



## National Healthy Worksite Program (NHWP) Employer Phone Interview Guide

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The Employer Interview Guide will be used to conduct phone interviews with those employers that apply to be a National Healthy Worksite (NHW). The responses to the Employer Interview Form will help to identify, rank, and select 70 – 100 employers to be Program Participants as part of the NHW program.

### Employer Profile

**Name of employer:**

**Contact name:**

**Title:**

**Email address:**

**Phone:**

**Physical address:**

**Type of industry:**

**Number of full-time employees:**

**Note: If the employer has between 500 and 1,000 full-time employees they must answer “yes” to question 2 to be eligible. If employer has more than 1000 employees and answers “no” question 1 the employer is not eligible to be a NHW Program Participant.**

### Questionnaire

Question		Response	
		yes	no
<b>1a.</b>	Are you nominating a specific individual worksite location not exceeding 1000 full-time employees to participate in the NHW program?		
If the employer answers “no” to question 1a and has more than 1000 full-time employees, the employer is not eligible to be a NHW Program Participant. Review training and networking opportunities with employers to become a Community Participant.			
<b>1b.</b>	Is your worksite an independent business unit or an autonomous unit of a larger organization?		
If the employer answers “no” to question 1b and has more than 1000 full-time employees, the employer is not eligible to be a NHW Program Participant. Review training and networking opportunities with employers to become a Community Participant.			

Question		Response	
		yes	no
<b>1c.</b>	Do you have decision making authority to set local policies and procedures without corporate oversight/approval such as the ability to institute a tobacco-free campus policy when none exists at the corporate level or negotiate local food vending contracts?		
If the employer answers “no” to question 1c and has more than 1000 full-time employees, the employer is not eligible to be a NHW Program Participant. Review training and networking opportunities with employers to become a Community Participant.			
<b>2</b>	Are you willing to invest \$50,000 towards the employee wellness program? (applicable to employers with 500-1000 full-time employees only)		
If employer has 500-1000 full-time employees and answers “no” question 2 the employer is not eligible to be a NHW Program Participant. Review training and networking opportunities for Community Participants. Interview is ended (see Question 2 response in script)			
<b>3</b>	<b>Do you offer health insurance to all eligible employees?</b>		
	<b>3.1</b> Are at least 50% of your eligible employees insured?		
	<b>3.2</b> Does your health insurance plan cover medical care, mental health, and preventive care?		
If employer answers “no” to any part of question 3 the employer is not eligible to be a NHW Program Participant. Review training and networking opportunities to become a Community Participant. Interview is ended (see Question 3 response in script)			
<b>If employer has answered “yes” to questions 1, 2 and 3 (if applicable) continue with questions 4 thru 14</b>			
<b>4</b>	<b>Leadership</b>		
	<b>4.1</b> Are you committed to serve as a role model/champion for healthy lifestyle behaviors as evidenced by your program participation and engagement?		
	<b>4.2</b> Are you committed to allow your employees to participate in employer-sponsored workplace health programming during work hours?		
	<b>4.3</b> Are you committed to adopting and implementing health protection and promotion programs, policies, and environmental supports to foster a healthy, safe work environment?		
	<b>4.4</b> Are you willing to fully participate in data collection activities?		
	<b>4.5</b> Are you willing to share health-related data with Viridian Health Management?		
	<b>4.6</b> Are you committed to fully participate in technical assistance / training sessions (approximately 20 hours per year)?		
	<b>4.7</b> Are you committed to actively participate in a network of National Healthy Worksites (approximately 1 hour per month?)		
	<b>4.8</b> Are you committed to become an active participant in community coalitions and partnerships?		
	<b>4.9</b> Are you willing to be a mentor to other employers?		

