

2011 Employer Health and Wellness Survey

Instruction Screen: (for the paper-based version, the following 4 paragraphs will appear in the cover letter)

The RAND Corporation, a not-for-profit policy research institute, is conducting this survey to collect information about the health and wellness program(s) offered to employees, spouses, or dependents located in the U.S. The survey is sponsored by the U.S. Department of Labor and Department of Health and Human Services, and has been approved by the Office of Management and Budget, Washington, DC 20503. (OMB No. #####-#####: approval expires on ###/###/2011)

The information gathered from this survey will be used to support a final report to the U.S. Congress on the effectiveness and impact of wellness programs, as specified in Section 1201 of the 2010 Patient Protection and Affordable Care Act. The report will inform Congress on health and wellness programs currently available among employers, and thus inform policies to improve the health and productivity of the U.S. workforce. Your participation is extremely important to ensure the completeness and accuracy of the survey.

Your information is confidential by law (P.L. 107-347, Title V and 44 U.S.C. § 3501 note). Your name and your company/organization's name will not be identified in any publications, including the final report to Congress. The information reported may be seen only by persons certified to uphold the confidentiality of this information and used only for statistical purposes. The law also prohibits the sharing of your data with other agencies, exempts the information you provide from requests made under the Freedom of Information Act, and ensures that your responses are immune from legal process.

If you have questions about this survey, please do not hesitate to contact Christopher Schnyer, Study Coordinator, at (617) 338-2059, extension 4229, or by email at cschnyer@rand.org.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990- . The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer.

Screen 2:

Are you knowledgeable about health and wellness programs provided to your employees, such as health risk assessment, lifestyle management, clinical screenings, and disease management, if offered?

(Check one.)

Yes

No → **If “No”,** please forward the survey link to the individual in your organization who is familiar with the health benefits, especially about the programs listed above (if offered). Please also fill in his/her contact information below so that we may contact them directly. Thank you very much!

Name: _____ Title: _____

Address: _____

Email: _____ Phone: _____

Screen 3:

Instructions:

- 1. Please only include information on your employees and dependents, who are based and eligible for benefits in the United States, in this survey.**
- 2. If your employer is a subsidiary/branch of another organization, please report the data about your subsidiary/branch only and not for the parent organization.**
- 3. If your employer has subsidiaries/branches in US, please report the data only for those employees and dependents for whom your employer makes decisions regarding benefits and wellness programs.**
- 4. If the benefits and wellness programs for your employees vary by location, please report on the most typical offerings, for example those at your largest site or the most common offerings.**

Section A. Wellness Program

For all questions in this section, please include ALL wellness programs offered to your employees by either your company/organization directly, by your health plan(s), or by a third party (e.g., union). These programs may be administered by a third party administrator or a program vendor.

A1. Does your company/organization offer health insurance benefits to any of your active employees?

(Check one.)

- Yes
 No

A2. Are any of your active employees currently offered any of the following health and wellness programs, including those offered by your company/organization directly, by your health plan(s), or by a third party (e.g., union)? These programs may be administered by a third party administrator or a program vendor.

- **Health risk assessment/appraisal** (a questionnaire on medical history, health status, and lifestyle; it is designed to identify the health risks of the person being assessed)
- **Lifestyle or risk factor management** (e.g., health education classes/workshops, fitness program, weight management program, healthy eating program, stress management program, cholesterol management, or smoking cessation program)
- **Clinical screening** (e.g., clinical screenings for high blood pressure, high cholesterol, cancer, and general physical examination)
- **Disease management** (management of chronic conditions such as diabetes, asthma, chronic obstructive pulmonary disease)

(Check one.)

- Yes
 No → **GO TO QUESTION: I1, PAGE #** (for the paper-based version)

A3. When did your company/organization start offering its wellness program(s including those offered by your company/organization directly, by your health plan(s), or by a third party (e.g., union)? If different programs started at different times, please fill in the start year for the first program offered.

(Write in the year.)

Year Started

A4. Which of the following individuals are eligible for at least one of the wellness programs offered to your employees?

(Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Full-time employees | <input type="checkbox"/> Dependents of eligible employees (other than a spouse or domestic partner) |
| <input type="checkbox"/> Part-time employees | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> Retirees | |
| <input type="checkbox"/> Spouses of eligible employees | |
| <input type="checkbox"/> Domestic partners of eligible employees | |

A5. Which of the following are used to encourage participation in at least one of the wellness programs offered to your employees? Please note that incentives may include bonuses or penalties.

