

# Work@Health

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## TRAINING NEEDS ASSESMENT SURVEY

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### INTRODUCTION

The Centers for Disease Control and Prevention (CDC) has convened a team to develop information and training for small businesses on how to plan and implement the Work@Health Program, a Workplace Health/Wellness training program for employers. Toward that end, we have created a survey designed to gather information about small business needs as it relates to Workplace Health Programs training. **For the purposes of this survey, Workplace Health is defined as a coordinated and comprehensive set of health promotion and protection strategies implemented at the workplace, that includes programs, policies, benefits, environmental supports, and links to the surrounding community designed to encourage the health and safety of all employees.**

***This survey should be completed by the person at your company who is most knowledgeable about workplace health and wellness. If you are not that person please forward this survey to the person who is most knowledgeable about workplace health and wellness.*** Some questions in this survey ask you to describe your company's health insurance plan. If your business offers more than one health insurance option, please refer to the health insurance plan with the highest enrollment.

We appreciate you sharing your insights about this important work and thank you for your participation.

#### *Informed Consent*

Before you get started, we'd like 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 ASHLIN Management Group (ASHLIN). ASHLIN is a private business consulting firm concentrating in the area of health and human services based in Greenbelt, MD. They are helping CDC implement the Work@Health program.
- You were asked to participate because your company may benefit from a workplace health training program and your experiences and opinions will help shape the development of the Work@Health curricula and program implementation.
- 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 survey at any time.
- The survey is designed to take about 20 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 survey.
- 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 survey.
- We are interested in your comments so that we can improve the Work@Health program for future participants. Please feel free to contact [INSERT CONTACT]. [HIS/HER] number is [INSERT TEL #]. You can also call the Public Health Management Corporation at 1-XXX-XXX-XXXX.

## SECTION 1: Employee Health and Workplace Health/Wellness

This section is designed to capture information about how your company views workplace health/wellness and what policies and procedures your company has in place to promote employee health/wellness.

1. Please rate the importance of each of the following employee health issues on a scale from (1) Not at all Important to (5) Extremely Important.

| Employee Health Issues   | Level of Importance      |                          |                          |               |                    |
|--|--------------------------|--------------------------|--------------------------|---------------|--------------------|
|  | Not at all Important (1) | Of Little Importance (2) | Moderately Important (3) | Important (4) | Very Important (5) |
| <b>KEY:</b>  |                          |                          |                          |               |                    |
| • An Aging Workforce   | 1                        | 2                        | 3                        | 4             | 5                  |
| • Stress   | 1                        | 2                        | 3                        | 4             | 5                  |
| • Physical Activity/Exercise                                       | 1                        | 2                        | 3                        | 4             | 5                  |
| • Nutrition/Weight Management                                      | 1                        | 2                        | 3                        | 4             | 5                  |
| • Chronic Disease (e.g., heart disease, diabetes)                  | 1                        | 2                        | 3                        | 4             | 5                  |
| • Tobacco use  | 1                        | 2                        | 3                        | 4             | 5                  |
| • Alcohol or other drug habits                                     | 1                        | 2                        | 3                        | 4             | 5                  |
| • Mental Health Issues (e.g., depression, anxiety)                 | 1                        | 2                        | 3                        | 4             | 5                  |
| • Work related injuries  | 1                        | 2                        | 3                        | 4             | 5                  |
| • Work/Life Balance Issues (childcare, eldercare, personal issues) | 1                        | 2                        | 3                        | 4             | 5                  |
| • Flu/pneumonia  | 1                        | 2                        | 3                        | 4             | 5                  |
| • Other (please specify): _____                                    | 1                        | 2                        | 3                        | 4             | 5                  |

2. When thinking about the potential impact of workplace Health/Wellness programs on your company, how important is it for you to receive information on each of the following items in order for you to understand the effect of employee health issues on your workforce?

