

CDC Worksite Health ScoreCard Scoring Methodology

Evidence and Impact Ratings and Supporting Citations



Centers for Disease
Control and Prevention
National Center for Chronic
Disease Prevention and
Health Promotion

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U.S. Department of Health and Human Services

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Population Health

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See the 2019 *CDC Worksite Health ScoreCard Manual's* acknowledgements page for the names and affiliations of all SMEs that contributed to the tool's update.

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Foreword

The purpose of this document is to help employers understand the methodology and scoring system in the *Centers for Disease Control and Prevention (CDC) Worksite Health ScoreCard (CDC ScoreCard)*. CDC believes worksite health promotion and wellness programs are essential to maintaining a healthy workforce.

This document contains CDC guidance only. It does not establish or affect legal or administrative rights or obligations. References within this manual to any specific commercial products, processes, services by trade names, trademarks, or manufacturers do not constitute an endorsement or recommendation by CDC.

Both the *CDC ScoreCard* manual and tool, in their current forms, may be updated and revised at any time.

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Introduction

This document describes the methods underlying the 2019 update to the *CDC Worksite Health ScoreCard (CDC ScoreCard)* and provides the citations for the evidence-base underlying each item in the 154 question survey.

An approach similar to the original method was followed to update the *CDC ScoreCard*. For the current version, the CDC Workplace Health Program in the National Center for Chronic Disease Prevention and Health Promotion office collaborated IBM Watson Health; the Johns Hopkins University Institute for Health and Productivity Studies (IHPS); and an expert panel of federal, state, academic, and private sector representatives.

To update the *CDC ScoreCard*, the team conducted the following activities:

- Held interviews with industry experts and surveyed the literature to identify new modules and questions on topics that were not included in previous versions of the *CDC ScoreCard*. This step was conducted to ensure that the tool remains timely and addresses the current and emerging needs of the American workforce.
- Examined the literature base underlying all questions in the 2014 *CDC ScoreCard*; documented recommendations for modifying the text, evidence rating, and impact rating of existing questions and for adding new questions within the original modules.
- Reviewed the questions for each module with a module-specific subject matter expert (SME) panel composed of federal, state, academic, and private sector representatives, and pretested the tool with nine employers.
- Revised the tool on the basis of feedback from these groups.
- Weighted each question on the basis of expert ratings of the level of scientific evidence and health impact of items on intended health behavior.
- Field tested the tool with a new sample of 93 worksites of various sizes for validity and reliability and determined the feasibility of adopting the strategies highlighted in the tool.
- Revised the tool again on the basis of feedback from the 14 worksites who participated in cognitive interviews and site visits to provide in-depth information.
- Edited and submitted the final tool for public release.

The next section of this document describes the process for scoring each item in the survey tool. Finally, each question is listed in turn with its accompanying evidence base.

Overview of the Methodology for the 2019 CDC ScoreCard Update: Scoring Questions in the 2019 CDC ScoreCard

The evidence review process began by holding in-depth interviews with experts in workplace health promotion to identify new or emerging health topics and strategies for potential inclusion in the updated *CDC ScoreCard*. This process resulted in the identification of several potential new modules and questions reflecting emerging topics relevant to workplace health promotion and the creation of lists of key search terms to guide subsequent literature reviews. During this planning stage, relevant search terms were also identified for each of the existing *CDC ScoreCard* modules and original questions.

Team members from IBM Watson Health and the Johns Hopkins University Institute for Health and Productivity Studies (IHPS) conducted systematic literature reviews using databases such as PubMed, Web of Science, and Google Scholar to identify relevant peer-reviewed studies describing workplace health interventions and strategies. The team also leveraged Cochrane reports, Community Guide summaries, and U.S. Preventive Services Task Force Recommendations for additional supporting information.

The team created a summary of the literature for each of the 18 different health topics (modules) proposed for inclusion in the updated *CDC ScoreCard*. The module summaries included an annotated bibliography for each individual question, in addition to draft question text and proposed evidence and impact rating (see below for more detail). In August 2016 module-specific panels of subject matter experts (SMEs) were convened to review the module summaries in detail.¹ SMEs were asked to provide feedback on the draft questions, studies related to each individual strategy and program, and evidence and impact ratings. These recommendations were incorporated into a draft version of the tool which was then vetted by CDC and piloted with 93 employers.

Each question in the *CDC ScoreCard* is assigned an evidence and impact rating which are combined to create a weighted score for each recommended strategy in the tool.

Step 1: Evidence Rating

To establish the evidence base for each of the strategies, researchers from IBM Watson Health and Johns Hopkins University’s Institute for Health and Productivity Studies (IHPS) conducted systematic literature reviews using databases such as PubMed, Web of Science, and Google Scholar to identify relevant peer-reviewed studies describing workplace health interventions and strategies. Additional information came from Cochrane reports, Community Guide summaries, and U.S. Preventive Services Task Force recommendations.

During this phase, the team also developed new questions for existing modules, as well as entirely new modules, based on the recommendations from industry experts and the findings from the literature searches for existing questions. Preliminary evidence ratings were assigned by the project team based on the initial literature review.

Module-specific panels of subject matter experts (SMEs) were convened in 2016 to review the scientific evidence and preliminary evidence ratings for each item using a 4-point scale (from 1=Weak to 4=Strong). Evidence ratings were subsequently revised as appropriate. The definition of each rating category is provided in Table 1, below.

Table 1. Evidence Rating Categories and Definitions

Evidence Rating	Definition of the Rating Categories
Weak (1)	Research evidence supporting the relationship is fragmentary, non-experimental, or poorly operationalized. There is debate among experts in the field as to whether a causal impact is plausible or exists.
Suggestive (2)	Two or more studies (e.g., pre-post evaluations) support the relationship, but no studies reported using control groups (e.g., randomized control groups, quasi-experimental studies). Most experts believe that causal impact is plausible and consistent with knowledge in related areas, but some experts see the support as limited or acknowledge plausible alternative explanations.
Sufficient (3)	The relationship is supported by at least two well-designed, quasi-experimental studies containing comparison groups, but no randomized control groups. Experts believe that that the relationship is likely causal, and studies have eliminated most alternative confounding variables or alternative explanations.
Strong (4)	A cause-effect relationship is supported by at least one well-designed study with randomized control groups or three or more well-designed, quasi-experimental studies. There is little or no debate among experts regarding a causal relationship.

¹ Please see the 2019 CDC Worksite Health ScoreCard Manual’s acknowledgements page for the names and affiliations of all SMEs that contributed to the tool’s update.

Step 2: Impact Score

Based on the evidence-base determined during Step 1, the project team assigned a preliminary impact score to each item reflecting the information identified during the literature review and in consideration of the impact ratings assigned by SMEs in prior versions of the *CDC ScoreCard*. Impact scores reflect the estimated impact on health outcomes or behaviors (i.e., effect size) using a 3-point scale: 1=Small, 2=Sufficient, and 3=Large.

SMEs with health topic-specific expertise met to discuss the preliminary impact scores. The impact scores were subsequently revised as appropriate. The definition of each impact score category is provided in Table 2, below.

