

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)	<ul style="list-style-type: none"> 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

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INTRODUCTION

The Centers for Disease Control and Prevention (CDC) has developed Work@Health™, a worksite health/wellness training and technical assistance program for employers. Your worksite has been chosen to participate in Work@Health™. As a participant of Work@Health™ 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@Health™ 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@Health™ 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@Health™ 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@Health™ 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				
	Not at all Important (1)	Of Little Importance (2)	Moderately Important (3)	Important (4)	Very Important (5)
KEY:					
• 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

2. 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				
	Not at all Important (1)	Of Little Importance (2)	Moderately Important (3)	Important (4)	Very Important (5)
KEY:					
• 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

3. 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				
	Not a Barrier (1)	Small Barrier (2)	Moderate Barrier (3)	Large Barrier (4)	Significant Barrier (5)
KEY:					
• 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?

4. At my worksite, management and supervisors encourage healthy behaviors.
 - a. Strongly disagree
 - b. Disagree
 - c. Neutral
 - d. Agree
 - e. Strongly agree

5. At my worksite, management considers worksite health and safety to be important.
 - a. Strongly disagree
 - b. Disagree
 - c. Neutral
 - d. Agree
 - e. Strongly agree

6. At my worksite, management considers employee health and productivity to be inextricably linked.
 - a. Strongly disagree
 - b. Disagree
 - c. Neutral
 - d. Agree
 - e. Strongly agree

8. 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			

9. Does your worksite have an active health promotion committee?

- a. Yes
- b. No (if no please skip to Q13)

10. Who participates in your health promotion committee? (check all that apply)

- a. Employees
- b. Management
- c. Employee representatives (i.e., unions)
- d. Family representatives
- e. Vendors
- f. Other (please describe): ____

11. How often does the committee meet?

- a. Once per week
- b. Two - three times per month
- c. Once per month
- d. A few times per year
- e. Once per year
- f. Less than once per year

12. What kinds of issues does the committee address? (check all that apply)

- a. Employee participation in programs
- b. Activity planning
- c. Changes to the work environment
- d. Education of the workforce in health promotion topics (i.e., importance of good nutrition, physical activity, etc.)
- e. Program planning/design
- f. Budgeting
- g. Program implementation
- h. Assessment/Evaluation
- i. Policy development (e.g., tobacco policy, vending machine options)
- j. 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.

13. Which of the following employees are eligible to receive health insurance at your worksite? (check all that apply)
- a. Full time workers
 - b. Part time workers
 - c. Temporary workers

14. 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):					

15. 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):						

16. Who is eligible to participate in your worksite's health promotion program? (check all that apply)
- Employees only
 - Employees' spouses/partners
 - Employees' children
 - Community members
 - Retirees
 - Other (please describe): ____
17. In the past year has your worksite collaborated with any of the following organizations in health promotion events?
- State and local non-profits groups (e.g., American Cancer Society, American Lung Association, American Diabetes Association)
 - Local community organizations (e.g., YMCA, Jewish Community Center)
 - Regulatory organizations (e.g., OSHA)
 - Hospitals
 - Government - local health department, state-health department
 - Government - federal (e.g., Centers for Disease Control and Prevention)
 - Business coalitions, chambers of commerce
 - Other (please describe): ____
18. 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)?
- Yes
 - No
 - If so, please describe: ____
19. 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)?
- Yes
 - No
 - If so, please describe: ____
20. Does your worksite have any of the following facilities within a one-mile radius of its main location? (check all that apply)
- Park
 - Gym
 - Swimming pool
 - YMCA
 - Walking trail
 - Bike trail
 - Open space/grassy area large enough for physical activity
 - Athletic field
 - Other (please describe): ____
21. 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)
- Shower(s)/changing rooms
 - Bike racks/barn
 - Unsupervised exercise room
 - Supervised fitness center
 - Space for group exercise
 - Marked walking route on grounds
 - Adjustable workstations (e.g., sitting/standing)
 - Open outdoor space for recreation or exercise (e.g., basketball, volleyball)
 - Other (please describe): ____
22. Under what type of funding cycle does your worksite operate?
- January 1 - December 30
 - July 1 - June 30
 - Other (please describe): ____
 - Don't know