



CDC Work@Health Employer Follow-Up Survey

Introduction to CDC Work@Health Employer Follow-Up Survey

Form Approved
OMB No. 0920-xxxx
Exp. Date xx/xx/xxxx

CDC WORK@HEALTH™ EMPLOYER FOLLOW-UP SURVEY

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).

Next



Training Employers | Promoting Health | Maximizing Performance

CDC Work@Health Employer Follow-Up Survey

Introduction

This survey asks about your experience since the end of your formal participation in the Work@Health™ Program. This survey, which should take about 10-15 minutes to complete, is funded by the Centers for Disease Control and Prevention and is being conducted by RTI International (RTI). RTI is an independent, non-profit research organization headquartered in Research Triangle Park, NC.

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 Work@Health™ Program.
- You were asked to complete the survey because of your role in your company's health promotion activities.
- 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 discussion is designed to take about 15 minutes.
- 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.
- There are no right or wrong answers or ideas—we want to hear about YOUR experiences and opinions.
- CDC is authorized to collect information for this project under the Public Health Services Act.
- There are no risks or benefits to you personally for participating in this discussion.
- If you have any concerns about your rights as a human subject, you can contact Dr. Laurie Cluff. Her toll-free number is 1-800-334-8571 x 6514. If you have questions about your rights as a study participant, you can call RTI's Office of Research Protection and Ethics toll-free at 1-866-214-2043.

Prev

Next



Training Employers | Promoting Health | Maximizing Performance

CDC Work@Health Employer Follow-Up Survey

1. How has your worksite health program changed since becoming involved in the Work@Health™ Program? [select all that apply]

- This worksite does not have a health program
- More services, policies, and/or environmental changes in place for employees (expanded program)
- Fewer services, policies, and/or environmental changes in place employees (reduced program)
- The same number of services, policies, and/or environmental changes in place for employees (no change)
- Programming, policies, and/or environmental changes made available for more employees
- Programming, policies, and/or environmental changes made available to fewer employees
- More employees are participating in the program
- Focus of the programming has changed (e.g., from heart health to diabetes)
- The quality of the program has improved
- Other (please specify)

2. Please rate the level of importance of each of the following for maintaining the program, policies and/or environmental changes over the next 12 months:

	Not Important	Somewhat Important	Important	Very Important	Extremely Important
Financial Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program Staffing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wellness Committee	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program Champions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organizational Culture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employee Incentives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Partnerships/Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Over the next 12 months, what do you foresee as the level of your worksite's financial investment in employee health promotion?

- My worksite will spend about the same as it currently does
- My worksite will spend more
- My worksite will spend less

4. Over the next 12 months, to what extent does your organization plan to support additional training for staff to implement or enhance worksite health promotion programs, policies and environmental supports?

- We will provide financial resources for staff to participate in additional training
- We will only allow staff time to participate in free training opportunities
- We will not provide support for additional training

5. What additional types of training or other types of support would have been helpful for implementing or expanding a program at your worksite?

6. How important was the Work@Health™ funding for starting or enhancing health promotion activities or policies at your worksite?

- We could not have gotten started without the funds
- The funds helped, but were not essential to our program
- The funds did not make a difference in our efforts

7. What incentives are offered at your worksite to encourage employee participation in health promotion activities? [select all that apply]

- None
- Reduced insurance premiums/deductibles
- Paid time off
- Cash incentives (specify amount) or incentives with cash value
- Competitions with prizes
- Subsidized gym memberships
- Token rewards
- Other (please specify)

8. What other major costs are associated with your worksite's health promotion efforts?

6. How important was the Work@Health™ funding for starting or enhancing health promotion activities or policies at your worksite?

- We could not have gotten started without the funds
- The funds helped, but were not essential to our program
- The funds did not make a difference in our efforts

7. What incentives are offered at your worksite to encourage employee participation in health promotion activities? [select all that apply]

- None
- Reduced insurance premiums/deductibles
- Paid time off
- Cash incentives (specify amount) or incentives with cash value
- Competitions with prizes
- Subsidized gym memberships
- Token rewards
- Other (please specify)

8. What other major costs are associated with your worksite's health promotion efforts?

Prev

Done