

## Introduction

**The VDH Organizational Assessment is a tool created to help your worksite assess what policies, programs, and environmental supports are currently in place to promote the health and wellness of your employees. The primary goal of this assessment is to establish a baseline and help with planning to see improvements over the years.**

**To download a PDF of this assessment prior to completing it online, please [click here](#).**

**For next steps in your worksite wellness planning process, [check our out webpage!](#)**

**From 10/5/2022 through 4/30/2023 this assessment is also serving as the 2023 Worksite Wellness Award Application. Please email [Stephanie.Bergen@vermont.gov](mailto:Stephanie.Bergen@vermont.gov) with questions regarding the application process, issues or requests for a copy of the completed application.**

### ***Reference:***

***The development of this tool referenced the Centers for Disease Control and Prevention. The CDC Worksite Health ScoreCard: An Assessment Tool for Employers to Prevent Heart Disease, Stroke, and Related Health Conditions. Atlanta: U.S. Department of Health and Human Services; 2014.***

## Contact and demographic information

### \* 1. Contact Information

<b>Name</b>	<input type="text"/>
<b>Company</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>
<b>Address 2</b>	<input type="text"/>
<b>City/Town</b>	<input type="text"/>
<b>State</b>	<input type="text" value="-- select state --"/>
<b>ZIP Code</b>	<input type="text"/>
<b>Email Address</b>	<input type="text"/>
<b>Phone Number</b>	<input type="text"/>

### \* 2. Organization Type

- |   |   |
|---|---|
| <input type="radio"/> Education, Library, Training  | <input type="radio"/> Social services, Non-profit         |
| <input type="radio"/> Healthcare, Mental Healthcare | <input type="radio"/> Transportation and Materials Moving |
| <input type="radio"/> Food service                  | <input type="radio"/> Construction                        |
| <input type="radio"/> Production                    | <input type="radio"/> Financial                           |
| <input type="radio"/> Sales and Retail              | <input type="radio"/> Other (please specify below)        |

Other (please specify)

### \* 3. How many people are employed in your organization?

- |                               |                                |
|-------------------------------|--------------------------------|
| <input type="radio"/> 0-100   | <input type="radio"/> 501-1000 |
| <input type="radio"/> 101-250 | <input type="radio"/> 1000+    |
| <input type="radio"/> 251-500 |                                |

### \* 4. How many locations does your organization have in Vermont?

- 1
- 2-5
- 5+

\* 5. Please spell your organization's name exactly as you would like it to appear on your award certificate. (Enter N/A if you aren't applying for a worksite wellness award)

\* 6. What is the name of the top executive in your organization? We will send a letter letting them know which award your organization is receiving. (Enter N/A if you aren't applying for a worksite wellness award).

\* 7. What is the preferred prefix of the top executive in your organization?

- |                            |   |
|----------------------------|---|
| <input type="radio"/> Mrs. | <input type="radio"/> M. (gender neutral)             |
| <input type="radio"/> Ms.  | <input type="radio"/> Dr.                             |
| <input type="radio"/> Mr.  | <input type="radio"/> N/A - Not applying for an award |

## Organizational supports and culture

\* 8. Does the worksite have an active wellness committee that meets regularly?

- Yes  
 No

\* 9. Does the worksite make sure that support for employee wellness is part of the performance goals of leaders and managers?

- Yes  
 No

\* 10. Has everyone in the organization who leads or manages employees been given formal resources and/or training to support employee wellness?

- Yes  
 No

\* 11. Does the worksite's leadership regularly communicate the importance of wellness through written or verbal communications?

- Yes  
 No

\* 12. Has the worksite conducted an employee needs and interests assessment/survey for planning health promotion activities in the last 12 months?

- Yes  
 No

\* 13. Has the worksite established objectives for employee health promotion in the last 12 months?

- Yes  
 No

\* 14. Has the organization conducted any of the following activities for planning purposes in the last 12 months?

- Employee interest surveys
- Absenteeism records analysis
- Disability claims audit
- Worker's Compensation claims analysis
- Healthcare claims analysis
- Other (please explain in comment box)

- Yes  
 No

\* 15. Does the worksite actively promote and encourage employee participation in available worksite wellness activities?

- Yes
- No

\* 16. Does the worksite offer health promotion initiatives that accommodate the schedules and workplace locations of all employees (for example, shift workers)?

- Yes
- No

\* 17. Does the worksite tailor health promotion programs and education materials to the language, literacy levels, and cultural backgrounds of the workforce?

- Yes
- No

\* 18. Has the organization offered employees the opportunity to participate in a Health Screening and/or Health Risk Appraisal in the last year?

- Yes
- No

\* 19. Does the worksite provide adaptive equipment and/or other materials to support employees with disabilities?

