The CDC Worksite Health ScoreCard
Scoring Methodology
Evidence and Impact Ratings and Supporting Citations

National Center for Chronic Disease Prevention and Health Promotion
Division for Heart Disease and Stroke Prevention
STEP 1: RATING SYSTEM OF EVIDENCE FOR EACH SURVEY ITEM

Evidence-Base Rating: To establish the evidence base for each of the strategies, the CDC National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) Workplace Workgroup subject matter experts (SMEs) and the Emory University Institute for Health and Productivity Studies (IHPS) staff conducted extensive literature searches to find the most up-to-date evidence, in the form of studies, review articles, Cochrane reports, Community Guide summaries, and U.S. Preventive Services Task Force recommendations, supporting each item on the CDC Worksite Health ScoreCard (HSC).a

The CDC Workplace Workgroup then met several times throughout 2010 to review the scientific evidence and rate the evidence for each item using a 4-point scale (from 1=Weak to 4=Strong). During this rating process, SMEs were allowed to consult with other SMEs in their topic area of expertise; however, only the rating of one SME was required for establishing the evidence and impact rating for a given survey item. For more information about the evidence rating system, please see the following table:

<table>
<thead>
<tr>
<th>Evidence Rating</th>
<th>Definition of the Rating Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weak (1)</td>
<td>Research evidence supporting relationship is fragmentary, nonexperimental or poorly operationalized. There is debate among experts in the field as to whether or not causal impact is plausible or exists.</td>
</tr>
<tr>
<td>Suggestive (2)</td>
<td>Two or more studies support relationship, such as pre- and post-evaluations, but no studies reported using control groups (e.g., randomized control groups, quasiexperimental studies.) Most experts believe causal impact is plausible and consistent with knowledge in related areas but some experts see support as limited or acknowledge plausible alternative explanations.</td>
</tr>
<tr>
<td>Sufficient (3)</td>
<td>Relationship is supported by at least two well-designed quasiexperimental studies containing comparison groups, but no randomized control groups. Experts believe that relationship is likely causal, and studies have eliminated most alternative confounding variables or alternative explanations.</td>
</tr>
<tr>
<td>Strong (4)</td>
<td>Cause effect relationship is supported by at least one well-designed study with randomized control groups or three or more well-designed quasiexperimental studies with little or no debate among experts of causal relationship.</td>
</tr>
</tbody>
</table>

a Please see the CDC Worksite Health ScoreCard Manual’s acknowledgement page for names and affiliations of all CDC and Emory University IHPS personnel that contributed to the development of the rating system.
STEP 2: RATING SYSTEM OF IMPACT FOR EACH SURVEY ITEM

Based on the evidence-base gathered during step 1, the SMEs rated each item (for the section(s) in which they had expertise) in terms of its estimated impact on health outcomes or behaviors (i.e., effect size) using a 3-point scale, as defined in the following table:

<table>
<thead>
<tr>
<th>Impact Rating</th>
<th>Definition of the Rating Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small (1)</td>
<td>0 to 1 percentage point improvement in 1 year</td>
</tr>
<tr>
<td>Sufficient (2)</td>
<td>&gt;1 to 2 percentage point improvement in 1 year</td>
</tr>
<tr>
<td>Large (3)</td>
<td>&gt;2 or more percentage point improvement in 1 year</td>
</tr>
</tbody>
</table>

For example, promotion of stair use may get a “Strong-4” rating on strength of evidence and a “Large-3” impact rating for its potential impact on physical activity (it is expected to increase physical activity of the employees by more than 3 percentage points).

STEP 3: ASSIGNING A WEIGHTED-SCORE TO EACH SURVEY ITEM

Once evidence and impact ratings were determined, the CDC Workgroup and Emory University IHPS team met to assign a weighted score to each item. The weighted score for each item was calculated by adding the item’s “Evidence-Base Score” to the item’s “Impact Score” and adjusting the value based on the criteria below.

**Weighted Scoring Key**

<table>
<thead>
<tr>
<th>Evidence Base:</th>
<th>+</th>
<th>Item Impact:</th>
<th>=</th>
<th>Adjusted Value</th>
<th>=</th>
<th>Final Health Impact Point Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = Weak</td>
<td>+</td>
<td>1 = Small</td>
<td>=</td>
<td>Total Pts = 2,3</td>
<td>Value = 1</td>
<td>1 = Good</td>
</tr>
<tr>
<td>2 = Suggestive</td>
<td></td>
<td>2 = Sufficient</td>
<td>=</td>
<td>Total Pts = 4,5</td>
<td>Value = 2</td>
<td>2 = Better</td>
</tr>
<tr>
<td>3 = Sufficient</td>
<td></td>
<td>3 = Large</td>
<td>=</td>
<td>Total Pts = 6,7</td>
<td>Value = 3</td>
<td>3 = Best</td>
</tr>
<tr>
<td>4 = Strong</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Each item on the HSC has an associated health impact point value between 1 and 3, where 1 = good, 2 = better, and 3 = best. This point value reflects the level of impact (i.e., observable change elicited in a 1-year period) that the strategy has on health outcomes or behaviors and the strength of scientific evidence supporting this impact, as determined by SMEs.

