

## ***Prevention and Wellness Assessment Survey***

### **Form Approved**

**OMB No. 0920-[XXXX]**

**Exp. Date [xx/xx/20xx]**

*Public reporting burden of this collection of information is estimated to an average of 30 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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333, ATTN: PRA [INCLUDE OMB No. 0920-XXXX].*

### **Overview**

Thank you for your participation in the Health Plan Prevention and Wellness Program Survey. America's Health Insurance Plans (AHIP), in collaboration with the Centers for Disease Control and Prevention (CDC), is conducting this survey to examine approaches to promote clinical preventive services and wellness in the commercially insured population. This survey is organized into the following five sections:

- Section I. Health Plan Characteristics
- Section II. Overall Approaches to Prevention and Wellness
- Section III. Clinical Preventive Services
- Section IV. Wellness Programs
- Section V. Community Partnerships in Prevention and Wellness

### **Scope**

Please answer all the survey questions based on the prevention and wellness programs you offer in the **COMMERCIAL MARKET** for both fully insured and self-insured products. Prevention and wellness programs aimed at Medicaid and Medicare Advantage beneficiaries are outside the scope of this survey. Where feasible, please respond based on the most commonly implemented prevention and wellness approaches.

### **Definitions**

#### ***Prevention Program***

For the purpose of this survey, prevention activities refer to the delivery and promotion of clinical preventive services that help protect against disease or reduce the likelihood of disease, disability, and premature death.

#### ***Wellness Program***

A wellness program refers to structured approaches such as tools, rewards, and/or interventions intended to improve and promote health and fitness. For example, rewards and interventions to reduce risk for cardiovascular disease are typically included in a wellness program. Disease management programs that aim to help individuals manage or control

*Please respond to all survey questions based on your Commercial product.*

## Appendix C

existing diseases or conditions are outside the scope of this survey and should not be included in your responses.

### **Instructions / Tips**

Please note that questions may require information from other staff members or other departments within your organization. We recommend that you review the survey questionnaire in the Word format first and, if needed, collect this information prior to submitting your answers via the online web link.

We estimate it will take approximately 30 minutes to submit your responses.

Please answer the survey questions on behalf of your organization including all of your subsidiary plans. If you would like to submit separate responses for your subsidiaries, please forward the survey link to appropriate staff and they will be able to submit a separate survey response.

### **Contact Information**

If you have questions about the survey or are experiencing technical difficulties, please contact:

- German Veselovskiy at gveselovskiy@ahip.org or 202-778-8476.
- Merianne Spencer at mspencer@ahip.org or 202-778-3299.

---

**Section I. Health Plan Characteristics**

---

**1. What is the name of your health plan?** \_\_\_\_\_

**2. What is your health plan’s total Commercial (individual and group market) enrollment as of January 1, 2015?**

Commercial individual and group market enrollment (including both fully-insured and self-insured)	
---	--

**3. Please estimate what percent of your commercial members are enrolled in grandfathered plans<sup>1</sup>. (Note: Please do not include transitional plans in your estimate.)**

(A slider would allow the respondent to choose a specific number between 0% and 100%)

**4. What commercial markets does your health plan service? (Please check all that apply):**

- a. Fully insured individual market
- b. Fully insured large group market (100+ employees)
- c. Fully insured small group market (< 100 employees)
- d. Self-insured (ERISA)

---

<sup>1</sup> Grandfathered plans are group health plans or group/individual health insurance coverage that existed on March 23, 2010, which do not meet all the requirements of the Affordable Care Act.

*Please respond to all survey questions based on your Commercial product.*

---

## Section II. Prevention and Wellness

---

### Approaches to Prevention and Wellness

**Prevention Program**

For the purpose of this survey, prevention activities refer to the delivery and promotion of clinical preventive services that help protect against disease or reduce the likelihood of disease, disability, and premature death.

**Wellness Program**

A wellness program refers to structured approaches such as tools, rewards, and/or interventions intended to improve and promote health and fitness. For example, rewards and interventions to reduce risk for cardiovascular disease are typically included in a wellness program. Disease management programs that aim to help individuals manage or control existing diseases or conditions are outside the scope of this survey and should not be included in your responses.