| Employee Health Issues   | Level of Importance      |                          |                          |               |                    |
|--|--------------------------|--------------------------|--------------------------|---------------|--------------------|
|  | Not at all Important (1) | Of Little Importance (2) | Moderately Important (3) | Important (4) | Very Important (5) |
| <b>KEY:</b>  |                          |                          |                          |               |                    |
| • Direct Medical Cost (e.g., medical insurance benefits and payments, pharmacy payments, disability payments, and workers' compensation) | 1                        | 2                        | 3                        | 4             | 5                  |
| • Productivity   | 1                        | 2                        | 3                        | 4             | 5                  |
| • Absenteeism  | 1                        | 2                        | 3                        | 4             | 5                  |
| • Presenteeism (health's impact on work performance)   | 1                        | 2                        | 3                        | 4             | 5                  |
| • Creating a Culture of Health (a work environment supportive of healthy lifestyles for employees)                                       | 1                        | 2                        | 3                        | 4             | 5                  |
| • Employee Safety  | 1                        | 2                        | 3                        | 4             | 5                  |
| • Improvement in Worker Health (e.g., reductions in chronic disease rates and risk factors)  | 1                        | 2                        | 3                        | 4             | 5                  |
| • Return-on-Investment   | 1                        | 2                        | 3                        | 4             | 5                  |
| • Incentives   | 1                        | 2                        | 3                        | 4             | 5                  |
| • Shareholder Value  | 1                        | 2                        | 3                        | 4             | 5                  |
| • Company Image  | 1                        | 2                        | 3                        | 4             | 5                  |
| • Improvements in Community Health   | 1                        | 2                        | 3                        | 4             | 5                  |
| • Workplace Health Strategies and Actions for Employers to Take  | 1                        | 2                        | 3                        | 4             | 5                  |

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3. Does your organization currently have a Workplace Health/Wellness program in place for employees (not including health and wellness benefits offered through your health plan)? **If no, please skip to Section 2 of this survey.**
  - € Yes, we currently have a Workplace Health/Wellness Program
  - € No, we do not have a Workplace Health/Wellness Program but intend to implement one within the next 12 months (skip to Section 2)
  - € No, we do not have a Workplace Health/Wellness Program (skip to Section 2)
  
4. How long has your Workplace Health/Wellness Program been offered?
  - € Less than 1 year
  - € 1- 2 years
  - € 3-5 years
  - € More than 5 years

## **SECTION 2: Health/Wellness Program Implementation**

This section is designed to capture information about motivators, barriers and readiness to implement a Workplace Health/Wellness Program, as well as policies and practices that your company might participate in, or be interested in learning more about.

5. What are/would be important reasons for implementing a Workplace Health/Wellness program at your organization? Please rank the importance of the following items on a scale from (1) Not at all Important to (5) Very Important.

| Motivators to Implement   | Level of Importance         |                             |                             |                  |                       |
|---|-----------------------------|-----------------------------|-----------------------------|------------------|-----------------------|
|   | Not at all Important<br>(1) | Of Little Importance<br>(2) | Moderately Important<br>(3) | Important<br>(4) | Very Important<br>(5) |
| <b>KEY:</b>   |                             |                             |                             |                  |                       |
| • Reduce health care/insurance costs                                    | 1                           | 2                           | 3                           | 4                | 5                     |
| • Improve workforce morale/engagement                                   | 1                           | 2                           | 3                           | 4                | 5                     |
| • Increase productivity   | 1                           | 2                           | 3                           | 4                | 5                     |
| • Increase employee retention/reduce turnover                           | 1                           | 2                           | 3                           | 4                | 5                     |
| • Competitive advantage in recruiting top talent                        | 1                           | 2                           | 3                           | 4                | 5                     |
| • Improve workplace safety/reduce workers' compensation claims          | 1                           | 2                           | 3                           | 4                | 5                     |
| • Furthering company values/mission                                     | 1                           | 2                           | 3                           | 4                | 5                     |
| • High Employee Demand  | 1                           | 2                           | 3                           | 4                | 5                     |
| • Lower Absenteeism/ Presenteeism (health's impact on work performance) | 1                           | 2                           | 3                           | 4                | 5                     |
| • Business sustainability/growth  | 1                           | 2                           | 3                           | 4                | 5                     |
| • Improve employee health   | 1                           | 2                           | 3                           | 4                | 5                     |
| • Other (specify): _____  | 1                           | 2                           | 3                           | 4                | 5                     |

