

CDC Work@Health® Organizational Assessment

Form Approved
OMB No. 0920-1006
Exp. Date: 01-31-2016

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 (0920-1006).

INTRODUCTION

The Centers for Disease Control and Prevention (CDC) has developed Work@Health®, a worksite health/wellness training and technical assistance program for employers. 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. 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

We'd like to give you some more information to help you decide whether or not you would like to participate.

- 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 Jennifer Lauby at Public Health Management Corporation. Her phone number is 215-985-2556 and her email is Jennifer@phmc.org.

Next

0%

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 technical assistance portion of the Work@Health[®] Program, your responses will be compared to gauge any progress that has been made in the following areas.

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.

Employer ID (please paste from email that contained the link to this survey): *

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:

| | Not at all Important | Of Little Importance | Moderately Important | Important | Very Important |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| An Aging Workforce | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Stress | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Physical Activity/Exercise | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Nutrition/Weight Management | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Chronic Disease (e.g., heart disease, diabetes) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Tobacco use | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Alcohol or other drug use | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mental Health Issues (e.g., depression, anxiety) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Work related injuries | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Work/Life Balance Issues (childcare, eldercare, personal issues) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Flu/pneumonia | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Other (please describe)

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.

| | Not at all Important | Of Little Importance | Moderately Important | Important | Very Important |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Reduce health care/insurance costs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Improve workforce morale/engagement | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Increase productivity | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Increase employee retention/reduce turnover | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Competitive advantage in recruiting top talent | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Being viewed as an "employer of choice" | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Improve worksite safety/reduce workers' compensation claims | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Furthering worksite values/mission | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| High employee demand | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Lower absenteeism | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Lower presenteeism (health's impact on work performance) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Business sustainability/growth | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Improve overall employee health | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Other (please describe)

Back Next

Your Worksite Health Program

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.

| | Not at all a Barrier | Small Barrier | Moderate Barrier | Large Barrier | Significant Barrier |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Lack of interest among employees | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Our workforce is too small | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Our workforce is too dispersed (e.g., telecommuters, sales force, offices located in multiple geographic regions) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Employees do not have time to participate | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Low management/supervisory support | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Lack of effective program champion(s) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Doesn't align with our worksite goals or mission | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Difficult to administer | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Concern for protecting employee privacy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Lack of funding | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Lack of staff | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Lack of space | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Lack of knowledge about where to begin and how to do it | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Other (please describe)

To what extent do you agree with the following statements?

| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| At my worksite, management and supervisors encourage healthy behaviors. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| At my worksite, management considers worksite health and safety to be important. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| At my worksite, management considers employee health and productivity to be inextricably linked. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Back

Next

29%

Your Worksite Health Program

Please indicate whether your worksite uses or would use the following communication methods to raise awareness of and participation in your worksite health program:

| | Do Use | Would Use | Would Not Use |
|--|-----------------------|-----------------------|-----------------------|
| Social Networking customized for your worksite (e.g., Facebook, Twitter, LinkedIn) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Printed Materials (e.g., flyers, posters, self-care books, paycheck stuffers) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Bulletin Boards | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Electronic Newsletters | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Videos/DVDs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Text Messaging | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Meetings/conferences | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Training/demonstrations (live or distance-based) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Emails | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Webinars | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Health and Wellness Newsletters/Brochures | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Online Portal | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Workshops/Lunch and Learns | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Telephonic or Face-to-Face Coaching | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Does your worksite have an active health promotion committee?

- Yes
- No

Back

Next

42%

Employee Participation and Community Resources

This section is designed to capture information about your employees' participation in existing programs and community partnership activities.

Which of the following employees are eligible to receive health insurance at your worksite? (check all that apply)

- Full time workers
- Part time workers
- Temporary workers

Please estimate the percentage of your employees that currently participate in the following employee health programs and services:

| | Less than 25% | 25-50% | 51-75% | 76-100% | Do Not Currently Offer this Program |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-------------------------------------|
| Tobacco Cessation Programs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Nutrition Programs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Weight Management Programs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Physical Activity Programs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Vaccination Programs (e.g., flu) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mental Health Programs (e.g., depression, anxiety) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Stress and Work/Life Balance Programs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Programs to Screen and Treat Alcohol /Drug Misuse | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Injury Prevention Programs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Disease Management Programs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Programs to Support Breastfeeding | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Safety Programs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Ergonomics | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Preventive Health Services (mammograms, cholesterol screenings, etc.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Health Coaching | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Other employee health program and participation percentage

Back

Next

57%

Employee Participation and Community Resources

Please indicate which of the following are currently offered by your worksite and, if offered, who provides each service.

| | Not Currently Offered | Internal Staff | Health Plan | Vendor | Community Organization | Other Type of Group |
|---|-----------------------|-----------------------|-----------------------|-----------------------|------------------------|-----------------------|
| Tobacco Cessation Programs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Nutrition Programs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Physical Activity Programs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Vaccination Programs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mental Health Programs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Stress and Work/Life Balance Programs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Programs to Screen and Treat Alcohol Misuse | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Injury Prevention Programs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Disease Management Programs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Programs to Support Breastfeeding | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Safety Programs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Preventive Health Services (mammograms, cholesterol screenings, etc.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Health Coaching | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

If you answered "Other Type of Group" above, please specify.

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):

Back

Next

71%

Employee Participation and Community Resources

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):

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)?

- No
- Yes (please describe):

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)?

- No
- Yes (please describe):

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):

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/bam
- 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):

Under what type of funding cycle does your worksite operate?

- January 1 – December 30
- July 1 – June 30
- Don't know
- Other (please describe):

Back

Submit

86%

Thank you for completing the Work@Health® Organizational Assessment. Your responses have been submitted.

VISIT US ONLINE
cdc.gov/workathealth

100%