

Workplace Health Program Development Checklist

1. Assessment

- ✓ A site visit or site review of the workplace has been conducted.
- ✓ An inventory of current health-related activities has been completed.
- ✓ Data on employee health has been collected.
- ✓ Data on health care and pharmaceutical claims has been collected.
- ✓ Review additional organizational data related to employee health.
- ✓ An integrated workplace health assessment report has been written.

3. Implementation

- Strategies and interventions are first pilot tested on a smaller scale.
- Strategies and interventions are put in place according to the workplace health improvement plan timelines and budget.
- ✓ Protocols from health-related programs are implemented as proposed (i.e., program fidelity).
- ✓ Feedback on the process steps taken are collected at regular intervals during program implementation.

2. Planning and Management

- ✓ Support from leadership including senior executives has been received.
- ✓ A workplace health committee or council has been formed.
- ✓ The necessary resources to conduct the workplace health program have been secured.
- A workplace health improvement plan has been written and includes:
 - ✓ A vision and mission statement
 - ✓ Measurable goals and objectives
 - ✓ Priority interventions with timelines and budget
 - ✓ Defined roles and responsibilities for stakeholders
 - ✓ An evaluation plan
 - ✓ A communication plan

4. Evaluation

- ✓ An evaluation plan based on the CDC framework has been developed.
- ✓ Stakeholders are engaged in the development and implementation of the evaluation plan.
- ✓ Credible evidence is identified and gathered to:
 - ✓ Determine baseline measures
 - ✓ Benchmark against national, state, or industry specific data
 - ✓ Determine process measures
 - ✓ Determine outcome measures
- ✓ Conclusions are justified and lessons learned are shared.



WORKPLACE

1 ASSESSMENT

INDIVIDUAL

(e.g. demographics, health risks, use of services)

ORGANIZATIONAL

(e.g. current practices, work environment, infrastructure)

COMMUNITY

(e.g. transportation, food and retail, parks and recreation)

EVALUATION

WORKER PRODUCTIVITY

(e.g. absenteeism, presenteeism)

HEALTHCARE COSTS

(e.g. quality of care, performance standards)

IMPROVED HEALTH OUTCOMES

(e.g. reduced disease and disability)

ORGANIZATIONAL CHANGE. "CULTURE OF HEALTH"

(e.g. morale, recruitment/retention, alignment of health and business objectives)



PLANNING & MANAGEMENT

LEADERSHIP SUPPORT

(e.g. role models and champions)

MANAGEMENT

(e.g. workplace health coordinator, committee)

WORKPLACE HEALTH IMPROVEMENT PLAN

(e.g. goals and strategies)

DEDICATED RESOURCES

(e.g. costs, partners/vendors, staffing)

COMMUNICATIONS

(e.g. marketing, messages, systems)

IMPLEMENTATION

PROGRAMS

(e.g. education and counseling)

POLICIES

(e.g. organizational rules)

BENEFITS

(e.g. insurance, incentives)

ENVIRONMENTAL SUPPORT

(e.g. access points, opportunities, physical/social)



CS264229-A



This publication was adapted from content from the Centers of Disease Control and Prevention and is supported by Grants NU58DP005487, B010T009105, and DP13-1305 from the Centers for Disease Control and Prevention through the Maryland Department of Health and Mental Hygiene's Center for Chronic Disease Prevention and Control. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention, the Department of Health and Human Services, or the Maryland Department of Health and Mental Hygiene