- Yes
- No

\* 20. Does the worksite provide alternative wellness activities to accommodate employees of all abilities, including employees with disabilities?

- Yes
- No

\* 21. Does the worksite make parts of the wellness and health promotion activities available to immediate family members?

- Yes
- No

\* 22. Has the worksite evaluated the stated goals and objectives in the last year?

- Yes
- No

\* 23. Has the worksite tracked participation in wellness program activities in the last year?

Yes

No

\* 24. Has the worksite assessed employee satisfaction with the wellness activities in the last year?

Yes

No

\* 25. Has the worksite measured changes in both the physical and cultural environment (e.g., policies, benefits, working conditions, etc.) in the last year?

Yes

No

\* 26. Do at least 50% of employees participate in worksite wellness program/activities that are offered?

Yes

No

\* 27. Does the worksite offer paid parental leave (separate from any accrued sick leave, annual leave, or vacation time?)

Yes

No

\* 28. Does the worksite offer paid vacation time or personal days or hours to full-time, nonexempt employees?

Yes

No

\* 29. Does the worksite support employee participation and volunteering in activities that benefit the community?

Yes

No

\* 30. Does the worksite's new employee orientation include an explanation of worksite wellness related policies and activities (i.e. healthy food standards, Employee Assistance Programs, wellness portal)?

Yes

No

## Outcome 1: Promote healthy food choices for employees

\* 31. Does the worksite offer education, awareness and behavior change programs on healthy nutrition and weight management, such as the free Healthy Living Workshops offered through the State of Vermont?

- Yes  
 No

\* 32. Does the worksite provide updated information about community resources for healthy eating, such as educational classes offered in the community?

- Yes  
 No

\* 33. Does the worksite identify healthier food and beverage choices where food is served with signs or symbols?

- Yes  
 No

\* 34. Does the worksite have a healthy food policy requiring at least 30% of food in cafes, vending machines, etc. to meet healthy vending criteria? (answer yes if no food is sold on the premises)

- Yes  
 No

\* 35. Does the worksite have a policy requiring that healthier food and beverage choices are available during meetings when food is served?

- Yes  
 No

\* 36. Does the worksite make water available at no cost to employees throughout the day?

- Yes  
 No

\* 37. Does the worksite make a refrigerator and microwave available for employee food storage and cooking?

- Yes  
 No

\* 38. Does the worksite provide protected time and dedicated space away from the work area for breaks and lunch?

Yes

No

\* 39. Does the worksite incentivize local food through any of the following ways:

- Local food is prioritized when purchasing food for meetings or events.
- An on-site CSA drop off is offered for employees.
- An on-site or mobile farmers market is offered for employees at or near the worksite.
- Local food is prioritized when purchasing food for sale to employees (e.g. cafeteria, vending machine, snack bar)
- An on-site garden is available to employees during some or all of the year.
- Other (please explain in comment box)

Yes

No



## Outcome 2: Go tobacco-free

\* 40. Does the worksite promote free tobacco cessation resources available through 802Quits or other community resources?

Yes

No

\* 41. Does the worksite support participation in tobacco cessation activities during the work day (e.g. allowing flextime to attend cessation classes)?

Yes

No

\* 42. Does the worksite provide on-site individual or group tobacco cessation counseling (i.e. free counseling through Vermont Quit Partners, a local hospital, or other organization/resource)?

Yes

No

\* 43. Are cigarette receptacles moved away from building entrances? (Answer yes if no receptacles exist).

Yes

No

\* 44. Does the worksite have and actively enforce a written policy banning tobacco and e-cigarette use at the worksite, including any outdoor areas (except for designated smoking areas) and company vehicles?

Yes

No

\* 45. Does the worksite post tobacco-free signs around the building and grounds?