Table 2. Impact Score Categories and Definitions

Impact Rating	Definition of the Rating Categories
Small (1)	0 to 1 percentage point improvement in 1 year
Sufficient (2)	>1 to 2 percentage point improvement in 1 year
Large (3)	>2 or more percentage point improvement in 1 year

Step 3: Assigning a Weighted Score to Each Survey Item

Once the evidence ratings and impact scores were finalized by the SMEs, the project team assigned a final weighed score to each item. The weighted score was calculated by adding the item’s Evidence Rating to the item’s Impact Score and adjusting the value based on the criteria in Table 3.

Table 3. Weighted Score Calculation

Evidence Base	PLUS	Impact Score	EQUALS	Adjusted Value	Final Weighted Point Value
1=Weak	Plus	1=Small	Equals	Total Pts.=2, 3 Value=1	1=Good
2=Suggestive	Plus	2=Sufficient	Equals	Total Pts.=4, 5 Value=2	2=Better
3=Sufficient	Plus	3=Large	Equals	Total Pts.=6, 7 Value=3	3=Best
4=Strong					

Each item in the *CDC ScoreCard* was assigned a final weighted point value ranging 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 over 12 calendar months) that the strategy has on health outcomes or behaviors and the strength of the scientific evidence supporting this impact. The final weighted point values reflect the combination of efforts from the literature reviews, SME panels, and guidance from CDC.

The following section contains the evidence ratings and impact scores and final weighted point values for each item in the updated 2019 *CDC ScoreCard*. The citations for the evidence underlying these values is provided in the References section.

2019 CDC ScoreCard Questions by Module



Organizational Supports



Leadership Commitment and Support

During the past 12 months, did your worksite:	Evidence Base 1-4	Item Impact 1-3	Total	Adjusted Value
1. Demonstrate organizational commitment and support of worksite health promotion at all levels of management? ¹⁻¹⁴ Answer “yes” if, for example, all levels of management participate in activities, send communications to employees, or have performance objectives related to a healthy workforce.	2	3	5	2
2. Include references to improving or maintaining employee health and safety in the business objectives, core values, or organizational mission statement? ^{1, 3, 7, 15, 16}	1	2	3	1
3. Have a strategic plan that includes goals and measurable organizational objectives for the health promotion program? ^{1, 3, 17} Answer “yes” if, for example, your organization identifies SMART (i.e., specific, measurable, achievable, realistic, time-bound) goals and objectives.	2	2	4	2
4. Have an annual budget or receive dedicated funding for health promotion programs? ^{7, 12, 18}	2	2	4	2
5. Have an active and diverse health promotion committee? ^{7, 12, 17-22} Answer “yes” if, for example, your health promotion committee is routinely engaged in planning and implementing programs, and includes workers from all levels of the organization, various departments, as well as representatives from special groups (e.g., remote workers, organized labor).	2	2	4	2
6. Have a paid health promotion coordinator whose job (either part-time or full-time) is to manage the worksite health promotion program? ^{2, 12, 18, 19, 23, 24} Answer “yes” if the staff member is located on or off site and has responsibility for health promotion as part of his or her job description or performance expectations.	2	2	4	2

Measurement and Evaluation

During the past 12 months, did your worksite:	Evidence Base 1-4	Item Impact 1-3	Total	Adjusted Value
7. Conduct an employee needs and interest survey for planning health promotion activities? ^{17, 19} Answer “yes” if, for example, your organization administers surveys or conducts focus groups to assess your employees’ readiness, motivation, or preferences for health promotion programs.	2	1	3	1
8. Conduct employee health risk appraisals (HRAs) or health assessments (HAs) and provide individual feedback plus health education resources for follow-up action? ^{1, 7, 17, 25-27} Answer “yes” if, for example, your organization conducts HRAs through vendors, on site staff, or health plans and provides individual feedback through written reports, letters, or one-on-one counseling.	4	2	6	3

Continued

During the past 12 months, did your worksite:	Evidence Base 1-4	Item Impact 1-3	Total	Adjusted Value
9. Conduct ongoing evaluations of health promotion programming that use multiple data sources to inform decision-making? ^{2, 3, 7, 17, 22, 28} Answer “yes” if, for example, your organization routinely measures the quality and impact of health promotion programs. This may be measured using data on employee health risks, medical claims, employee satisfaction, or organizational climate surveys.	3	2	5	2

Strategic Communications

During the past 12 months, did your worksite:	Evidence Base 1-4	Item Impact 1-3	Total	Adjusted Value
10. Promote and market health promotion programs to employees? ^{2, 8, 11, 17, 18, 29–33} Answer “yes” if, for example, your worksite’s health promotion program has a brand name or logo or uses multiple channels of communication to inspire and connect employees to health promotion resources. These may include sharing employees’ health-related “success stories.”	3	1	4	2
11. Use tailored health promotion communications to ensure that they are accessible and appealing to employees of different ages, genders, education levels, job categories, cultures, languages, or literacy levels? ^{2, 3, 7, 11, 18, 20, 26, 34–46}	4	3	7	3

Participation and Engagement

During the past 12 months, did your worksite:	Evidence Base 1-4	Item Impact 1-3	Total	Adjusted Value
12. Have an employee champion or network of champions who actively publicize health promotion programs? ^{17, 18, 20, 21, 47, 48}	2	2	4	2
13. Use and combine incentives with other strategies to increase participation in health promotion programs? ^{2, 3, 7, 17, 29, 30, 49–65} 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
14. Use individual or team competitions or challenges in combination with additional interventions to support employees making behavior changes? ^{11, 60, 66, 67} Answer “yes” if, for example, your organization offers physical activity competitions.	2	3	5	2
15. Promote and support employee volunteerism? ^{68–70} Answer “yes” if, for example, your organization encourages participation in volunteer activities, and allows employees the flexibility to participate during typical work hours. This may include time organizing food drives or participating in corporate walks or community clean-up days.	1	1	2	1
16. Provide a working environment that features healthy building design principles? ^{5, 48, 71–74} Answer “yes” if, for example, your workspaces have access to natural light, exposure to plants and nature, communal spaces, good ventilation and air quality, comfortable temperature, or no excessive noise.	2	1	3	1
17. Extend access to key components of the program to all workers, including hard to reach workers (e.g., telecommuters, contract workers, night shift workers, part-time workers)? ^{75, 76} Answer “yes” if, for example, your organization offers alternative options for participating in programs or services, such as 24-hour gym access or virtual access to lectures.	1	2	3	1