6. What are/would be the greatest barriers to implementing a Workplace Health/Wellness program at your business? Please rank the barriers of the following items on a scale from (1) Not at All A Barrier to (5) Significant Barrier.

| Barriers to Implement                                     | Degree of Barrier        |                      |                      |               |                         |
|---|--------------------------|----------------------|----------------------|---------------|-------------------------|
|   | Not at all A Barrier (1) | A Little Barrier (2) | Moderate Barrier (3) | A Barrier (4) | Significant Barrier (5) |
| <b>KEY:</b>   |                          |                      |                      |               |                         |
| • Lack of interest among employees                        | 1                        | 2                    | 3                    | 4             | 5                       |
| • Employees do not have time to participate               | 1                        | 2                    | 3                    | 4             | 5                       |
| • Low management/supervisory support                      | 1                        | 2                    | 3                    | 4             | 5                       |
| • Doesn't align with our business goals or mission        | 1                        | 2                    | 3                    | 4             | 5                       |
| • Difficult to administer                                 | 1                        | 2                    | 3                    | 4             | 5                       |
| • Concern for protecting employee privacy                 | 1                        | 2                    | 3                    | 4             | 5                       |
| • Lack of funding   | 1                        | 2                    | 3                    | 4             | 5                       |
| • Lack of staff   | 1                        | 2                    | 3                    | 4             | 5                       |
| • Lack of space   | 1                        | 2                    | 3                    | 4             | 5                       |
| • Lack of knowledge about where to begin and how to do it | 1                        | 2                    | 3                    | 4             | 5                       |
| • Other (specify): _____                                  | 1                        | 2                    | 3                    | 4             | 5                       |

7. With respect to addressing employee health issues at your workplace, how ready is your organization to take action?
- € Not at all ready (not seriously thinking about making a change, unaware that employee health is/may be an issue)
  - € Not quite ready (thinking about employee health issues, weighing the pros and cons of taking action, but not ready to take action)
  - € Somewhat ready (committed to taking action but researching options/gathering information on what to do)
  - € Almost ready (active preparation and planning after settling on what actions will be taken)
  - € Completely ready (all preparations and planning is complete, moving into action)
8. Following are lists of workplace health/wellness related policies and practices which promote a healthy workplace environment. For each item, please indicate if your company is currently engaged and/or interested in learning more.

| Workplace Health/Wellness Programs, Policies, and Practices   | Yes. Currently have this | Yes. Currently have this but interested in learning more | No. Do not currently have this but interested in learning more | No. Do not currently have this and not interested |
|---|--------------------------|--|--|---|
| <b>Does your company have a written policy or guideline...</b>  |                          |  |  |   |
| • to ensure that fruit, vegetables and salads are offered at catered meetings?  |                          |  |  |   |
| • on flexible work scheduling or flextime (allowing employees to take time during the day to participate in health promotion activities such as physical exercise)? |                          |  |  |   |
| • on work/life balance (e.g., teleworking)?   |                          |  |  |   |
| • for breast-feeding support (e.g., breast-feeding rooms in the workplace)?   |                          |  |  |   |
| • for an Employee Assistance Program (EAP)?   |                          |  |  |   |
| • for a tobacco-free workplace?   |                          |  |  |   |
| • on seatbelt use in company vehicles?  |                          |  |  |   |
| • on cell phone use and texting while in company vehicles?  |                          |  |  |   |
| • that reimburses employees (full or partial) for a membership in a fitness/health club?  |                          |  |  |   |
| • on employee safety?   |                          |  |  |   |
| <b>Does your company provide...</b>   |                          |  |  |   |