(Check all that apply.)

- Electronic or print materials (e.g., poster, newsletters, email, web resources)
- Health fairs
- New staff orientation
- Personal outreach (e.g., in-person outreach, phone calls)
- Non-monetary incentives (e.g., recognition, awards)
- Monetary incentives (e.g., premium reduction, gym membership discount)
- Wellness program use as performance target for managers
- Other 1, please specify: _____
- Other 2, please specify: _____
- None of the above

A6. Considering all the wellness programs offered to your employees, what proportion of eligible employees participated in at least one of the wellness programs in the last 12 months? If no data is available for the last 12 months, please use data for the previous fiscal year. Estimates are acceptable.

$$\text{Participation rate (\%)} = \frac{\text{Number of Program Participants}}{\text{Number of Eligible Employees}} \times 100$$

(Write in the participation rate.)

Overall participation rate: %

A7. Which of the following monetary incentives are offered to your employees to encourage participation in at least one of the wellness programs? Please note that incentives may include bonuses or penalties.

(Check all that apply.)

- Merchandise or gift cards
- Discounted gym or health club membership
- Cash payment or bonus
- Lower employee contribution to health plan premium
- Higher employee contribution to health plan premium if no participation
- Lower cost sharing requirements for services covered by health plan
- Higher cost sharing requirements for services covered by health plan if no participation
- Lower Health Reimbursement Accounts (HRA) or Health Savings Accounts (HSA) contribution if no participation
- Higher HRA or HSA contribution
- Other, specify: _____
- None of the above → **GO TO QUESTION: A9, PAGE #** (for the paper-based version)

A8. Considering all the wellness programs offered to your employees, what is the typical (i.e., the average payout) and maximum possible amount of incentives and/or penalties that eligible employees will receive or pay, per full-time employee per year? Please use cash equivalent value; convert non-cash incentives (e.g., gym membership) into cash value if needed. Estimates are acceptable.

Typical amount of **incentive** per full-time employee per year..... \$, .00

Typical possible amount of **penalty** per full-time employee per year.....\$, .00

Maximum amount of **incentive** per full-time employee per year.....\$, .00

Maximum possible amount of **penalty** per full-time employee per year.....\$, .00

A9. Which of the following strategies are being considered by at least one of the wellness programs offered to your employees in the next two years?

(Check all that apply.)

- Start offering monetary incentives for program participation
- Increase monetary incentives for program participation
- Start offering monetary incentives for program completion
- Increase monetary incentives for program completion
- Start offering monetary incentives for achieving changes in health results (e.g., weight loss or smoking cessation)
- Increase monetary incentives for achieving changes in health results (e.g., weight loss or smoking cessation)
- Other, specify: _____
- None of the above

Section B. Health Risk Assessment/Appraisal

For all questions in this section, please include health risk assessments/appraisals offered to your employees by either your company/organization directly, by your health plan(s), or by a third party (e.g., union). These programs may be administered by a third party administrator or a program vendor.

B1. Are any of your active employees currently offered health risk assessment(s)/appraisal(s)? A health risk assessment or appraisal is a questionnaire on medical history, health status, and lifestyle; it is designed to identify the health risks of the person being assessed.

(Check one.)

- Yes
 No → **GO TO QUESTION: C1, PAGE #** (for the paper-based version)

B2. What proportion of eligible employees participated in at least one health risk assessment/appraisal in the last 12 months? If no data are available for the last 12 months, please use data for the previous fiscal year.

$$\text{Participation rate (\%)} = \frac{\text{Number of Program Participants}}{\text{Number of Eligible Employees}} \times 100$$

(Write in the participation rate.)

Health risk assessment/appraisal participation rate: %

B3. Are monetary incentives used to encourage employee participation in health risk assessment(s)/appraisal(s)? Please note that incentives may include bonuses or penalties. For the incentives or penalties associated with achieving certain **health outcomes that are reported in health risk assessment(s)/appraisal(s), relevant questions will be asked in other sections in this survey.**

(Check one.)