Continued

Programs, Policies, and Environmental Supports

During the past 12 months, did your worksite:	Evidence Base 1-4	Item Impact 1-3	Total	Adjusted Value
18. Provide an employee assistance program (EAP)? ⁷⁷⁻⁸² Answer “yes” if, for example, employees have access to an EAP that offers services addressing financial health, depression, stress management, grief counseling, substance use, and other mental and emotional health issues.	3	2	5	2
19. Implement educational programming to improve health care consumerism? ⁸³⁻⁸⁸ Answer “yes” if, for example, your organization provides employees with written or interactive guidance on improving doctor-patient relationships, promoting patient-centered care, and appropriate use of medical resources.	2	1	3	1
20. Educate employees about preventive services and benefits covered by their health insurance plan on an ongoing basis, above and beyond what occurs during annual health insurance enrollment? ⁸⁹⁻⁹¹ Answer “yes” if, for example, your worksite communicates information about benefits such as smoking cessation medication and counseling, weight management tools, or flu vaccinations through emails or newsletters that are distributed across the calendar year.	1	1	2	1
21. Provide and support flexible work scheduling policies? ^{33, 92-99} Answer “yes” if, for example, policies allow for flextime schedules, the option to work at home, or allowing time during the day for employees to engage in health promotion activities.	2	2	4	2
22. Provide work-life balance programming and resources? ¹⁰⁰⁻¹⁰³ Answer “yes” if, for example, your worksite provides resources related to elder care, child care, tuition reimbursement or financial counseling.	4	2	6	3
23. Make some or all company-specific health promotion programs available to family members? ^{11, 33, 96, 104-108} Answer “yes” if your organization allows employees’ family members to access health promotion resources and programming, above and beyond what is provided by the health insurance plan. These resources may include fitness facilities, on site medical clinics, health fairs, or wellness competitions.	1	1	2	1
24. Offer all benefits-eligible employees paid time off for days or hours absent due to illness, vacation, or other personal reasons (including family illness or bereavement)? ¹⁰⁹⁻¹¹⁴ Answer “yes” if, for example, paid time off, not including paid parental leave, is provided to all benefits-eligible employees.	1	2	3	1
25. Coordinate programs for occupational health and safety with programs for health promotion and wellness? ^{17, 24, 115-119} Answer “yes” if, for example, these departments have common strategies, routine data sharing, regular meetings across functions, or warm handoff referrals.	2	2	4	2

Maximum Organizational Supports Score 44

Tobacco Use



This facility is smoke free.



During the past 12 months, did your worksite:	Evidence Base 1-4	Item Impact 1-3	Total	Adjusted Value
1. Have and promote a written policy banning tobacco use at your worksite? ^{90, 120–130} Answer “yes” if, for example, your policy bans cigarettes and/or other tobacco products and is communicated to employees regularly through emails, newsletters, or signage in public places.	3	3	6	3
2. Provide educational materials that address tobacco cessation? ^{131–137} Answer “yes” if, for example, your worksite offers brochures, videos, posters, web-based programs, or newsletters on tobacco cessation, including referral to 1-800-QUIT-NOW or smokefree.gov, either as a single health topic or along with other health topics.	2	1	3	1
3. Provide and promote <u>interactive educational programming</u> on tobacco cessation? ^{45, 133, 134, 136, 138, 139} Answer “yes” if, for example, your worksite offers “lunch and learns,” seminars, workshops, or classes on tobacco cessation. These programs may be provided in group or individual settings; in-person or virtually (online, telephonically, mobile app); on or off site; through vendors, on site staff, health insurance plans/programs, community groups, or other practitioners.	3	2	5	2
4. Provide and promote free or subsidized <u>lifestyle coaching/counseling or self-management programs</u> that equip employees with skills and motivation to quit using tobacco? ^{132, 136, 140–143} Answer “yes” if these programs are provided in group or individual settings; in-person or virtually (online, telephonically, mobile app); on or off site; through vendors, on site staff, health insurance plans/programs, community groups, or other practitioners. This may include referral to 1-800-QUIT-NOW or smokefree.gov.	3	3	6	3
5. Prohibit the sale of tobacco products on worksite premises? ^{137, 144, 145}	1	2	3	1
6. Provide financial incentives for being a current nonsmoker and for current smokers who are actively trying to quit tobacco by participating in a free or subsidized, evidence-based cessation program? ^{52, 60, 118, 146, 147} Answer “yes” if, for example, your organization provides discounts on health insurance, additional life insurance for nonsmokers, or other benefits for nonsmokers and smokers who are actively trying to quit.	4	2	6	3
7. Provide health insurance coverage with free or subsidized out-of-pocket costs for FDA-approved <u>prescription</u> tobacco cessation medications? ^{91, 127, 132, 136, 148} Answer “yes” if, for example, your organization provides coverage for inhalers, nasal sprays, bupropion (e.g., Zyban) or varenicline (e.g., Chantix).	4	3	7	3
8. Provide health insurance coverage with free or subsidized out-of-pocket costs for FDA-approved <u>over-the-counter</u> nicotine replacement products? ^{132, 136, 140, 149} Answer “yes” if, for example, your organization provides coverage for nicotine replacement gum, patches, or lozenges.	3	2	5	2
Maximum Tobacco Use Score				18

High Blood Pressure



During the past 12 months, did your worksite:	Evidence Base 1-4	Item Impact 1-3	Total	Adjusted Value
1. Provide free or subsidized blood pressure screening (beyond self-report) followed by directed feedback and clinical referral when appropriate? ^{25, 150–159}	4	2	6	3
2. Provide educational materials on preventing and controlling high blood pressure? ^{21, 151, 153, 160–165} Answer “yes” if, for example, your worksite offers brochures, videos, posters, or newsletters that address high blood pressure/pre-hypertension, either as a single health topic or along with other health topics.	2	1	3	1
3. Provide and promote <u>interactive educational programming</u> on preventing and controlling high blood pressure? ^{151, 153–156, 158, 163, 166–171} Answer “yes” if, for example, your worksite offers “lunch and learns,” seminars, workshops, or classes that address high blood pressure/pre-hypertension. These programs may be provided in group or individual settings; in-person or virtually (online, telephonically, mobile app); on or off site; through vendors, on site staff, health insurance plans/programs, community groups, or other practitioners.	4	2	6	3
4. Provide and promote free or subsidized <u>lifestyle coaching/counseling or self-management programs</u> that equip employees with skills and motivation to set and meet their personal blood pressure management goals? ^{25, 150, 151, 157, 161–168, 170–176} Answer “yes” if these programs are provided in group or individual settings; in-person or virtually (online, telephonically, mobile app); on or off site; through vendors, on site staff, health insurance plans/programs, community groups, or other practitioners.	4	3	7	3
5. Make blood pressure monitoring devices available with instructions for employees to conduct their own self assessments? ^{161, 174, 176–178}	3	3	6	3
6. Provide health insurance coverage with free or subsidized out-of-pocket costs for blood pressure control medications? ^{152, 179–182}	3	3	6	3
Maximum High Blood Pressure Score				16

High Cholesterol



During the past 12 months, did your worksite:		Evidence Base 1-4	Item Impact 1-3	Total	Adjusted Value
1.	Provide free or subsidized cholesterol screening (beyond self-report) followed by directed feedback and clinical referral when appropriate? ^{25, 155, 171, 183}	4	2	6	3
2.	Provide educational materials on preventing and controlling high cholesterol? ^{21, 184, 185} Answer “yes” if, for example, your worksite offers brochures, videos, posters, or newsletters that address high cholesterol, either as a single health topic or along with other health topics.	2	1	3	1
3.	Provide and promote <u>interactive educational programming</u> on preventing and controlling high cholesterol? ^{25, 153–155, 163, 168, 171, 185–187} Answer “yes” if, for example, your worksite offers “lunch and learns,” seminars, workshops, or classes that address high cholesterol. These programs may be provided in group or individual settings; in-person or virtually (online, telephonically, mobile app); on or off site; through vendors, on site staff, health insurance plans/programs, community groups, or other practitioners.	4	2	6	3
4.	Provide and promote free or subsidized <u>lifestyle coaching/counseling or self-management programs</u> that equip employees with skills and motivation to set and meet their personal cholesterol management goals? ^{21, 25, 166, 171, 185, 186, 188–190} Answer “yes” if these programs are provided in group or individual settings; in-person or virtually (online, telephonically, mobile app); on or off site; through vendors, on site staff, health insurance plans/programs, community groups, or other practitioners.	4	3	7	3
5.	Provide health insurance coverage with free or subsidized out-of-pocket costs for cholesterol or lipid control medications? ^{179, 191–193}	4	2	6	3
Maximum High Cholesterol Score				13	

