

**APPENDIX A**

**FIT NOLA BUSINESS ASSESSMENT<sup>41</sup>**

**Instructions:** Circle the number in the column that reflects your organization’s current status for each question. Include comments and further details, if necessary. At the bottom of each table, add each of the columns and write the sum in the TOTAL columns.

<b>CONTACT INFORMATION</b>	
What is the name of your organization?	
What is your name?	
What is your position within the organization?	
What is your telephone number?	
What is your email address?	
What is your business mailing address?	

<b>INFORMATION ON YOUR ORGANIZATION</b>	
How many employees work at your organization?	
What percentage of your employees are males?	
What percentage of your employees are females?	
What percentage of your employees are females between the ages of 15-44?	

<b>POLICIES</b>				
For this section, please note that a policy is defined as a written document that features an action or strategy that all employees are expected to follow. In this case, the policy aims to promote a healthier workplace.				
<b>Wellness Component</b>	<b>Yes</b>	<b>In Progress</b>	<b>No</b>	<b>Comments</b>
Our organization currently has a written policy that supports physical activity during the workday.	<b>3</b>	<b>1.5</b>	<b>0</b>	

Please insert a copy of your organization's physical activity policy below, if applicable.				
Our organization currently has a written policy that supports healthy foods and beverages during the workday, such as healthy vending, healthy meetings, or company sponsored event policies.	<b>1</b>	<b>.5</b>	<b>0</b>	
Please paste a copy of your organization's healthy foods and beverages policy below, if applicable.				
Our organization currently has a written policy that supports a tobacco-free campus.	<b>3</b>	<b>1.5</b>	<b>0</b>	
Please paste a copy of your organization's tobacco-free policy below, if applicable.				
Our organization has a written policy that supports breastfeeding during the workday.	<b>2</b>	<b>1</b>	<b>0</b>	
Please paste a copy of your organization's breastfeeding policy below, if applicable.				
Our organization provides new employees with an orientation packet that includes health policies and programs.	<b>2</b>	<b>1</b>	<b>0</b>	
<b>POLICY COLUMN TOTALS</b>				

<b>INFRASTRUCTURE</b>				
<b>Wellness Component</b>	<b>Yes</b>	<b>In Progress</b>	<b>No</b>	<b>Comments</b>
Our organization has a healthy workplace wellness and/or vision statement.	<b>1</b>	<b>.5</b>	<b>0</b>	

Please paste a copy of your organization's healthy workplace wellness and/or vision statement below, if applicable.				
Our organization currently has a part-time or full-time position dedicated to employee health.	2	1	0	
Our organization has a team devoted to workplace wellness.	2	1	0	
Our organization has a wellness committee/team that meets at least once a month.	2	1	0	
Our organization has an active workplace plan that addresses physical activity, nutrition lactation support and/or tobacco-free living.	2	1	0	
Please paste a copy of your organization's active workplace plan below, if applicable.				
Our organization currently conducts any of the following: employee interest survey, health risk appraisal, biometric screening, organizational culture assessment, other health assessment or survey not included here.	1	.5	0	
If applicable, how often does your organization conduct an employee interest survey, health risk appraisal, biometric screening, organizational culture assessment, other health assessment or survey ?				
<b>INFRASTRUCTURE COLUMN TOTALS</b>				

<b>PHYSICAL ACTIVITY</b>				
<b>Wellness Component</b>	<b>Yes</b>	<b>In Progress</b>	<b>No</b>	<b>Comments</b>
Our organization encourages physical activity breaks during meetings.	1	.5	0	
Our organization allows “walk and talk” meetings.	2	1	0	
Our organization supports flexible scheduling for employees who participate in physical activity (such as a longer break for walks or gym usage).	2	1	0	

Our organization has a dedicated fitness room or provides discounted or free workout facility memberships for employees interested in physical activity.	3	1.5	0	
Our organization provides physical activity classes during the workday or after hours.	3	1.5	0	
Please describe the frequency and duration of physical activity classes during the workday or after hours, if applicable.				
Our organization has established or promoted safe walking routes near the workplace.	3	1.5	0	
Our organization has established walking or bicycling groups for the workplace.	3	1.5	0	
Our organization has signage that promotes stairwell usage.	3	1.5	0	
Our organization provides bike racks for employees.	3	1.5	0	
Our organization gathers employees to participate in local or national events that promote physical activity.	2	1	0	
Please list the local or national events that promote physical activity that your employees have gathered to participate in, if applicable.				
<b>PHYSICAL ACTIVITY COLUMN TOTALS</b>				

<b>HEALTHY EATING</b>				
<b>Wellness Component</b>	<b>Yes</b>	<b>In Progress</b>	<b>No</b>	<b>Comments</b>
Our organization has healthy vending options.	1	.5	0	
Our organization has vending machines where at least 50% of the items offered are healthy items.	3	1.5	0	
Our organization has healthy guidelines for foods and beverages served at company sponsored meetings and events.	1	.5	0	

