

High Blood Pressure



During the past 12 months, did your worksite:	Yes	No	Score
1. Provide free or subsidized blood pressure screening (beyond self-report) followed by directed feedback and clinical referral when appropriate?	<input type="checkbox"/> (3 pts.)	<input type="checkbox"/> (0 pts.)	_____
2. Provide educational materials on preventing and controlling high blood pressure? <i>Answer "yes" if, for example, your worksite offers brochures, videos, posters, or newsletters that address high blood pressure/pre-hypertension, either as a single health topic or along with other health topics.</i>	<input type="checkbox"/> (1 pt.)	<input type="checkbox"/> (0 pts.)	_____
3. Provide and promote <u>interactive educational programming</u> on preventing and controlling high blood pressure? <i>Answer "yes" if, for example, your worksite offers "lunch and learns," seminars, workshops, or classes that address high blood pressure/pre-hypertension. 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.</i>	<input type="checkbox"/> (3 pts.)	<input type="checkbox"/> (0 pts.)	_____
4. Provide and promote free or subsidized <u>lifestyle coaching/counseling or self-management programs</u> that equip employees with skills and motivation to set and meet their personal blood pressure management goals? <i>Answer "yes" if these programs are 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.</i>	<input type="checkbox"/> (3 pts.)	<input type="checkbox"/> (0 pts.)	_____
5. Make blood pressure monitoring devices available with instructions for employees to conduct their own self assessments?	<input type="checkbox"/> (3 pts.)	<input type="checkbox"/> (0 pts.)	_____
6. Provide health insurance coverage with free or subsidized out-of-pocket costs for blood pressure control medications?	<input type="checkbox"/> (3 pts.)	<input type="checkbox"/> (0 pts.)	_____
Your Worksite's High Blood Pressure Score			_____
Maximum High Blood Pressure Score			16