The CDC Worksite Health ScoreCard
An Assessment Tool for Employers to Prevent Heart Disease, Stroke, & Related Health Conditions

Registration and Submission Checklist

Use this checklist when you register on the CDC Worksite Health ScoreCard (HSC) Web site and prepare to create and submit your HSC. The items in this checklist correspond to questions and topics in the HSC. Having the following information contained in the checklist available when you complete the HSC will make it easier to answer all the questions.

Anyone who is responsible for promoting health in the workplace can use the HSC to set benchmarks and track improvements in their organization. Examples include employers, human resource managers, health benefit managers, health education staff, occupational nurses, medical directors, and wellness directors.

State or local health departments can help employers and business coalitions use this tool to find ways to create healthier workplaces. They can also use this tool to monitor worksite practices, create best practice benchmarks, and track improvements in health promotion programs in the workplace over time. This information can help health departments direct their resources and support employers more effectively.

To complete the HSC, you will need a variety of information about your organization. This information will come from different sources, depending on your workplace. Some information will be readily available, while some may need to be requested from a third party. For information that is not currently available, you will have to decide whether to collect it or not.
Information for Employer Administrators

A. Registration

You will need the following information to register on the CDC Worksite Health ScoreCard (HSC) Web site:

☐ Contact information for your organization (e.g., name, location, industry type)
☐ Employee demographic information (maintained by office manager, human resources department, or personnel department)

☐ Total Number of Employees (all worksites) ______________
☐ Number of Employees Eligible for the Health Programs (optional) ______________
☐ Workforce Sex ______ % Male ______ % Female
☐ Workforce Age Groups

______ % younger than 18 years of age
______ % 18 to 34 years of age
______ % 35 to 44 years of age
______ % 45 to 64 years of age
______ % 65 years of age or older
☐ Average Workforce Age (optional) ______________
☐ Workforce Race/Ethnic Groups (optional)

______ % Non-Hispanic white
______ % Non-Hispanic black/African-American
______ % Hispanic/Latino
______ % Asian/Asian-American
______ % American Indian/Alaska Native
______ % Native Hawaiian/Pacific Islander
______ % Other

☐ Workforce Education Levels

______ % Less than high school
______ % High school graduate/GED
______ % Some college/technical school
______ % College graduate
______ % Postgraduate/advanced degree

☐ Whether your organization currently provides health insurance to employees
☐ Whether your organization currently pays for any workplace health promotion programs or services (e.g., vendor or health plan)
☐ Basic information on the components of any workplace health program currently in place
☐ Whether your organization will want to review an individual worksite’s HSC before submission
Information for Worksites

A. Forming Your Team

We recommend that you form a small team of representatives from different areas of your organization who can work together to complete the HSC, because a strong knowledge of your organization and its’ health promotion program(s) is needed to accurately complete it. A team-based approach will allow for more accurate responses, increase ownership and involvement among the team, and decrease the workload for each team member. You should pick team members who are in the following positions:

<table>
<thead>
<tr>
<th>NAME</th>
<th>CONTACT INFO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members of a worksite health promotion committee</td>
<td>______________</td>
</tr>
<tr>
<td>Human resources or personnel managers</td>
<td>______________</td>
</tr>
<tr>
<td>Health benefits managers</td>
<td>______________</td>
</tr>
<tr>
<td>Health education staff</td>
<td>______________</td>
</tr>
<tr>
<td>Occupational nurses</td>
<td>______________</td>
</tr>
<tr>
<td>Medical directors</td>
<td>______________</td>
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<tr>
<td>Wellness directors</td>
<td>______________</td>
</tr>
<tr>
<td>Health promotion coordinators</td>
<td>______________</td>
</tr>
<tr>
<td>Building facilities managers</td>
<td>______________</td>
</tr>
</tbody>
</table>

B. Worksite Demographics

To complete the HSC, you will need a variety of information about your organization. This information will come from different sources, depending on your workplace. Some information will be readily available, while some may need to be requested from a third party. For information that is not currently available, you will have to decide whether to collect it or not.

Some questions in the Worksite Demographics section of the HSC are optional. We recommend collecting this information because it can help you pick strategies to promote health in the workplace that are appropriate for the needs and interests of your workforce.

Worksite teams will need certain information to complete the Worksite Demographics section. This information may be available from your office manager, human resources department, or personnel department.

☐ Industry Type
☐ Total Number of Employees (this worksite only) ______________
☐ Number of Employees Eligible for the Health Programs (optional) ______________
☐ Whether the workforce is unionized
☐ Whether the organization currently pays for any workplace health promotion programs or services (e.g., vendor or health plan)
☐ Workforce Status

______ % Full-time
______ % Part-time
______ % Temporary/Contract

The remaining questions apply to full-time and part-time employees only.

