Form Approved

OMB No. 0920-XXXX

Exp. Date: XX-XX-XXXX

**CDC Work@Health™ Organizational Assessment**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Respondents/Sources* | *Method* | *Content* | *Timing* | *Respondents* | *Time per Respondent* |
| Employer Representative (or trainee) – all worksites | Work@Health™ Organizational Assessment (conducted online by PHMC) | * Program description
* Employee participation
* Challenges and motivators
 | *2 times:* One month before training and April/July 2015 (12-15 months after training) | 540 | 0.25 hrs |

Public reporting of this collection of information is estimated to average 15 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).

**INTRODUCTION**

The Centers for Disease Control and Prevention (CDC) has developed Work@HealthTM, a worksite health/wellness training and technical assistance program for employers. Your worksite has been chosen to participate in Work@HealthTM. As a participant of Work@HealthTM we ask that you complete the attached survey so that we can learn more about your worksite’s health programs, employee participation, environmental supports for worksite health, and community partnerships. **For the purposes of this survey, a worksite health program is defined as a coordinated and comprehensive set of health promotion and protection strategies implemented at the worksite, 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 wellness coordinator or another person who is most knowledgeable about the employer’s worksite health program. This may or may not be the person who participates in the*** Work@HealthTM ***training.*** 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 sector consulting firm with a focus in the area of health and human services based in Greenbelt, MD. They are helping CDC implement the Work@HealthTM Program. The Public Health Management Corporation (PHMC), a non-profit, public health institute located in Philadelphia, PA and part of the ASHLIN Team designed this survey.

• You were asked to participate because your worksite is participating in the Work@HealthTM program.

• 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 15 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.

• If you have any questions, you can contact Kristin Minot at Public Health Management Corporation. Her phone number is 215-985-2519 and her email is Kristin@phmc.org.

The information that we are asking you to provide below will help us to gain an insight into elements of your worksite’s health promotion program, participation in that program, and any ties to your local community. After completion of the training portion of the Work@HealthTM Program, your responses will be compared to gauge any progress that has been made in the following areas.

**Section 1: Your Worksite Health Program**

**This section is designed to capture information about the motivators and barriers that exist for your worksite’s existing health program.**

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

|  |  |
| --- | --- |
| **Employee Health Issues** | **Level of Importance** |
| **KEY:** | Not at all Important (1) | Of Little Importance(2) | Moderately Important(3) | Important(4) | Very Important(5) |
| * 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 use
 | 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 describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | 1 | 2 | 3 | 4 | 5 |

1. What are/were the most important reasons for implementing a worksite health program at your worksite? Please rate 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** |
| **KEY:** | Not at all Important (1) | Of Little Importance(2) | Moderately Important(3) | Important(4) | Very Important(5) |
| * 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 |
| * Being viewed as an “employer of choice”
 | 1 | 2 | 3 | 4 | 5 |
| * Improve worksite safety/reduce workers’ compensation claims
 | 1 | 2 | 3 | 4 | 5 |
| * Furthering worksite values/mission
 | 1 | 2 | 3 | 4 | 5 |
| * High employee demand
 | 1 | 2 | 3 | 4 | 5 |
| * Lower absenteeism
 | 1 | 2 | 3 | 4 | 5 |
| * Lower presenteeism (health’s impact on work performance)
 | 1 | 2 | 3 | 4 | 5 |
| * Business sustainability/growth
 | 1 | 2 | 3 | 4 | 5 |
| * Improve overall employee health
 | 1 | 2 | 3 | 4 | 5 |
| * Other (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | 1 | 2 | 3 | 4 | 5 |

1. What are/were the greatest barriers to implementing a worksite health program at your worksite? Please rate the following items on a scale from (1) Not at all a Barrier to (5) Significant Barrier.

|  |  |
| --- | --- |
| **Barriers to Implement** | **Degree of Barrier** |
| **KEY:** | Not a Barrier(1) | Small Barrier(2) | Moderate Barrier(3) | Large Barrier(4) | Significant Barrier(5) |
| * Lack of interest among employees
 | 1 | 2 | 3 | 4 | 5 |
| * Our workforce is too small
 | 1 | 2 | 3 | 4 | 5 |
| * Our workforce is too dispersed (e.g., telecommuters, sales force, offices located in multiple geographic regions)
 | 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 |
| * Lack of effective program champion(s)
 | 1 | 2 | 3 | 4 | 5 |
| * Doesn’t align with our worksite 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 (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | 1 | 2 | 3 | 4 | 5 |

 To what extent do you agree with the following statements?