Question	Response	
	yes	no
<b>5</b>	<b>Programs (eligibility based on having 50% or fewer of the following)</b>	
	<b>5.1</b> In the past 12 months has your worksite offered classes or seminars on fitness, nutrition, and tobacco cessation or stress management? (2 pts.)	
	<b>5.2</b> In the past 12 months has your worksite offered, weight management programs that offer counseling or coaching? (3 pts.)	
	<b>5.3</b> In the past 12 months has your worksite offered, physical activity classes or walking clubs? (3 pts. .)	
	<b>5.4</b> In the past 12 months has your worksite offered, tobacco cessation counseling through a quit line, or health plan? (2 pts.)	
	<b>5.5</b> In the past 12 months has your worksite offered, lifestyle coaching or counseling? (3 pts.)	
	<b>5.6</b> In the past 12 months has your worksite offered, signage related to program components? (1 pt.)	
<b>6</b>	<b>Policies (eligibility based on having 50% or fewer of the following)</b>	
	<b>6.1</b> In the past 12 months has your worksite offered, a tobacco-free campus policy? (3 pts.)	
	<b>6.2</b> In the past 12 months has your worksite offered, a policy that healthy foods will be made available at all company meetings or functions where food is served? (1pt)	
	<b>6.3</b> In the past 12 months has your worksite offered, a food procurement policy that limits the purchase of food and beverages high in sodium, calories, trans fats, or saturated fats? (1 pt.)	
	<b>6.4</b> In the past 12 months has your worksite offered, a policy allowing employees work time or flextime (i.e., flexible scheduling) to engage in employer-sponsored workplace health program activities such as physical activity programs? (2 pts.)	
<b>7</b>	<b>Environmental Support (eligibility based on having 50% or fewer of the following)</b>	
	<b>7.1</b> In the past 12 months has your worksite offered, employees access to onsite or near-by fitness facilities? (3 pts.)	
	<b>7.2</b> In the past 12 months has your worksite offered, worksite stairwell enhancement and improvement? (3 pts.)	
	<b>7.3</b> In the past 12 months has your worksite made healthy foods available and accessible through vending machines or cafeterias? (3 pts.)	
	<b>7.4</b> In the past 12 months has your worksite offered, menu labeling/signage including nutritional information on calories, sodium, trans fats, and saturated fats? (2 pts.)	
	<b>7.5</b> In the past 12 months has your worksite provided employees with food preparation and storage facilities such as microwave ovens, sinks, refrigerators, and/or kitchens? (1 pt.)	
	<b>7.6</b> In the past 12 months has your worksite had an onsite Farmer's Market? (1 pt.)	

Question		Response	
		yes	no
	<b>7.7</b> In the past 12 months has your worksite offered environmental supports for recreation and exercise such as establishing walking/running trails; utilize multi-purpose space for physical activity classes, maps of suitable walking routes, bicycle racks, open space designated for recreation or exercise, a shower and changing facility? (in addition to yes/no response, circle each one the employer has in place). (3 pts.)		
	<b>7.8</b> In the past 12 months has your worksite offered a means to identify recognized health and safety threats and address problems as they arise? (3 pts.)		
<b>8</b>	<b>Worksite Infrastructure (eligibility based on having 50% or fewer of the following)</b>		
	<b>8.1</b> In the past 12 months has your worksite had a workplace health council or committee? (2 pts.)		
	<b>8.2</b> In the past 12 months has your worksite had site-level champions? (2 pts.)		
	<b>8.3</b> In the past 12 months has your worksite had existing a workplace health improvement plan? (2 pts.)		
	<b>8.4</b> In the past 12 months has your worksite promoted and marketed health promotion programs to employees (e.g., give the program a brand name or logo, use multiple channels of communication, send frequent messages) (1 pt.).		
	<b>8.5</b> In the past 12 months has your worksite participated in a community health coalition? (2 pts.)		
<b>9</b>	<b>Assessment and Evaluation (eligibility based on having 50% or fewer of the following)</b>		
	<b>9.1</b> In the past 12 months has your worksite conducted employee health risk appraisals / assessments through vendors, onsite staff, or health plans and provided individual feedback to employees (e.g. written report, letter, one-on-one counseling)? (3 pts.)		
	<b>9.2</b> In the past 12 months has your worksite conducted an employee needs and interests assessment (e.g. focus groups, employee survey) for health promotion and provide feedback to employees? (1 pt.)		
	<b>9.3</b> In the past 12 months has your worksite conducted ongoing evaluations of health promotion programming that use multiple sources (e.g. employee health risks, medical claims, employee satisfaction or organizational climate surveys, or other relevant data)? (1 pt.)		
<b>10</b>	<b>Stability</b>		
	<b>10.1</b> Do you anticipate any significant lay-offs or plant closures for the duration of the project? (approximately 2 years)		
	<b>10.2</b> Do you currently have any plans for acquisition, senior leadership turnover, or company sale for the duration of the project? (approximately 2 years)		
	<b>10.3</b> Are there times when a significant number of your employees will not be available onsite (such as summer vacations, furloughs, plant shut downs, etc.)? If yes, please list dates :		

<b>Open ended questions (summarize in a maximum of 50 words)</b>	
<b>11</b>	<b>What have been the particular hurdles that have kept you from implementing a comprehensive program in the past?</b>
<b>12</b>	<b>Why do you think your company is a good candidate to be selected to participate in the National Healthy Worksite Program?</b>
<b>13</b>	<b>What are your main reasons for wanting to participate in the National Healthy Worksite Program?</b>
<b>14</b>	<b>What are your top three concerns about implementing a comprehensive worksite wellness program at your worksite?</b>
<b>15</b>	<b>How do you see this program supporting your long term business objectives?</b>
<b>End of Employer Interview</b>	
<b>INTERVIEWER USE ONLY</b>	
Name:	Title:
<b>Contact information</b>	
Email:	Phone:
<b>Notes / Comments:</b>	