- Yes, participation incentives are offered by one or more health plans
 Yes, participation incentives are offered by your company/organization only
 Yes, participation incentives are offered by both health plan(s) and your company/organization
 Yes, but unsure which entity offers participation incentives
 No → **GO TO QUESTION: C1, PAGE #** (for the paper-based version)

B4. What is the typical amount (i.e., the average payout) of the incentive or penalty that eligible employees will receive or pay per full-time eligible employee per year, based on their participation in health risk assessment(s)/appraisal(s)? Please use cash equivalent value; convert non-cash incentives into cash value. Estimates are acceptable.

Typical amount of **incentive** for **health risk assessment/appraisal** per full-time employee per year:

\$, .00

Typical amount of **penalty** for **health risk assessment/appraisal** per full-time employee per year:

\$, .00

Section C. Lifestyle or Risk Factor Management

For all questions in this section, please include ALL lifestyle or risk factor management programs offered to your employees by either your company/organization directly, by your health plan(s), or by a third party (e.g., union). These programs may be administered by a third party administrator or a program vendor.

C1. Are any of your active employees currently offered the option to participate in lifestyle or risk factor management programs, such as health education classes/workshops, fitness program, weight management program, healthy eating program, stress management program, cholesterol management program, or smoking cessation program?

(Check one.)

- Yes
- No → **GO TO QUESTION: D1, PAGE #** (for the paper-based version)

C2. Which of the following lifestyle or risk factor management programs are offered to your employees?

Note the difference between weight/obesity management and fitness program; the former focuses on weight loss and is available to overweight/obese individuals; while the later is for all types of employees to improve physical fitness.

(Check all that apply.)

- Alcohol and/or drug abuse counseling
- Smoking cessation program
- Blood sugar management
- Stress management program
- Cholesterol/lipid management
- Weight/obesity management
- Fitness program
- Other 1, please specify: _____
- Healthy eating program
- Other 2, please specify: _____
- Health education classes

C3. What proportion of eligible employees participated in the following lifestyle or risk factor management programs in the last 12 months?

$$\text{Participation rate (\%)} = \frac{\text{Number of Program Participants}}{\text{Number of Eligible Employees}} \times 100$$

Eligible employees are defined as those who qualify for program participation. For example, only current smokers can participate in a smoking cessation program.

(Fill in the numbers below.)

Life Style or Risk Factor Management	<u>Participation Rate</u>	<u>Not Offered</u>
Fitness program.....	.%	<input type="checkbox"/>
Smoking cessation program.....	.%	<input type="checkbox"/>
Weight/obesity management.....	.%	<input type="checkbox"/>

C4. Are monetary incentives used in any lifestyle or risk factor management programs, including incentives for program participation or completion? Please note that incentives may include bonuses or penalties. For the incentives or penalties associated with achieving certain health outcomes that are reported in health risk assessment(s)/appraisal(s), relevant questions will be asked in other sections in this survey.

(Check one.)

- Yes, participation/completion incentives are offered by one or more health plans
- Yes, participation/completion incentives are offered by your company/organization only
- Yes, participation/completion incentives are offered by both health plan(s) and your company/organization
- Yes, but unsure which entity offers participation/completion incentives
- No → **GO TO QUESTION: D1, PAGE #** (for the paper-based version)

C5. Which lifestyle or risk factor management programs use monetary incentives for participation or completion?

(Check all that apply.)

- Alcohol and/or drug abuse counseling
- Cholesterol/lipid management
- Fitness program
- Healthy eating program
- Health education classes
- Smoking cessation program
- Stress management program
- Weight/obesity management
- Other 1, please specify: _____
- Other 2, please specify: _____

C6. What is the typical (i.e., the average payout) and maximum possible amount of incentive and/or penalty that eligible employees will receive or pay per full-time eligible employee per year, based on their participation in or completion of a lifestyle or risk factor management program (regardless of whether a specific health standard was met)? Please use cash equivalent value; convert non-cash incentives (e.g., gym membership) into cash value when needed. Estimates are acceptable.

(Write in the amount for program participation or completion)	Incentive			Penalty		
	Typical	Maximum possible	Not Offered	Typical	Maximum possible	Not Offered
Smoking cessation program	\$	\$	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>
Weight/obesity management	\$	\$	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>
Fitness program	\$	\$	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>
Lifestyle or risk factor management* (excluding the program listed above)	\$	\$	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>

* Including alcohol and/or drug abuse counseling, health education classes/workshops, healthy eating program, stress management program, cholesterol/lipid management.