1. At my worksite, management and supervisors encourage healthy behaviors.
2. Strongly disagree
3. Disagree
4. Neutral
5. Agree
6. Strongly agree
7. At my worksite, management considers worksite health and safety to be important.
8. Strongly disagree
9. Disagree
10. Neutral
11. Agree
12. Strongly agree
13. At my worksite, management considers employee health and productivity to be inextricably linked.
14. Strongly disagree
15. Disagree
16. Neutral
17. Agree
18. Strongly agree
19. Please indicate whether your worksite uses or would use the following communication methods to raise awareness of and participation in your worksite health program:

|  |  |  |  |
| --- | --- | --- | --- |
| **Communication Channel/Method** | **Do Use** | **Would Use** | **Would Not Use** |
| * Social Networking customized for your worksite (e.g., Facebook, Twitter, LinkedIn)
 |  |  |  |
| * Printed Materials (e.g., flyers, posters, self-care books, paycheck stuffers)
 |  |  |  |
| * Bulletin Boards
 |  |  |  |
| * Electronic Newsletters
 |  |  |  |
| * Videos/DVDs
 |  |  |  |
| * Text Messaging
 |  |  |  |
| * Meetings/conferences
 |  |  |  |
| * Training/demonstrations (live or distance-based)
 |  |  |  |
| * Emails
 |  |  |  |
| * Webinars
 |  |  |  |
| * Health and Wellness Newsletters/Brochures
 |  |  |  |
| * Online Portal
 |  |  |  |
| * Workshops/Lunch and Learns
 |  |  |  |
| * Telephonic or Face-to-Face Coaching
 |  |  |  |

1. Does your worksite have an active health promotion committee?
	1. Yes
	2. No (if no please skip to Q13)
2. Who participates in your health promotion committee? (check all that apply)
	1. Employees
	2. Management
	3. Employee representatives (i.e., unions)
	4. Family representatives
	5. Vendors
	6. Other (please describe): \_\_\_
3. How often does the committee meet?
	1. Once per week
	2. Two – three times per month
	3. Once per month
	4. A few times per year
	5. Once per year
	6. Less than once per year
4. What kinds of issues does the committee address? (check all that apply)
	1. Employee participation in programs
	2. Activity planning
	3. Changes to the work environment
	4. Education of the workforce in health promotion topics (i.e., importance of good nutrition, physical activity, etc.)
	5. Program planning/design
	6. Budgeting
	7. Program implementation
	8. Assessment/Evaluation
	9. Policy development (e.g., tobacco policy, vending machine options)
	10. Other (please describe): \_\_\_

**Section 2: Employee Participation and Community Resources**

**This section is designed to capture information about your employees’ participation in existing programs and community partnership activities.**

1. Which of the following employees are eligible to receive health insurance at your worksite? (check all that apply)
	1. Full time workers
	2. Part time workers
	3. Temporary workers
2. Please estimate the percentage of your employees that currently participate in the following employee health programs and services:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of Program** | **Less than 25%** | **26-50%** | **51-75%** | **76-100%** | **Do Not Currently Offer this Program** |
| * Tobacco Cessation Programs
 |  |  |  |  |  |
| * Nutrition Programs
 |  |  |  |  |  |
| * Weight Management Programs
 |  |  |  |  |  |
| * Physical Activity Programs
 |  |  |  |  |  |
| * Vaccination Programs (e.g., flu)
 |  |  |  |  |  |
| * Mental Health Programs (e.g., depression, anxiety)
 |  |  |  |  |  |
| * Stress and Work/Life Balance Programs
 |  |  |  |  |  |
| * Programs to Screen and Treat Alcohol /Drug Misuse
 |  |  |  |  |  |
| * Injury Prevention Programs
 |  |  |  |  |  |
| * Disease Management Programs
 |  |  |  |  |  |
| * Programs to Support Breastfeeding
 |  |  |  |  |  |
| * Safety Programs
 |  |  |  |  |  |
| * Ergonomics
 |  |  |  |  |  |
| * Preventive Health Services (mammograms, cholesterol screenings, etc.)
 |  |  |  |  |  |
| * Health Coaching
 |  |  |  |  |  |
| * Other (please describe):
 |  |  |  |  |  |
| * Other (please describe):
 |  |  |  |  |  |
| * Other (please describe):
 |  |  |  |  |  |

