

# MISSOURI HEART DISEASE AND STROKE PREVENTION PROGRAM

## WORKSITE WELLNESS INVENTORY

### Introduction

The Worksite Wellness Inventory is a survey comprised of questions that provide an assessment of your worksite's current wellness programs, activities, and environmental measures that promote and support heart health. In addition, it serves as a baseline measurement tool to determine potential policy and environmental changes needed at your worksite. On the following pages you will be led through a series of questions about your worksite. Please circle the appropriate number by each "YES" or "NO" response. At the end of each section, tally the numbers. The higher the number based on the total numbers possible, the closer you are to removing barriers and implementing incentives to make heart healthy improvements at your worksite.

Name of company:
Name of respondent:
What is your current position?:

## 2. ORGANIZATIONAL DEMOGRAPHICS

Read the following:  
 “A self-insured worksite would be one that offers health benefits directly to its employees, rather than subsidizing benefits offered through an insurance company.”

2.1 Does the employer offer health care coverage to employees?      1 Yes    0 No

2.2 Does the employer offer health care coverage to employees and family?      1 Yes    0 No

2.3 As of the last payroll and not counting temporary or seasonal employees, how many employees:

		#			#
A	work here?		E	are over 40?	
B	work full time?		F	are Caucasian/White?	
C	work part time?		G	are African American?	
D	are female?		H	are Hispanic?	

RECORD SCORE FOR DEMOGRAPHICS \_\_\_\_\_ (Add all circled numbers)

TOTAL POSSIBLE POINTS = 2

## 3. SMOKING

3.1 Does the worksite have a written smoke-free work environment policy?  
 \_\_\_\_\_ 1 Yes      \_\_\_\_\_ 0 No (skip to question 3.2)

3.2 What is the extent of the smoking ban? (*circle the highest value*)

- 1 A partial ban on smoking (designated or de facto smoking areas in the building).
- 2 Smoking allowed on the grounds but not in the building.
- 3 A total ban throughout the premises (including grounds).

3.3 Is the policy enforced? For example, are there any penalties for individuals who do not comply with the policy either verbal or written?  
 1 Yes    0 No

3.4 Does the worksite provide any type of incentives for being a non-smoker or quitting smoking?  
*Incentives could include: improved benefit allowances (discounted health insurance, increased disability payments, additional life insurance), added vacation “well days” off, direct cash payment or bonuses, material prizes or awards, etc.*  
 1 Yes    0 No

3.5 Can tobacco products be purchased anywhere at the worksite (e.g., vending machines, vendors)?  
 0 Yes    1 No

RECORD SCORE FOR SMOKING \_\_\_\_\_ (*Add all circled numbers*)

## 4. NUTRITION

4.1 Does the worksite have vending machines for employees to access food during working hours?

Yes

No (**skip to question 4.2**)

4.2 From observation of vending machine areas please check the options that are available. You can code an additional healthy food choice. Use the following guidelines to decide if an item is heart healthy.

<b>Food category:</b>	<b>Fat content less than or equal to:</b>
Entrees	12 grams per serving
Desserts & snacks	3 grams per serving
Cheese	5 grams per serving
0 TRANS FAT OPTIONS	

**Make sure to view ALL vending areas.**

### NOT REFRIGERATED

### REFRIGERATED

"Light" Popcorn

Tossed Salad with Reduced or Non-fat Dressing

Pretzels

Low-fat or Non-fat Yogurt

Baked Chips

Tuna (water packed) with "Light" Mayonnaise

Low-fat Cereal Bars

Sandwiches made with Whole Grain Bread

Low-fat Granola Bars

Chicken, Turkey, Ham or Lean Roast Beef Sandwiches (without mayo or cheese)

Raisins and Dried Fruit

100% Fruit Juice or Vegetable Juice

Skim or 1% Milk (white OR chocolate)

Other healthy selection based on criteria above (specify: \_\_\_\_\_)

4.3 Were at least 2 of the above items checked? (*circle the correct response*)

**1** Yes **0** No

4.4 Do the vendors provide labels to identify "healthy" foods? (e.g., "Apples are healthy and low fat!")

**1** Yes **0** No

NOTE: This refers to information in addition to what is given on the product's label. They are not messages attached to commercialized food packages such as statements like "lite", "low fat" or "sugar free".

