

CDC Work@Health Advance Employer Follow - Up Survey

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| Respondents/Sources | Method | Content | Timing/Frequency | Respondents | Time |
|--|---------------------------------------|---|--|-------------|------------|
| Employer Representative (HR or chair of wellness committee, program champion) -- all worksites | Work@Health Follow-up Employer Survey | Program continuation; Employee participation; Challenges & strategies for success | Approx. 12 months after formal participation | 120 | @ 0.25 hrs |

Implementation: This planned as a telephone survey of the wellness coordinator or HR director in all participating Work@Health worksites, approximately every 12 months following the conclusion of program delivery for a period of three years. We will do mail/telephone follow-up to non-respondents.

Introduction

Thank you for taking time today to help us better understand issues related to the Work@Health program. This survey asks about your experience since the end of your formal participation in the Work@Health program at your worksite. This survey should take about 10-15 minutes to complete.

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 participate 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 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 discussion.
- 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 discussion.
- We are interested in your comments so that we can improve the Work@Health program for future participants. Please feel free to contact Dr. Laurie Cluff at RTI. Her toll-free number is 1-800-334-8571 x 6514. You can also call RTI's Office of Research Protection and Ethics toll-free at 1-866-214-2043.

This survey asks about your worksite health program and the specific offerings made to your employees. For the purposes of this survey these offerings will be referred to as programs.

1. What size is your company?

- [1] 1 – 100 employees
- [2] 101 – 250 employees
- [3] 251 – 500 employees
- [4] more than 500 employees

2. What industry best describes your worksite?

- [1] Agriculture, Forestry and Fishing
- [2] Mining
- [3] Construction
- [4] Manufacturing
- [5] Transportation, Communications and Public Utilities
- [6] Wholesale Trade
- [7] Retail Trade
- [8] Finance, Insurance, and Real Estate
- [9] Services
- [10] Public Administration

3. Does your worksite still offer a workplace health program?

- [1] Yes – GO to Q4
- [2] No

If Q3 = No:

3a. Why did your worksite discontinue the program? (Select all that apply.)

- [1] Lack of funding
- [2] Lack of staffing support needed to manage the program
- [3] Lack of management support
- [4] Lack of employee participation
- [5] No program champion

[6] Not satisfied with NHW

[7] Other (Specify: _____)

3b. Since the end of the Work@Health program, has your worksite participated in community partnerships such as a community health coalition, community commons, or the Work@Health Peer Learning Network?

[1] Yes – GO to Q3d

[2] No

If Q3b = No:

3c. Why did your worksite stop participating? (Select all that apply.)

[1] Participation diverted time or resources from other priorities

[2] Inadequate influence on coalition activities

[3] Insufficient access to outside organizations/programs/services

[4] Lack of interest from outside organizations

[5] Benefits to my worksite were not apparent

[6] Other (Specify: _____)

3d. What lessons would you share with other worksites like yours implementing a worksite health program? [Open-ended]

3e. Why did your worksite choose to maintain membership / remain an active participant in community partnerships? (Select all that apply.)

[1] Opportunities for peer-to-peer networking

[2] Increases the visibility of my organization in the community

[3] Provides access to outside organizations/programs/services

[4] Benefits my worksite through training and assistance

[5] Access to useful data and information

[6] Other (Specify: _____)

[If Q3 = Yes]:

4. How has the workplace health program (employee worksite health offerings) changed over the past 6 months?

- [1] More services/programs offered to employees
- [2] Fewer services/programs offered to employees
- [3] Programming offered to more employees
- [4] Programming offered to fewer employees
- [5] Focus of the programming has changed (e.g., from heart health to diabetes)
- [6] Other (Specify: _____)

5. Please indicate the program elements currently offered by your worksite and, if offered, who provides each service.

| | Program element not offered | Program element provided by a vendor | Program element provided by employees | Program element provided by a hospital or clinic | Program element provided by a community organization | Program element provided by some other group or organization (Please specify below) |
|--|-----------------------------|--------------------------------------|---------------------------------------|--|--|---|
| a. Health screenings | 1 | 2 | 3 | 4 | 5 | |
| b. Health coaching | 1 | 2 | 3 | 4 | 5 | |
| c. Wellness policies | 1 | 2 | 3 | 4 | 5 | |
| d. Healthy food options available | 1 | 2 | 3 | 4 | 5 | |
| e. On-site fitness facilities | 1 | 2 | 3 | 4 | 5 | |
| f. Health education seminars (e.g., lunch-and-learns) | 1 | 2 | 3 | 4 | 5 | |
| g. Walking groups, fitness challenges, and/or other social wellness activities | 1 | 2 | 3 | 4 | 5 | |
| h. Tobacco cessation programs | 1 | 2 | 3 | 4 | 5 | |

| | | | | | | |
|--|---|---|---|---|---|--|
| i. Low-cost or subsidized gym memberships (onsite or off-site) | 1 | 2 | 3 | 4 | 5 | |
| j. Employee health plan changes (e.g., coverage for over-the-counter tobacco cessation products,, payment structure changes) | 1 | 2 | 3 | 4 | 5 | |
| k. Incentives for program participation | 1 | 2 | 3 | 4 | 5 | |
| l. Other (Please specify below) | 1 | 2 | 3 | 4 | 5 | |

6. Can spouses/other family members participate in components of the programs?

[1] Yes

[2] No

7. Please rate the following on their level of importance for maintaining the program?

| | <u>Not Important</u> | <u>Somewhat Important</u> | <u>Important</u> | <u>Very Important</u> | <u>Extremely Important</u> |
|------------------------------|----------------------|---------------------------|------------------|-----------------------|----------------------------|
| Financial Resources | 1 | 2 | 3 | 4 | 5 |
| Staffing for program | 1 | 2 | 3 | 4 | 5 |
| Leadership Support | 1 | 2 | 3 | 4 | 5 |
| Wellness committee/Champions | 1 | 2 | 3 | 4 | 5 |
| Organization Culture Change | 1 | 2 | 3 | 4 | 5 |
| Employee Incentives | 1 | 2 | 3 | 4 | 5 |
| Other | 1 | 2 | 3 | 4 | 5 |

(please specify):

8. Over the next 12 months, what do you foresee for your worksite's financial investment in employee health promotion?

- [1] My worksite will spend about the same as it currently does
- [2] My worksite will spend more
- [3] My worksite will spend less

The next few questions ask about the resources needed to support your worksite health promotion program.

9. What incentives are offered to encourage employee participation in health promotion activities?

- [1] None
- [2] Reduced insurance premiums/deductibles
- [3] Paid time off
- [4] Cash incentives (specify amount)
- [5] Competitions with prizes
- [6] Subsidized gym memberships
- [7] Token rewards
- [8] Other (please specify _____)

10. Does your worksite have an employee(s) or resource(s) inside your organization who help staff the program (for example, serves as a health coordinator or member of a health coordination team)?

- [1] Yes
- [2] No– GO to Q12

11. Do they receive any compensation for their time?

[1] They are paid their regular wages

[2] They volunteer their time

12. Do you pay an outside vendor, health plan, or individual to provide a full-time or part-time health services resource to help with the worksite health program?

[1] Yes

[2] No

13. Are there any other major costs associated with the programs? [Open-ended]

14. Are there any areas of cost / spending that have not had a strong impact on program performance or results? [Open-ended]

15. Are there any other financial benefits you have seen from the program? [Open-ended]

THANK YOU!