1. Please indicate which of the following are currently offered by your worksite and, if offered, who provides each service.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Type of Program** | **Not Currently Offered** | **Internal Staff** | **Health Plan** | **Vendor** | **Community Organization** | **Other type of group (please specify)** |
| * Tobacco Cessation Programs
 |  |  |  |  |  |  |
| * Nutrition Programs
 |  |  |  |  |  |  |
| * Physical Activity Programs
 |  |  |  |  |  |  |
| * Vaccination Programs
 |  |  |  |  |  |  |
| * Mental Health Programs
 |  |  |  |  |  |  |
| * Stress and Work/Life Balance Programs
 |  |  |  |  |  |  |
| * Programs to Screen and Treat Alcohol Misuse
 |  |  |  |  |  |  |
| * Injury Prevention Programs
 |  |  |  |  |  |  |
| * Disease Management Programs
 |  |  |  |  |  |  |
| * Programs to Support Breastfeeding
 |  |  |  |  |  |  |
| * Safety Programs
 |  |  |  |  |  |  |
| * Preventive Health Services (mammograms, cholesterol screenings, etc.)
 |  |  |  |  |  |  |
| * Health Coaching
 |  |  |  |  |  |  |
| * Other (please describe):
 |  |  |  |  |  |  |
| * Other (please describe):
 |  |  |  |  |  |  |
| * Other (please describe):
 |  |  |  |  |  |  |

1. Who is eligible to participate in your worksite’s health promotion program? (check all that apply)
2. Employees only
3. Employees’ spouses/partners
4. Employees’ children
5. Community members
6. Retirees
7. Other (please describe): \_\_\_
8. In the past year has your worksite collaborated with any of the following organizations in health promotion events?
	1. State and local non-profits groups (e.g., American Cancer Society, American Lung Association, American Diabetes Association)
	2. Local community organizations (e.g., YMCA, Jewish Community Center)
	3. Regulatory organizations (e.g., OSHA)
	4. Hospitals
	5. Government – local health department, state-health department
	6. Government - federal (e.g., Centers for Disease Control and Prevention
	7. Business coalitions, chambers of commerce
	8. Other (please describe): \_\_\_\_
9. In the past year has your worksite *participated in* community campaigns to promote healthy lifestyles (e.g., working with the community’s “Let’s Move” Campaign)?
10. Yes
11. No
12. If so, please describe: \_\_\_
13. In the past year has your worksite ever *contracted with* community organizations and programs involved in preventative care, healthy lifestyles, or recreation (e.g., weekly Weight Watchers programs)?
14. Yes
15. No
16. If so, please describe: \_\_\_
17. Does your worksite have any of the following facilities within a one-mile radius of its main location? (check all that apply)
18. Park
19. Gym
20. Swimming pool
21. YMCA
22. Walking trail
23. Bike trail
24. Open space/grassy area large enough for physical activity
25. Athletic field
26. Other (please describe): \_\_\_
27. Does your worksite have or share any of the following environmental supports within the confines of your main physical work location? (check all that apply)
28. Shower(s)/changing rooms
29. Bike racks/barn
30. Unsupervised exercise room
31. Supervised fitness center
32. Space for group exercise
33. Marked walking route on grounds
34. Adjustable workstations (e.g., sitting/standing)
35. Open outdoor space for recreation or exercise (e.g., basketball, volleyball)
36. Other (please describe): \_\_\_
37. Under what type of funding cycle does your worksite operate?
38. January 1 – December 30
39. July 1 – June 30
40. Other (please describe):
41. Don’t know