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| Workplace Health/Wellness Programs, Policies, and Practices  | Yes. Currently have this | Yes. Currently have this but interested in learning more | No. Do not currently have this but interested in learning more | No. Do not currently have this and not interested |
|--|--------------------------|--|--|---|
| • healthy cafeteria and/or vending machine food and beverage options?  |                          |  |  |   |
| • space and equipment (e.g., refrigerator and microwave) for employees to use to prepare and eat meals?  |                          |  |  |   |
| • sponsorship for physical activities, employee sports teams or clubs?   |                          |  |  |   |
| • facilities for screenings, health risk assessments, or immunization events (e.g., Conference Room, Lobby, Outdoor areas)?  |                          |  |  |   |
| • bike racks, lockers and/or showers at your workplace?  |                          |  |  |   |
| • clean, well-lit stairwells that promote the use of stairs at your workplace?   |                          |  |  |   |
| • measures to maintain noise levels that are conducive to productivity?  |                          |  |  |   |
| • ways to eliminate safety hazards in the workplace?   |                          |  |  |   |
| • at least one Automated External Defibrillator (AED) on each floor/jobsite?   |                          |  |  |   |
| • dedicated space that is quiet where employees can engage in relaxation activities, such as deep breathing exercises?   |                          |  |  |   |
| • health promotion messages to your employees (e.g., posters, memos, newsletters, brochures, payroll stuffers)?  |                          |  |  |   |
| • partnerships with local health departments, hospitals, and wellness organizations (e.g., American Lung Association, American Heart Association, and/or American Cancer Society) to host community wellness events at your workplace? |                          |  |  |   |
| • health promotion messages to your employees (e.g., posters, memos, newsletters, brochures, payroll stuffers)?  |                          |  |  |   |
| • educational seminars, workshops, or classes on health promotion  |                          |  |  |   |
| • one-on-one or group lifestyle counseling for employees   |                          |  |  |   |

## **SECTION 3: Health/Wellness Program Training**

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This section is designed to capture information about your Workplace health/wellness training needs (interest, ability, availability, etc.).

9. Following is a list of topics that a Workplace Health/Wellness Training Program might cover. To help us understand your learning priorities, for each topic, please indicate on a scale of 1 to 5 how interested you would be in having this topic included as part of a Workplace health/wellness curriculum. A rating of 1 represents the lowest interest and 5 represents the greatest amount of interest.

| Training Program Topics  | Level of Interest         |                        |                           |                |                     |
|--|---------------------------|------------------------|---------------------------|----------------|---------------------|
|  | Not at all Interested (1) | Of Little Interest (2) | Moderately Interested (3) | Interested (4) | Very Interested (5) |
| <b>LEVEL OF INTEREST KEY:</b>  |                           |                        |                           |                |                     |
| • Creating the business case for workplace health and safety   | 1                         | 2                      | 3                         | 4              | 5                   |
| • Engaging leadership and employees in wellness initiatives: why wellness is important to your company and its employees   | 1                         | 2                      | 3                         | 4              | 5                   |
| • Incorporating a wellness team, dedicated individual, or champions responsible for planning and executing initiatives and evaluating results  | 1                         | 2                      | 3                         | 4              | 5                   |
| • Collecting employee data to: assess your workplace wellness environment; determine employee interests; and conduct employee health risk assessments  | 1                         | 2                      | 3                         | 4              | 5                   |
| • Program planning (e.g., writing a mission statement, goals and objectives; identifying timelines, roles/responsibilities; developing budget, promotion and marketing strategies; and program evaluation) | 1                         | 2                      | 3                         | 4              | 5                   |
| • Program Implementation. How to implement the tasks and activities identified in the program plan   | 1                         | 2                      | 3                         | 4              | 5                   |
| • Creating a supportive environment including policies and procedures that fosters healthy lifestyles  | 1                         | 2                      | 3                         | 4              | 5                   |
| • Developing campaigns (activities and initiatives) that will help accomplish wellness goals   | 1                         | 2                      | 3                         | 4              | 5                   |
| • Developing measures to evaluate outcomes   | 1                         | 2                      | 3                         | 4              | 5                   |
| • Understanding laws, regulations, and legal requirements related to workplace health  | 1                         | 2                      | 3                         | 4              | 5                   |
| • Integrating new workplace health program strategies with existing workplace health activity (i.e., safety practices, employee assistance programs)   | 1                         | 2                      | 3                         | 4              | 5                   |
| • Developing partnerships, community linkages, and peer learning networks to support and/or enhance wellness activities  | 1                         | 2                      | 3                         | 4              | 5                   |
| • Common approaches to motivating and engaging employees   | 1                         | 2                      | 3                         | 4              | 5                   |
| • Cost effective tools/methods to establish benchmarks and measure effectiveness   | 1                         | 2                      | 3                         | 4              | 5                   |
| • Other (please specify):  | 1                         | 2                      | 3                         | 4              | 5                   |