Yes

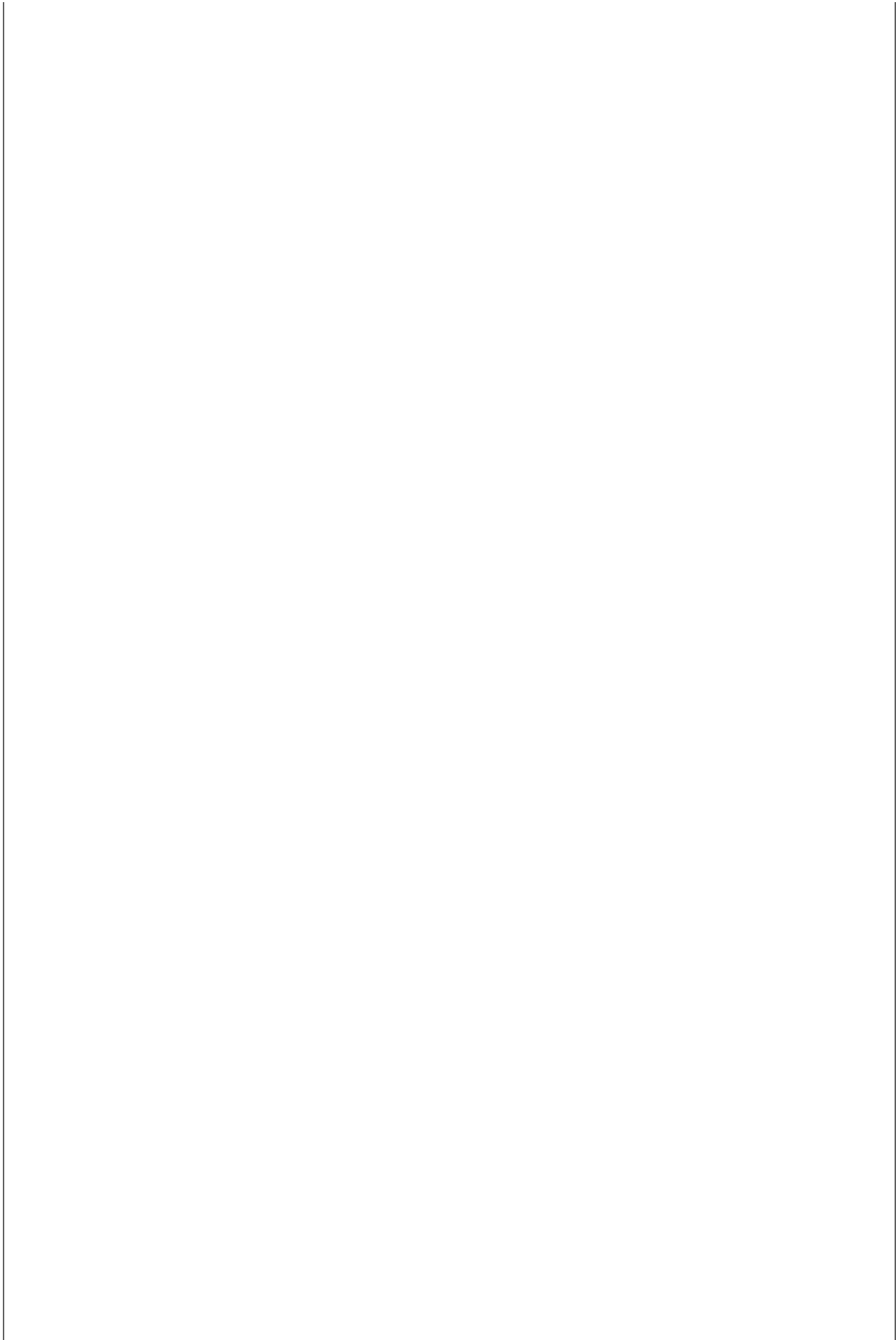
No

Other (please specify)

\* 46. Does the worksite offer health insurance coverage with no or low out-of-pocket costs for prescription tobacco cessation medications including nicotine replacement?

Yes

No



### Outcome 3: Help employees get daily physical activity

\* 47. Does the worksite actively encourage employees to bike, walk, or roll to work? (This could be through posters, challenges, emails, incentives, etc.)

Yes

No

\* 48. Does the worksite provide updated information about community resources for physical activity, such as classes offered in the community?

Yes

No

Other (please specify)

\* 49. Does the worksite encourage physical activity breaks and active meetings?

Yes

No

\* 50. Does the worksite have a policy that supports physical activity during work time (e.g. offer or allow flex time for physical activity)?

Yes

No

\* 51. Does the worksite provide on-site fitness opportunities such as a fitness space or fitness classes?

Yes

No

\* 52. Does the worksite provide space where employees can be physically active that is NOT a fitness center (for example, treadmill desks, a designated stretching space, walking path or maps of area trails/paths, etc.)?

Yes

No

#### Outcome 4: Become a family-friendly employer (breastfeeding focus)

\* 53. Does the company provide a private area with a door that locks for nursing or expressing milk?

Yes

No

\* 54. Does the worksite provide flexible breaks (at least 15-20 minutes in the morning and afternoon, as well as lunch) during which an employee can express milk or nurse?

Yes

No

\* 55. Does the worksite have a written policy that states your company's support of a parent's choice to breastfeed/chestfeed their infant(s) and describes the worksite accommodations and/or benefits available to them?

Yes

No

## Outcome 5: Promote preventative care and safety - Part 1

\* 56. Does the worksite offer on-site disease management classes, such as the free Healthy Living Workshops through the State of Vermont?

Yes

No

\* 57. Does the worksite offer influenza (flu) vaccinations with low or no out-of-pocket costs to employees?

Yes

No

\* 58. Does the worksite provide a paid sick leave benefit, so that employees can stay home when sick and not spread infection in the work place?

