



SHIP Employer Wellness Assessment (SEWA)

The purpose of the SEWA is to assist you in learning about your organization's state of wellness. Learning where your organization is currently can help in planning for your wellness program. Once you have completed the SEWA, your LPH SHIP Coordinator will be in contact to review the results and discuss next steps.

The information provided will be accessed by your local public health (LPH) workplace wellness contact and the Minnesota Department of Health, Office of Statewide Health Improvement Initiatives (OSHII). LPH and OSHII will not share your organizational information with others. Your information may be used in aggregate to describe progress made in employer wellness. At no time, will contact names or organizational names will be shared. If you have any questions, please contact your LPH or health.workplace.wellness@state.mn.us.

Sections

Module	Required/Optional
A. Respondent Information	Required
B. Organizational Information	Required
C. Employee Characteristics	Required- Number of employees and average age. All other questions are optional
D. Leadership Support and Commitment	Required
E. Physical Activity	Required
F. Breastfeeding	Required
G. Healthy Eating	Required
H. Well-being	Required
I. Tobacco	Required
J. Chronic Conditions	Optional
K. Ergonomics	Optional

SHIP EMPLOYER WELLNESS ASSESSMENT

A. Respondent Information (Required)

1. Respondent Name
2. Job Title
3. Respondent Email

B. Organizational Information (Required)

4. Organization Name
5. Organization Address: Street Address, City, MN, Zip
6. Check the type of business that best describes your organization (select one):

- For-profit
- Government
- Nonprofit
- Other, specify:

7. Select the type of industry that best describes your organization (select one):

- Accommodation and food services
- Administrative and support and waste management and remediation services (e.g., office cleaning and maintenance businesses, temporary employment agencies, mold remediation businesses)
- Agriculture, forestry, fishing, and hunting
- Arts, entertainment, and recreation
- Construction
- Educational services
- Finance and insurance
- Health care and social assistance
- Information
- Management of companies and enterprises
- Manufacturing
- Mining, quarrying, oil/gas extraction
- Professional, scientific, and technical services
- Public administration
- Real estate rental and leasing
- Retail trade
- Transportation and warehousing

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- Utilities
- Wholesale trade
- Other services (except public administration), specify:

8. Does your organization offer group health insurance?

- Yes
- No

8a. If yes to 8.

Group health insurance is offered to (check all that apply):

- Full-time
- Part-time
- Temporary/seasonal

C. Employee Characteristics

If exact figures are not available, please provide your best estimates.

9. Number of employees in the location(s) for which you are completing this employer assessment (required)

10. Estimated average age of your workforce:

11. Age groups of employees, please enter the percentage distribution of your organization’s workforce by age group (required)

Age Group	Percent of total number of employees
Less than 18 years of age:	
18-34 years of age:	
35-44 years of age:	
45-64 years of age:	
65 years of age and older:	
Sum of Age Groups (should equal 100)	

12. Please enter the percent distribution of your organization’s workforce by race/ethnicity

Race/Ethnicity	Percent of total number of employees
White	
Black/African/African American	
Hispanic/Latinx	
Asian/Asian American	
American Indian/Alaska Native	
Native Hawaiian/Pacific Islander	

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Other	
Sum of Race/Ethnicity (should equal 100)	

13. Indicate the percent of employees that work full-time and the percent who work part-time

Work status	Percent of total number of employees
Full-time	
Part-time	
Total (should equal 100)	

14. Indicate the percent of employees who are permanent and the percent who are seasonal/temporary

Work status	Percent of total number of employees
Permanent	
Seasonal/temporary	
Total (should equal 100)	

15. Indicate the percent of employees who are salaried and the percent who are hourly

Work status	Percent of total number of employees
Salaried	
Hourly	
Total (should equal 100)	

16. Enter the percent distribution of your organization's workforce by educational level

Educational level	Percent of total number of employees
Less than high school diploma	
High school graduate/GED	
Some college/technical school	
College graduate	
Post-graduate/advanced degree	
Total (should equal 100)	