Physical Activity



During the past 12 months, did your worksite:	Evidence Base 1-4	Item Impact 1-3	Total	Adjusted Value
1. Provide educational materials that address the benefits of physical activity? ^{194–196} Answer “yes” if, for example, your worksite offers brochures, videos, posters, or newsletters that address the benefits of physical activity, either as a single health topic or along with other health topics.	1	1	2	1
2. Provide and promote <u>interactive educational programming</u> on physical activity? ^{196–200} Answer “yes” if, for example, your worksite offers timely reminders/prompts to move, or “lunch and learns,” seminars, workshops, or classes that teach and promote physical activity. These programs may be provided in group or individual settings; in-person or virtually (online, telephonically, mobile app); on or off site; through vendors, on site staff, health insurance plans/programs, community groups, or other practitioners.	3	2	5	2
3. Provide and promote free or subsidized <u>lifestyle coaching/counseling or self-management programs</u> that equip employees with skills and motivation to set and meet their personal physical activity goals? ^{25, 199–204} Answer “yes” if these programs are provided in group or individual settings; in-person or virtually (online, telephonically, mobile app); on or off site; through vendors, on site staff, health insurance plans/programs, community groups, or other practitioners.	4	3	7	3
4. Provide an exercise facility on site? ^{174, 201}	1	1	2	1
5. Subsidize or discount the cost of on or off site exercise facilities? ^{196, 201}	2	1	3	1
6. Provide or promote other environmental supports for recreation or physical activity? ^{174, 201, 205–208} Answer “yes” if, for example, your worksite provides trails or a track for walking/jogging, maps of suitable walking routes, a basketball court, treadmill workstations, sit-stand workstations, lockers, a shower, or changing facility.	4	3	7	3
7. Encourage stair use by posting signs and making stairwells more inviting to use? ^{201, 209–214} Answer “yes” if, for example, signs encouraging stair use are posted at elevators, stairwells, and other key locations; enhancements such as artwork or music are available; and stairwells are kept clean and well-lit.	4	3	7	3
8. Provide and promote organized physical activity programs for employees (other than the use of an exercise facility)? ^{201, 202, 215, 216} Answer “yes” if, for example, your worksite organizes walking groups, stretching programs, group exercise classes, recreational leagues, or buddy systems to create supportive social networks for physical activity.	4	2	6	3
9. Promote the use of activity trackers to support physical activity? ^{217–219} Answer “yes” if, for example, your worksite provides or subsidizes the cost of pedometers, wearable trackers, online tools, or mobile apps.	2	2	4	2

Continued

During the past 12 months, did your worksite:	Evidence Base 1-4	Item Impact 1-3	Total	Adjusted Value
10. Encourage active transportation to and from work? ²²⁰⁻²²⁷ Answer "yes" if, for example, your worksite subsidizes public transportation; subsidizes a bike share program; provides secure bicycle storage, lockers and shower facilities for employees; allows for a flexible dress code; and/or organizes workplace challenges, employee recognition programs, or community events to increase active transportation.	3	3	6	3
Maximum Physical Activity Score				22

Weight Management



During the past 12 months, did your worksite:	Evidence Base 1-4	Item Impact 1-3	Total	Adjusted Value
1. Provide free or subsidized body composition measurement (beyond self-report) followed by directed feedback and clinical referral when appropriate? ^{25, 228, 229} Answer “yes” if, for example, your worksite offers periodic height and weight measurement, body mass index (BMI) scores, or other body fat assessments (beyond HRAs), plus follow-up recommendations. This may be offered as part of an occasional health fair or routine care at an on site clinic.	1	1	2	1
2. Provide educational materials that address the health risks of overweight or obesity? ^{194, 195, 230} Answer “yes” if, for example, your worksite offers brochures, videos, posters, or newsletters that address the risks of overweight or obesity, either as a single health topic or along with other health topics.	1	1	2	1
3. Provide and promote <u>interactive educational programming</u> on weight management? ^{194, 195, 199, 200, 228, 230–232} Answer “yes” if, for example, your worksite offers “lunch and learns,” seminars, workshops, or classes that teach and promote weight management. These programs may be provided in group or individual settings; in-person or virtually (online, telephonically, mobile app); on or off site; through vendors, on site staff, health insurance plans/programs, community groups, or other practitioners.	4	2	6	3
4. Provide and promote free or subsidized <u>lifestyle coaching/counseling or self-management programs</u> that equip employees with skills and motivation to set and meet their personal weight management goals? ^{194, 199, 200, 230, 231, 233–237} Answer “yes” if these programs are provided in group or individual settings; in-person or virtually (online, telephonically, mobile app); on or off site; through vendors, on site staff, health insurance plans/programs, community groups, or other practitioners.	4	3	7	3
Maximum Weight Management Score				8

Nutrition



During the past 12 months, did your worksite:

	Evidence Base 1-4	Item Impact 1-3	Total	Adjusted Value
<p>1. Provide places to purchase food and beverages? Answer “yes” if, for example, your worksite provides vending machines, cafeterias, snack bars, or other purchase points.</p>	N/A	N/A	N/A	0
IF NO, PLEASE SKIP TO QUESTION 8				
<p>2. Have and promote a written policy that makes healthier food and beverage choices available in cafeterias or snack bars?^{238–245} Answer “yes” if, for example, your worksite has a policy or contract that makes vegetables, fruit, fish, whole grain items, nuts, and legumes available in cafeterias and limits sugary beverages, unhealthy fats (saturated or trans fats), and highly-processed or high-sodium foods. This policy can be promoted to employees regularly through emails, newsletters, or signage in public places.</p>	2	2	4	2
<p>3. Have and promote a written policy that makes healthier food and beverage choices available in vending machines or other vending outlets?^{238, 244–247} Answer “yes” if, for example, your worksite has a policy or contract that makes nuts, whole grain items, trans fat-free/low-sodium snacks, vegetables, fruit, or unsweetened beverages available in vending machines. This policy can be promoted to employees regularly through emails, newsletters, or signage in public places.</p>	1	1	2	1
<p>4. Make most (more than 50%) of the food and beverage choices available at the worksite (in vending machines, cafeterias, snack bars, or other purchase points) healthy food items?^{174, 246, 248, 249} Answer “yes” if the healthy foods and beverages are items such as vegetables, fruit, unsweetened beverages, or low-sodium snacks.</p>	3	3	6	3
<p>5. Provide visible nutritional information (beyond standard food labels) on sodium, calories, trans fats, or saturated fats for the food and beverages available at the worksite (in vending machines, cafeterias, snack bars, or other purchase points)?^{250–253}</p>	3	3	6	3
<p>6. Identify healthier (or less healthy) food and beverage choices with signs or symbols?^{248, 252, 254–257} Answer “yes” if, for example, your worksite puts a heart (♥) next to a healthy item or uses red-yellow-green color-coding to indicate the healthfulness of items in vending machines, cafeterias, snack bars, or other purchase points.</p>	3	3	6	3
<p>7. Subsidize or provide discounts on healthy food and beverage choices available at the worksite (in vending machines, cafeterias, snack bars, or other purchase points)?^{249, 258–260}</p>	4	3	7	3
<p>8. Have and promote a written policy making healthy food and beverage choices available in break rooms, during meetings, conferences, or company sponsored events when food is served?^{244, 245, 261, 262} Answer “yes” if, for example, the policy makes vegetables, fruits, unsweetened beverages, whole grain items, or trans fat-free/low-sodium snacks available during meetings. This policy can be promoted to employees regularly through emails, newsletters, or signage in public places.</p>	1	1	2	1

