locations	
		<input type="checkbox"/> <i>Some</i> locations	<input type="checkbox"/> None available	
	Microwave	<input type="checkbox"/> Available at <i>all</i> locations	<input type="checkbox"/> <i>Most</i> locations	
		<input type="checkbox"/> <i>Some</i> locations	<input type="checkbox"/> None available	
	Other _____	<input type="checkbox"/> Available at <i>all</i> locations	<input type="checkbox"/> <i>Most</i> locations	

		YES	NO	IP
<input type="checkbox"/> <i>Some</i> locations <input type="checkbox"/> None available				
6.	<p>Are any of the following supported at your organization? Check all that apply.</p> <input type="checkbox"/> On-site farmer's market <input type="checkbox"/> Community Support Agriculture (CSA) drop site? <input type="checkbox"/> Community/Corporate giving garden			
7.	<p>Does your organization have a written <i>policy</i> or <i>guideline</i> regarding healthy food and beverages provided in healthy snack station, vending machines, cafeteria, and at work meetings, and/or a comprehensive healthy foods policy that addresses the entire work environment? If No or IP, skip to question #8 in this same section.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.1	<p>Identify the key approaches included in the policy/guideline. Check all that apply.</p> <input type="checkbox"/> Foods and beverages served at meetings and events will <i>always</i> include healthy choices <input type="checkbox"/> Foods and beverages served at meetings and events will be <i>only</i> healthy choices <input type="checkbox"/> Healthy snack station that only contains healthy foods and beverages <input type="checkbox"/> Snack stations that maintain a <i>minimum percentage</i> of healthy food and beverage selections (for example, 50 percent of all vending selections will be healthy choices) <input type="checkbox"/> <i>Pricing</i> healthy foods at a lower cost to encourage purchases of healthy items <input type="checkbox"/> <i>Labeling foods</i> to identify and encourage healthy selections <input type="checkbox"/> Offering a healthy entrée of the day (may or may not be at a reduced cost) <input type="checkbox"/> Implementation or healthy catering booklet that guides managers/ staff on ensuring healthy foods for meetings and events. Guide should include training for managers. <input type="checkbox"/> Other (please specify) _____			
7.2	<p>Is the healthy eating policy supported consistently across the organization?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<p>Please provide additional comments about your organization's initiatives to support employees in eating healthfully: _____</p>			

Breastfeeding support

SUPPORT FOR NURSING MOTHERS

When completing this section, think of ways in which your organization and its environment supports nursing mothers.

	YES	NO	IP
1. Does your organization have a <i>lactation room</i> (could also be called a “mother’s room”)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If No or IP, skip to question #2 in this same section			
1.1 Does your lactation room, <i>at a minimum, have each of the following options</i> (words in italics below)? The lactation room is a <i>physical room</i> that is <i>clean</i> and <i>locks from the inside</i> ; contains an <i>electrical outlet</i> , a <i>comfortable chair</i> and a <i>surface/table</i> to place breast pump; and is <i>near a source of water</i>)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2 <i>How</i> are expectant or returning to work mothers <i>notified</i> of the existence of the lactation room? Check all that apply.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> FMLA or leave packet <input type="checkbox"/> E-mail from human sources or sponsoring department <input type="checkbox"/> Manager or Supervisor <input type="checkbox"/> Company newsletters <input type="checkbox"/> The lactation room is not actively promoted <input type="checkbox"/> Other _____			
2. Does your organization have a written <i>policy or guideline</i> for supporting breastfeeding employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If No or IP, skip to question #3 in this same section.			
2.1 Which of the following are included in the breastfeeding support policy/guideline?			
<input type="checkbox"/> Place: Existence of a mother’s room			
<input type="checkbox"/> Equipment: Organization provides a hospital grade pump in the mother’s room			
<input type="checkbox"/> Support: Mothers may use break time to express milk and negotiate make-up time with managers for any extra time needed to express milk			
<input type="checkbox"/> Support: Lactation support provided through human sources			
<input type="checkbox"/> Support: Managers are responsible to notify moms-to-be of lactation room and support			
2.2 Is the breastfeeding policy <i>consistently supported</i> across the organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Please provide additional comments about your organization’s support for nursing mothers. _____			

Lifestyle management and support

When completing this section, think of ways in which your organization and its environment support employees who want to engage in programmatic ways to reduce risk for disease or improve their health.

