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Faculty and Staff Health Promotion District Questionnaire

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Faculty and Staff Health Promotion District Questionnaire

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THIS QUESTIONNAIRE WILL BE ADMINISTERED USING WEB-BASED INTERVIEW TECHNOLOGY. AS THE RESPONDENT TYPES RESPONSES TO THE QUESTIONS INTO THE COMPUTER, THE INTERVIEW PROGRAM WILL 1) DISPLAY THE CORRECT TENSE OF VERBS, 2) PROVIDE ALTERNATE ANSWERS TO QUESTIONS (E.G., NOT APPLICABLE, "I DON'T KNOW"), 3) NAVIGATE COMPLEX SKIP PATTERNS, AND 4) PERFORM OTHER USEFUL FUNCTIONS. COMMENTS APPEARING IN THE MARGIN REPRESENT ADDITIONAL CLARIFICATION ON THE QUESTION OR THE SPECIFIC TERMINOLOGY USED. THIS TEXT WILL APPEAR ON-SCREEN UNDER THE MAIN QUESTION TEXT. PROGRAMMING SPECIFICATIONS FOR THE INTERVIEW ARE NOT INCLUDED IN THIS PRINTED VERSION OF THE QUESTIONNAIRE.

- 1. This questionnaire focuses on your district's policies and practices regarding faculty and staff health promotion.
- 2. For the purposes of this questionnaire, "policy" means any law, rule, regulation, administrative order, or similar kind of mandate issued by the local school board or other local agency with authority over schools in your district. SHPPS is most interested in what is **required** by the district, not what is recommended or contained in non-binding guidance documents, unless the question specifically asks about recommendations.
- 3. For the purposes of this questionnaire, "adopted a policy" means either that the district has its own policy or that the district follows a policy established at the state level, including any law, rule, regulation, administrative order, or similar kind of mandate.
- 4. If a district policy is worded in such a way that it requires schools to develop and adopt their own policies on a given topic, for the purposes of this questionnaire please consider it the same as a district-wide requirement.
- 5. Districts may sometimes grant policy exceptions or waivers, but please answer each question based on what is considered the general policy and standard practice in your district.
- 6. Please do not consider school practices or policies when answering the questions. This information is gathered during data collection from schools across the country.
- 7. Please include activities or services offered by your state, district, schools, or by anyone outside the school system. However, please consider only those activities or services that are offered to faculty and staff **because** they work in your district.

Health Insurance

The first questions ask about health insurance that might be offered by your state or district. For the purposes of this question, "offer" means that the state or district pays for some or all of the cost of the insurance or makes the insurance available to faculty and staff at a discounted group rate.

| 1. | Do | es your state or distr | ict offe | r healtl | n insurar | nce to fa | aculty a | nd staff? | |
|-----|-----|------------------------|---------------------------|-----------------------|-----------|-----------|----------|--------------------------|---------|
| | Ye | 2S | • • • • • • • • • • • • • | • • • • • • • • • • • | ••••• | 1 | | | |
| | No |) | | •••••• | | 2 | | KIP TO THE NTRODUCTIO | N TO Q3 |
| 2. | Do | es this health insura | nce cov | er the f | followin | g for fa | culty an | d staff? | |
| | | | | | | | | Yes | No |
| | a. | Preventive healthca | re, such | as ph | ysicals | 1 | 2 | | |
| | b. | Prescription drugs | 1 | 2 | | | | | |
| | c. | Vision care 1 | 2 | | | | | | |
| | d. | Dental care 1 | 2 | | | | | | |
| | e. | Immunizations | 1 | 2 | | | | | |
| | f. | Mental health care | 1 | 2 | | | | | |
| | g. | Tobacco use cessati | on | 1 | 2 | | | | |
| | h. | Alcohol or other dr | ug use t | reatme | ent | 1 | 2 | | |
| The | nex | t question asks about | sick le | ave. | | | | | |

3. Does your district allow faculty and staff to use sick leave to care for their own children when they are sick?

Yes.....1 No.....2 The next questions ask about policies your district has adopted on health examinations and screenings that faculty and staff are required to receive **prior to employment**.

4. Which one of the following statements **best** describes the requirement for **physical health examinations** of faculty and staff in your district?

The district requires physical health examinations of all faculty and staff prior to employment......1

The district does **not require** physical health examinations of any faculty or staff prior to employment......4

5. The following four statements are related to policies on drug testing. Which one of the following statements **best** describes the requirement for **drug testing** of faculty and staff in your district?

The district requires drug testing of all faculty and staff prior to employment......1

The district requires drug testing prior to employment depending on the position the person will have......2

These next questions ask about health examinations and screenings that your district requires faculty and staff to receive **periodically while they are employed**.

6. Which one of the following four statements **best** describes the requirement for **physical health examinations** of faculty and staff while they are employed?

The district requires periodic physical health examinations of all faculty and staff while employed......1

The district requires periodic physical health examinations depending on the person's position......2

The district requires periodic physical health examinations depending on something other than the person's position.......3

The district does **not require** periodic physical health examinations of any faculty or staff while employed......4

7. The following four statements are related to policies on drug testing. Which one of the following statements best describes the requirement for drug testing of faculty and staff while they are employed?

