



CDC Work@Health® Follow-up Accreditation Survey

Form Approved
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Exp. Date: XX-XX-XXXX

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INTRODUCTION

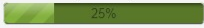
This online survey asks about your experiences and future plans around applying for accreditation for your worksite health program. You are asked to complete the survey because of your participation in the Work@Health® Program. This project is funded by the Centers for Disease Control and Prevention. Many parts of this project are being managed by the 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 is conducting this survey. They are helping CDC evaluate the Work@Health® program.

INFORMED CONSENT

Before you get started, we'd like to give you some more information to help you decide whether you would like to participate.

- Your participation is voluntary. In the course of this survey, you may refuse to answer specific questions. You may also choose to end the survey at any time.
- The survey is designed to take about 10 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 aggregate as feedback from the group. In our project reports, your name and your employer's name will not be linked to the information or comments you provide.
- There are no risks or benefits to you personally for participating in this survey.
- CDC is authorized to collect information for this project under the Public Health Services Act.
- We are interested in your comments so that we can improve the Work@Health® Program for future participants. Please feel free to contact Dr. Jennifer Lauby at PHMC. Her phone number is 215-985-2556 and her email is Jennifer@phmc.org.

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We are asking you to complete this survey as part of your participation in the Work@Health® Advance Program.

Your responses will help us to assess the effectiveness of the technical assistance (TA) support services that were available to all Work@Health® Advance participants. Your feedback will help us to improve the future TA so that all participants can make progress in their applications for accreditation.

Employer ID number: *

Since you started participating in the Work@Health® Program, has your organization applied for any accreditation or recognition related to worksite wellness?

Yes No

For which accreditation or recognition did you apply?

	Accreditation/Recognition	Agency	Date Applied	
1	<input type="text"/>	-- Please Select --	<input type="text"/>	-- Pl
2	<input type="text"/>	CEO Cancer Gold Standard	<input type="text"/>	-- Pl
3	<input type="text"/>	American College of Occupational and Environmental Medicine (ACOEM)	<input type="text"/>	-- Pl
		National Business Group on Health		
		American Heart Association		
		Global Centre for Healthy Workplaces		
		Corporate Health Wellness Association (CHWA)		
		Colorado Healthy Business		
		Institute for Health and Productivity Management		
		Other		

If you answered "Other" in any of

Result

-- Please Select --

Accreditation/recognition accepted

Pending with changes

Waiting for results

Denied/not accepted

If you answered "Other" in any of the boxes above, please specify the accreditation or recognition agency.

What motivated you to apply for accreditation? (check all that apply)

- Stay competitive within our industry
- Attract new applicants
- Ensure that our organization is keeping up with new worksite health practices
- Establish an influence in the community's health
- Gain recognition in the media
- Encourage employees to participate in greater numbers
- Support provided by accrediting/recognizing organization
- Position our organization as a leader in worksite health
- Other (please specify)

In what ways was the Work@Health® Advance technical assistance helpful in preparing to apply for accreditation?

What barriers or challenges did you have in applying?

- Lack of funding
- Lack of management support
- Lack of time
- Lack of staff
- Did not meet qualifications for the accreditation/recognition we were applying to
- Application process was confusing
- Other (please specify)

How could the technical assistance be improved to better prepare organizations for accreditation?

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Does your organization plan to apply for accreditation or recognition in the future?

- Yes No Not sure

What type of accreditation or recognition are you planning to apply for?

Accreditation/Recognition	Agency
1 <input type="text"/>	-- Please Select --
2 <input type="text"/>	-- Please Select --
3 <input type="text"/>	-- Please Select --

If you answered "Other" in any of

- CEO Cancer Gold Standard
- HealthLead (US Healthiest Workplace)
- C Everett Koop National Health Awards THP
- American College of Occupational and Environmental Medicine (ACOEM)
- National Business Group on Health
- American Heart Association
- Global Centre for Healthy Workplaces
- Corporate Health Wellness Association (CHWA)
- Colorado Healthy Business
- Institute for Health and Productivity Management
- Other

When do you anticipate submitting an application for an accreditation and/or recognition?

- Within the next 6 months
 Within the next 12 months
 Within the next 18 months
 Within the next 24 months

On a scale of 1 (not at all) to 10 (would not have done so without it), how much would you say the Work@Health® Program influenced your decision to apply or not apply for accreditation or recognition?



Please explain your above rating.

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Although Work@Health® Advance TA did not emphasize applying for worksite health-related personal certifications, we would like to know if you have applied for any personal certifications since starting the program. Personal certifications may include registered dietitian, certified tobacco cessation counselor, diabetes educator, certified fitness instructor, or certified wellness program manager.

Have you applied for, or are you interested in applying for, any personal certifications related to worksite health?

Yes No

For which personal certifications did you apply or are you interested in applying?

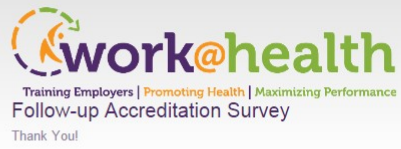
	Name of Certification	Organization	Date Applied/Anticipated	Status
1	<input type="text"/>	-- Please Select --	<input type="text"/>	-- Please Select --
2	<input type="text"/>	National Wellness Institute WELCOA	<input type="text"/>	-- Please Select --
3	<input type="text"/>	International Association of Worksite Health Promotion (ASCM) Other	<input type="text"/>	-- Please Select --

If you answered "Other" in any of the boxes above, please specify the organization to which you have applied/are interested in applying.

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Submit

75%



Thank you for completing the Work@Health® Follow-up Accreditation Survey. Your responses have been submitted.

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cdc.gov/workathealth