Please describe your organization's healthy guidelines for food and beverages served at company sponsored meetings or events, if applicable.				
Our organization has a break room for employees to store and prepare foods.	1	.5	0	
Our organization offers nutrition or cooking seminars, weight management seminars or wellness challenges.	2	1	0	
Please describe the frequency and duration of nutrition or cooking seminars, weight management seminars or wellness challenges offered by your organization, if applicable.				
Our organization promotes healthy eating through emails, posters, bulletin board, etc.	2	1	0	
Our organization uses symbols or signs to clearly label healthier food and/or beverage options.	3	1	0	
Our organization promotes drinking water by providing any of the following: a filtered drinking water system, a water cooler, water at meetings, refillable water bottles or water fountains.	2	1	0	
Our organization subsidizes or provides discounts for healthier options in vending machines, cafeterias, concession stands or other food sources.	3	1.5	0	
Our organization does not use unhealthy food as incentives.	2	1	0	
<b>HEALTHY EATING COLUMN TOTALS</b>				

<b>BREASTFEEDING</b>				
<b>Wellness Component</b>	<b>Yes</b>	<b>In Progress</b>	<b>No</b>	<b>Comments</b>
Our organization has a dedicated lactation room that is NOT a bathroom.	2	1	0	
Our organization allows breastfeeding mothers sufficient breaks to express milk.	2	1	0	

Please describe the amount of time your organization gives to mothers to express milk.				
Our organization has an accessible sink near the lactation room.	1	.5	0	
Our organization has a refrigerator that is used solely for the storage of breast milk.	1	.5	0	
Our organization informs all new employees of breastfeeding policies/programs.	1	.5	0	
Our organization provides electrical breast pumps or breast pumps kits to breastfeeding employees.	3	1.5	0	
Our organization informs female employees of local resources for lactation support (e.g., lactation consultants and/or support groups, breastfeeding coalitions).	2	1	0	
<b>BREASTFEEDING COLUMN TOTALS</b>				

<b>TOBACCO-FREE LIVING</b>				
<b>Wellness Component</b>	<b>Yes</b>	<b>In Progress</b>	<b>No</b>	<b>Comments</b>
Our organization's campus is 100% tobacco-free.	3	1.5	0	
Our organization has signage for non-smoking areas.	1	.5	0	
Our organization has a designated smoking area away from entrances, eating locations and central air vents <b>OR</b> our organization does not permit smoking anywhere on the campus.	2	1	0	
Our organization provides self-help materials for tobacco cessation.	2	1	0	
Our organization provides information on Louisiana Quit Line.	3	1.5	0	
Our organization provides information on cessation classes.	2	1	0	
Our organization provides tobacco cessation aids and medications, either directly or through insurance coverage or provides monetary incentives for quitting.	3	1.5	0	
Our organization allows flexible scheduling for those attending smoking	2	1	0	

cessation sessions.				
<b>TOBACCO-FREE COLUMN TOTALS</b>				

**Bonus**

**Does your business have any other policies or initiatives that contribute to health and wellness at work?** Please list up to 3 policies/initiatives. Be specific. You may earn 1 bonus point for each relevant policy/program.

1. \_\_\_\_\_ (1 points)

2. \_\_\_\_\_ (1 points)

3. \_\_\_\_\_ (1 points)

= \_\_\_\_\_  
**Total Points**

**SCORING**

For each section (policies, infrastructure, physical activity, healthy eating, tobacco), add the column totals for the YES and IN PROGRESS columns. Write the total next to the number of possible points below.

**Policies** = \_\_\_\_\_ (Yes) + \_\_\_\_\_ (In progress) = \_\_\_\_\_ / 11 possible points

**Infrastructure** = \_\_\_\_\_ (Yes) + \_\_\_\_\_ (In progress) = \_\_\_\_\_ / 10 possible points

**Physical Activity** = \_\_\_\_\_ (Yes) + \_\_\_\_\_ (In progress) = \_\_\_\_\_ / 25 possible points

**Healthy Eating** = \_\_\_\_\_ (Yes) + \_\_\_\_\_ (In progress) = \_\_\_\_\_ / 20 possible points

**Breastfeeding** = \_\_\_\_\_ (Yes) + \_\_\_\_\_ (In progress) = \_\_\_\_\_ / 12 possible points

**Tobacco-Free** = \_\_\_\_\_ (Yes) + \_\_\_\_\_ (In progress) = \_\_\_\_\_ / 18 possible points

+ \_\_\_\_\_

**Subtotal** = \_\_\_\_\_ / **96 possible points**

**Bonus** + \_\_\_\_\_ / 3 possible bonus points

**Grand Total** = \_\_\_\_\_

❖ **Platinum (89-99 points):** You have far exceeded the Fit NOLA standards for worksite wellness. Continue to keep up the great work and serve as a model for other businesses.

- ❖ **Gold (68-88 points):** You have successfully met the Fit NOLA standards for worksite wellness. We encourage you to explore the Fit NOLA Business Toolkit for additional wellness components that can contribute to your program.
- ❖ **Silver (47-67 points):** You are well on your way to meeting the Fit NOLA standards for worksite wellness. Please utilize the Fit NOLA Business Toolkit as you continue to integrate healthy lifestyles into your office environment.
- ❖ **Bronze (16-46 points):** You have the beginnings of a strong worksite wellness program. Continue to establish a culture of health by reviewing the Fit NOLA Business Toolkit and expanding your program to meet more Fit NOLA standards.