Section D. Incentives for Health Results

For all questions in this section, please include ALL wellness programs offered to your employees by either your company/organization directly or by a third party (e.g., union) that offer incentives. These programs may be administered by a third party administrator or a program vendor.

D1. Are any of the monetary incentives associated with achieving specific health standards, such as meeting a weight loss target or stopping nicotine use?

(Check all that apply)

- Yes, the incentive is provided for achieving a specific health standard on a Health Risk Assessment/Appraisal
- Yes, the incentive is provided for achieving a specific health standard as part of a lifestyle or risk factor management program
- Yes, the incentive is provided through a means *other* than a Health Risk Assessment/Appraisal or lifestyle or risk factor management program
- No → **GO TO QUESTION: F1, PAGE #** (for the paper-based version)

D2. What is the typical (i.e., the average payout) and maximum possible amount of incentive and/or penalty that eligible employees will receive or pay per full-time eligible employee per year, based on achieving specific health standards such as meeting a weight loss target? Please use cash equivalent value; convert non-cash incentives into cash value when needed. Estimates are acceptable.

<i>(Write in the amount for <u>meeting health standards</u>)</i>	Incentive			Penalty		
	Typical	Maximum possible	Not Offered	Typical	Maximum possible	Not Offered
Smoking cessation	\$	\$	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>
Weight/obesity management	\$	\$	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>
Fitness program	\$	\$	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>
Lifestyle or risk factor management* (excluding the program listed above)	\$	\$	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>

* Including alcohol and/or drug abuse counseling, health education classes/workshops, healthy eating program, stress management program, cholesterol/lipid management.

D3. Are monetary incentives associated with achieving specific health standards offered by any of your health plans (including self-insured plans)?

(Check one.)

- Yes
- No → **GO TO QUESTION: F1, PAGE #** (for the paper-based version)

Section E. Incentives for health results offered through a health plan

In this section, please provide information only for the health plans (including fully-insured and self-insured plans) that offer incentives for achieving health standards (e.g., weight loss or smoking cessation). If you have more than one plan that offers such incentives, please select the one with the largest enrollment among your active employees. We define this plan as MOST ENROLLED HEALTH PLAN thereafter.

E1. Under your MOST ENROLLED HEALTH PLAN, for which of the following specific health standards can employees receive monetary incentives?

(Check all that apply.)

- Fitness program – exercise targets
- Smoking cessation
- Weight/obesity management – weight loss

Other 1, please specify:

Other 2, please specify:

E2. Under your MOST ENROLLED HEALTH PLAN, if an individual is not able to satisfy a health standard (e.g., obtaining a certain cholesterol level) due to a medical condition, how does the insurer or plan provide an alternative standard that the individual may meet so that s/he can qualify for the incentives?

(Check all that apply.)

- Health plan allows a waiver of the health standard *with* a statement from a physician.
- Health plan allows a waiver of the health standard *without* requiring a statement from a physician
- Health plan allows the individual to meet a different standard (such as an individually tailored, improved cholesterol level that a physician determines is appropriate).
- None of the above
- Unsure

E3. How does the insurer or plan of your MOST ENROLLED HEALTH PLAN disclose to plan members that alternative standards exist when an individual is not able to satisfy a health standard (e.g., obtaining a certain cholesterol level) due to a medical condition?

(Check all that apply.)

- This disclosure is contained in the summary plan document (SPD)
- This disclosure is contained in a special mailing that goes out to all participants
- This disclosure is posted on the plan website
- Other, please specify: _____
- None of the above
- Unsure

E4. Under your MOST ENROLLED HEALTH PLAN, what is the maximum annual incentive or penalty linked to specific health results that an eligible employee will receive or pay? Please use cash equivalent value and report the estimated annual amount per eligible individual per year.

Maximum annual **incentive** linked to specific health results per employee: \$, .00

Maximum annual **penalty** linked to specific health results per employee: \$, .00

E5. For your MOST ENROLLED HEALTH PLAN, what is the average monthly premium for employee-only health plan coverage, including both your company/organization's and employee's contributions? What is your company/organization's share of the total premium?

(Write numbers in box.)

	Average total premium per employee per month	Company/organization's share of total monthly premium
Employee-only coverage.....	\$.....,.....:00.....	%

Section F. Clinical Screening

For all questions in this section, please include ALL clinical screening programs offered to your employees by either your company/organization directly, by your health plan(s), or by a third party (e.g., union). These programs may be administered by a third party administrator or a program vendor.