4.5 In the past 12 months, has the worksite had any special promotions or sales of low fat foods, fresh fruits, vegetables, etc., in the vending machines?

**1** Yes **0** No

#### 4. NUTRITION CON'T.

4.6 Does the worksite have a cafeteria?

\_\_\_\_\_ Yes

\_\_\_\_\_ No (**skip to question 4.12**)

4.7 Check the items that are available in the cafeteria daily.

- |   |   |
|---|---|
| _____ "Lite" Popcorn                                | _____ Skim or 1% Milk (white OR chocolate)  |
| _____ Pretzels                                      | _____ "Lite" Mayonnaise (available as a condiment)                                |
| _____ Steamed vegetables                            | _____ "Lite" or Reduced Fat Entrees or Dinners                                    |
| _____ Salad Bar                                     | _____ 100% Fruit/Vegetable Juice  |
| _____ Low-fat Cottage Cheese                        | _____ Reduced Fat or Non-fat Salad Dressing                                       |
| _____ Reduced Fat Cheeses                           | _____ Grilled Chicken Breast Sandwich   |
| _____ Low-fat or Non-fat Yogurt                     | _____ Sandwiches made with Whole Grain Bread                                      |
| _____ Frozen Yogurt                                 | _____ Bagels-Plain or with "Lite" Cream Cheese                                    |
| _____ Fresh Fruit                                   | _____ Tuna (water packed) with "Lite" mayonnaise                                  |
| _____ Tossed Salad with Reduced Or Non-fat Dressing | _____ Chicken, Turkey, Ham or Lean Roast Beef Sandwiches (without mayo or cheese) |

You can code an additional healthy food choice. Use guidelines from 4.2

Other healthy selection based on criteria above (specify: \_\_\_\_\_)

4.8 Were at least 3 of the above items checked? (*circle the correct response*)

**1** Yes **0** No

4.9 Does the worksite provide labels to identify "healthy" foods in the cafeteria?

**1** Yes **0** No

NOTE: Labels that apply are those added to food choices (e.g., red hearts or table tents with heart healthy info). They are not messages attached to commercialized food packages such as statements like "lite", "low fat" or "sugar free".

4.10 Does the worksite provide written policies that require healthy food preparation practices in the cafeteria (e.g., steaming, low fat/salt substitutes, limited frying, no trans fats)?

**1** Yes **0** No

4.11 Did the worksite provide any special cafeteria promotions in the last 12 months to increase the sale or consumption of low fat foods, fresh fruits, vegetables, whole grains, etc.?

**1** Yes **0** No

4.12 Does the worksite encourage provision of nutritious food options at employee meetings?

**1** Yes **0** No

**TOTAL FOR NUTRITION** \_\_\_\_\_ (*Add all circled numbers*)

**TOTAL POSSIBLE POINTS = 8**

## 5. PHYSICAL ACTIVITY

5.1 Does the worksite provide a shower and changing facility for employees?			
1 Yes 0 No		Comments:	
5.2 Does the worksite have an on-site exercise facility?			
1 Yes 0 No (skip to question 5.3)		Comments:	
	<b>Yes</b>	<b>No</b>	
A.	1	0	Is the facility open at convenient times (before and after normal work hours)?
B.	1	0	Does it provide aerobic equipment (e.g., bikes) or facilities (track, pool)?
C.	1	0	Does the worksite promote the availability of the exercise facility?*
D.	1	0	Is the facility free for employees?
5.3 Does the worksite subsidize (pay some of the costs of) an off-site exercise facility membership?			
1 Yes 0 No			
5.4 Does the worksite sponsor any employee sports teams?			
1 Yes 0 No			
5.5 Does the worksite provide or maintain outdoor exercise areas or playing fields for employees?			
1 Yes 0 No			
5.6 Does the worksite have a written policy statement supporting employee physical fitness?			
<i>(e.g., policies that allow workers additional time off from lunch to exercise, walk breaks, stretching)</i>			
1 Yes 0 No			
5.7 Does the worksite have a written flex-time policy which allows employees to be physically active during the work shift?			
<i>(flex-time means employees can, for example, come in early so that they can extend lunch for physical activity)</i>			
1 Yes 0 No			
5.8 Is the area surrounding the worksite within one mile of a safe and pleasant place to walk, run, or bike?			
1 Yes 0 No			
5.9 Are there bike racks at the worksite available for employees?			
1 Yes 0 No			
5.10 Does the worksite provide any incentives for engaging in physical activity?			
<i>e.g., improved benefit allowances (discounted health insurance, additional life insurance), added vacation "well days" off, direct cash payment/bonuses, material prizes, or awards, etc.)</i>			
1 Yes 0 No			
5.11 Are there any stairways at the worksite?			
_____ Yes			
_____ No (skip to question 6.1)			
	<b>Yes</b>	<b>No</b>	
A.	1	0	Are the stairways clean and safe?
B.	1	0	Are the stairways accessible and clearly marked?
C.	1	0	Has stairway use been promoted by the worksite in the last 12 months?