The following pages contain the evidence and impact ratings, adjusted value, and final assigned point values for each item on the HSC. Citations supporting these ratings are found in the Reference section.
## Organizational Supports

| Evidence Base 1-4 | Item Impact 1-3 | Total | Adjusted Value | **Organizational Supports**
|---|---|---|---|---
| **During the past 12 months, did your worksite:** | | | | 1. Conduct an employee needs and interests assessment for planning health promotion activities? 1\(^1\)-3
Answer “yes” if, for example, your organization administers focus groups or employee satisfaction surveys to assess your employee health promotion program(s). Answer “no” if your organization administers general surveys that do not assess your employee health promotion program(s).

2 | 1 | 3 | 1 | 2. Conduct employee health risk appraisals or assessments through vendors, on-site staff, or health plans and provide individual feedback plus health education? 4\(^4\)-7
Answer “yes” if, for example, your organization provides individual feedback through written reports, letters, or one-on-one counseling.

4 | 2 | 6 | 3 | 3. Demonstrate organizational commitment and support of worksite health promotion at all levels of management? 2,4,6,8-17
Answer “yes” if, for example, all levels of management participate in activities, communications are sent to employees from senior leaders, the worksite supports performance objectives related to healthy workforce, or program ownership is shared with all staff levels.

2 | 3 | 5 | 2 | 4. Use and combine incentives with other strategies to increase participation in health promotion programs? 2-6,8,10,11,16,18-22
Answer “yes” if, for example, your organization offers incentives such as gift certificates, cash, paid time off, product or service discounts, reduced health insurance premiums, employee recognition, or prizes.

3 | 2 | 5 | 2 | 5. Use competitions when combined with additional interventions to support employees making behavior changes? 22-30
Answer “yes” if, for example, your organization offers walking or weight loss competitions.

2 | 3 | 5 | 2 | 6. Promote and market health promotion programs to employees? 2,6,9,10,14,15,31
Answer “yes” if, for example, your worksite’s health promotion program has a brand name or logo, uses multiple channels of communication, or sends frequent messages.