Please include only information on screenings offered at the workplace, not those accessible through your employees' physicians.

F1. Are any of your active employees currently offered clinical screening(s) at the workplace? For example, these may include screening for high blood pressure, high cholesterol, cancer, and general physical examinations.

(Check one.)

- Yes
 No → **GO TO QUESTION: G1, PAGE #** (for the paper-based version)

F2. Which of the following clinical screening(s) are offered to your employees at the workplace?

(Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Blood Glucose
<input type="checkbox"/> Blood Pressure
<input type="checkbox"/> Body Weight/Body Mass Index (BMI)
<input type="checkbox"/> Body Fat Percentage
<input type="checkbox"/> Bone Density
<input type="checkbox"/> Cancer Screening
<input type="checkbox"/> Cholesterol/Lipids | <input type="checkbox"/> General Physical Exam
<input type="checkbox"/> Psychological Stress
<input type="checkbox"/> Tobacco Use
<input type="checkbox"/> Vision
<input type="checkbox"/> Hearing
<input type="checkbox"/> Other, please specify: _____ |
|--|---|

F3. What proportion of eligible employees participated in at least one clinical screening offered at the workplace in the last 12 months? If no data are available for the last 12 months, please use data for the previous fiscal year.

$$\text{Participation rate (\%)} = \frac{\text{Number of Program Participants}}{\text{Number of Eligible Employees}} \times 100$$

(Write in the participation rate.)

Clinical screening participation rate: %

F4. Are monetary incentives used to encourage employee participation in any of the clinical screenings offered at the workplace? For the incentives or penalties associated with achieving certain **health outcomes** that are determined in clinical screenings, relevant questions are asked in other sections in this survey.

(Check one.)

- Yes, participation incentives are offered by one or more health plans
 Yes, participation incentives are offered by your company/organization only
 Yes, participation incentives are offered by both health plan(s) and your company/organization
 Yes, but unsure which entity offers participation/completion incentives
 No → **GO TO QUESTION: F1, PAGE #** (for the paper-based version)

F5. What is the typical amount (i.e., the average payout) of incentive and/or penalty that eligible employees will receive or pay per full-time eligible employee per year, based on participation in clinical screenings? *Please use cash equivalent value; convert non-cash incentives into cash value. Estimates are acceptable.*

Typical amount of **incentive** for **clinical screening** per full-time employee per year: \$, .00

Typical amount of **penalty** for **clinical screening** per full-time employee per year: \$, .00

Section G. Disease Management

For all questions in this section, please include ALL disease management programs offered to your employees by either your company/organization directly, by your health plan(s), or by a third party (e.g., union). These programs may be administered by a third party administrator or a program vendor.

G1. Are any of your active employees currently offered disease management programs? These include programs that manage chronic conditions such as diabetes, asthma, chronic obstructive pulmonary disease. (Check one.)

- Yes
 No → **GO TO QUESTION: H1, PAGE #** (for the paper-based version)

G2. Which of the following conditions are included in the disease management programs offered to your employees?

(Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Asthma
<input type="checkbox"/> Cancer
<input type="checkbox"/> COPD/Emphysema
<input type="checkbox"/> Coronary Artery Disease
<input type="checkbox"/> Depression
<input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Failure
<input type="checkbox"/> Low Back Pain
<input type="checkbox"/> Program Not Disease-specific
<input type="checkbox"/> Other, please specify: _____ |
|---|--|

G3. What proportion of eligible employees participated in at least one disease management program in the last 12 months? *If no data is available for the last 12 months, please use data for the previous fiscal year.*

$$\text{Participation rate (\%)} = \frac{\text{Number of Program Participants}}{\text{Number of Eligible Employees}} \times 100$$

(Write in the participation rate.)

Disease Management Program participation rate: %

G4. Are monetary incentives used to encourage participation in any of the disease management programs offered to your employees?

(Check one.)

- Yes, participation incentives are offered by one or more health plans
 Yes, participation incentives are offered by your company/organization only
 Yes, participation incentives are offered by both health plan(s) and your company/organization
 Yes, but unsure which entity offers participation/completion incentives
 No → **GO TO QUESTION: G1, PAGE #** (for the paper-based version)

G5. What is the typical (i.e., the average payout) and maximum possible amount of incentive that eligible employees can receive per full-time eligible employee per year, based on participation in disease management programs? *Please use cash equivalent value; convert non-cash incentives into cash value. Estimates are acceptable.*

Typical amount of **incentive** for disease management: \$, .00

Typical amount of **penalty** for disease management: \$, .00

Section H. Program Evaluation and Costs

H1. Does your company/organization, or your health plans, or a third party routinely evaluate your wellness program effectiveness?