Continued

During the past 12 months, did your worksite:	Evidence Base 1-4	Item Impact 1-3	Total	Adjusted Value
9. Offer or promote an on site or nearby farmers market or other arrangement where fresh fruits and vegetables are sold? ²⁶³⁻²⁶⁵ This may include coordinating Community Supported Agriculture (CSA) or vendors/venues that are or are not operated by farmers.	1	1	2	1
10. Provide educational materials that address healthy eating? ^{194, 266, 267} Answer “yes” if, for example, your worksite offers brochures, videos, posters, or newsletters that teach and promote healthy eating, either as a single health topic or along with other health topics.	1	1	2	1
11. Provide and promote <u>interactive educational programming</u> on nutrition? ^{194, 234, 266, 267} Answer “yes” if, for example, your worksite offers “lunch and learns,” seminars, workshops, or classes that teach and promote healthy eating. These sessions can be provided in-person or virtually (online, telephonically, mobile app); on 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
12. Provide and promote free or subsidized <u>lifestyle coaching/counseling or self-management programs</u> that equip employees with skills and motivation to set and meet their personal nutrition goals? ^{25, 166, 266-268} Answer “yes” if these programs are provided in group or individual settings; in-person or virtually (online, telephonically, mobile app); on 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
13. Provide employees with food preparation/storage facilities and a place to eat? ^{269, 270} Answer “yes” if, for example, your worksite provides a microwave oven, sink, refrigerator, and a place for employees to eat other than at their workstations.	1	1	2	1
14. Promote and provide access for increased water consumption? ²⁷¹⁻²⁷³ Answer “yes” if, for example, your worksite uses promotional materials and provides easy access through water bottle filling stations, water fountains, break rooms, or vending machines.	1	1	2	1
Maximum Nutrition Score				24

Heart Attack and Stroke



During the past 12 months, did your worksite:

	Evidence Base 1-4	Item Impact 1-3	Total	Adjusted Value
1. Provide educational materials that address signs, symptoms, and emergency response to <u>heart attack</u> ? ²⁷⁴⁻²⁷⁷ Answer "yes" if, for example, your worksite offers employees brochures, videos, or newsletters, or posts flyers in the common areas of your worksite that teach the signs and symptoms and appropriate response to heart attack.	2	2	4	2
2. Provide educational materials that address signs, symptoms, and emergency response to <u>stroke</u> ? ²⁷⁵⁻²⁷⁹ Answer "yes" if, for example, your worksite offers employees brochures, videos, or newsletters, or posts flyers in the common areas of your worksite that teach the signs and symptoms and appropriate response to stroke.	2	2	4	2
3. Provide and promote <u>interactive educational programming</u> that addresses signs, symptoms, and emergency response to <u>heart attack</u> ? ²⁷⁴⁻²⁷⁶ Answer "yes" if, for example, your worksite offers "lunch and learns," seminars, workshops, or classes that teach the signs and symptoms and appropriate response to heart attack. These programs may be provided in group or individual settings; in-person or virtually (online, telephonically, mobile app); on or off site; through vendors, on site staff, health insurance plans/programs, community groups, or other practitioners.	2	2	4	2
4. Provide and promote <u>interactive educational programming</u> that addresses signs, symptoms, and emergency response to <u>stroke</u> ? ^{275, 280, 281} Answer "yes" if, for example, your worksite offers "lunch and learns," seminars, workshops, or classes that teach the signs and symptoms and appropriate response to stroke. These programs may be provided in group or individual settings; in-person or virtually (online, telephonically, mobile app); on or off site; through vendors, on site staff, health insurance plans/programs, community groups, or other practitioners.	2	1	3	1
5. Have an emergency response plan to address acute heart attack and stroke events? ²⁸²⁻²⁸⁵	1	2	3	1
6. Have an emergency response team trained to respond to acute heart attack and stroke events? ²⁸²⁻²⁸⁴ Answer "yes" if, for example, a formal or informal team is trained to respond.	2	2	4	2
7. Offer access to a nationally-recognized training course on Cardiopulmonary Resuscitation (CPR) that includes training on Automated External Defibrillator (AED) usage? ^{277, 282-284, 286, 287}	3	2	5	2
8. Have and promote a written 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? ²⁸²⁻²⁸⁴ This policy can be promoted to employees regularly through emails, newsletters, or signage in public places.	2	2	4	2
9. Have one or more functioning AEDs in place? ^{282-285, 288} IF NO, PLEASE SKIP TO END OF MODULE	1	1	2	1

Continued

During the past 12 months, did your worksite:	Evidence Base 1-4	Item Impact 1-3	Total	Adjusted Value
10. Have an adequate number of AED units so that a person can be reached within 3-5 minutes of collapse? ²⁸²⁻²⁸⁵	3	2	5	2
11. Identify the location of AEDs with posters, signs, markers, or other forms of communication other than on the AED itself? ²⁸²⁻²⁸⁴	1	1	2	1
12. Perform maintenance or testing on all AEDs in alignment with manufacturer recommendations? ^{282, 283}	1	2	3	1
Maximum Heart Attack and Stroke Score				19

Prediabetes and Diabetes



During the past 12 months, did your worksite:	Evidence Base 1-4	Item Impact 1-3	Total	Adjusted Value
1. Provide free or subsidized prediabetes and diabetes health risk assessment (beyond self-report) and feedback, followed by blood screening (fasting glucose or A1c) and clinical referral when appropriate? ^{289–295}	4	3	7	3
2. Provide educational materials on prediabetes and diabetes? ^{296, 297} Answer “yes” if, for example, your worksite offers brochures, videos, posters, or newsletters that address prediabetes and diabetes, including topics such as diet modification, physical activity, foot exams, and eye exams, either as a single health topic or along with other health topics.	1	1	2	1
3. Provide and promote <u>interactive educational programming</u> on preventing and controlling diabetes? ^{298–300} Answer “yes” if, for example, your worksite offers “lunch and learns,” seminars, workshops, or classes that address prediabetes and diabetes control and prevention. These programs may be provided in group or individual settings; in-person or virtually (online, telephonically, mobile app); on or off site; through vendors, on site staff, health insurance plans/programs, community groups, or other practitioners.	3	3	6	3
4. Provide and promote free or subsidized intensive <u>lifestyle coaching/counseling</u> and follow-up monitoring for employees with prediabetes or diabetes? ^{289, 290, 292, 293, 301–312} Answer “yes” if these programs are provided in group or individual settings; in-person or virtually (online, telephonically, mobile app); on or off site; through vendors, on site staff, health insurance plans/programs, community groups, or other practitioners.	4	3	7	3
5. Provide and promote self-management programs for diabetes control? ^{303, 304, 311} Answer “yes” if these programs are provided in group or individual settings; in-person or virtually (online, telephonically, mobile app); on or off site; through vendors, on site staff, health insurance plans/programs, community groups, or other practitioners.	4	3	7	3
6. Provide health coverage with free or subsidized out-of-pocket costs for diabetes medications as well as supplies for diabetes management (e.g., glucose test strips, needles, monitoring kits)? ^{179, 191, 313–316}	3	2	5	2
Maximum Prediabetes and Diabetes Score				15