2 | 1 | 3 | 1 | 7. Use examples of employees role modeling appropriate health behaviors or employee health-related “success stories” in the marketing materials? 4,5,12,32-36
<table>
<thead>
<tr>
<th>Evidence Base 1-4</th>
<th>Item Impact 1-3</th>
<th>Total</th>
<th>Adjusted Value</th>
<th><strong>Organizational Supports During the past 12 months, did your worksite:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>3</td>
<td>7</td>
<td>3</td>
<td>8. Tailor some health promotion programs and education materials to the language, literacy levels, culture, or readiness to change of various segments of the workforce? 2,6,8,10,16,36-45 &lt;br&gt;<em>Answer “no” if you do not perceive a need for your organization to tailor its health promotion programs and education materials to any specific group(s).</em></td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>9. Have an active health promotion committee? 3,8,11,12,32,46,47 &lt;br&gt;<em>Answer “yes” if your health promotion committee exists and has been involved in planning and implementing programs.</em></td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>10. Have a paid health promotion coordinator whose job (either part-time or full-time) is to implement a worksite health promotion program? 3,4,6,8,32 &lt;br&gt;<em>Answer “yes” if implementing the employee health promotion program(s) at your worksite is included in a paid staff member’s job description or performance expectations.</em></td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>11. Have a champion(s) who is a strong advocate for the health promotion program? 8,11,12,32,46 &lt;br&gt;<em>Answer “yes” if there is someone at your worksite who actively promotes programs to improve worksite health promotion.</em></td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>12. Have an annual budget or receive dedicated funding for health promotion programs? 3,11,32</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>13. Set annual organizational objectives for health promotion? 3,4,8,10,32</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>14. Include references to improving/maintaining employee health in the business objectives or organizational mission statement? 2,8,10,48 &lt;br&gt;<em>Answer “no” if your organization’s business objectives or mission statement only reference occupational health and safety, without reference to improving the workforce’s health.</em></td>
</tr>
<tr>
<td>Evidence Base 1-4</td>
<td>Item Impact 1-3</td>
<td>Total</td>
<td>Adjusted Value</td>
<td><strong>Organizational Supports</strong>&lt;br&gt;<strong>During the past 12 months, did your worksite:</strong></td>
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</tbody>
</table>
| 3                 | 2               | 5     | 2              | 15. Conduct ongoing evaluations of health promotion programming that use multiple data sources?  
2,8,10,16,32,49-52  
*Answer “yes” if, for example, your organization collects data on employee health risks, medical claims, employee satisfaction or organizational climate surveys.* |
| 1                 | 1               | 2     | 1              | 16. Make health promotion programs available to family members? 2,53,54 |
| 2                 | 2               | 4     | 2              | 17. Provide flexible work scheduling policies? 55-60  
*Answer “yes” if, for example, policies allow for flextime schedules and work at home.* |
| 2                 | 2               | 4     | 2              | 18. Engage in other health initiatives throughout the community and support employee participation and volunteer efforts? 4,8,37,61,62  
*Answer “yes” if, for example, your organization supports participation in community events and school-based efforts, such as corporate walks, collaborate with state and local advocacy groups, health and regulatory organizations, and coalitions.* |
<p>| <strong>Total Possible Points</strong> |      |       | 33             |  |</p>
<table>
<thead>
<tr>
<th>Evidence Base 1-4</th>
<th>Item Impact 1-3</th>
<th>Total</th>
<th>Adjusted Value</th>
<th>Tobacco Control During the past 12 months, did your worksite:</th>
</tr>
</thead>
</table>
| 3                 | 3               | 6     | 3             | 19. Have a written policy banning tobacco use at your worksite? 63-68  
Answer “yes” if your worksite adheres to a statewide, countywide, or citywide policy banning tobacco use in the workplace. |
| 1                 | 2               | 3     | 1             | 20. Actively enforce a written policy banning tobacco use? 69  
Answer “yes” if, for example, your worksite posts signs, does not have ashtrays, or communicates this written policy banning tobacco use through various channels at your worksite. |
| 1                 | 2               | 3     | 1             | 21. Display signs (including “no smoking” signs) with information about your tobacco-use policy? 70 |
| 4                 | 2               | 6     | 3             | 22. Refer tobacco users to a state or other tobacco cessation telephone quit line? 72-74  
Answer “yes” if, for example, your worksite refers tobacco users to 1-800-QUIT NOW or smokefree.gov. |
| 4                 | 3               | 7     | 3             | 23. Provide health insurance coverage with no or low out-of-pocket costs for prescription tobacco cessation medications including nicotine replacement? 74-76  
Answer “yes” if, for example, your organization provides coverage for inhalers, nasal sprays, bupropion (e.g., Zyban) and varenicline (e.g., Chantix). |
| 3                 | 2               | 5     | 2             | 24. Provide health insurance coverage with no or low out-of-pocket costs for FDA-approved over-the-counter nicotine replacement products? 74-77  
Answer “yes” if, for example, your organization provides coverage for nicotine replacement gum, patches, or lozenges. |
| 3                 | 2               | 5     | 2             | 25. Provide or promote free or subsidized tobacco cessation counseling? 74,77  
Answer “yes” if these programs are provided on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans/programs, community groups, or other practitioners. |
<table>
<thead>
<tr>
<th>Evidence Base 1-4</th>
<th>Item Impact 1-3</th>
<th>Total</th>
<th>Adjusted Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>2</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>3</td>
<td>1</td>
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<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>

**Tobacco Control**

During the past 12 months, did your worksite:

26. Inform employees about health insurance coverage and programs that include tobacco cessation medication and counseling? \(^{78,79}\)

27. Provide incentives for being a current nonuser of tobacco and for current tobacco users that are currently involved in a cessation class or actively quitting? Answer “yes” if, for example, your organization provides discounts on health insurance, increases in disability payments or additional life insurance for nonsmokers and tobacco users who are actively trying to quit.

28. Do not allow sale of tobacco products on company property? Answer “yes” if, for example, your worksite does not sell tobacco products on company property in vending machines or through on-site vendors.