 The next questions ask about tuberculosis (TB) screening and TB testing for faculty and staff prior to employment. For the purposes of these questions, "**screening**" means the identification of staff meeting certain risk criteria, for example those born or recently living in other countries. Faculty and staff meeting these criteria would then be referred for TB testing or required to provide evidence of medical clearance. TB "**testing**" refers to giving a clinical test for TB, such as a skin test.

We will first be asking about TB screening. Do **not** consider TB testing when answering this question.

8. Which one of the following three statements **best** describes your district's requirement for tuberculosis (TB) **screening** of faculty and staff prior to employment?

The district requires TB screening prior to employment for all faculty and staff......1

The district requires TB screening prior to employment depending on the position the person will have.....2

The district does **not require** TB screening prior to employment for any faculty or staff......3

The next question asks about your district's requirements for tuberculosis (TB) **testing** for faculty and staff prior to employment. For the purposes of this question, "testing" refers to a clinical test for TB, such as a skin test.

9. Which one of the following statements best describes your district's requirement for TB testing of faculty and staff prior to employment?

DO NOT DISPLAY OPTION 1 IF Q8 = 3 The district requires TB testing prior to employment based on the results of TB screening......1 The district requires TB testing prior to employment depending on the position the person will have......2 The district requires TB testing prior to employment for all faculty and staff.......3 The district does **not require** TB testing prior to employment for any faculty or staff......4 10. Which of the following four statements **best** describes your district's requirement for **periodic TB testing** for faculty and staff while they are employed? Please do not include TB testing that might be done after exposure to TB at school or a school-sponsored event. For the purposes of this question, "periodic" means that the test is repeated at regular intervals (e.g., annually) or at a specific time (e.g., at the beginning of each school year).

IF Q9 IS 4 AND Q10 IS 4, SKIP TO Q12.

11. Which method does your district accept as evidence of a negative TB test?

| PPD skin test done by Mantoux method1 |
|---|
| Skin test not otherwise specified2 |
| Chest x-ray3 |
| Blood test (i.e., interferon-gamma release assays)4 |
| More than one testing method is acceptable5 |

12. Does your district require or recommend that faculty and staff receive annual influenza (flu) vaccinations while they are employed?

| Require | 1 |
|-----------|---|
| Recommend | 2 |
| Neither | 3 |

Health Promotion Activities and Services

The remainder of the interview asks about faculty and staff health promotion activities or services. Faculty and staff health promotion activities or services focus on prevention of physical illnesses or injuries, promotion of physical fitness, promotion of mental health, or other activities or services designed to assist faculty and staff experiencing problems that can impact job performance, physical health, or overall well-being. SHPPS is interested in activities and services districts may provide to all faculty and staff regardless of what is covered through their health insurance.

The next questions ask about health screenings for faculty and staff.

13. During the past 12 months, has your district provided funding for or offered the following screenings for faculty and staff, regardless of what is covered through their health insurance?

2

Yes No

- a. Oral health screening 1 2
- b. Body mass index (BMI) screening 1
- c. Serum cholesterol screening 1 2
- d. Blood pressure screening 1 2
- e. Diabetes screening 1 2
- f. Skin cancer screening 1 2
- g. Breast cancer screening 1 2
- h. Colorectal cancer screening 1 2

No

The next questions ask about health promotion activities for faculty and staff. These activities might include classes, workshops, distribution of materials, or individual or group counseling sessions.

14. During the past 12 months, has your district provided funding for or offered activities for faculty and staff related to the following, regardless of what is covered through their health insurance?

| | | | | | | Yes |
|----|---|----------|---------|--------|---|-----|
| a. | Nutrition education 1 | 2 | | | | |
| b. | Weight management | 1 | 2 | | | |
| c. | Worksite safety education | 1 | 2 | | | |
| d. | Emergency preparedness | 1 | 2 | | | |
| e. | Infectious disease prevention | n | 1 | 2 | | |
| f. | Cardiopulmonary resuscitat | ion (CF | PR) edu | cation | 1 | 2 |
| g. | First aid education 1 | 2 | | | | |
| h. | Stress management education | on | 1 | 2 | | |
| i. | Pre- or post-natal education | 1 | 2 | | | |
| j. | Conflict resolution education | n | 1 | 2 | | |
| k. | Asthma management educa | tion | 1 | 2 | | |
| l. | Diabetes management educ | ation | 1 | 2 | | |
| m. | Tobacco use cessation | 1 | 2 | | | |
| n. | Physical activity and fitness | s counse | eling | 1 | 2 | |
| 0. | Counseling for emotional d such as anxiety or depression | | 5, 1 | 2 | | |
| p. | Crisis intervention for perso | onal pro | blems | 1 | 2 | |

Yes

No

- 15. During the past 12 months, has your district provided funding for or offered the following services for faculty and staff, regardless of what is covered through their health insurance?
 - a. Referrals for child care or elder care 1 2
 - b. Referrals for oral health problems 1 2
 - c. Immunizations, for example flu vaccines 1 2
 - d. Identification of or referrals for physical, sexual, or emotional abuse 1 2
- 16. During the past 12 months, has your district provided funding for or offered any physical activity **programs** for faculty and staff, such as aerobics classes, basketball leagues, or walking or jogging clubs?

| Yes | 1 |
|-----|---|
| No | 2 |

The next question asks about school facilities or equipment that could be used for physical activity and might be made available to faculty and staff. This would include any school facilities or equipment such as gyms, cafeterias, swimming pools, weight-lifting equipment, or cardiovascular exercise equipment.

