

CDC National Healthy Worksite Program (NHWP) Employer Information Form

Public reporting of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

Informed Consent

Before you get started, we'd like need to give you some more information to help you decide whether or not you would like to participate.

- This project is funded by the Centers for Disease Control and Prevention. Many parts of the project are being managed by Viridian Health Management (Viridian). Viridian is a private health and wellness company based in Phoenix, AZ. Viridian provides flexible, customized solutions to building comprehensive healthy worksite programs. They are helping CDC implement the National Healthy Worksite (NHW) program.
- You were asked to participate because your worksite is participating in the National Healthy Worksite (NHW) program as a benefit to employees. All employers in the NHW program will be asked to complete this questionnaire at the beginning of the NHW program.
- Your participation in completing this form is voluntary. In the course of completing this form, you may refuse to answer specific questions.
- Completing this form is designed to take about 30 minutes.
- All of the information you provide will be maintained in a secure manner. We will not disclose your responses or anything about you unless we are compelled by law. Your responses will be combined with other information we receive and reported in the aggregate as feedback from the group. In our project reports, your name will not be linked to the comments you provide in this discussion.
- CDC is authorized to collect information for this project under the Public Health Services Act.
- There are no personal risks or personal benefits to you for participating in this discussion.
- We are interested in your comments so that we can improve the NHW program for future participants. Please feel free to contact [INSERT WORKSITE NHWP PROGRAM MANAGER]. [HIS/HER] number is [INSERT TEL #]. You can also call Viridian Health Management toll-free at 1-877-486-0140.

Instructions

This form is used to ascertain the necessary information in order to successfully implement your Healthy Worksite Program.

A National Healthy Worksite Program Community Director will facilitate a meeting with your firm’s primary program representative (HR Director, Benefits Administrator, C-level representative) using this form as a guide. The information will be captured, retained, and updated by your National Healthy Worksite Program Community Director until the conclusion of the program.

Employer Information

Name of Client	
Community	
Headquarter Address	
Primary Contact(s) Name(s) and Title	
Primary Contact(s) Email Address	
Primary Contact(s) Phone Number	
Primary Contact(s) Physical Address	
Secondary Contact(s) Name(s) and Title	
Secondary Contact(s) Email Address	
Secondary Contact(s) Phone Number	
Secondary Contact(s) Physical Address	
Date of Kick Off Event(s)	
Dates of Biometric Screenings	

Staff Assigned

Community Director	
Onsite Health Coach	

Broker Information

Name of Broker	
Address	
Contact Name	
Contact Email Address	

About the Employer:

Industry	
# of Location(s) (please list)	
# of Shifts	
# Eligible by Shift	

Predominate Job Series/Types (engineer, nurse, machinist, manager, accountant, etc.?)	
Language Needs(by location/communications)	
Program Eligibility (full time benefit eligible, full time, part time, etc.)	
Wireless Internet Access (Y/N)	
Health Coach Access to Wireless Internet during onsite hours (Y/N)	
Gender Distribution	
Average Age of Population	
Average Income of Population	
% of Population with Internet Access	
Education Level of Population	
Turnover rate	
Medical Carrier	
Medical Plan Design	
Dental Carrier	
Dental Plan Design	
Vision Carrier	
Vision Plan Design	
EAP Provider	

Teams

Does the employer have a Healthy Worksite Team (Wellness Champions)?	
Does the client have a Safety Committee?	
If yes, please list schedule of meetings:	
Business Units / Departments	

Communications Specifications

Program Name	
What does the client call employees?	
Language Needs (print / electronic)	
Communications and graphic standards	
Usual communication channels (email, kiosk, bulletin board, newsletter, home mailer, etc.)	

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Existing Worksite Health Initiatives: Please reference NHWP Employer Phone Interview Guide Responses