Depression



During the past 12 months, did your worksite:

	Evidence Base 1-4	Item Impact 1-3	Total	Adjusted Value
<p>1. Provide free or subsidized clinical assessment for depression by a provider followed by directed feedback and clinical referral when appropriate?^{79,90,295} Answer “yes” if these services are provided directly through your organization or indirectly through a health insurance plan.</p>	4	3	7	3
<p>2. Provide access to a self-administered depression screening tool that provides a feedback report with recommendations for clinical action as needed?^{295,317,318} Answer “yes” if, for example, these services are provided through a health risk assessment (HRA), health insurance plan, or employee assistance program (EAP).</p>	3	2	5	2
<p>3. Provide educational materials on preventing, detecting, and treating depression?^{319–321} Answer “yes” if, for example, your worksite offers brochures, videos, posters, or newsletters that address depression or depressive symptoms, either as a single health topic or along with other health topics.</p>	2	1	3	1
<p>4. Provide and promote <u>interactive educational programming</u> on preventing, detecting, and treating depression?^{321–329} Answer “yes” if, for example, your worksite offers “lunch and learns,” seminars, workshops, or classes focused on reducing the risk factors for depression and reducing the stigma surrounding depression. These programs may be provided in group or individual settings; in-person or virtually (online, telephonically, mobile app); on or off site; through vendors, on site staff, health insurance plans/programs, community groups, or other practitioners.</p>	3	2	5	2
<p>5. Provide and promote free or subsidized <u>lifestyle coaching/counseling or self-management programs</u> that equip employees with skills and motivation to set and meet their personal goals for managing depression?^{79,154,317,330–334} Answer “yes” if these programs are provided in group or individual settings; in-person or virtually (online, telephonically, mobile app); on or off site; through vendors, on site staff, health insurance plans/programs, community groups, or other practitioners.</p>	4	3	7	3
<p>6. Provide training for managers that improves their ability to recognize depression and refer employees to company/community resources for managing depression?^{335,336} Note: Managers are not in a position to diagnosis depression, only to recognize depressive symptoms and encourage employee to seek professional assistance.</p>	2	2	4	2
<p>7. Provide health insurance coverage with free or subsidized out-of-pocket costs for depression medications?^{90,148,191,330,337}</p>	4	3	7	3
Maximum Depression Score				16

Stress Management



During the past 12 months, did your worksite:	Evidence Base 1-4	Item Impact 1-3	Total	Adjusted Value
1. Provide educational materials on stress management? ^{322, 338, 339} Answer “yes” if, for example, your worksite offers brochures, videos, posters, or newsletters that address aspects of stress management, including coping skills and relaxation techniques, either as a single health topic or along with other health topics.	1	1	2	1
2. Provide and promote <u>interactive educational programming</u> on stress management? ^{322, 338, 339} Answer “yes” if, for example, your worksite offers “lunch and learns,” seminars, workshops, or classes on topics such as assertiveness, coping, and relaxation techniques. Answer “yes” if these programs are provided in group or individual settings; in-person or virtually (online, telephonically, mobile app); on or off site; through vendors, on site staff, health insurance plans/programs, community groups, or other practitioners.	2	2	4	2
3. Provide and promote free or subsidized <u>lifestyle coaching/counseling or self-management programs</u> that equip employees with skills and motivation to set and meet their personal stress management goals? ^{154, 321, 340–342} Answer “yes” if these programs are provided in group or individual settings; in-person or virtually (online, telephonically, mobile app); on or off site; through vendors, on site staff, health insurance plans/programs, community groups, or other practitioners.	4	3	7	3
4. Provide dedicated space that is quiet where employees can engage in relaxation activities, such as deep breathing exercises? ^{343, 344}	1	1	2	1
5. Sponsor or organize social activities designed to improve engagement with others, and provide opportunities for interaction and social support? ^{345–350} Answer “yes” if, for example, your worksite sponsors or organizes team building events, company picnics, holiday parties, or employee sports teams.	1	1	2	1
6. Provide training for managers that improves their ability to recognize and reduce workplace stress-related issues? ^{351–353} Answer “yes” if, for example, your worksite provides training on performance reviews, communication, personnel management, assertiveness, time management, or conflict resolution.	3	3	6	3
7. Provide opportunities for employee participation in organizational decisions regarding workplace issues that affect job stress? ^{354–359} 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.	4	3	7	3
Maximum Stress Management Score				14

Alcohol and Other Substance Use



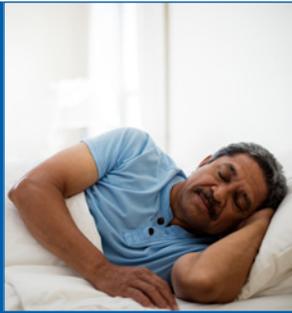
During the past 12 months, did your worksite:

Evidence Base 1-4	Item Impact 1-3	Total	Adjusted Value
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1. Have and promote a written policy banning alcohol and other substance use at the worksite? ³⁶⁰⁻³⁶⁵ Answer “yes” if, for example, your worksite has a written policy that bans alcohol and other substance use (including opioids) at the worksite or while operating a motor vehicle, requires universal drug testing (in appropriate safety-sensitive industries), or indicates options offered for assistance and referral to behavioral health services. This policy can be communicated to employees regularly through emails, newsletters, or signage in public places.	1	1	2	1
2. Provide access to alcohol and other substance use screening followed by brief intervention and referral for treatment when appropriate? ³⁶⁵⁻³⁷³ Answer “yes” if, for example, these services are provided through a health risk assessment (HRA), health insurance plan, and/or employee assistance program (EAP).	3	3	6	3
3. Provide educational materials that help workers understand the risks of alcohol and other substance use and guide them to receive help? ^{340, 374} Answer “yes” if, for example, your worksite offers brochures, videos, posters, or newsletters that address alcohol and other substance use such as prescription or illicit opioids, either as a single health topic or along with other health topics.	1	1	2	1
4. Provide and promote <u>interactive educational programming</u> that integrates health promotion with substance use prevention? ^{363, 375-382} Answer “yes” if, for example, your worksite offers health promotion “lunch and learns”, seminars, workshops, or classes. These may address alcohol and other substance use either directly or indirectly through topics such as stress management, conflict resolution, managing multiple priorities, personal finance planning, and team-building.	3	2	5	2
5. Discourage or limit access to alcohol or use of company funds for alcohol at work-sponsored events? ^{360, 365, 383, 384} Answer “yes” if, for example, your worksite limits (e.g., through tickets) the consumption of alcohol at on and off site meetings and events.	1	1	2	1
6. Provide a health plan with insurance benefits that include substance use disorder prevention and treatment? ³⁸⁵⁻³⁸⁷ Answer “yes” if, for example, your worksite health plan offers coverage for medication-assisted treatment without prior authorization and lifetime limits, while preventing overuse of addictive substances such as use of prescription opioids, use of illicit opioids, and use of illicitly-manufactured fentanyl (e.g., reimbursement for non-drug treatments for pain relief as a results of an injury such as exercise, physical therapy, and psychological therapies, use of drug utilization review, and pharmacy lock-in).	1	1	2	1