10. Please indicate in the following table your level of knowledge and ability to research and design policies and strategies to guide a workplace health/wellness program. A rating of 1 represents no knowledge/ability and 5 represents expert knowledge/ability.

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| Workplace Health/Wellness Knowledge/Ability   | Level of Knowledge/Ability |  |  |  |  |
|---|----------------------------|--|--|--|--|
|   | No knowledge<br>(1)        | Novice -<br>some<br>familiarity<br>(2) | Proficient -<br>partially<br>understand and<br>can demonstrate<br>knowledge<br>(3) | Advanced -<br>fully<br>understand and<br>can effectively<br>execute<br>(4) | Expert -<br>considered<br>an Expert<br>on this<br>topic<br>(5) |
| <b>LEVEL OF KNOWLEDGE/ABILITY KEY:</b>  |                            |  |  |  |  |
| • Design effective workplace health/wellness programs   | 1                          | 2                                      | 3  | 4  | 5  |
| • Design effective workplace health/wellness policies   | 1                          | 2                                      | 3  | 4  | 5  |
| • Find evidence about effective workplace health/wellness strategies to guide program development | 1                          | 2                                      | 3  | 4  | 5  |
| • Obtain data on employee health and wellness   | 1                          | 2                                      | 3  | 4  | 5  |
| • Interpret and use data to design programs and policies  | 1                          | 2                                      | 3  | 4  | 5  |

11. What is the preferred method for you to receive workplace health/wellness education and training?

- € In-person training
- € Online training
- € Combination of In-person and online (Blended) training

12. How many days overall would you be willing to devote to receiving workplace health/wellness education and training?

- € Less than a day
- € 1 day
- € 2 days
- € 3 days
- € More than three days

13. How much time per training session would you be willing to devote to receiving workplace health/wellness education and training?

- € 30-60 minutes
- € 1-2 hours
- € 2-3 hours
- € Half day (4 hours)
- € Full day (8 hours)
- € 2-3 days
- € Duration is not a factor

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14. What factors would affect your participation in workplace health/wellness education and training? Please rank the Participation Factors of the following items on a scale from (1) Not at all Important to (5) Very Important.

| Participation Factors            | Not at all Important (1) | Of Little Importance (2) | Moderately Important (3) | Important (4) | Very Important (5) |
|----------------------------------|--------------------------|--------------------------|--------------------------|---------------|--------------------|
| • Time                           | 1                        | 2                        | 3                        | 4             | 5                  |
| • Travel                         | 1                        | 2                        | 3                        | 4             | 5                  |
| • Cost                           | 1                        | 2                        | 3                        | 4             | 5                  |
| • Staff coverage                 | 1                        | 2                        | 3                        | 4             | 5                  |
| • Language                       | 1                        | 2                        | 3                        | 4             | 5                  |
| • Limited computer technology    | 1                        | 2                        | 3                        | 4             | 5                  |
| • Limited Internet access        | 1                        | 2                        | 3                        | 4             | 5                  |
| • Available technical assistance | 1                        | 2                        | 3                        | 4             | 5                  |
| • Available funding support      | 1                        | 2                        | 3                        | 4             | 5                  |
| • Available On-Demand            | 1                        | 2                        | 3                        | 4             | 5                  |
| • Other _____                    |                          |                          |                          |               |                    |