**5. Please rank the objectives of your prevention and wellness programs:**

Objectives of your Prevention and Wellness programs:	Primary Objective	Secondary Objective	This is not an objective specific to our prevention and wellness programs	Not applicable (N/A)
Promote health in covered population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevent onset of chronic disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce or mitigate health care costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve workforce productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve overall quality of care				
Other objective(s) (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please respond to all survey questions based on your Commercial product.

---

**Section III – Clinical Preventive Services**

---

**Provider Engagement on Clinical Preventive Services**

*The purpose of this section is to understand how your health plan engages with providers to promote clinical preventive services<sup>2</sup>. Please answer the questions below based on your experiences interacting and engaging with your providers.*

**6. In your experience, how useful are the following provider tools/resources at promoting clinical preventive services?**

<b>Tools &amp; Resources Your Health Plan Makes Available To Providers</b>	<b>Very Useful</b>	<b>Somewhat Useful</b>	<b>Not Useful</b>	<b>Don't know</b>	<b>We haven't implemented these approaches</b>
Share with providers real-time patient data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make available to providers clinical decision-support tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide physicians with lists of individual patients requiring specific clinical preventive services based on claims data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Share performance reports with providers on preventive care quality measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide physicians with patient education materials on clinical preventive services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify. If not applicable, please select the “We have not implemented these approaches” option for this row.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

<sup>2</sup> Refers to services provided by clinicians. Examples include screening and counseling.

*Please respond to all survey questions based on your Commercial product.*

**7. What types of provider incentives does your health plan currently use to promote clinical preventive services? (Please check all that apply):**

- a. New payment models (excluding pay-for-performance) with a focus on primary care (e.g., shared savings/shared risk models, bundled payments, global payment)
- b. Pay-for-performance (P4P) incentives for meeting specific targets on preventive measures (e.g. HEDIS measures)
- c. Other (please specify) \_\_\_\_\_
- d. Our health plan does not use provider incentives. **(Skip to question 10)**

**8. Are provider incentives currently tied to achievement of performance targets in specific areas? (Please check all that apply):**

- a. Cancer screenings
- b. Immunizations
- c. Tobacco cessation
- d. Well visits
- e. BMI assessment
- f. Weight reduction
- g. Other (please specify) \_\_\_\_\_
- h. No, incentives are not currently tied to performance targets

**9. In your experience, what types of provider incentives are useful for promoting clinical preventive services?**

	Very useful	Somewhat useful	Not useful	Don't know	We haven't used these approaches
Risk-adjusted PMPM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care Management Fee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pay-for-performance incentives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shared savings (upside)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shared risk (downside)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partial capitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognition programs or awards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify. If not applicable, please select the "We haven't used these approaches" option for this row.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please respond to all survey questions based on your Commercial product.

**Member Engagement on Clinical Preventive Services**

*The purpose of this section is to understand how you work and engage with your members to promote clinical preventive services. Please answer the questions below based on your experiences interacting and engaging with your members.*

**10. In your experience, which approaches are useful for increasing uptake in clinical preventive services?**

<b>Interventions Targeted at Members</b>	<b>Very useful</b>	<b>Somewhat useful</b>	<b>Not useful</b>	<b>Don't know</b>	<b>We haven't used these approaches</b>
Reminders provided to members for clinical preventive services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member incentives (positive) for receiving specific clinical preventive services (i.e. financial or non-financial rewards)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member disincentives for receiving specific clinical preventive services (i.e. financial or non-financial penalties)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value-based insurance design for preventive services <sup>3</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provision of educational material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify. If not applicable, please select the "We haven't used these approaches" option for this row.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<sup>3</sup> Value-Based Insurance Design (V-BID) is built on the principle of lowering or removing financial barriers to essential, high-value clinical services for members. V-BID aligns patients' out-of-pocket costs, such as coinsurance, with the value of services.

