

# Wellness Council of Indiana

## 2019 WELL-BEING INVENTORY



| Physical Activity Environment                                                                                                            | Yes | No | Considering | Unsure | N/A |
|------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-------------|--------|-----|
| Do you provide resources about ways to incorporate physical activity into employee's daily routine?                                      |     |    |             |        |     |
| Does your workplace encourage stair use?                                                                                                 |     |    |             |        |     |
| Is it convenient and safe for your employees to walk or ride a bicycle to work?                                                          |     |    |             |        |     |
| Are there designated areas to store bikes and personal items like gym bags?                                                              |     |    |             |        |     |
| Do you have access to lockers and/or showers at your workplace?                                                                          |     |    |             |        |     |
| Do you have access to fitness equipment or classes at your workplace?                                                                    |     |    |             |        |     |
| Are there opportunities for employees to participate in organized walks or runs?                                                         |     |    |             |        |     |
| Have you negotiated discounts for employees who wish to exercise at an offsite fitness facility?                                         |     |    |             |        |     |
| Do you allow workers to take "fitness" breaks, stretch breaks or allow them to extend lunch for physical activity beyond regular breaks? |     |    |             |        |     |
| Do your employees get adequate exercise at work as part of their job?                                                                    |     |    |             |        |     |
| Do employees participate in company sponsored team sports/activities?                                                                    |     |    |             |        |     |
| Are there paths or trails near your worksite?                                                                                            |     |    |             |        |     |
| Do you have areas mapped, indoors and/or outdoors, to encourage walking and physical activity at your workplace?                         |     |    |             |        |     |
| Does your worksite sponsor or pay for participation in local fun runs/walks?                                                             |     |    |             |        |     |
| Does your worksite provide physical activity or exercise messages to employees, such as posters or brochures?                            |     |    |             |        |     |
| Do your employees have the flexibility to stand at their desks or sit on an exercise ball?                                               |     |    |             |        |     |
| Are walking meetings or standing meetings encouraged?                                                                                    |     |    |             |        |     |
| Are workstations ergonomically supportive for your employees?                                                                            |     |    |             |        |     |
| <b>Physical Activity Environment Score (add number of items in each column)</b>                                                          |     |    |             |        |     |

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| Nutrition Environment                                                                                                                                           | Yes | No | Considering | Unsure | N/A |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-------------|--------|-----|
| Are resources available to help employees learn more about proper nutrition?                                                                                    |     |    |             |        |     |
| Do you have a cafeteria, snack bar, or catering truck that is available at your worksite?                                                                       |     |    |             |        |     |
| Are healthy food alternatives such as fruits, vegetables, whole grains breads, healthy beverages available to employees regularly?                              |     |    |             |        |     |
| If you have a cafeteria, do your food providers use healthier food preparation practices in the cafeteria (steaming, low-fat/salt substitutes, limited frying)? |     |    |             |        |     |
| Do employees have access to a microwave at work?                                                                                                                |     |    |             |        |     |
| Do employees have access to a refrigerator at work?                                                                                                             |     |    |             |        |     |
| Do you have vending machines on site?                                                                                                                           |     |    |             |        |     |
| Are fruits (dried or fresh), vegetables, low-fat snacks, or other healthy food alternatives available in the vending machines?                                  |     |    |             |        |     |
| Does your worksite provide healthy eating messages to employees, such as posters or brochures?                                                                  |     |    |             |        |     |
| Does your worksite provide labels (e.g. 'low fat', 'light', 'heart healthy') to identify healthy food alternatives?                                             |     |    |             |        |     |
| Do you provide nutritious food and beverage options at company meetings and events?                                                                             |     |    |             |        |     |
| Do you have a healthy vending policy?                                                                                                                           |     |    |             |        |     |
| Do you have a healthy holiday gift policy?                                                                                                                      |     |    |             |        |     |
| Do your employees have access to free water?                                                                                                                    |     |    |             |        |     |
| <b>Nutrition Environment Score (add number of items in each column)</b>                                                                                         |     |    |             |        |     |
| Tobacco-free Environment                                                                                                                                        | Yes | No | Considering | Unsure | N/A |
| Do you provide tobacco cessation programs for your employees?                                                                                                   |     |    |             |        |     |
| Do you have restrictions such as no smoking near company buildings, in company vehicles, or on company property?                                                |     |    |             |        |     |