17. Has your district adopted a policy stating that indoor or outdoor school facilities or equipment that could be used for physical activity will be made available for faculty and staff to use? Include facilities or equipment that are available to faculty and staff **only** because they work in your district's schools. Do not consider facilities or equipment that are available to all residents of a community.

| Yes | 1 |
|-----|---|
| No | 2 |

The next question asks about Employee Assistance Programs (EAPs). EAPs provide services designed to assist faculty and staff experiencing personal or social problems that can impact work performance, physical health, or overall well-being.

18. During the past 12 months, has your district provided funding for or offered an Employee Assistance Program (EAP) for faculty and staff?

| Yes | 1 |
|-----|---|
| No | 2 |

Health Risk Appraisals

The next question asks about health risk appraisals. A health risk appraisal is a questionnaire used to assess self-reported risk factors, such as smoking and physical inactivity. Some people might refer to this as a health risk survey.

19. During the past 12 months, has your district provided funding for or offered health risk appraisals for faculty and staff?

| Yes | 1 |
|-----|---|
| No | 2 |

Off-Site Health Promotion Activities

The next question asks about off-site health promotion activities.

20. Do your district's faculty and staff receive any subsidies or discounts for off-site health promotion activities, such as health club memberships, weight loss programs, or tobacco use cessation programs?

| Yes | 1 |
|-----|---|
| No | 2 |

IF Q13A–H ARE "NO," Q14A–P ARE "NO," Q15A–D ARE "NO," Q16 IS "NO," Q18 IS "NO," Q19 IS "NO," AND Q20 IS "NO," SKIP TO Q25.

The next question asks about needs assessments that collect information that can be used to plan your district's health promotion activities or services for faculty and staff. For example, such a needs assessment might collect information about your district's healthcare costs, faculty and staff health concerns and interests, or health promotion activities and services already being offered.

21. Has your district conducted a needs assessment of your **district's** health promotion activities or services for faculty and staff?

Yes.....1 No......2

22. During the past two years, has your district assessed faculty and staff satisfaction with health promotion activities or services?

| Yes | 1 |
|-----|---|
| No | 2 |

The next question asks about incentives faculty and staff might receive for participation or goal achievement in health promotion activities.

- 23. During the past 12 months, has your district provided funding for any of the following incentives for faculty and staff participation or goal achievement in health promotion programs?
 - Yes No a. Monetary incentives1 2 b. Gifts 1 2 c. Paid time off1 2 d. Health insurance premium discounts 1 2 e. Certificates or awards 1 2 f. Public recognition 1 2

The next questions ask about organizations or agencies that have helped provide the health promotion activities or services for faculty and staff.

24. During the past 12 months, did each of the following organizations or agencies help provide the health promotion activities or services for faculty and staff offered or funded by your district?

| | | | Yes | No |
|----|--|--|--|-----------------------------|
| a | A local health department 1 2 | | | |
| b | A community health clinic or health center 1 | 2 | | |
| C | A local hospital 1 2 | | | |
| d | I. A mental health or social services agency 1 | 2 | | |
| e | . A university, medical school, or nursing scho | ool 1 | 2 | |
| f. | . A managed care organization 1 2 | | | |
| g | A health organization, such as the American Association or the American Cancer Society | | 2 | |
| h | A local health or fitness club 1 2 | | | |
| i. | . A local business 1 2 | | | |
| | | | SKIP TO Q27 | |
| | | | | |
| | During the past 12 months, has this person worked on health promotion activities or services for faculty and staff with district-level | | | |
| | | | | No district- |
| | | Yes | No | level staff in this area |
| | | | | |
| | aHealth e | | staff?1 | |
| | aHealth e | education | | |
| | | education education | n staff?1 | 2 3 2 3 |
| | bPhysical cHealth dMental health c | education education services s or social s | n staff?1 staff?1 | 2 3 2 3 2 3 |
| | bPhysical cHealth | education education services s or social s 3 | n staff?1 staff?1 ervices staff? | 2 3 2 3 2 3 |

27. Has your district adopted a policy stating that **each school** will have someone to oversee or coordinate health promotion activities or services for their faculty and staff?

Yes.....1 No.....2

Thank you very much for taking the time to participate in this study.

If you would like more information about this study or would like clarification of any questions in this questionnaire, please call 800-287-1815.