*Please respond to all survey questions based on your Commercial product.*



---

## Section IV. Wellness Programs

---

### Definition of a Wellness Program

#### **Wellness Program**

*A wellness program refers to structured approaches such as tools, rewards, and/or interventions intended to improve and promote health and fitness. For example, rewards and interventions to reduce risk for cardiovascular disease are typically included in a wellness program. Disease management programs that aim to help individuals manage or control existing diseases or conditions are outside the scope of this survey and should not be included in your responses.*

**11. What are key components of wellness programs offered directly to your members? (Please check all that apply):**

- a. Identification and stratification of risk for illness
- b. Targeted interventions to promote wellness
- c. Monitoring and evaluation of programs
- d. Providing feedback to employers/consumers
- e. Partnering with providers to promote wellness
- f. Other (please specify) \_\_\_\_\_

**12. What guidelines, standards or studies does your health plan use in designing your wellness programs (Please select all that apply)?**

- a. The Guide to Community Preventive Services (The Community Guide)
- b. The Health Enhancement Research Organization (HERO)<sup>4</sup>
- c. NCQA wellness and health promotion accreditation standards
- d. Best practices from successful wellness programs of other health plans or employers
  - (Optional): Please describe some of the best practices you have identified from successful wellness programs:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- e. Findings or recommendations from regional coalitions

---

<sup>4</sup> Link to HERO website: <http://www.the-hero.org>

- *(Optional): Please list specific findings or recommendations from regional coalitions that you have used:*

---

---

---

---

---

- f. Peer-reviewed evidence-based studies
- g. Behavioral and/or psychosocial theories (e.g. Stages of Change, trans-theoretical model, etc.)
- h. Condition-specific guidelines (e.g. American College of Sports Medicine; American Dietetic Association, American Heart Association, National Cancer Institute; WELCOA; WebMD)
- i. Federal studies or guidelines (e.g. CDC, NIOSH, NHLBI, WHO, U.S. Department of Agriculture)
- j. Other (please specify)\_\_\_\_\_

**13. How does your health plan administer your wellness programs?**

- a. Design and administer programs in-house
- b. Contract with a vendor to design and administer programs
- c. Both in-house and outside vendor
- d. Don't know (explain) \_\_\_\_\_

**14. How does your health plan identify members who may benefit from wellness programs? (Please check all that apply):**

- a. Medical chart reviews
- b. Patient self-report (e.g. HRA)
- c. Prospective analysis/predictive modeling
- d. Provider referrals
- e. Retrospective data analysis
- f. Biometric screening (i.e. weight, lipid profile etc.)
- g. Other (please specify)\_\_\_\_\_

**15. Do your members have access to programs that are designed to assist them in minimizing specific risk factors (Please check all that apply)?**

<b>Programs that target:</b>	<b>Yes, our fully-insured members have access</b>	<b>Yes, our self-insured members have access</b>	<b>No, we do not offer this program</b>
Cardiovascular risk (e.g. elevated lipid levels, hypertension)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health/ substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prenatal care for the eligible subpopulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other risk factor1 (Please describe. If not applicable, please select the “No, we do not offer this program” option for this row.) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other risk factor2 (Please describe. If not applicable, please select the “No, we do not offer this program” option for this row.) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other risk factor3 (Please describe. If not applicable, please select the “No, we do not offer this program” option for this row.) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please respond to all survey questions based on your Commercial product.*

**16. What intervention methods does your health plan use to target risk factors and promote member wellness?**

<b>Intervention Methods</b>	<b>We offer to all our members regardless of their risk level for disease</b>	<b>We offer only to members who are at high risk for disease</b>	<b>We do not offer this intervention method</b>
Digital coaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational material for patient self-management of health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-person health coaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile health vans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse call lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient self-management tools (e.g., calorie counters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remote outbound telephonic coaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telehealth <sup>5</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other intervention method(s) (Please specify. If not applicable, please select the “We do not offer this intervention method” for this row.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<sup>5</sup> HRSA defines telehealth as the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.

*Please respond to all survey questions based on your Commercial product.*

**17. In your experience which member-facing wellness interventions have been useful at promoting wellness?**

	Very useful	Somewhat useful	Not Useful	Don't know	We haven't used these approaches
Digital coaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational material for patient self-management of health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-person health coaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile health vans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse call lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient self-management tools (e.g., calorie counters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remote outbound telephonic coaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telehealth <sup>5</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify. If not applicable, please select the "We haven't used these approaches" option for this row.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**18. What types of technology does your health plan use to promote wellness among your members? (Please check all that apply):**

- a. Smart phone apps
- b. Social media (Facebook, Twitter)
- c. Text messaging
- d. Web-based tools (e.g., portal)
- e. Employer-based web portal
- f. Other (please specify) \_\_\_\_\_
- g. Currently we do not use technology for this purpose