15. How likely is your company to participate in training on workplace health/wellness?

- Very Likely
- Likely
- Neither Likely Nor Unlikely
- Unlikely
- Very Unlikely

16. Who from your company is most likely to attend training on workplace health/wellness?

- CEO/President/Owner
- VP
- Director, HR
- Director, Benefits
- Wellness Manager
- Environmental Health and Safety Representative
- Union/Labor Representative
- Other (specify): \_\_\_\_\_

17. What is the best way to communicate with you about workplace health/wellness? Please indicate how desirable each of the following means of communication (i.e., how you prefer to receive information) would be to raising your level of knowledge about workplace health/wellness. A rating of 1 represents Very Undesirable means of contact and 5 represents Very Desirable.

| Communication Channel/Method                        | Very Undesirable (1) | Undesirable (2) | Neutral (3) | Desirable (4) | Very Desirable (5) |
|---|----------------------|-----------------|-------------|---------------|--------------------|
| • Social Media (e.g., Facebook, Twitter, Linked In) | 1                    | 2               | 3           | 4             | 5                  |
| • Printed Materials                                 | 1                    | 2               | 3           | 4             | 5                  |
| • Videos/DVDs                                       | 1                    | 2               | 3           | 4             | 5                  |
| • Text messaging                                    | 1                    | 2               | 3           | 4             | 5                  |
| • Meetings/conferences                              | 1                    | 2               | 3           | 4             | 5                  |
| • Email   | 1                    | 2               | 3           | 4             | 5                  |
| • Internet/Web (electronic)                         | 1                    | 2               | 3           | 4             | 5                  |
| • Training/Demonstrations (live or distance-based)  | 1                    | 2               | 3           | 4             | 5                  |
| • Telephonic or face-to-face coaching               | 1                    | 2               | 3           | 4             | 5                  |



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18. From which, if any, of the following organizations have you obtained workplace health/wellness information/resources (e.g., data, prevention strategies, educational materials)? (Check all that apply).

- Centers for Disease Control and Prevention
- Chamber of Commerce
- Health plan/Providers/Pharmacists
- Local business coalition
- Media: please specify \_\_\_\_\_
- National Business Coalition on Health
- National Business Group on Health
- National Safety Council
- Non-profit Organization (e.g., The American Diabetes Association): please specify \_\_\_\_\_
- Professional Organization (e.g., American College of Sports Medicine): please specify \_\_\_\_\_
- State or Local Health Department
- University
- Vendors/Consultants: please specify \_\_\_\_\_
- YMCA/YWCA
- Other (please specify): \_\_\_\_\_

19. Do your employees have access to the Internet during work hours to access health and wellness related information?

- Yes
- No
- Other (please explain): \_\_\_\_\_

20. Please rate how useful each of the following resources would be to support your Workplace Health/Wellness Program:

| Resources  | Level of Utility      |                   |                       |            |                 |
|--|-----------------------|-------------------|-----------------------|------------|-----------------|
|  | Not at all Useful (1) | Of Little Use (2) | Moderately Useful (3) | Useful (4) | Very Useful (5) |
| <b>KEY:</b>  |                       |                   |                       |            |                 |
| • Case Studies   | 1                     | 2                 | 3                     | 4          | 5               |
| • Business Case  | 1                     | 2                 | 3                     | 4          | 5               |
| • Trade or Professional/Scientific Journal Article     | 1                     | 2                 | 3                     | 4          | 5               |
| • Web Tools  | 1                     | 2                 | 3                     | 4          | 5               |
| • Social Media Tools                                   | 1                     | 2                 | 3                     | 4          | 5               |
| • Check Lists  | 1                     | 2                 | 3                     | 4          | 5               |
| • Resource lists and Inventories                       | 1                     | 2                 | 3                     | 4          | 5               |
| • Turn-key programs                                    | 1                     | 2                 | 3                     | 4          | 5               |
| • Intervention Templates or Models                     | 1                     | 2                 | 3                     | 4          | 5               |
| • Certificates/Certification/Recognition (e.g., award) | 1                     | 2                 | 3                     | 4          | 5               |
| • Other, please specify                                | 1                     | 2                 | 3                     | 4          | 5               |