SHIP EMPLOYER WELLNESS ASSESSMENT

D. Leadership Commitment and Support (Required)

During the past 12 months, did your workplace:		Points	Yes/No
1	Demonstrate organizational commitment and support of workplace wellness program promotion at all levels of management? Answer “yes” if for example, all levels of management participate in activities, send communications to employees, or have performance objectives related to a healthy workforce.	3	
2	Include references to improving or maintaining employee health and safety in the business objectives, core values, or organizational mission statement?	1	
3	Have a strategic plan that includes goals and measurable organizational objectives for the workplace wellness program? Answer “yes” if for example, your organization identifies SMART (i.e., specific, measurable, achievable, realistic, time-bound) goals and objectives.	2	
4	Have an annual budget or receive dedicated funding for the workplace wellness program?	2	
5	Have an active and representative wellness committee? Answer “yes” if for example, your wellness committee is routinely engaged in planning and implementing programs, and includes workers from all levels of the organization, various departments, as well as representatives from special groups (e.g., remote workers, organized labor).	2	
6	Have a paid wellness coordinator whose job (either part-time or full-time) is to manage the workplace wellness program? Answer “yes” if the staff member has responsibility for workplace wellness as part of his or her job description or performance expectations.	2	
7	Conduct an employee needs and interest survey for planning workplace wellness activities? Answer “yes” if for example, your organization administers surveys or conducts focus groups to assess your employees’ readiness, motivation, or preferences for wellness programs.	2	
8	Conduct ongoing evaluations of workplace wellness programming to inform decision-making? Answer “yes” if for example, your organization routinely measures the quality and impact of wellness programs. This may be measured using data on employee health risks, medical claims, employee satisfaction, or organizational climate surveys.	2	
9	Promote wellness programs to employees? Answer “yes” if for example, your workplace wellness program has a brand name or logo or uses multiple channels of communication to inspire and connect employees to health resources. These may include sharing employees’ health-related “success stories.”	2	
Total Points		18	

SHIP EMPLOYER WELLNESS ASSESSMENT

E. Physical Activity (Required)

1. Does your workplace have a written policy that supports regular movement throughout the day? For example, your workplace flexible schedule allows employees to shift their work schedules, such as coming in earlier or later or taking a lunch break at alternate times to allow for movement throughout the day.

- Yes (3 points)
- No (0 points)

2. Does your workplace have a written policy that supports active transportation such as biking or walking to work or the use of public transportation? For example, your workplace encourages active transportation by providing bike racks, showers, or casual dress code.

- Yes (3 points)
- No (0 points)

During the past 12 months, did your workplace:	Points	Yes/No
3 Subsidize or discount the cost of off-site exercise facilities?	1	
4 Encourage active transportation to and from work? For example, your workplace subsidizes public transportation; subsidizes a bike share program; provides secure bicycle storage, lockers, and shower facilities for employees; allows for a flexible dress code; and/or organizes workplace challenges, employee recognition programs, or community events to increase active transportation.	2	
5 Provide or promote other environmental supports for recreation or physical activity? For example, your workplace provides an exercise room, trails or a track for walking/ jogging, maps of suitable walking routes, a sport court, treadmill workstations, sit-stand workstations, lockers, a shower, or changing facility.	2	
6 Provide and promote organized physical activity programs for employees (other than the use of an exercise facility)? For example, your workplace organizes walking groups, stretching programs, group exercise classes, recreational leagues, or buddy systems to create supportive social networks for physical activity.	2	
7 Provide educational materials that address physical activity?	1	
8 Provide and promote free or subsidized lifestyle coaching/counseling, self-management programs, lunch and learns, seminars, workshops or classes that equip employees with skills and motivation to set and meet their personal goals for physical activity?	2	
Total points including policy questions	16	

SHIP EMPLOYER WELLNESS ASSESSMENT

F. Breastfeeding (Required)

1. Does your workplace have a written policy on breastfeeding for employees?

- Yes (3 points)
- No (0 points)

During the past 12 months, did your workplace:		Points	Yes/No
2	Communicate the written policy on breastfeeding for employees? For example, this policy is communicated at the time of hiring and/or at the time of parental leave planning.	2	
3	Provide a private space (other than a restroom) that may be used by employees to express breast milk? For example, your workplace has a private space with an electrical outlet, comfortable chair, etc.	3	
4	Provide flexible break times to allow employees to express breast milk?	3	
5	Promote maternal health and breastfeeding support groups, educational classes, or consultations that are provided on-site, virtual, or in the community? For example, classes provided by local health system.	2	
6	Offer health insurance coverage with no or subsidized out-of-pocket costs for pre-and postnatal care?	3	
Total points including policy question		16	

SHIP EMPLOYER WELLNESS ASSESSMENT

G. Healthy Eating (Required)

1. Does your workplace provide places to purchase food and beverages?

- Yes (0 points)
- No (0 points)

2. Does your workplace have a written policy that makes healthier food and beverage choices available in cafeterias, snack stations, or vending? For example, your workplace has a policy or contract that makes vegetables, fruit, fish, whole grain items, nuts, and legumes available and limits sugary beverages, unhealthy fats, and highly-processed or high-sodium foods in cafeterias, vending machines, and snack stations.