Maximum Alcohol and Other Substance Use Score 9

Sleep and Fatigue



During the past 12 months, did your worksite:	Evidence Base 1-4	Item Impact 1-3	Total	Adjusted Value
1. Have and promote a written policy related to the design of work schedules that aims to reduce employee fatigue? ³⁸⁸⁻³⁹¹ Answer “yes” if, for example, your worksite has a policy related to self-scheduling, limiting the number of consecutive days or hours allowed to be worked, or specifying a minimum time interval between shifts.	2	2	4	2
2. Provide access to a self-administered sleep screening tool that provides a feedback report with recommendations for clinical action, as needed? ³⁹²⁻³⁹⁵ Answer “yes” if, for example, these services are provided through a health risk assessment (HRA), health insurance plan, or employee assistance program (EAP).	2	2	4	2
3. Provide educational materials that address sleep habits and treatment of common sleep disorders? ³⁹⁶⁻³⁹⁹ Answer “yes” if, for example, your worksite offers brochures, videos, posters, or newsletters that address topics such as recommended sleep schedules, recognizing the signs and symptoms of fatigue or daytime sleepiness, and appropriate use of caffeine.	1	1	2	1
4. Provide and promote <u>interactive educational programming</u> that addresses sleep habits and treatment of common sleep disorders? ³⁹⁶⁻⁴⁰⁴ Answer “yes” if, for example, your worksite offers seminars, workshops, or classes that teach and promote appropriate sleep habits. These sessions can be provided in-person or online; on or off site; in group or individual settings; through vendors, on site staff, health insurance plans or programs, community groups, or other practitioners.	3	2	5	2
5. Provide training for managers to improve their understanding of the safety and health risks associated with poor sleep and their skills for organizing work to reduce the risk of employee fatigue? ^{400, 405}	1	1	2	1
6. Offer solutions to discourage distracted or drowsy driving? ⁴⁰⁶⁻⁴¹¹ Answer “yes” if, for example, employees are given realistic expectations for mileage, adequate rest breaks, overnight stays after long trips, and limited distractions and work demands (e.g., phone calls/email) while driving.	1	1	2	1
Maximum Sleep and Fatigue Score				9

Musculoskeletal Disorders

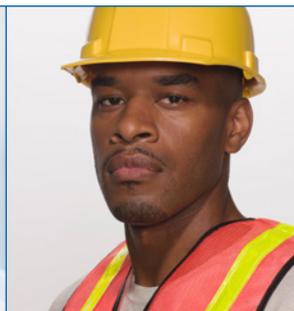


During the past 12 months, did your worksite:

	Evidence Base 1-4	Item Impact 1-3	Total	Adjusted Value
<p>1. Have and promote a written policy that requires regular evaluation of the design of work spaces and job requirements?⁴¹²⁻⁴¹⁶ Answer “yes” if, for example, the policy includes assessments of workstations, workloads, or repetitive tasks. This may be promoted to employees regularly through emails, newsletters, or signage in public places.</p>	2	1	3	1
<p>2. Conduct ergonomic assessments of work space design and equipment when problems are identified, or anticipated, to reduce the risk of musculoskeletal disorders?^{413, 415-417} Answer “yes” if, for example, the policy includes assessments of workstations, equipment, tools, manually-handled loads, or repetitive tasks conducted either on a schedule or when requested on an as-needed basis.</p>	2	1	3	1
<p>3. Make organizational changes to job design, when appropriate, to reduce the risk of musculoskeletal disorders?^{416, 418, 419} Answer “yes” if, for example, your worksite has adjusted work routines and workloads, implemented job rotation, or automated previously manual tasks that pose increased risk.</p>	2	2	4	2
<p>4. Provide educational materials on musculoskeletal disorders?^{306, 419, 420} Answer “yes” if, for example, your worksite offers brochures, videos, posters, or newsletters that teach and promote strategies that minimize the incidence of musculoskeletal disorders such as ergonomic design, stretching, regular breaks, and weight management, either as a single health topic or along with other health topics.</p>	1	1	2	1
<p>5. Provide and promote <u>interactive educational programming</u> on musculoskeletal disorders?^{412, 418, 421, 422} Answer “yes” if, for example, your worksite offers “lunch and learns,” seminars, workshops, or classes that teach strategies that minimize the risk of musculoskeletal disorders such as ergonomic design, stretching, regular breaks, and weight management. These programs may be provided in group or individual settings; in-person or virtually (online, telephonically, mobile app); on or off site; through vendors, on site staff, health insurance plans/programs, community groups, or other practitioners.</p>	2	1	3	1
<p>6. Provide training for managers that improves their ability to recognize potential risks for musculoskeletal disorders and refer employees to company/community resources?^{306, 416, 423-425}</p>	2	1	3	1
<p>7. Provide health insurance that includes appropriate access to therapies and treatment for musculoskeletal disorders?^{426, 427} Answer “yes” if, for example, coverage options are aligned with best practices recommended by the Occupational Safety & Health Administration (OSHA), American College of Occupational & Environmental Medicine (ACOEM), or American College of Rheumatology.</p>	2	2	4	2

Maximum Musculoskeletal Disorders Score 9

Occupational Health and Safety

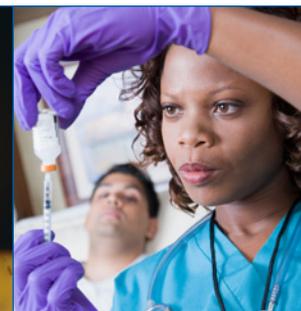


During the past 12 months, did your worksite:

	Evidence Base 1-4	Item Impact 1-3	Total	Adjusted Value
1. Have and promote a written policy on injury prevention and occupational health and safety? ^{7, 428-430} This policy could be promoted to employees regularly through emails, newsletters, or signage in public places.	2	2	4	2
2. Provide opportunities for employee input on hazards and solutions, and implement these solutions when appropriate? ^{7, 431-436} Answer “yes” if, for example, there were all-hands meetings, surveys, or focus groups for discovering and solving job health and/or safety issues.	4	3	7	3
3. Encourage employees to report uncomfortable, unsafe, or hazardous working conditions to a supervisor, occupational health and safety professional or through another reporting channel? ^{428, 433, 434, 436-440} Answer “yes” if, for example, employees are directed to report workplace injuries, bullying, or sexual harassment using a designated hotline.	2	3	5	2
4. Carefully investigate the primary cause of any reported work-related illnesses or injuries and take specific actions to prevent similar events in the future? ^{7, 432, 434, 436, 441}	4	3	7	3
5. Provide educational materials about health and safety at work? ^{428, 432} Answer “yes” if, for example, your worksite provides brochures, videos, posters, newsletters, or timely reminders for issues such as hand washing, taking breaks to reduce eye strain, or wearing personal protective equipment.	1	1	2	1
6. Provide and promote interactive educational programming on how to avoid accidents or injury on the job? ^{115, 442-445} Answer “yes” if, for example, your worksite offers “lunch and learns,” seminars, workshops, or classes that address injury prevention. These sessions can be provided in-person or virtually (online, telephonically, mobile app); on or off site; through vendors, on site staff, or other practitioners.	1	2	3	2
7. Have a process in place for measuring and , if necessary, improving worksite air quality? ^{434, 446-449} Answer “yes” if, for example, your worksite routinely tests heating, ventilation, and air conditioning (HVAC) systems, vacuums carpets, and controls moisture levels to prevent mold growth.	3	2	5	2
8. Make adjustments or provide resources where necessary to reduce the risk of eye injury or vision impairment? ⁴⁵⁰⁻⁴⁵³ Answer “yes” if, for example, your worksite provides proper lighting to work areas, protective eyewear in hazardous environments (e.g., factories, construction sites) or ergonomic setup at work stations.	2	2	4	2
9. Proactively support employees returning to work after illness or injury? ⁴⁵⁴⁻⁴⁶⁰ Answer “yes” if, for example, your organization provides temporary job modifications or phased return-to-work options.	2	1	3	1