Yes

No

\* 59. Does the worksite accommodate disease management activities during the workday? (i.e., checking blood sugar, eating snacks)

Yes

No

\* 60. Does the worksite promote influenza (flu) and other vaccinations through brochures, videos, posters, pamphlets, newsletters or other information?

Yes

No

\* 61. Does the worksite coordinate programs for occupational health and safety specific to the workforce with programs for health promotion and wellness?

Yes

No

\* 62. Does the worksite provide education to employees on the benefits and importance of sufficient sleep through educational seminars, workshops, classes, written or online information?

Yes

No

\* 63. Does the worksite's health insurance cover chronic disease medications at a low-cost to the employee?

Yes

No

64. Does the worksite promote preventive screenings such as dental visits, cancer or heart disease screenings? For example, hanging flyers, recognizing national awareness months, etc.

Yes

No

65. Has the worksite conducted a worksite evaluation to identify asthma triggers in the workplace?

Yes

No

## Outcome 5: Promote Preventive Care and Safety - Part 2

\* 66. Has the worksite conducted an ergonomic/work station analysis for all employees in the last year?

Yes

No

\* 67. Does the worksite provides employees with information on ergonomic issues specific to the workforce?

Yes

No

68. Has the worksite has conducted a comprehensive, baseline hazard survey within the past five years?

Yes

No

\* 69. Does the worksite provide all new workers comprehensive training on how to avoid accidents or injury on the job, specific to their position?

Yes

No

\* 70. Does the worksite have one or more functioning AEDs (Automated External Defibrillator) in place that are clearly marked and routinely maintained?

Yes

No

\* 71. Does the worksite have a safety or emergency response team or committee that is trained to respond to medical emergencies (i.e. have first aid and CPR certification)?

Yes

No

\* 72. Does the worksite promote awareness of responsible alcohol and legal drug use through any the following formats?

- Providing information on community resources for recovery
- Ensuring access to safe transportation to and from work-sponsored events where alcohol will be served-Policies on alcohol and legal drug use at work events (both formal and informal events)
- Policies on alcohol and legal drug use during work hours
- Online or paper self-assessment screening tools on alcohol use
- Other (please explain in comment box)

Yes

No

\* 73. Does the worksite actively promote safe driving in any of the following ways:

- requiring adherence to hands-free laws when driving on staff time
- requiring seatbelt use when driving on staff time
- requiring adherence to all driving laws when driving on staff time
- other (please explain in comment box)

Yes

No

74. Does the worksite conduct regular safety and health self-inspections?

Yes

No



## Outcome 6: Support the emotional wellbeing of employees

\* 75. Does the worksite provide and promote opportunities for stress-reduction at the workplace?

Yes

No

\* 76. Does the worksite provide orientation for employees regarding workplace policies and mental health supports available?

Yes

No

\* 77. Does the worksite have a list of local resources for screening and referral for mental health issues?

Yes

No

\* 78. Does the worksite provide training for managers on identifying and reducing workplace stress-related issues?

Yes

No

\* 79. Does the worksite provide training for managers on mental health issues in the workplace?

Yes

No

\* 80. Does the worksite provide opportunities for employee participation in organizational decisions regarding workplace issues that affect job stress?

Yes

No

\* 81. Does the worksite actively promote work/life balance through established guidelines on working overtime, checking email or voicemail outside of work hours, etc.?

Yes

No

\* 82. Does the worksite actively seek to de-stigmatize mental health issues by increasing awareness, promoting communication, and providing education on depression and other mental health conditions?

- Yes
- No

\* 83. Does the worksite provide opportunities for career development and advancement?

- Yes
- No

\* 84. Does the worksite sponsor or organize social events throughout the year?

- Yes
- No

\* 85. Does the worksite allow employees to access recovery support services during working hours or allow for leaves of absence to access services?

- Yes
- No

\* 86. Does the worksite engage in other health initiatives throughout the community and support employee participation and volunteer efforts?

- Yes
- No

\* 87. Does the worksite have a policy that supports employees who need mental health support (i.e. allowing leaves of absence)?

- Yes
- No

\* 88. Does the worksite allow flexible work scheduling policies?

- Yes
- No

\* 89. Does the worksite allow employees to access mental health support services during working hours?

- Yes
- No

\* 90. Does the worksite recognize employee achievements?

Yes

No

## Additional Questions

91. We understand the continued impact of the Covid-19 pandemic on worksite wellness initiatives. Please use this space to share how the pandemic has impacted worksite wellness at your organization - including any questions in the above application that might have otherwise been a "yes" response.

92. OPTIONAL: If you are applying for the 2022 Worksite Wellness Award and want to share any additional information about your wellness initiatives, please feel free to do so have.

93. OPTIONAL: If you have any supporting documents you would like to submit with your award application, please attach here (mission statement, action plan, etc.).

No file chosen