☐ Workforce Sex

______ % Male  ______ % Female

☐ Workforce Age Groups

______ % younger than 18 years of age
______ % 18 to 34 years of age
______ % 35 to 44 years of age
______ % 45 to 64 years of age
______ % 65 years of age or older

☐ Average Workforce Age (optional) ______________

☐ Workforce Race/Ethnic Groups (optional)

______ % Non-Hispanic white
______ % Non-Hispanic black/African-American
______ % Hispanic/Latino
______ % Asian/Asian-American
______ % American Indian/Alaska Native
______ % Native Hawaiian/Pacific Islander
______ % Other

☐ Workforce Education Levels (optional)

______ % Less than high school
______ % High school graduate/GED
______ % Some college/technical school
______ % College graduate
______ % Postgraduate/advanced degree

☐ Whether work at the worksite is performed in shifts
☐ Workforce Job Type (optional) ______ % Salaried  ______ % Hourly

C. CDC Worksite Health Scorecard Completion

This section will help you collect relevant documents and give you useful tips on how to complete the HSC.

Review the types of information listed in this section before you start collecting data for your HSC. You should be able to answer most of the questions in the HSC easily if you already have this information on hand before you start.
☐ Organizational health policies (e.g., an employee policy handbook) related to the following topics:
  • Smoking, Tobacco Use, and Tobacco Sales
  • Food Procurement
  • Food and Drinks at Work and at Meetings
  • Health Emergency Response Plans
  • Automated External Defibrillators (AED)
  • Lactation Support (e.g., in employee handbook, paid maternity leave)
  • Workplace Safety
  • Use of Incentives
  • Health Promotion Committee
  • Flexible Work Scheduling
  • Paid Time Off (PTO)
  • Organizational Mission Statement

☐ Communications materials (e.g., flyers, brochures, newsletter, signs) related to the following topics:
  • Tobacco Quitline Referral
  • Smoking Cessation Counseling
  • Promotion of Tobacco Cessation Medication and Counseling
  • Nonsmoker Incentives
  • Risks of Poor Nutrition
  • Onsite Farmers’ Market
  • Healthy Lifestyle Educational Seminars, Workshops, or Classes
  • One-on-One or Group Lifestyle Counseling
  • Lifestyle Self-Management Programs
  • Organized Physical Activity Programs
  • Health Brochures
  • Fitness Assessments
  • Worksite Social Events
  • Work-Life Balance Programs
  • Health Screenings
  • Signs and Symptoms of Stroke or Heart Attack
  • Health Competitions
  • Tailored Healthy Lifestyle Programming
  • Employee Role-Modeling or Success Stories
  • Involvement in Community Health Initiatives
  • Employee Safety Training
  • Lactation Rooms
  • Seasonal Flu and Pneumonia Vaccination (e.g., clinics)
  • Injury and Near-Miss Reporting

☐ Benefit plans, including whether they cover the following:
  • Immunizations
  • Breast Pumps
  • Tobacco Cessation
• Depression
• High Blood Pressure
• Diabetes
• Health Cholesterol
• Medication and Other Pharmaceutical Products

☐ Interviews with key decision makers such as senior managements, department heads, or committee chairs
☐ Direct observation

In some cases, the person assigned to complete this section of the HSC may not know the answers to the questions. When that happens, the person should leave those questions unanswered, save their work, and then work with others at the worksite to get the information needed.

• Some questions ask you to describe your health insurance plan. If your organization offers more than one option, base your responses on the plan with the highest enrollment.

• Throughout the HSC, questions refer to “health promotion” at your worksite. This term can also be known as “worksite wellness” or “wellness programs.”

• If your organization is a large organization with multiple worksites, you should consider completing a separate HSC for each worksite. Another option is to select one worksite of interest. A worksite is a building, unique location, or business unit within an organization where work occurs. A worksite can include a campus of multiple buildings if all buildings are in close proximity (walking distance) and defined as part of the organization. For example, a shipping company should consider a single retail store, distribution center, or corporate office park as separate worksites unless they are geographically adjacent. By completing a separate HSC for each worksite, you can identify different areas of strengths and opportunities for improvement across the worksites within your organization.

• After completing the HSC and scoring your answers, you can compare your scores with other employers that have submitted HSCs.

D. Using Your CDC Worksite Health Scorecard Results

The following documents will help you use your HSC results to improve your worksite’s health promotion program, communicate your results and plan for next year.


☐ Sample Annual Worksite Health Improvement Plan (found on page 73 of the training manual)

☐ Annual Worksite Health Improvement Plan TEMPLATE (found on page 77 of the training manual)

☐ Sample Worksite Health Budget (found on page 83 of the training manual)

☐ Worksite Health Budget TEMPLATE (found on page 84 of the training manual)
☐ Consult Resources for Action

www.cdc.gov/whrc

☐ Inform and educate leadership on your results and plans for the coming year

☐ Communicate the results and plans for the coming year to employees

☐ Set annual reminder for your next HSC submission

Date of Last Submission: ________________________________