(Check one.)

- Yes
 No

H2. How much does your company/organization invest internally in the wellness program every year?

Note: These include the salaries of program staff, equipment and facility costs, costs of employee time, overhead administrative costs, and other materials and supplies. Estimates are acceptable.

Annual **internal** investment in wellness programs: \$, , 0 0 0

H3. How much does your company/organization pay wellness vendor(s), or health insurer(s), or third party administrator(s) that also provide wellness programs, for wellness-related services every year? Please exclude insurance premiums or claim payments.

(Please indicate approximate amount.)

Annual fees paid to wellness vendor(s) or health plan(s): \$, , 0 0 0

H4. Are you able to quantify or estimate your annual savings from the wellness program?

(Check one.)

- Yes
 No → **GO TO QUESTION: G7, PAGE #** (for the paper-based version)

H5. How much savings does your wellness program generate per year? These include savings due to reductions in medical costs, reductions in absenteeism, improvement in productivity, and reductions in employee turnovers. Estimates are acceptable.

(Please indicate approximate amount.)

Annual cost savings: \$, , 0 0 0

H6. Which of the following components of cost savings are included in the total amount of savings for your wellness program, as reported in Question G5 above?

(Check all that apply.)

- Savings from the reduction of your company/organization's medical costs
 Savings from the reductions in absenteeism
 Savings from the improvement in productivity
 Savings from the reductions in employee turnover
 Other, please specify: _____

H7. Which of the following are barriers to increasing the effectiveness of your wellness program?

(Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Lack of financial resources | <input type="checkbox"/> Federal regulatory restrictions |
| <input type="checkbox"/> Lack of staff resources | <input type="checkbox"/> State regulatory restrictions |
| <input type="checkbox"/> Lack of employee awareness | <input type="checkbox"/> Regulatory uncertainty |
| <input type="checkbox"/> Lack of management support | <input type="checkbox"/> Other 1, please specify:
_____ |
| <input type="checkbox"/> Lack of business case for wellness programs | <input type="checkbox"/> Other 2, please specify:
_____ |

→ GO TO QUESTION: J1, PAGE # (for the paper-based version)

Section I. NO PROGRAM

11. In the past 5 years, were any of your employees offered any of the following programs that have been discontinued, including those offered by your company/organization directly, by your health plan(s), or by a third party (e.g., union)? These programs may be administered by a third party administrator or a program vendor.

- **Health risk assessment/appraisal** (a questionnaire on medical history, health status, and lifestyle; it is designed to identify the health risks of the person being assessed)
- **Lifestyle or risk factor management** (e.g., health education classes/workshops, fitness program, weight management program, healthy eating program, stress management program, cholesterol management, or smoking cessation program)
- **Clinical screening** (e.g., clinical screenings for high blood pressure, high cholesterol, cancer, and general physical examination)
- **Disease management** (management of chronic conditions such as diabetes, asthma, chronic obstructive pulmonary disease)

(Check one.)

- Yes → **GO TO QUESTION: H3, PAGE #** (for the paper-based version)
 No

12. Please rate the importance of the following reasons why your company/organization does not offer health risk assessment/appraisal, lifestyle or risk management, clinical screenings, or disease management programs.

(Check one box in each row.)

Not Slightly Moderately Very Extremely Don't
Important Important Important Important Important Know

a. Lack of employer awareness/knowledge of wellness programs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Wellness programs not cost-effective.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Lack of financial resources.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Lack of staff resources.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Lack of management support.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Lack of employee interest.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Employees healthy and productive; no perceived need for a program.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

→ **GO TO QUESTION: H7, PAGE #** (for the paper-based version)

13. What programs were offered but discontinued later?

(Check all that apply.)