**Total Possible Points** 19
## Nutrition

<table>
<thead>
<tr>
<th>Evidence Base 1-4</th>
<th>Item Impact 1-3</th>
<th>Total</th>
<th>Adjusted Value</th>
<th>Nutrition During the past 12 months, did your worksite:</th>
</tr>
</thead>
</table>
| NA               | NA              | NA    | 0              | 29. Provide places to purchase food and beverages?  
Answer “yes” if, for example, your worksite provides vending machines, cafeterias, snack bars, or other purchase points.  
**IF NO, PLEASE SKIP TO QUESTION 36.** |
| 1                | 1               | 2     | 1              | 30. Have a written policy or formal communication that makes healthier food and beverage choices available in **cafeterias or snack bars**?  
Answer “yes” if, for example, the policy or formal communication makes vegetables, fruits, 100% fruit juices, whole grain items and trans fat-free/low-sodium snacks available in cafeterias or snack bars. |
| 1                | 1               | 2     | 1              | 31. Have a written policy or formal communication that makes healthier food and beverage choices available in **vending machines**?  
Answer “yes” if, for example, the policy or formal communication makes vegetables, fruits, 100% fruit juices, whole grain items, and trans fat-free/low-sodium snacks available in vending machines. |
| 3                | 3               | 6     | 3              | 32. Make most (more than 50%) of the food and beverage choices available in vending machines, cafeterias, snack bars, or other purchase points be healthy food items?  
Answer “yes” if the healthy foods are items such as skim milk, 1% milk, water, unsweetened flavored water, diet drinks, 100% fruit juice, low-fat and low-sodium snacks, or fresh fruit. (See Dietary Guidelines for Americans, 2010, or GSA/HHS Health and Sustainability Guidelines for Federal Concessions and Vending Operations.) |
| 2                | 2               | 4     | 2              | 33. Provide nutritional information (beyond standard nutrition information on labels) on sodium, calories, trans fats, or saturated fats for foods and beverages sold in worksite cafeterias, snack bars, or other purchase points?  
Answer “yes” if, for example, your worksite puts a heart next to a healthy item near vending machines, cafeterias, snack bars, or other purchase points. |
| 3                | 3               | 6     | 3              | 34. Identify healthier food and beverage choices with signs or symbols?  
Answer “yes” if, for example, your worksite puts a heart next to a healthy item near vending machines, cafeterias, snack bars, or other purchase points. |
<table>
<thead>
<tr>
<th>Evidence Base 1-4</th>
<th>Item Impact 1-3</th>
<th>Total</th>
<th>Adjusted Value</th>
<th><strong>Nutrition</strong>&lt;br&gt;<strong>During the past 12 months, did your worksite:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>3</td>
<td>6</td>
<td>3</td>
<td>35. Subsidize or provide discounts on healthy foods and beverages offered in vending machines, cafeterias, snack bars, or other purchase points? 90,94-97</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>36. Have a written policy or formal communication making healthy food and beverage choices available during meetings when food is served? 87,88,98,99&lt;br&gt;Answer “yes” if, for example, the policy or formal communication makes vegetables, fruits, 100% fruit juices, whole grain items, or trans fat-free/low-sodium snacks available during meetings.</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>37. Provide employees with food preparation and storage facilities?b&lt;br&gt;Answer “yes” if your worksite provides a microwave oven, sink, refrigerator, or kitchen.</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>38. Offer or promote an on-site or nearby farmers’ market where fresh fruits and vegetables are sold? 100,101</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>39. Provide brochures, videos, posters, pamphlets, newsletters, or other written or online information that address the benefits of healthy eating? 55,102,103&lt;br&gt;Answer “yes” if these health promotion materials address the benefits of healthy eating as a single health topic or if the benefits of healthy eating are included with other health topics.</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td>5</td>
<td>2</td>
<td>40. Provide a series of educational seminars, workshops, or classes on nutrition? 55,102-104&lt;br&gt;Answer “yes” if these sessions address nutrition as a single health topic or if nutrition is included with other health topics. These sessions can be provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans/programs, community groups, or other practitioners.</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td>5</td>
<td>2</td>
<td>41. Provide free or subsidized self-management programs for healthy eating? 7,55,103&lt;br&gt;Answer “yes” if these programs are provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans/programs, community groups, or other practitioners.</td>
</tr>
</tbody>
</table>

**Total Possible Points** 21

b SME comment: “In spite of the weak evidence that exists, this is an important item because it can encourage employees to bring or prepare healthy food from home.”
## Physical Activity