## **SECTION 4: Company Characteristics**

This section is designed to capture some information about your company, its employees, and your health and insurance programs.

21. Please describe your position in your business:

- CEO/President/Owner
- VP
- Director, HR
- Director, Benefits
- Wellness Manager
- Environmental Health and Safety Representative
- Union/Labor Representative
- Other (specify): \_\_\_\_\_

22. Which of the following organizations is your business a member of (check all that apply):

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- € US Chamber of Commerce
- € US Small Business Administration
- € National Veteran Small Business Coalition
- € National Organization of Women Small Business Owners
- € National Black Chamber of Commerce
- € Latin Business Association
- € Other (specify): \_\_\_\_\_

23. How many years have you been in business?

- € Less than 5 years
- € 5- 10 years
- € 11-15 years
- € 16 or more years

24. How many employees does your business have?

- € 30 or fewer employees
- € 31 to 50 employees
- € 51 to 100 employees
- € 101 to 500 employees
- € More than 500 employees

25. What are the demographic characteristics of your employees (please answer in percentages):

- Percentage women? \_\_\_\_\_ Percentage men? \_\_\_\_\_  
Percentage White? \_\_\_\_\_ Percentage Black/ African American? \_\_\_\_\_  
Percentage Hispanic/Latino? \_\_\_\_\_ Percentage Asian? \_\_\_\_\_  
Percentage American Indian/Alaska Native? \_\_\_\_\_ Percentage Native Hawaiian/Pacific Islander? \_\_\_\_\_  
Percentage Other? \_\_\_\_\_  
Percentage Veterans? \_\_\_\_\_  
Percentage employees over age 60? \_\_\_\_\_

26. What percentage of your employees are:

- Percentage Full time? \_\_\_\_\_ Percentage Part time? \_\_\_\_\_ Percentage Temporary? \_\_\_\_\_  
Percentage Salaried? \_\_\_\_\_ Percentage Hourly? \_\_\_\_\_  
Percentage Union? \_\_\_\_\_

27. What industry best describes your primary business activity?

- € Agriculture, Forestry, Fishing and Hunting
- € Mining, Quarrying, and Oil and Gas Extraction
- € Utilities
- € Construction
- € Manufacturing
- € Wholesale Trade
- € Retail Trade
- € Transportation and Warehousing
- € Information
- € Finance and Insurance
- € Real Estate and Rental and Leasing
- € Professional, Scientific, and Technical Services
- € Management of Companies and Enterprises
- € Administrative and Support and Waste Management and Remediation Services
- € Educational Services
- € Health Care and Social Assistance
- € Arts, Entertainment, and Recreation
- € Accommodation and Food Services
- € Public Administration
- € Other Services (specify) \_\_\_\_\_

28. Which of the statements best describes your business's health insurance benefit?

# Work@Health

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- € We do not offer health insurance to our employees
- € We offer a health insurance plan, but do not contribute a percentage of the premium
- € We offer a health insurance plan, and employees share the cost
- € We offer a health insurance plan and we pay for it completely

**Optional: If you would like to receive more information about the CDC Work@Health Program, or if you would like to participate in the Program training, please visit the following link: [www.cdc.gov/workathealth](http://www.cdc.gov/workathealth)**

Thank you for your participation. We appreciate your response.