- Yes (3 points)
- No (0 points)

3. Does your workplace have a written policy and promote making healthy food and beverage choices available during meetings, conferences, or company sponsored events when food is served? Answer “yes” if for example, the policy makes vegetables, fruits, unsweetened beverages, whole grain items, or trans fat-free/low-sodium snacks available during meetings. This policy can be promoted to employees regularly through emails, newsletters, or signage in public places.

- Yes (3 points)
- No (0 points)

During the past 12 months, did your workplace:		Points	Yes/No
4	Communicate the written policy that makes healthier food and beverage choices available? Communication of the policy to employees can be through emails, newsletters, or signage in public places.	2	
5	Make most (more than 50%) of the food and beverage choices available at the workplace (in vending machines, cafeterias, snack stations, or other purchase points) healthy food items? For example, the healthy foods and beverages are items such as vegetables, fruit, unsweetened beverages, or low-sodium snacks.	2	
6	Provide visible nutrition information (beyond standard food labels) on sodium, calories, trans fats, or saturated fats for the food and beverages available at the workplace, which may include signs or symbols (in vending machines, cafeterias, snack bars, snack stations, or other purchase points)? Answer “yes” if for example, your workplace puts a heart (♥) next to a healthy item or uses red-yellow-green color-coding to indicate the healthfulness of items in vending machines, cafeterias, snack bars, or other purchase points.	2	
7	Subsidize or provide discounts on healthy food and beverage choices available at the workplace (in vending machines, cafeterias, snack bars, snack stations, or other purchase points)?	3	
8	Offer or promote an onsite or nearby farmers markets or other arrangement where fresh fruits and vegetables are sold? This may include coordinating community-supported agriculture (CSA) or vendors/ venues that are or are not operated by farmers.	2	

SHIP EMPLOYER WELLNESS ASSESSMENT

During the past 12 months, did your workplace:		Points	Yes/No
9	Promote and provide access for increased water consumption? For example, your workplace uses promotional materials and provides easy access through water bottle filling stations, water fountains, break rooms, and/or vending machines	2	
10	Provide employees with food preparation/storage facilities and a place to eat? Answer "yes" if for example, your workplace provides a microwave oven, sink, refrigerator, and a place for employees to eat other than at their workstations.	2	
11	Promote leaving workstations to eat meals?	2	
12	Provide educational materials that address nutrition/healthy eating?	1	
13	Provide and promote free or subsidized lifestyle coaching/counseling, self-management programs, lunch and learns, seminars, workshops or classes that equip employees with skills and motivation to set and meet their personal goals for their personal nutrition goals?	2	
Total points including the policy questions		26	

SHIP EMPLOYER WELLNESS ASSESSMENT

H. Well-being (Required)

1. Does your workplace have a written policy that supports flexible work scheduling? Answer “yes” if for example, policies allow for flextime schedules, the option to work remotely, or allowing time during the day for employees to engage in health promotion activities.

- Yes (3 points)
- No (0 points)

2. Does your workplace have policies and practices that demonstrate respect for workers’ non-work time? Answer “yes” if for example, workers have any of the following: predictable schedules and can anticipate changes in workflow; workers have time for responsibilities, hobbies, and relaxation in their personal lives; workplaces have healthy norms established that respect non-work time boundaries; workers have accommodations for cultural/religious practices; policies and practices are in place that support parenting (e.g., breastfeeding, parental leave options for birth, miscarriage, adoption)

- Yes (3 points)
- No (0 points)

During the past 12 months, did your workplace:		Points	Yes/No
3	Promote and support employees creating deeper connections with communities? Answer “yes” if for example, your organization encourages participation in volunteer activities, and allows employees the flexibility to participate during typical work hours. This may include time organizing food drives or participating in corporate walks or community clean-up days.	1	
4	Facilitate connections to community resources that promote well-being? Answer “yes” if for example, your organization encourages participation in community-based activities and resources such as parks, farmers markets, local fitness events, and free health and dental screenings. This may include time organizing food drives or participating in corporate walks or community clean-up days.	2	
5	Leadership encourages employees to provide input, new ideas, or suggestions regarding work?	2	
6	Leadership promotes time and space to connect with each other? Answer “yes” if for example, your organization offers informal time at work or in meetings, team buildings, has ice breakers at meetings.	2	
7	Supervisors offer flexibility and autonomy? Answer “yes” if for example, your organization permits employees to handle their work time and workload.	2	
8	Organize social activities designed to improve and/or provide opportunities for interaction and social support? Answer “yes” if for example, your workplace sponsors or organizes team building events, picnics, parties, or employee sports teams.	2	
9	Support and promote collaboration and teamwork?	2	
10	Actively address the causes and concerns that lead to employee burnout? Answer “yes” if for example, your organization addresses workload, timelines, overtime, and/or work-life balance issues.	3	