**TOTAL FOR PHYSICAL ACTIVITY** \_\_\_\_\_ (Add all circled numbers)  
**TOTAL POSSIBLE POINTS = 17**

## 6. SCREENING OR ASSESSMENT

6.1 During the previous 24 months, has the worksite provided any of the following screenings or assessments (beyond pre-employment physicals):

		Yes	No			Yes	No
A.	blood pressure	1	0	D.	health risk appraisals	1	0
B.	cholesterol	1	0	E.	fitness assessments	1	0
C.	blood glucose	1	0	F.	weight, height and BMI	1	0

6.2 If answered "Yes" to any of the questions in section 6.1, was the program:

	Yes	No	Program Areas
A.	1	0	Free to employees
B.	1	0	Available to employee's family members

**TOTAL FOR SCREENING OR ASSESSMENT** \_\_\_\_\_ *(Add all circled numbers)*

**TOTAL POSSIBLE POINTS = 8**

## 7. Program/Education Messages

7.1 During the previous 24 months, did the worksite provide directly or promote insurance company-sponsored programs in the areas listed below?

	Yes	No	Program Areas
A.	1	0	High blood pressure control
B.	1	0	High blood cholesterol control
C.	1	0	Diabetes
D.	1	0	Arthritis
E.	1	0	Asthma
F.	1	0	Smoking cessation
G.	1	0	Weight control or "healthy eating" counseling/advice
H.	1	0	Fitness (other than use of an exercise facility, e.g. walking programs)

7.2 If you answered 'yes' to any of the questions in section 7.1, how many employees participated in each program  
# of Participants

A.	_____	High blood pressure control
B.	_____	High blood cholesterol control
C.	_____	Diabetes
D.	_____	Arthritis
E.	_____	Asthma
F.	_____	Smoking cessation
G.	_____	Weight control or "healthy eating" counseling/advice
H.	_____	Fitness (other than use of an exercise facility, e.g. walking programs)

7.3 If answered "Yes" to any of the questions in section 7.1 and 7.2, were the program(s):

	Free	Subsidized	Full Price	
A.	2	1	0	To employees
B.	2	1	0	To employee's family members

7.4 In the previous 12 months, has the worksite provided health and wellness messages to the general employee population, such as through posters, brochures, videos, etc. on any of the topics listed below?\*

	Yes	No	Topics
A.	1	0	Signs and symptoms of heart attack
B.	1	0	Signs and symptoms of stroke
C.	1	0	Importance of regular health screenings and taking medications as prescribed
D.	1	0	"Know your numbers" for blood pressure and cholesterol
E.	1	0	Call 9-1-1 in case of an emergency
F.	1	0	Smoking Cessation
G.	1	0	Healthy Eating (weight control)
H.	1	0	Exercise/Physical Fitness

7.5 If answered "Yes" to any of the questions in section 7.4, did the insurance provider offer discounted policy premiums for these messages?  
1 Yes 0 No

**TOTAL FOR PROGRAMS/EDUCATION MESSAGES** \_\_\_\_\_ *(Add all circled numbers)*

**TOTAL POSSIBLE POINTS = 21**

## 8. Administrative Support

8.1 Does the worksite have a wellness committee?

1 Yes

0 No **(skip to question 8.2)**

	Yes	No	
A.	1	0	Does the committee meet at least quarterly?
B.	1	0	Is it represented by a cross section of the workforce?
C.	1	0	Does it include at least one senior manager?
D.	1	0	Is there a written mission or goal statement for the committee?*
E.	1	0	Does the committee have a budget?