<table>
<thead>
<tr>
<th>Evidence Base 1-4</th>
<th>Item Impact 1-3</th>
<th>Total</th>
<th>Adjusted Value</th>
<th>Physical Activity During the past 12 months, did your worksite:</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>3</td>
<td>7</td>
<td>3</td>
<td>42. Provide an exercise facility on-site? [59,89,104-108]</td>
</tr>
<tr>
<td>4</td>
<td>3</td>
<td>7</td>
<td>3</td>
<td>43. Subsidize or discount the cost of on-site or off-site exercise facilities? [59,104-106]</td>
</tr>
</tbody>
</table>
| 4                | 3              | 7     | 3             | 44. Provide other environmental supports for recreation or physical activity? [4,59,89,105-109]  
Answer “yes” if, for example, your worksite provides trails or a track for walking/jogging, maps of suitable walking routes, bicycle racks, a basketball court, open space designated for recreation or exercise, a shower, and changing facility.  
Answer “no” if your worksite is located in a one-story building. |
| 4                | 3              | 7     | 3             | 45. Post signs at elevators, stairwell entrances/exits and other key locations that encourage employees to use the stairs? [59,107,108]  
Answer “no” if your worksite is located in a one-story building. |
| 4                | 3              | 7     | 3             | 46. Provide organized individual or group physical activity programs for employees (other than the use of an exercise facility)? [59,104]  
Answer “yes” if, for example, your worksite provides walking or stretching programs, group exercise, or weight training. |
| 1                | 1              | 2     | 1             | 47. Provide brochures, videos, posters, pamphlets, newsletters, or other written or online information that address the benefits of physical activity? [55,102,104,106]  
Answer “yes” if these health promotion materials address the benefits of physical activity as a single health topic or if the benefits of physical activity are included with other health topics. |
| 3                | 2              | 5     | 2             | 48. Provide a series of educational seminars, workshops, or classes on physical activity? [55,104,106]  
Answer “yes” if these sessions address physical activity as a single health topic or if physical activity is included with other health topics. These sessions can be provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans/programs, community groups, or other practitioners. |
| 5                | 3              | 7     | 3             | 49. Provide or subsidize physical fitness assessments, follow-up counseling, and physical activity recommendations either on-site or through a community exercise facility? [59,104,106] |
| 3                | 3              | 6     | 3             | 50. Provide free or subsidized self-management programs for physical activity? [59,104,106]  
Answer “yes” if these programs are provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans/programs, community groups, or other practitioners. |

Total Possible Points 24
## Weight Management

<table>
<thead>
<tr>
<th>Evidence Base 1-4</th>
<th>Item Impact 1-3</th>
<th>Total</th>
<th>Adjusted Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>2</td>
<td>5</td>
<td>2</td>
</tr>
</tbody>
</table>

51. Provide free or subsidized body composition measurement, such as height and weight, Body Mass Index (BMI) scores, or other body fat assessments (beyond HRAs) followed by directed feedback and clinical referral when appropriate? 

<table>
<thead>
<tr>
<th>Evidence Base 1-4</th>
<th>Item Impact 1-3</th>
<th>Total</th>
<th>Adjusted Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

52. Provide brochures, videos, posters, pamphlets, newsletters, or other written or online information that address the risks of overweight or obesity? 

Answer “yes” if these health promotion materials address the risks of overweight or obesity as a single health topic or if the risks of overweight or obesity are included with other health topics.

<table>
<thead>
<tr>
<th>Evidence Base 1-4</th>
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<th>Total</th>
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</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>2</td>
<td>6</td>
<td>3</td>
</tr>
</tbody>
</table>

53. Provide a series of educational seminars, workshops, or classes on weight management? 

Answer “yes” if these sessions address weight management as a single health topic or if weight management is included with other health topics. These sessions can be provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans/programs, community groups, or other practitioners.

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>3</td>
<td>7</td>
<td>3</td>
</tr>
</tbody>
</table>

54. Provide free or subsidized one-on-one or group lifestyle counseling for employees who are overweight or obese? 

Answer “yes” if these programs are provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans/programs, community groups, or other practitioners.

<table>
<thead>
<tr>
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<th>Item Impact 1-3</th>
<th>Total</th>
<th>Adjusted Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>2</td>
<td>6</td>
<td>3</td>
</tr>
</tbody>
</table>

55. Provide free or subsidized self-management programs for weight management? 

Answer “yes” if these programs are provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans/programs, community groups, or other practitioners.

**Total Possible Points** 12
<table>
<thead>
<tr>
<th>Evidence Base 1-4</th>
<th>Item Impact 1-3</th>
<th>Total</th>
<th>Adjusted Value</th>
<th>Stress Management During the past 12 months, did your worksite:</th>
</tr>
</thead>
</table>
| 1                | 1              | 2     | 1              | 56. Provide space where employees can go to practice relaxation techniques such as meditation, yoga, and biofeedback?  

**c SME Comment:** “Although we did not find any studies on designated space, stress management (SM) subject matters experts (SMEs) evaluated six widely used occupational SM interventions and found that relaxation was the most practical intervention and space would be needed for this. The SMEs considered history of success and duration of effect, as the most important factors when selecting SM interventions.”

| 1                | 1              | 2     | 1              | 57. Sponsor or organize social events throughout the year?  