*Please respond to all survey questions based on your Commercial product.*

**19. What kinds of member incentives are offered to promote member wellness? (Please check all that apply):**

- a. Merchandise or gift cards
- b. Discounted gym or health club membership
- c. Discounts for buying healthful foods
- d. Cash payments
- e. Lower insurance premium (or higher if penalties)
- f. Recognition program for achieving certain goals
- g. Other (please specify)\_\_\_\_\_
- h. Currently, we do not offer member incentives (Skip to Q21)

**20. If member incentives are part of your program, to what activities are they tied?**

Incentives	Incentives <u>can be tied</u> to:	Incentives <u>can NOT be</u> tied to:	Not Applicable (N/A)
Completion of personal health risk assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in biometric screenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enrollment in specific programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completion of specific programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Achievement of specific health goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other activities/outcome(s) (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**21. How does your health plan engage providers in wellness programs? (Please select all that apply):**

- a. Participation of physicians in patient-centered medical homes
- b. Via financial incentives
- c. Sharing educational materials with providers
- d. Sharing information on evidence-based wellness approaches
- e. Decision support tools made available to providers
- f. Other (please specify):\_\_\_\_\_
- g. Currently, we do not engage providers in wellness.

*Please respond to all survey questions based on your Commercial product.*

**22. What areas of your health plan wellness programs do you monitor?**

- a. Health risk improvements
- b. Return on investment (ROI)
- c. Member participation
- d. Member satisfaction
- e. Other (please specify) \_\_\_\_\_
- f. Currently, we do not monitor wellness programs.

**23. Does your wellness program conduct evaluations using specific metrics?**

- a. Yes → *If yes, proceed to Q24*
- b. No → *If no, proceed to Q25*

**24. In evaluations of your wellness programs, what changes to outcomes have you observed?**

Outcomes	In all of our wellness programs	In some of our wellness programs	In none of our wellness programs	We do not measure
Decrease in healthcare costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduction in onset of chronic disease across members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduction of risk factors for chronic conditions across members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improved workforce productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify. If not applicable, please select the “We do not measure” option for this row.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**25. What challenges has your health plan encountered in implementing wellness programs (Please select all that apply)?**

- a. Employee turnover
- b. Employer commitment
- c. Lack of provider engagement
- d. Lack of member engagement
- e. Other challenges (Please describe)

---

---

---

---

---

**26. Please describe innovative prevention and wellness programs you have implemented in the past 1-2 years. Please include any results, if available.**

---

---

---

---

---

---

---

---

---

---



---

## Section V. Community Partnerships in Prevention and Wellness

---

Please respond to question(s) in Section V based on your health plan activities. When responding to this section, please do NOT include activities undertaken by your Foundation (if applicable).

**27. Do you invest resources in community programs or participate in community partnerships? (Please check all that apply):**

Area	We invest financial resources in community programs	We provide in-kind assistance to community partnerships	No, we do not provide financial or in-kind assistance
Prevention of overweight/obesity (child and adult)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promotion of community health fairs/screenings (e.g. immunizations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promotion of fitness/physical activities (e.g. fitness trails)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promotion of prenatal care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduction of risk for chronic conditions (e.g. cardiovascular disease, diabetes, metabolic syndrome)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support for mental health/depression services (promote awareness, suicide prevention, support, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child and adolescent health and safety (e.g. bullying, teen pregnancy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify. If not applicable, please select the "No, we do not provide financial or in-kind assistance" option) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Proceed to Q28 if at least one item of the first two columns is selected.***

*Please respond to all survey questions based on your Commercial product.*

**28. Please indicate the types of community organizations to whom your health plan provides financial or in-kind assistance. (Please select all that apply):**

- a. Churches and religious groups
- b. Schools or school systems (e.g. universities)
- c. Health departments (e.g. state, local, etc.)
- d. Foundations
- g. Business coalitions (e.g. National Business Group on Health)
- h. Non-profit community support groups (e.g. YMCA, local racial/ethnic support communities and associations)
- i. Federally qualified health centers (FQHC)
- j. Free medical clinics
- k. Disease-based organizations (e.g. American Cancer Society Cancer Action Network)
- l. Other (please specify) \_\_\_\_\_

**Thank You!**

Thank you for completing this survey. If you have any questions about the survey, please contact:

- German Veselovskiy at gveselovskiy@ahip.org or 202-778-8476
- Merianne Spencer at mspencer@ahip.org or 202-778-3299