Form Approved

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**CDC National Healthy Worksite Program**

**Community Participant Engagement Feedback Survey**

Public reporting of this collection of information is estimated to average 10 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).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Respondents/Sources** | **Content** | **Timing/Frequency** | **Number of Respondents** | **Time per Survey** |
| Community Participants(HR Directors in a random sample of employers (~15/community site)  | Knowledge of engagement activities; Reasons for choosing not to participate;Current worksite health program offerings; Intent to participate in training opportunities | Approx 2 months after the end of recruitment activities in each community site | 115 | 10/60 |

*Implementation: This is planned as a brief web survey of HR Directors of employers who were not selected to participate in the National Healthy Worksite Program or did not choose to complete the certification process and participate in the NHWP (a random sample of non-participating employers (~15 per community site), administered approximately 2 months after the conclusion of the recruitment effort in each community site.*

***Introduction***

Thank you for taking time today to help us better understand issues related to the National Healthy Worksite (NHW) program. This survey asks about characteristics of your company and your exposure to information about the National Healthy Worksite (NHW) program. This survey should take about 10 minutes to complete.

***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 Research Triangle Institute International (RTI). RTI is an independent, non-profit institute headquartered in Research Triangle Park, NC. RTI provides technical services to clients worldwide. They are helping CDC evaluate the National Healthy Worksite (NHW) program.
* You were asked to complete the survey because we want to learn more about companies that were not selected or did not choose to complete the certification process and participate in the NHWP.
* Your participation in this survey is voluntary. In the course of this survey, you may refuse to answer specific questions. You may also choose to end the discussion at any time.
* The survey is designed to take about 10 minutes.
* There are no right or wrong answers or ideas—we want to hear about YOUR experiences and opinions.
* All of the comments 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 Dr. Laurie Cluff at RTI. Her toll-free number is 1-800-334-8571 x 6514. You can also call RTI’s Office of Research Protection and Ethics toll-free at 1-866-214-2043.

The National Healthy Worksite Program, offered by the Centers for Disease Control and Prevention, is assisting employers in establishing comprehensive workplace health programs for their employees. Employers from 7 communities across the country were eligible for intensive onsite support and expertise over a two‐year period.

1. Do you remember seeing communications about the program or were you asked to participate in the National Healthy Worksite program?

 [1] Yes – [Continue to Question 2]

 [2] No -- [Please go to Question 3]

 [3] I don’t recall – [Please go to Question 3]

2. How did you learn about the opportunity to participate in the program?

 (Please mark all that apply)

|  |  |  |
| --- | --- | --- |
| Method | **Yes** | **No** |
| 1. e-mail invitation
 | 1 | 2 |
| 1. Letter/postcard
 | 1 | 2 |
| 1. Telephone invitation
 | 1 | 2 |
| 1. In-person meeting
 | 1 | 2 |
| 1. Information on a website or social media (e.g., Facebook)
 | 1 | 2 |
| 1. Colleague in another workplace
 | 1 | 2 |
| 1. Webinar
 | 1 | 2 |
| 1. Federal Register Notice
 | 1 | 2 |
| 1. Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
 |  |  |

3. Does your worksite currently have a worksite health program in place?

[1] Yes [Please go to Question 3a]

[2] No [Please go to Question 5]

[3] I don’t know [Please go to Question 5]

3a. What wellness program elements are offered through your worksite health program?

|  |  |  |
| --- | --- | --- |
| Services | **Yes** | **No** |
| a. Health screenings | 1 | 2 |
| b. Health coaching | 1 | 2 |
| c. Wellness policies | 1 | 2 |
| d. Healthy food options available | 1 | 2 |
| e. On-site fitness facilities | 1 | 2 |
| f. Health education seminars (e.g., lunch-and-learns) | 1 | 2 |
| g. Walking groups, fitness challenges, and/or other social wellness activities | 1 | 2 |
| h. Subsidized gym memberships | 1 | 2 |
| i. Integrated employee health plan benefit elements (e.g., payment structure changes for healthy behavior) | 1 | 2 |
| j. Incentives for program participation | 1 | 2 |
| k. Other  (Specify): \_\_\_\_\_­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_  |  |  |

3b. About what percentage of employees participate in at least one the elements of the health promotion program?

|  |  |  |  |
| --- | --- | --- | --- |
| [1] Less than 10 percent |  | [6] 50 – 59 percent |  |
| [2] 10 – 19 percent |  | [7] 60 – 69 percent |  |
| [3] 20 – 29 percent |  | [8] 70 – 79 percent |  |
| [4] 30 – 39 percent |  | [9] 80 – 89 percent |  |
| [5] 40 – 49 percent |  | [10] 90 percent or more |  |

4. Does your worksite have an employee(s) or resource(s) inside your organization who helps staff the program (for example, serves as a health coordinator or member of a health coordination team)?

[1] Yes

[2] No

[3] I don’t know

5. Why do you think your worksite decided not to participate as a Program Participant in the National Healthy Worksite Program? (Please select all that might apply).

|  |  |  |
| --- | --- | --- |
| Services | **Yes** | **No** |
| 1. We already offer a worksite health program
 | 1 | 2 |
| 1. Management was not convinced the program was needed
 | 1 | 2 |
| 1. Management thought the program cost too much
 | 1 | 2 |
| 1. Management thought the program would take up too much management and employee time
 | 1 | 2 |
| 1. Management did not want to be involved with a government program
 | 1 | 2 |
| 1. My worksite was interested, but did not meet the eligibility criteria
 | 1 | 2 |
| 1. My worksite was eligible, but was not selected to participate
 | 1 | 2 |
| 1. Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
 |  |  |

6. Employers who are not receiving onsite intensive support as a National Health Worksite Program Participant were eligible to participate in worksite wellness training opportunities. Did you participate in any National Healthy Worksite Program in-person trainings or webinars? (Select all that apply.)

[1] Yes, I participated in one or more in-person training sessions

[2] Yes, I participated in one or more webinars

[3] No, but I intend to participate I in trainings or webinars in the future.

[4] I don’t remember

7. What size is your company?

 [1] 1 – 100 employees

 [2] 101 – 250 employees

 [3] 251 – 500 employees

 [4] More than 500 employees

8. What industry best describes your worksite?

 [1] Agriculture, Forestry and Fishing

 [2] Mining

 [3] Construction

 [4] Manufacturing

 [5] Transportation, Communications and Public Utilities

 [6] Wholesale Trade

 [7] Retail Trade

 [8] Finance, Insurance, and Real Estate

 [9] Services

 [10] Public Administration

9. Where is your worksite? [drop down list of states or geographic regions]

10. What would make a worksite health program attractive to a workplace like yours? [open-ended]

THANK YOU!