**d SME Comment:** “Although we did not find any studies on the impact of social events, we felt that this item was important for showing a caring atmosphere and building morale, productivity, and a culture of wellness as part of a comprehensive approach.”

| 4                | 3              | 7     | 3              | 58. Provide stress management programs?  

**Answer “yes” if these programs address stress management as a single health topic or if stress management is included with other health topics. Answer “yes” if these programs are provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans/programs, community groups, or other practitioners.”

| 4                | 2              | 6     | 3              | 59. Provide work-life balance/ life-skills programs?  

**Answer “yes” if, for example, your worksite provides elder care, child care, referrals, tuition reimbursement, or other programs that are offered through vendors, on-site staff, or employee assistance programs.”

| 3                | 3              | 6     | 3              | 60. Provide training for managers on identifying and reducing workplace stress-related issues?  

**Answer “yes” if, for example, your worksite provides training on performance reviews, communication, personnel management, assertiveness, time management, or conflict resolution.”

| 4                | 3              | 7     | 3              | 61. Provide opportunities for employee participation in organizational decisions regarding workplace issues that affect job stress?  

**Answer “yes” if, for example, your worksite provides opportunities for employees to participate in decisions about work processes and environment, work schedules, participative problem-solving, and management of work demands.”

| **Total Possible Points** | 14 |

---

**Notes:**

- **c** SME Comment: “Although we did not find any studies on designated space, stress management (SM) subject matters experts (SMEs) evaluated six widely used occupational SM interventions and found that relaxation was the most practical intervention and space would be needed for this. The SMEs considered history of success and duration of effect, as the most important factors when selecting SM interventions.”

- **d** SME Comment: “Although we did not find any studies on the impact of social events, we felt that this item was important for showing a caring atmosphere and building morale, productivity, and a culture of wellness as part of a comprehensive approach.”
## Depression

**Depression During the past 12 months, did your worksite:**

<table>
<thead>
<tr>
<th>Evidence Base 1-4</th>
<th>Item Impact 1-3</th>
<th>Total</th>
<th>Adjusted Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>3</td>
<td>6</td>
<td>3</td>
<td>62. Provide free or subsidized clinical screening for depression (beyond HRAs) followed by directed feedback and clinical referral when appropriate? Answer “yes” if these services are provided directly through your organization or indirectly through a health insurance plan.</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td>5</td>
<td>2</td>
<td>63. Provide access to online or paper self-assessment depression screening tools?</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>64. Provide brochures, videos, posters, pamphlets, newsletters, or other written or online information that address depression? Answer “yes” if these health promotion materials address depression as a single health topic or if depression is included with other health topics.</td>
</tr>
<tr>
<td>4</td>
<td>3</td>
<td>7</td>
<td>3</td>
<td>65. Provide a series of educational seminars, workshops, or classes on preventing and treating depression? Answer “yes” if these sessions address depression as a single health topic or if depression is included with other health topics. These sessions can be provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans/programs, community groups, or other practitioners.</td>
</tr>
<tr>
<td>4</td>
<td>3</td>
<td>7</td>
<td>3</td>
<td>66. Provide one-on-one or group lifestyle counseling for employees with depression? Answer “yes” if these programs are provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans/programs, community groups, or other practitioners.</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
<td>5</td>
<td>2</td>
<td>67. Provide training for managers on depression in the workplace? Answer “yes” if, for example, your worksite provides managers with training on how to recognize depression, productivity/safety issues, and company/community resources for managing depression.</td>
</tr>
<tr>
<td>4</td>
<td>3</td>
<td>7</td>
<td>3</td>
<td>68. Provide health insurance coverage with no or low out-of-pocket costs for depression medications and mental health counseling?</td>
</tr>
</tbody>
</table>

**Total Possible Points** 18
## High Blood Pressure

<table>
<thead>
<tr>
<th>Evidence Base 1-4</th>
<th>Item Impact 1-3</th>
<th>Total</th>
<th>Adjusted Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>69.</strong> Provide free or subsidized blood pressure screening (beyond HRAs) followed by directed feedback and clinical referral when appropriate? 7,79,148-154</td>
<td>4 2 6</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td><strong>70.</strong> Provide brochures, videos, posters, pamphlets, newsletters, or other information that address the risks of high blood pressure? 22,46,149,151,153,155-157</td>
<td>2 1 3</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td><strong>71.</strong> Provide a series of educational seminars, workshops, or classes on preventing and controlling high blood pressure? 50,71,80,122,149,151,152,158-163</td>
<td>4 2 6</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td><strong>72.</strong> Provide one-on-one or group lifestyle counseling and follow-up monitoring for employees with high blood pressure or pre-hypertension? 7,22,79,80,148-150,154,156,158,159,161,164-170</td>
<td>4 3 7</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td><strong>73.</strong> Provide free or subsidized self-management programs for blood pressure control? 7,46,50,71,156,157,159,163,164,166,169-172</td>
<td>4 2 6</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td><strong>74.</strong> Make blood pressure monitoring devices available with instructions for employees to conduct their own self assessments? 46,156,171</td>
<td>3 1 4</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td><strong>75.</strong> Provide health insurance coverage with no or low out-of-pocket costs for blood pressure control medications 75,76,154,170</td>
<td>3 2 5</td>
<td>5</td>
<td>2</td>
</tr>
</tbody>
</table>