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| Do you promote free community resources to offer employees support in quitting, such as 1-800-QUIT-NOW? |            |           |                    |               |            |
| Do employees have access to cessation aids or Nicotine Replacement Therapy (NRT)?                       |            |           |                    |               |            |
| Are supportive services available, such as peer support groups, coaching or mentoring?                  |            |           |                    |               |            |
| <b>Tobacco-free Environment Score (add number of items in each column)</b>                              |            |           |                    |               |            |
| <b>Wellness Environment</b>                                                                             | <b>Yes</b> | <b>No</b> | <b>Considering</b> | <b>Unsure</b> | <b>N/A</b> |
| Do you encourage employees to get their preventive screenings each year?                                |            |           |                    |               |            |
| Do you pay for onsite health screenings?                                                                |            |           |                    |               |            |
| Do you have a wellness team/committee?                                                                  |            |           |                    |               |            |
| Do you allow health promotion programs to be provided on company time?                                  |            |           |                    |               |            |
| Do you know how your wellness initiative will be measured for success?                                  |            |           |                    |               |            |
| Do you have a wellness strategy?                                                                        |            |           |                    |               |            |
| Do you have top leadership support?                                                                     |            |           |                    |               |            |
| Do supervisors and managers support workplace wellness?                                                 |            |           |                    |               |            |
| Do you monitor unscheduled absences?                                                                    |            |           |                    |               |            |
| Do you analyze health claims reports?                                                                   |            |           |                    |               |            |
| Do you analyze prescription claims?                                                                     |            |           |                    |               |            |
| <b>Wellness Environment Score (add number of items in each column)</b>                                  |            |           |                    |               |            |
| <b>Financial Guidance</b>                                                                               | <b>Yes</b> | <b>No</b> | <b>Considering</b> | <b>Unsure</b> | <b>N/A</b> |
| Do you offer resources (workshops, seminars, training) on retirement planning?                          |            |           |                    |               |            |
| Do you offer resources (workshops, seminars, training) on getting out of debt?                          |            |           |                    |               |            |

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| Do you offer resources (workshops, seminars, training) on buying a house, car or other big purchase items? |     |    |             |        |     |
| Do you offer resources (workshops, seminars, training) on estate planning?                                 |     |    |             |        |     |
| <b>Financial Guidance Score (add number of items in each column)</b>                                       |     |    |             |        |     |
| <b>Career Well-being</b>                                                                                   | Yes | No | Considering | Unsure | N/A |
| Do you offer tuition reimbursement?                                                                        |     |    |             |        |     |
| Are there opportunities for advancement at your workplace?                                                 |     |    |             |        |     |
| Do employees have opportunities for professional growth?                                                   |     |    |             |        |     |
| Are staff encouraged to set professional and personal goals?                                               |     |    |             |        |     |
| Are positive achievements celebrated in your workplace?                                                    |     |    |             |        |     |
| Do you offer recognitions, such as 'Employee of the Month', to celebrate success of staff members?         |     |    |             |        |     |
| Do you celebrate milestone markers of company anniversaries?                                               |     |    |             |        |     |
| Do you offer paid parental leave?                                                                          |     |    |             |        |     |
| Do you include off-site or remote workers in your wellness program?                                        |     |    |             |        |     |
| Is it possible for employees to work a flexible schedule if needed?                                        |     |    |             |        |     |
| <b>Career Well-being Score (add number of items in each column)</b>                                        |     |    |             |        |     |
| <b>Social Well-Being</b>                                                                                   | Yes | No | Considering | Unsure | N/A |
| Are staff social events organized and offered?                                                             |     |    |             |        |     |
| Do you promote all aspects of diversity to create a culture of social acceptance?                          |     |    |             |        |     |
| Does your workplace participate in environmentally-friendly practices, like recycling?                     |     |    |             |        |     |