SHIP EMPLOYER WELLNESS ASSESSMENT

During the past 12 months, did your workplace:		Points	Yes/No
11	Extend access to key components of the wellness program to all workers, including hard to reach workers (e.g., telecommuters, contract workers, night shift workers, part-time workers)? Answer “yes” if for example, your organization offers alternative options for participating in programs or services, such as 24-hour gym access or virtual access to lectures.	2	
12	Have informal or formal employee recognition practices that demonstrate the value of employees in all types of positions?	2	
13	Provide support for employees in identifying and achieving their career goals? Answer “yes” if for example, your workplace has pathways established to help workers advance within the organization; workers receive feedback that provides them with a clear sense of their strengths and areas of improvement.	2	
14	Offer all benefits-eligible employees paid time off for days or hours absent due to illness, vacation, or other personal reasons (including family illness or bereavement)? Answer “yes” if for example, paid time off, not including paid parental leave, is provided to all benefits-eligible employees.	3	
15	Offer paid parental leave, separate from any accrued sick leave, annual leave, or vacation time?	3	
16	Provide and promote health insurance that includes access to mental health-related resources?	3	
17	Provide an employee assistance program (EAP)? Answer “yes” if for example, employees have access to an EAP that offers services that address financial health, depression, stress management, grief counseling, substance use, and other mental and emotional health issues.	2	
18	Train managers to assist employees who are struggling with mental health or personal issues? Answer “yes” if for example, your organization provides training for managers such as Mental Health First Aid or EAP coaching on how to support employees.	2	
Total including the policy questions		41	

SHIP EMPLOYER WELLNESS ASSESSMENT

I. Tobacco (Required)

1. Does your workplace have and promote a written policy banning all commercial tobacco use at your workplace, including use of cigarettes, chewing tobacco and vaping, and is communicated to employees regularly through emails, newsletters, or signage in public places?

- Yes (3 points)
- No (0 points)

During the past 12 months, did your workplace:		Points	Yes/No
2	Provide educational materials that address commercial tobacco cessation? Answer “yes” if for example, your workplace offers brochures, videos, posters, web-based programs, or newsletters on commercial tobacco cessation, including referral to 1-800-QUIT-NOW or smokefree.gov, either as a single health topic or along with other health topics.	1	
3	Provide and promote interactive educational programming on commercial tobacco cessation? Answer “yes” if for example, your workplace offers “lunch and learns,” seminars, workshops, or classes on tobacco cessation. These programs may be provided in group or individual settings; in-person or virtually (online, telephonically, mobile app); on or off site; through vendors, on-site staff, health insurance plans/programs, community groups, or other practitioners.	2	
4	Provide and promote free or subsidized lifestyle coaching/counseling or self-management programs that equip employees with skills and motivation to quit using commercial tobacco? Answer “yes” if these programs are provided in group or individual settings; in person or virtually through vendors, on-site staff, health insurance plans/programs, community groups, or other practitioners. This may include referral to 1-800-QUIT-NOW or smokefree.gov.	3	
5	Provide health insurance coverage with free or subsidized out-of-pocket costs for FDA approved prescription or over the counter tobacco cessation products? Answer “yes” if for example, your organization provides coverage for inhalers, nasal sprays, bupropion (e.g., Zyban) or varenicline (e.g., Chantix) or over the counter replacement gums, patches or lozenges.	3	
Total points including policy question		12	

SHIP EMPLOYER WELLNESS ASSESSMENT

J. Chronic Conditions (Optional)

a. Education Materials

During the past 12 months, did your workplace provide educational materials that address these following conditions or health topics?	Points	Yes/No
1 Skin, breast, cervical, or colorectal cancer?	1	
2 High cholesterol?	1	
3 High blood pressure?	1	

b. Coaching and Counseling

During the past 12 months, did your workplace provide and promote free or subsidized lifestyle coaching/counseling, self-management programs, lunch and learns, seminars, workshops or classes that equip employees with skills and motivation to set and meet their personal goals for the management of the following conditions or health topics?	Points	Yes/No
4 High cholesterol?	2	
5 High blood pressure?	2	

c. Screening

During the past 12 months, did your workplace provide free or subsidized screening followed by directed feedback and clinical referral when appropriate for:	Points	Yes/No
6 Blood pressure?	3	
7 Cholesterol?	3	
8 Glucose levels for diabetes screening?	3	

