



Today's date _____

Organizational Information - Please fully complete the information in this section.

Organization name _____ Your Worksite _____

Primary contact _____ Your Name _____

Primary contact email or phone _____

Foundational Elements - A strong foundation supports successful work site wellness strategies. The following questions gather baseline data on your organization's existing infrastructure.

LEADERSHIP and ORGANIZATIONAL SUPPORT

Select the appropriate answer for each of the following statements or questions about your current state. Your answers should identify the ways leadership is currently active and visible in support of worksite wellness initiatives. (Leadership is defined as an owner, president, CEO, CFO and/or VP/Director(s) who have influence over organization-wide decisions for the wellness initiative.)

Worksite wellness is incorporated into the organization's business/strategic plan. Yes No IP

At least one member of the leadership team communicates support for work site wellness initiatives directly to all employees at least quarterly. Yes No IP

At least one member of the management team actively participates on the wellness committee. Yes No IP

Members of the leadership team visibly model healthy behaviors at the workplace and in the community (for example, eat healthfully, take activity breaks, hold walking meetings or participate in a 5K community walk/run). Yes No IP

A budget is provided that allows for year-round work site wellness efforts that are geared toward all employees. Yes No IP

If Yes, how many dollars are allocated annually to the work site wellness budget? \$ _____

Leadership ensures active promotion and support of the work site wellness initiative across the organization (such as performance measures as part of the annual review for managers, and shared program ownership by all levels of staff). Yes No IP

Please provide additional comments about your organization's leadership support.

ORGANIZATIONAL STRATEGIES

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

Does your organization have a written vision for worksite wellness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> IP
Does your organization have written goals related to worksite wellness? (These goals may be managed by a wellness committee/team.) If No or IP, skip next question.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> IP
Does your organization, at least annually, measure progress on worksite wellness goals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> IP
Does your organization have a name and/or logo for its worksite wellness initiative?	<input type="checkbox"/> Name <input type="checkbox"/> Logo	<input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> IP
Does your organization have any staff person devoted exclusively to worksite wellness?	<input type="checkbox"/> Yes, full time	<input type="checkbox"/> Yes, part time	<input type="checkbox"/> No
Does your organization have a worksite wellness committee? If No or IP, skip to next section "Data-Driven Initiative".	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> IP
How long has the worksite wellness committee been in existence?	<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 1 – 3 years	<input type="checkbox"/> More than 3 years
How often does your worksite wellness committee meet?	<input type="checkbox"/> At least monthly	<input type="checkbox"/> At least bi-monthly	<input type="checkbox"/> At least quarterly <input type="checkbox"/> Other
Does your committee have representation from all departments/divisions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> IP
Does your committee have representation from all levels of the organization (management to front line staff)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> IP

DATA-DRIVEN INITIATIVES

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

Employee needs and/or interests survey	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> IP
Health assessment aggregate report	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> IP
Biometric screenings aggregate report	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> IP
Medical claims aggregate report	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> IP
Pharmacy claims aggregate report	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> IP
Program/service aggregate report (such as Employee Assistance Program)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> IP
Other; please describe:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> IP

ENGAGEMENT THROUGH INDIVIDUAL ASSESSMENT

Has your organization offered the opportunity for employees to complete a **health assessment** in the past two years? (A health assessment is a questionnaire that asks about an individual's health behaviors to assess their health risks. Employers do not see individual results, but may receive an aggregate report of the data.)

- Have never offered
- Have offered, but not in the past two years
- Yes – also answer the 3 items below.

_____ Number of employees eligible to complete the health assessment.

_____ Number of employees who participated in the most recent health assessment.

Describe the incentive offered. If none, list “none”.

Has your organization offered **onsite biometric screenings** in the past two years? (A biometric screening is a short test that measures things like body mass index, blood pressure, and glucose levels.)

- Have never offered
- Have offered, but not in the past two years
- Yes – also answer the 3 items below.

_____ Number of employees eligible to participate in screenings.

_____ Number of employees who participated in the most recent screening event.

Describe the incentive offered. If none, list “none”.

COMMUNICATIONS STRATEGIES

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

Does your organization have a communications plan for engaging employees in your worksite wellness initiatives? Yes No IP

If No, skip next two questions.

Did leadership provide input to the plan and/or approve it? Yes No IP

Is the plan followed consistently? Yes No IP

Regardless of whether your organization has a formal plan, how often do you communicate to all employees regarding your worksite wellness strategies for the following areas? Check all that apply.

Breastfeeding support	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Less than quarterly
Healthy foods available	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Less than quarterly
Physical activity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Less than quarterly
Reducing tobacco use / tobacco-free worksite	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Less than quarterly

Regardless of whether your organization has a formal plan, please check all of the “means to communicate” that are being used in your organization to engage employees in your worksite wellness initiatives, and their frequency of use.

Means to communicate

Frequency

- | | | |
|---|----------------------------------|--|
| <input type="checkbox"/> Newsletters | <input type="checkbox"/> Monthly | <input type="checkbox"/> Less than monthly |
| <input type="checkbox"/> Leadership letters/emails | <input type="checkbox"/> Monthly | <input type="checkbox"/> Less than monthly |
| <input type="checkbox"/> Wellness champion emails | <input type="checkbox"/> Monthly | <input type="checkbox"/> Less than monthly |
| <input type="checkbox"/> Intranet | <input type="checkbox"/> Monthly | <input type="checkbox"/> Less than monthly |
| <input type="checkbox"/> Posters | <input type="checkbox"/> Monthly | <input type="checkbox"/> Less than monthly |
| <input type="checkbox"/> Payroll staffers | <input type="checkbox"/> Monthly | <input type="checkbox"/> Less than monthly |
| <input type="checkbox"/> Team meeting announcements | <input type="checkbox"/> Monthly | <input type="checkbox"/> Less than monthly |
| <input type="checkbox"/> Morning announcements (such as during a production line stretch break) | <input type="checkbox"/> Monthly | <input type="checkbox"/> Less than monthly |
| <input type="checkbox"/> Educational seminars/events | <input type="checkbox"/> Monthly | <input type="checkbox"/> Less than monthly |
| <input type="checkbox"/> Other; specify: | <input type="checkbox"/> Monthly | <input type="checkbox"/> Less than monthly |

Does your organization’s communications and/or marketing team help accomplish tasks within the communications plan? Yes No IP

N/A We have no dedicated marketing or communications staff.

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

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

INCENTIVES

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

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

COMMUNITY PARTNERSHIPS

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

If your organization has partnered or is partnering now, please describe with whom and for what efforts?

Community Partner	What took place? What did you partner on?

FINAL COMMENTS

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

Thank you for completing the Foundational Elements Assessment. We look forward to partnering with your organization on next steps.

Please submit your complete assessment to BE WELL staff:

- via email Kristen.Friedrichs@BlueEarthCountyMN.gov,
- via meeting; call 507-304-4411 to schedule,
- via mail Attn: Kristen Friedrichs, PO BOX 3526, Mankato, MN 56002, or
- via fax Attn: Kristen Friedrichs, 507-304-4059.

Be sure to keep an electronic or paper copy of your completed assessment for future reference/use.