8.2 Does the worksite organizational mission statement contain references to improving/maintaining employee health?  
1 Yes 0 No

8.3 Does the worksite have an individual responsible for employee health promotion?

1 Yes

0 No **(skip to question 8.4)**

	Yes	No	
A.	1	0	Are at least half of his/her responsibilities devoted to health promotion?
B.	1	0	Does the individual have a budget to work with?

8.4 Did the worksite complete an employee health needs assessment during the previous 24 months?  
1 Yes 0 No

8.5 Does the worksite provide management support for worksite health promotion? For example, does the CEO/managers provide at least annual messages supporting healthy promotion (personal address, memo, newsletter article, etc.)?  
1 Yes 0 No

8.6 Does the worksite offer members incentives to participate in lifestyle and behavior education/modification programs (e.g., no cost to members, discounts to fitness centers)?  
1 Yes 0 No

**TOTAL FOR ADMINISTRATIVE SUPPORT** \_\_\_\_\_ *(Add all circled numbers)*

**TOTAL POSSIBLE POINTS = 13**

## 9. EMERGENCY RESPONSE AND BLOOD PRESSURE

<p><b>9.1</b> Does your worksite offer training in CPR, also called Basic Life Support?  <b>1</b> Yes      <b>0</b> No                  (if yes, go to question 9.1.1, if no, go to question 9.2)</p> <p>9.1.1 Are these classes available for all employees?  <b>1</b> Yes      <b>0</b> No      <b>Free</b>    <b>Subsidized</b>    <b>Full Price</b></p> <p>9.1.2 Is the price of the class:    2            1            0</p> <p>9.1.3 Are these classes available to family members of employees?  <b>1</b> Yes      <b>0</b> No</p> <p>   <b>Free</b>    <b>Subsidized</b>    <b>Full Price</b></p> <p>9.1.4 Is the price of the class:    2            1            0</p>
<p><b>9.2</b> Does your worksite require that at least one person with CPR certification be on-site at all times?  <b>1</b> Yes      <b>0</b> No</p>
<p><b>9.3</b> Does our worksite have at least one AED (Automated External Defibrillator) on-site?  <b>1</b> Yes      <b>0</b> No                  (if yes, go to question 9.3.1, if no, go to question 9.4)</p> <p>9.3.1 Are there trainings available for all employees to learn how to use the AED?  <b>1</b> Yes      <b>0</b> No</p> <p>9.3.2 Does the worksite have trained, designated employees who will assist a person in need with an AED?  <b>1</b> Yes      <b>0</b> No</p> <p>9.3.3 Does the worksite require that somebody with AED training be on-site at all times?  <b>1</b> Yes      <b>0</b> No</p> <p>9.3.4 Is there a dedicated employee to conduct monthly maintenance?  <b>1</b> Yes      <b>0</b> No</p> <p>9.3.5 Has your worksite registered the AED(s) with your local Emergency Medical Service (EMS) and/or other entities required by ordinance, such as a local city AED registry?  <b>1</b> Yes      <b>0</b> No</p>
<p>9.4 Outside of screening events, does your worksite have permanent on-site access for an employee to check their blood pressure?  <b>1</b> Yes      <b>0</b> No</p>

**EMERGENCY RESPONSE AND BLOOD PRESSURE** \_\_\_\_\_ (Add all circled numbers)

**TOTAL POSSIBLE POINTS = 15**

**TALLY THE NUMBERS FROM EACH CATEGORY:**

- 2. ORGANIZATIONAL DEMOGRAPHICS \_\_\_\_\_
- 3. SMOKING \_\_\_\_\_
- 4. NUTRITION \_\_\_\_\_
- 5.. PHYSICAL ACTIVITY \_\_\_\_\_
- 6. SCREENING OR ASSESSMENT \_\_\_\_\_
- 7. PROGRAMS/EDUCATION MESSAGES \_\_\_\_\_
- 8. ADMINISTRATIVE SUPPORT \_\_\_\_\_
- 9. .EMERGENCY RESPONSE AND BLOOD PRESSURE \_\_\_\_\_

\_\_\_\_\_ **TOTAL FOR ALL CATEGORIES**

**OVERALL TOTAL NUMBER POSSIBLE POINTS = 91**