SHIP EMPLOYER WELLNESS ASSESSMENT

During the past 12 months, did your workplace:	Points	Yes/No
9 Make blood pressure monitoring devices available with instructions for employees to conduct their own self-assessments?	3	

d. Hand Hygiene

10. During the past 12 months, did your workplace promote good hand hygiene in the workplace? Answer "yes" if for example, your workplace provides soap, water, hand sanitizer, and educational materials in strategic workplace locations such as bathrooms, breakrooms, doors, elevators, or other strategic workplace locations.

- Yes (1 point)
- No (0 points)

e. Insurance Coverage

During the past 12 months, did your workplace provide health insurance coverage with free or subsidized out-of-pocket costs for:	Points	Yes/No
11 Blood pressure control medications?	3	
12 Cholesterol or lipid control medications?	3	
13 Diabetes care-related medications and materials for management and monitoring?	3	
During the past 12 months, did your workplace provide health insurance coverage for free or subsidized:	Points	Yes/No
14 Respiratory vaccinations such as influenza (flu), pneumonia, and/or COVID vaccinations?	3	
15 Respiratory vaccinations such as Influenza, pneumonia, and/or COVID vaccinations at your workplace? Answer "yes" if this is offered to employees on-site, through a temporary vaccine clinic run by an outside organization, internal occupational health staff, or other arrangement.	3	
16 Cancer screenings on-site? Answer "yes" if for example, your workplace offered cancer screenings (e.g., stool test kits, mobile mammography vans, or skin cancer screenings) as part of a health campaign or as part of routine care at an on-site clinic.	2	

SHIP EMPLOYER WELLNESS ASSESSMENT

Chronic Conditions Total Points*

Chronic Disease Topics	Possible Points	Points Received*
a. Education	3	
b. Coaching	4	
c. Screening	12	
d. Hygiene	1	
e. Insurance Coverage	17	
Total Points for Chronic Conditions	37	

**Point totals and points received will be automatically generated in the assessment. This table does not need to be completed.*

SHIP EMPLOYER WELLNESS ASSESSMENT

K. Ergonomics (Optional)

1. Does your workplace have and promote a written policy that requires regular evaluation of the design of workspaces and job requirements? Answer “yes” if for example, the policy includes assessments of workstations, workloads, or repetitive tasks for in-office and remote/hybrid workers (if applicable). This may be promoted to employees regularly through emails, newsletters, or signage in public places.

- Yes (3 points)
- No (0 points)

During the past 12 months, did your workplace:		Points	Yes/No
2	Conduct ergonomic assessments of workplace design and equipment when problems are identified, or anticipated, to reduce the risk of musculoskeletal disorders? Answer “yes” if for example, the policy includes assessments of workstations, equipment, tools, manually-handled loads, or repetitive tasks conducted either on a schedule or when requested on an as-needed basis tasks for in-office and remote/hybrid workers (if applicable).	2	
3	Make organizational changes to job design, when appropriate, to reduce the risk of musculoskeletal disorders? Answer “yes” if for example, your workplace has adjusted work routines and workloads, implemented job rotation, or automated previously manual tasks that pose increased risk for in-office and remote/hybrid workers (if applicable).	2	
4	Provide and promote educational materials and/or interactive educational programming on musculoskeletal issues? Answer “yes” if for example, your workplace offers in-person and/or virtual trainings and/or printed materials that teach strategies that minimize the incidence of musculoskeletal issues.	1	
5	Provide and promote training for managers that improves their ability to recognize potential risks for musculoskeletal issues and refer employees to company/community resources?	1	
6	Provide and promote health insurance that includes appropriate access to therapies and treatment for musculoskeletal issues?	2	
Total points include the policy question		11	

SHIP EMPLOYER WELLNESS ASSESSMENT

L. Point Summary*

Module	Possible Points	Points Received*	Percent of Module Total*
D. Leadership Commitment and Support	18		
E. Physical Activity	16		
F. Breastfeeding	16		
G. Healthy Eating	26		
H. Well-being	41		
I. Tobacco	12		
J. Chronic Conditions (optional)	37		
K. Ergonomics (optional)	11		
Total Points Required Modules (D-I)	129		
Total Points All Modules (D-K)	177		

**Point totals, points received, and percent of module total will be automatically generated in the assessment. This table does not need to be completed.*

Minnesota Department of Health
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