Total Possible Points **17**
| Evidence Base 1-4 | Item Impact 1-3 | Total | Adjusted Value | **High Cholesterol**  
*During the past 12 months, did your worksite:* |
|-------------------|-----------------|-------|----------------|------------------------------------------------|
| 4                 | 2               | 6     | 3              | 76. Provide free or subsidized cholesterol screening (beyond HRAs) followed by directed feedback and clinical referral when appropriate?  
7, 80, 151, 152, 173-178 |
| 2                 | 1               | 3     | 1              | 77. Provide brochures, videos, posters, pamphlets, newsletters, or other information that address the risks of high cholesterol?  
46, 151, 153, 176  
*Answer “yes” if these health promotion materials address the risks of high cholesterol as a single health topic or if the risks of high cholesterol are included with other health topics.* |
| 4                 | 2               | 6     | 3              | 78. Provide a series of educational seminars, workshops, or classes on preventing and controlling high cholesterol?  
7, 50, 80, 122, 151, 152, 158, 159, 162, 163, 165, 169, 175-177, 179-184  
*Answer “yes” if these sessions address preventing and controlling high cholesterol as a single health topic or if preventing and controlling high cholesterol are included with other health topics. These sessions can be provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans/programs, community groups, or other practitioners.* |
| 4                 | 3               | 7     | 3              | 79. Provide one-on-one or group lifestyle counseling and follow-up monitoring for employees who have high cholesterol?  
7, 80, 151, 159, 162, 164, 166, 169, 173, 175, 179, 180, 185-187  
*Answer “yes” if these programs are provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans/programs, community groups, or other practitioners.* |
| 4                 | 3               | 7     | 3              | 80. Provide free or subsidized lifestyle self-management programs for cholesterol/lipid control?  
7, 46, 50, 151, 157, 159, 164, 166, 169, 173, 175, 179, 185, 188-190  
*Answer “yes” if these programs are provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans/programs, community groups, or other practitioners.* |
| 3                 | 2               | 5     | 2              | 81. Provide health insurance coverage with no or low out-of-pocket cost for cholesterol/lipid control medications?  
75, 76, 178 |

**Total Possible Points** 15
<table>
<thead>
<tr>
<th>Evidence Base 1-4</th>
<th>Item Impact 1-3</th>
<th>Total</th>
<th>Adjusted Value</th>
<th>Diabetes&lt;br&gt;&lt;em&gt;During the past 12 months, did your worksite:&lt;/em&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>2</td>
<td>6</td>
<td>3</td>
<td>82. Provide free or subsidized pre-diabetes and diabetes risk factor self-assessments (paper/pencil or online) and feedback, followed by blood glucose screening and clinical referral when appropriate? 191-197</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>83. Provide brochures, videos, posters, pamphlets, newsletters, or other information that address the risks of diabetes? 198-201&lt;br&gt;&lt;em&gt;Answer “yes” if these health promotion materials address the risks of diabetes as a single health topic or if the risks of diabetes are included with other health topics.&lt;/em&gt;</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td>6</td>
<td>3</td>
<td>84. Provide a series of educational seminars, workshops, or classes on preventing and controlling diabetes? 198-201&lt;br&gt;&lt;em&gt;Answer “yes” if these sessions address preventing and controlling diabetes as a single health topic or if preventing and controlling diabetes are included with other health topics. These sessions can be provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans/programs, community groups, or other practitioners.&lt;/em&gt;</td>
</tr>
<tr>
<td>4</td>
<td>3</td>
<td>7</td>
<td>3</td>
<td>85. Provide one-on-one or group lifestyle counseling and follow-up monitoring for employees who have abnormal blood glucose levels (pre-diabetes or diabetes)? 191-197&lt;br&gt;&lt;em&gt;Answer “yes” if these programs are provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans/programs, community groups, or other practitioners.&lt;/em&gt;</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td>6</td>
<td>3</td>
<td>86. Provide free or subsidized lifestyle self-management programs for diabetes control? 193,202&lt;br&gt;&lt;em&gt;Answer “yes” if these programs are provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans/programs, community groups, or other practitioners.&lt;/em&gt;</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td>5</td>
<td>2</td>
<td>87. Provide health coverage with low or no out-of-pocket costs for diabetes medications as well as supplies for diabetes management (glucose test strips, needles, monitoring kits)? 75,76,201,203-205</td>
</tr>
</tbody>
</table>