- Health risk assessment/appraisal
- Lifestyle or risk factor management (e.g., health education classes/workshops, fitness program, weight management program, healthy eating program, stress management program, cholesterol management, or smoking cessation program)
- Clinical screening
- Disease management

14. What lifestyle or risk factor management programs did you offer but discontinue later?

(Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Alcohol and/or drug abuse counseling | <input type="checkbox"/> Stress management program |
| <input type="checkbox"/> Cholesterol/lipid management | <input type="checkbox"/> Weight/obesity management |
| <input type="checkbox"/> Fitness program | <input checked="" type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> Healthy eating program | |
| <input type="checkbox"/> Health education classes | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Smoking cessation program | |

15. When did your discontinued programs start, and when were they terminated? If they started or ended at different times, please fill in the start year for the first program component, and/or the end year of the last program component.

Started in year Ended in year

H6. Please rate the importance of the following reasons why your company/organization discontinued health risk assessment/appraisal, lifestyle or risk management, clinical screening, or disease management programs.

(Check one box in each row.)

	<u>Not</u> <u>Important</u>	<u>Slightly</u> <u>Important</u>	<u>Moderately</u> <u>Important</u>	<u>Very</u> <u>Important</u>	<u>Extremely</u> <u>Important</u>	<u>Don't</u> <u>Know</u>
a. Low program participation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Wellness programs not cost-effective.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Lack of financial resources.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Lack of staff resources.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Lack of management support.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Lack of employee interest.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Employees healthy and productive; no perceived need for a program.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Change in leadership or company ownership.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Other: _____.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Is your company/organization considering offering any of the following programs within the next 5 years?

- **Health risk assessment/appraisal**
- **Lifestyle or risk factor management** (e.g., health education classes/workshops, fitness program, weight management program, healthy eating program, stress management program, cholesterol management, or smoking cessation program)
- **Clinical screening**
- **Disease management**

(Check one.)

- Yes
 No

Section J. OTHER BENEFITS

J1. Do any of your active employees currently have access to on-site vaccinations such as flu shots, including those offered by your company/organization directly, or by your health plan(s), or by a third party (e.g., union)? *These programs may be administered by a third party administrator or a program vendor.*

(Check one.)

- Yes
 No → **GO TO QUESTION: I3, PAGE #** (for the paper-based version)

J2. Which on-site vaccinations are offered?

(Check all that apply.)

- Flu Shots/Influenza
 Pneumovax/Pneumococcus vaccine/pneumonia vaccine
 Other, please specify: _____

J3. Which of the following additional health and wellness related benefits are currently available to your active employees?

(Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Absenteeism management | <input type="checkbox"/> Locker room with showers available at worksite |
| <input type="checkbox"/> Employee assistance program | <input type="checkbox"/> Other exercise opportunities (walking trails, inviting staircases, etc.) |
| <input type="checkbox"/> Gym or health club membership discount | <input type="checkbox"/> Healthy food available at worksite |
| <input type="checkbox"/> Nurse advice line | <input type="checkbox"/> Other 1 → Please specify: _____ |
| <input type="checkbox"/> Occupational health/safety program | <input type="checkbox"/> Other 2 → Please specify: _____ |
| <input type="checkbox"/> On-site clinics | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Unpaid fitness breaks | |
| <input type="checkbox"/> Paid fitness breaks | |
| <input type="checkbox"/> Indoor fitness facility available at worksite | |

Section K. Employer Background

K1. What percent of your full-time active employees are women?

(Write in the percent of employees.)

% of employees who are women

K2. What percent of your full-time active employees are 50 years or older?

(Write in percent of active employees)

% of active employees 50 years or older

K3. What is the average salary of your non-executive active full-time employees?

(Check one.)

- | | |
|---|--|
| <input type="checkbox"/> Smaller than \$25,000 per year | <input type="checkbox"/> \$75,000 - \$100,000 per year |
| <input type="checkbox"/> \$25,000 - \$50,000 per year | <input type="checkbox"/> Greater than \$100,000 per year |
| <input type="checkbox"/> \$50,000 - \$75,000 per year | |

K4. What is the total number of full-time and/or part-time employees in your company/organization, or the U.S. branches/sites your reported data for, respectively?

(Write number in each row.)

- a. Full time employees.....,.....,.....
- b. Part time employees.....,.....,.....

REMARKS: Please use this space for any explanations that may be essential in understanding your reported data.

Person to contact regarding this report:

Name: _____

Company: _____

Street: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Extension: _____

Email Address: _____

If you have any questions, please contact: (for the web-based version)

Please return the completed survey in the enclosed pre-paid envelope to: (for the paper-based version)

[RAND CONTACT INFORMATION]

THANK YOU!