Maximum Occupational Health and Safety Score 18

Vaccine-Preventable Diseases



During the past 12 months, did your worksite:		Evidence Base 1-4	Item Impact 1-3	Total	Adjusted Value
1.	Provide health insurance coverage with free or subsidized <u>influenza</u> (flu) vaccinations? ⁴⁶¹⁻⁴⁶⁵	4	3	7	3
2.	Provide free or subsidized <u>influenza</u> vaccinations at your worksite? ^{464, 466-473} Answer "yes" if this is offered to employees on site, through a temporary vaccine clinic run by an outside organization, internal occupational health staff, or other arrangement.	4	3	7	3
3.	Conduct a seasonal <u>influenza</u> vaccination campaign that includes educational materials or programming? ^{464, 469, 473-477} Answer "yes" if, for example, your worksite offers brochures, videos, posters, newsletters, timely reminders, or sessions that address the benefits of flu vaccinations, either as a single health topic or along with other health topics.	1	1	2	1
4.	Provide health insurance coverage with free or subsidized vaccinations for <u>illnesses other than influenza</u> ? ^{461-463, 465, 478, 479} Answer "yes" if, for example, your worksite provides coverage for pneumococcal; tetanus, diphtheria, and pertussis (Tdap); or Zoster (shingles) vaccines.	4	3	7	3
5.	Provide free or subsidized vaccinations at your worksite for <u>illnesses other than influenza</u> ? ⁴⁷⁹⁻⁴⁸¹ Answer "yes" if, for example, your worksite offers employees pneumococcal; tetanus, diphtheria, and pertussis (Tdap); or Zoster (shingles) vaccines through a temporary vaccine clinic run by an outside organization, internal occupational health staff, or other arrangement.	2	2	4	2
6.	Promote <u>vaccinations other than influenza</u> with educational materials or educational programming? ^{479, 482} Answer "yes" if, for example, your worksite offers brochures, videos, posters, newsletters, timely reminders, or sessions that provide information on adult vaccine requirements and benefits, either as a single health topic or along with other health topics.	1	1	2	1
7.	Promote good hand hygiene in the worksite? ⁴⁸³⁻⁴⁸⁶ Answer "yes" if, for example, your worksite provides soap, water, hand sanitizer, and educational materials in strategic workplace locations such as bathrooms, breakrooms, doors, elevators, or other strategic workplace locations.	2	1	3	1

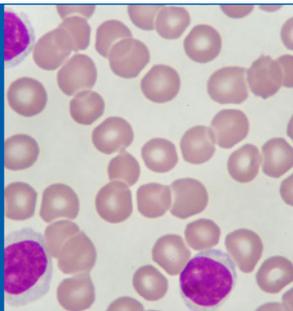
Maximum Vaccine-Preventable Diseases Score 14

Maternal Health and Lactation Support



During the past 12 months, did your worksite:	Evidence Base 1-4	Item Impact 1-3	Total	Adjusted Value
1. Have and promote a written policy on breastfeeding for employees? ⁴⁸⁷⁻⁴⁹⁰ Answer “yes” if, for example, this policy is communicated at the time of hiring and/or at the time of maternity leave planning.	2	1	3	1
2. Provide a private space (other than a restroom) that may be used by employees to express breast milk? ^{488, 489, 491-494} Answer “yes” if, for example, your worksite has a private space with an electrical outlet, comfortable chair, and sink.	2	2	4	2
3. Provide flexible break times to allow employees to pump breast milk? ^{488, 493, 494}	2	1	3	1
4. Provide access to a breast pump at the worksite? ^{489-491, 495} Answer “yes” if, for example, your worksite provides on site access to a breast pump or offers insurance coverage that subsidizes the purchase of a pump for personal use.	2	2	4	2
5. Provide and promote maternal health and breastfeeding support groups, educational classes, or consultations? ^{490, 495-501} Answer “yes” if these programs are provided in-person or virtually (online, telephonically, mobile app); on or off site; through vendors, peer and/or professional consultants, on site staff, or health insurance plans/programs.	4	3	7	3
6. Offer paid parental leave, separate from any accrued sick leave, annual leave, or vacation time? ⁵⁰²⁻⁵⁰⁶	3	3	6	3
7. Offer health insurance coverage with no or subsidized out-of-pocket costs for pre- and postnatal care? ^{507, 508}	3	3	6	3
Maximum Maternal Health and Lactation Support Score				15

Cancer



During the past 12 months, did your worksite:	Evidence Base 1-4	Item Impact 1-3	Total	Adjusted Value
1. Offer free or subsidized cancer screenings on site? ^{509–511} Answer “yes” if, for example, your worksite offered cancer screenings (e.g., stool test kits, mobile mammography vans, or skin cancer screenings) as part of a health campaign or as part of routine care at an on site clinic.	2	2	4	2
2. Provide educational materials that address skin, breast, cervical, or colorectal cancer prevention? ^{512–517} Answer “yes” if, for example, your worksite offers brochures, videos, posters, reminders, or newsletters that promote sun protection, evidence-based vaccinations, or evidence-based cancer screenings, either as a single health topic or along with other health topics.	3	1	4	2
3. Provide and promote <u>interactive educational programming</u> on cancer prevention? ^{509, 518, 519} Answer “yes” if, for example, your worksite offers “lunch and learns,” seminars, workshops, or classes that address prevention, early identification, and survivorship. These programs may be provided in group or individual settings; in-person or virtually (online, telephonically, mobile app); on or off site; through vendors, on site staff, health insurance plans/programs, community groups, or other practitioners.	3	1	4	2
4. Monitor and take action to reduce employee exposure to known carcinogens within the workplace? ^{520, 521} Answer “yes” if, for example, your worksite takes action to limit exposures to radon, asbestos, and other carcinogens that may exist at the worksite, and uses alternative materials (i.e., “green chemistry”) wherever possible.	1	2	3	1
5. Provide health insurance coverage with free or subsidized evidence-based cancer screenings and vaccinations? ^{522–524} Answer “yes” if, for example, your insurance covers the cost of breast, cervical, and colorectal cancer screening, and HPV and Hepatitis B vaccines.	2	3	5	2
6. Do you have outdoor workers? IF NO, PLEASE SKIP TO THE END OF THE MODULE.	N/A	N/A	N/A	0
7. Have and promote a written policy that includes measures to reduce sun exposure for outdoor workers? ^{517, 525} Answer “yes” if, for example, the policy encourages rotation of workers in ultraviolet (UV) intense positions, scheduling of tasks to avoid high-exposure periods, and the use of sun protective clothing, hats, and sunscreen. This policy can be promoted to employees regularly through emails, newsletters, or signage in public places.	1	2	3	1
8. Provide employees working outdoors with supports for sun protection, such as shade, hats, or sunscreen? ^{518, 526–528}	1	2	3	1
Maximum Cancer Score				11

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