Time off for preventive services

1. Does your organization provide paid time off or flex time for employees to obtain preventive services?
- Yes
 No
 IP

Health support

2. Does your organization offer ways for employees to improve their health in these areas? Check all that apply.
- Healthy eating/nutrition
 Being a new mom/breastfeeding support at work
 Physical activity
 Stress management
 Tobacco cessation
 Weight management
 Other - describe: _____

3. If any boxes were checked for #2, identify the type of support provided. Check all that apply.
- On-site classes
 One-on-one coaching
 Telephone-based support
 Web-based class
 Promote community classes
 Time off to attend a class
 Discount to attend a class
 Other - describe: _____

4. Does your organization offer lifestyle counseling, self-management programs and/or educational classes to support employees who may be at risk of or have a chronic condition? Check the conditions for which the support is offered
- Arthritis
 Cancer
 Diabetes
 Heart disease
 Obesity
 Other - describe: _____

5. If any boxes were check for #4, identify at right the type of support provided. Check all that apply.
- On-site classes
 One-on-one coaching
 Telephone-based support
 Web-based class
 Promote community classes
 Time off to attend a class
 Discount to attend a class
 Other. describe: _____

6. Please provide additional comments about your organization's health support initiatives: _____
-

COMPLEMENTARY ENGAGEMENT STRATEGIES and FINAL COMMENTS

Communications strategies and Incentives

Increasing engagement in work site wellness efforts can benefit employees and employers.

COMMUNICATIONS

The following questions assess your communications strategies. Think of the ways you communicate to employees regarding physical activity, healthy foods, tobacco cessation, breastfeeding support and other supports you provide.

	YES	NO	IP
1. Does your organization have a communications plan for engaging employees in your work site wellness initiatives? If no, move to question 4 in this same section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did leadership provide input to the plan and/or approve it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the plan followed consistently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Regardless of whether your organization has a formal plan, how often do you communicate to all employees regarding your workplace wellness strategies for the following areas? Check all that apply.			
Breastfeeding support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthful eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing tobacco use / tobacco-free work site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Regardless of whether your organization has a formal plan, please check all of the “Means to communicate” that are being used in your organization to engage employees in your workplace wellness initiative, and their frequency of use.			
Means to communicate	Frequency		
<input type="checkbox"/> Newsletters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Leadership letters/e-mails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wellness champion e-mails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Intranet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Posters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Payroll stuffers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Team meeting announcements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Morning announcements (such as during a production line stretch break)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Educational seminars/events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (define) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO	IP
5. Does your organization’s communications and/or marketing team help accomplish tasks within the communications plan? <input type="checkbox"/> N/A (No dedicated marketing or communications staff within our organization)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Describe ways your organization communicates with all employees, including those at other locations, third shift or night workers, English language learners and the like. _____

7. Please provide additional comments on your communications efforts, including both challenges and successes. _____

INCENTIVES

We have asked previous questions regarding incentives your organization may have offered. Incentives can take many forms, for example, a medical premium reduction for completion of a health assessment or participation in biometrics screening. Other incentives are built-in, such as providing free over-the-counter quit medications for those who enroll in the tobacco cessation program.

Please describe any other incentives your organization offers for employees to engage in healthy behaviors or workplace wellness happenings. Also indicate how the incentive is earned.

COMMUNITY PARTNERSHIPS

Some employers have engaged with other organizations in the community to create a stronger employee wellness initiative. Are you one of those employers? This might entail partnering with another organization to get the minimum number of employees to hold on-site Weight Watchers at Work, or having a dietitian from the hospital hold one-on-one meetings with interested employees to talk about weight management.

Please list any community partnerships and what was done.
 Check if not engaged in a community partnership(s) at this time.

Community Partner	What took place with that partner
_____	_____
_____	_____
_____	_____

FINAL COMMENTS

Please describe any additional things your organization does to improve employee health or for its workplace wellness initiative.

Thank you for completing the Organizational Assessment.
We look forward to our next meeting with members of your organization.
Be sure to keep an electronic or paper copy of your responses for future use!