**Total Possible Points** 15
<table>
<thead>
<tr>
<th>Evidence Base</th>
<th>Item Impact</th>
<th>Total</th>
<th>Adjusted Value</th>
<th>Signs and Symptoms of Heart Attack and Stroke&lt;sup&gt;e&lt;/sup&gt; During the past 12 months, did your worksite:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>88. Have posters or flyers in the common areas of your worksite (such as bulletin boards, kiosks, break rooms) that identify the signs and symptoms of a heart attack and also convey that strokes are to be treated as emergencies?</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>89. Have posters or flyers in the common areas of your worksite (such as bulletin boards, kiosks, break rooms) that identify the signs and symptoms of a stroke and also convey that heart attacks are to be treated as emergencies?</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>90. Provide any other information on the signs and symptoms of heart attack through e-mails, newsletters, management communications, Web sites, seminars or classes?</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>91. Provide any other information on the signs and symptoms of stroke through e-mails, newsletters, management communications, Web sites, seminars or classes?</td>
</tr>
</tbody>
</table>

**Total Possible Points** 4

<sup>e</sup> From an evidence standpoint, this section is difficult; the evidence is still evolving. Much of the literature about signs and symptoms of heart attack and stroke does not specify what messages were tested. If posters, etc., in worksites contain evidence-based messages, they are more likely to make an impact than some of the less-tested messages. A good, comprehensive worksite health improvement program should include education.
<table>
<thead>
<tr>
<th>Evidence Base 1-4</th>
<th>Item Impact 1-3</th>
<th>Total</th>
<th>Adjusted Value</th>
<th><strong>Emergency Response to Heart Attack and Stroke</strong>&lt;sup&gt;f&lt;/sup&gt; During the past 12 months, did your worksite:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>92. Have an emergency response plan that addresses acute heart attack and stroke events?</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>93. Have an emergency response team for medical emergencies?</td>
</tr>
<tr>
<td>4</td>
<td>2</td>
<td>6</td>
<td>3</td>
<td>94. Offer access to a nationally-recognized training course on Cardiopulmonary Resuscitation (CPR) that includes training on Automated External Defibrillator (AED) usage?</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>95. Have a policy that requires an adequate number of employees per floor, work unit, or shift, in accordance with pertinent state and federal laws, to be certified in CPR/AED?</td>
</tr>
<tr>
<td>4</td>
<td>2</td>
<td>6</td>
<td>3</td>
<td>96. Have one or more functioning AEDs in place? IF NO, PLEASE PROCEED TO THE END OF THE SURVEY.</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td>5</td>
<td>2</td>
<td>97. Have an adequate number of AED units such that a person can be reached within 3-5 minutes of collapse?</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>98. Identify the location of AEDs with posters, signs, markers, or other forms of communication?</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>99. Perform maintenance or testing on all AEDs?</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>100. Provide information to your local community Emergency Medical Service providers so they are aware that your worksite has an AED in place to facilitate emergency response?</td>
</tr>
<tr>
<td><strong>Total Possible Points</strong></td>
<td></td>
<td></td>
<td></td>
<td>17</td>
</tr>
</tbody>
</table>

<sup>f</sup> The Cardiac Arrest Survival Act was signed in 2000 by President Clinton to expand the availability of AEDs in public settings. It requires guidelines for placement of AEDs in buildings owned or leased by the federal government—“Guidelines for Public Access Defibrillation in Federal Facilities.”

The American College of Occupational and Environmental Medicine (ACOEM) has created guidelines for the use of AEDs in the workplace. Many of these recommendations are not based on RCTs and therefore do not have systematic reviews, etc. to support them. Rather, they are logical components of a comprehensive AED worksite initiative (e.g., AED maintenance, testing, signage). (206. Starr LM. Automated external defibrillation in the occupational setting. Journal of occupational and environmental medicine. 2002;44(1):2.) For many of the questions in this section, it seems somewhat inappropriate to give each separate component a rating for impact because they are part of a comprehensive AED worksite initiative.

References


57. Linenger JM. *Physical fitness gains following simple environmental change:* DTIC Document;1990.


61. Heath GW, Brownson RC, Kruger J, Miles R, Powell KE, Ramsey LT. The effectiveness of urban design and land use and transport policies and practices to increase physical activity: a systematic review. *Journal of Physical Activity and Health.* 2006;3(1).