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| Do you have a peer mentor program or social network that allows employees to ask questions and get help from other employees?                                      |     |    |             |        |     |
| Do you consider diversity and inclusion in your wellness program offerings (race, sex, age, ethnicity, sexual orientation, etc.)?                                  |     |    |             |        |     |
| Are employees allowed flex-time for family and/or social engagements during the workday?                                                                           |     |    |             |        |     |
| Are family members included in the wellness initiatives of your workplace?                                                                                         |     |    |             |        |     |
| <b>Social Well-being Score (add number of items in each column)</b>                                                                                                |     |    |             |        |     |
| <b>Emotional and Mental Well-being</b>                                                                                                                             | Yes | No | Considering | Unsure | N/A |
| Does your workplace offer an Employee Assistance Program (EAP)?                                                                                                    |     |    |             |        |     |
| Are opportunities available for employees to learn how to better manage stress?                                                                                    |     |    |             |        |     |
| Are employees able to utilize flexible time for wellness, personal or mental health days off work?                                                                 |     |    |             |        |     |
| Do you train managers/supervisors/leadership on the importance of an emotionally and mentally healthy workforce and how to achieve this?                           |     |    |             |        |     |
| Does your organization encourage regular breaks and opportunities to step away from desks?                                                                         |     |    |             |        |     |
| Do your employees understand how what mental well-being benefits (counseling, massages, alternative therapies, etc.) are covered and how to access them?           |     |    |             |        |     |
| Do you promote family-friendly policies and practices, such as complying with the federal lactation accommodation law or offering childcare options for employees? |     |    |             |        |     |
| Does your organization take proactive steps in combating the stigma of mental health?                                                                              |     |    |             |        |     |
| <b>Emotional and Mental Well-being Score (add number of items in each column)</b>                                                                                  |     |    |             |        |     |
| <b>Substance Misuse</b>                                                                                                                                            | Yes | No | Considering | Unsure | N/A |
| Does your organization currently drug test employees regularly?                                                                                                    |     |    |             |        |     |
| Do you have a process for applicants who test positive for substance misuse, but are otherwise qualified for a position?                                           |     |    |             |        |     |

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| Do you have policies allowing the use of Medication Assisted Treatment (MAT) by employees?                                                                                                                                                     |            |           |                    |               |            |
| Do you have a comprehensive drug-free workplace policy?                                                                                                                                                                                        |            |           |                    |               |            |
| Do you educate employees on safe prescription use?                                                                                                                                                                                             |            |           |                    |               |            |
| Does your employee medical insurance cover alternative pain treatments (i.e. massage, acupuncture, chiropractic)?                                                                                                                              |            |           |                    |               |            |
| Do you know where to refer an employee or their spouse who needs assistance for substance use disorder?                                                                                                                                        |            |           |                    |               |            |
| Are your supervisors trained on how to detect signs of substance misuse?                                                                                                                                                                       |            |           |                    |               |            |
| Do you have a second chance policy in the event of a failed drug test? ("Second chance" employee must be seen by a qualified drug/alcohol professional, satisfactorily cleared for duty, and pass another drug test before returning to duty). |            |           |                    |               |            |
| <b>Substance Misuse Score (add number of items in each column)</b>                                                                                                                                                                             |            |           |                    |               |            |
| <b>Community Well-Being</b>                                                                                                                                                                                                                    | <b>Yes</b> | <b>No</b> | <b>Considering</b> | <b>Unsure</b> | <b>N/A</b> |
| Are there opportunities for your workplace to get involved in community outreach or community service?                                                                                                                                         |            |           |                    |               |            |
| Does your organization participate in or host community events?                                                                                                                                                                                |            |           |                    |               |            |
| Does your organization offer employees paid time to volunteer in the community?                                                                                                                                                                |            |           |                    |               |            |
| Does your organization have a charitable partnership with community organization(s)?                                                                                                                                                           |            |           |                    |               |            |
| Does your organization have a Corporate Social Responsibility (CSR) campaign?                                                                                                                                                                  |            |           |                    |               |            |
| <b>Community Well-being Score (add number of items in each column)</b>                                                                                                                                                                         |            |           |                    |               |            |