Attachment J1:

Interview questions for semi-structured economic interviews



Script for employer interviews on costs of wellness and occupational safety and health programs

Preliminary: Communicate/restate the purpose of the interview:

- As we discussed, the purpose of this interview is to understand all of the costs, time and effort
 that it took to establish or upgrade your wellness program, starting with the time that you
 received your wellness program grant from BWC.
- We are also interested in the cost of your occupational safety and health programs and changes you have made to those programs since receiving the Workplace Wellness Grant.
- I want to remind you that your participation in this interview is voluntary, and that you may
 discontinue the interview at any time.
- Your responses or non-responses during this interview will not influence any future benefits you could receive from BWC.
- Is it okay with you if I record this interview? The recording will be erased, after we use it to complete the notes on your answers to our interview questions.

Public reporting burden of this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing 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 (0920-xxxx).

| Timeline | of | grants | and | wellness | program |
|----------|----|--------|-----|----------|---------|
|----------|----|--------|-----|----------|---------|

| 1. | First, we would like to review when you received your wellness grant(s) from Ohio BWC and when you began your wellness |
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| | program. It looks like you submitted your grant application in Is that right? |
| 2. | When did you have employees complete their first HRA and their first set of biometric screenings? When did you receive your first grant? What was the amount of that first grant? |
| 3. | When did you do your second round of HRAs and biometric screenings? Did you receive a second grant? When did you receive it and what was the amount? |
| 4. | If applicable, ask about third round of HRAs and screenings, and third grant: |

Section A: Wellness program COSTS after receiving the first grant

5. First we would like to focus on funds spent on your wellness program, starting from the time you received the grant.

[Choose 5a or 5b below. Then go to 5c.]

- 5a. If the employer has prepared a spreadsheet giving amounts spent by year, ask them to walk you through it so that we understand each item and the date or time period for each of them. The spreadsheet may also have the grant amounts and show the difference between total expenses and grants received. Be sure that all expenses are reflected in the spreadsheet and that the difference between total expenses and total grants is clear. For recent expenses, ask about whether they will be covered by a future grant.
- 5b. If the employer has not prepared a spreadsheet, ask them to list every item they spent money on for their wellness program since it began at around the time of their first grant. You can refer to the handout that lists different kinds of wellness program expenses that they may have had. For recent expenses, ask about whether they will be covered by a future grant.
- **6.** Did you spend money on anything else related to your wellness program?

Review the elements of their program that they mentioned in their application and annual case study. If they haven't listed any costs for some parts of the program, verify that these elements did not require any funds.

| 7. | Did you receive any services or supplies for anything else free of charge for your wellness program? For |
|----|---|
| | example, did you receive anything free of charge from your health insurer or from any government agency, or from any other source? NO |
| | What were these items, and what amount or quantity did you receive? |
| | |
| 0 | |
| 8. | Thinking about any of the items we already discussed, Did you purchase anything for your wellness |
| | program for which you didn't have to pay the real, full cost? If so, what was it, what was the price you |
| | paid, and what was the real, full cost (if you know it)? |
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| 9. | Will your wellness program costs be any higher or lower next year?Can you say how |
| | much the change will be?What items will you add, subtract, or spend a different |
| | amount on? |
| | |

Section B: Wellness program COSTS <u>before</u> receiving the grant

| 10. | The next few questions are about funds spent on your wellness program in the time period <i>before</i> |
|-----|--|
| | receiving the grant. Using the information from the application, we see that, before receiving the grant |
| | your wellness activities included |
| | · |
| | Is there anything else you can think of? \square YES \square NO |
| | If yes, list here: |
| | |
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| | |
| 11. | Were you spending any money on wellness programs or efforts in the year before you applied for the |
| | grant? YES NO |
| | [If YES, go to question #15. If NO skip to question #20 (next section)] |
| 12. | Ask either 15a or 15b, then go to 16 |
| | 12a. Can you estimate how much you spent on wellness in the year before the grant? |
| | 12b. Please list each item you spent funds on in the year before the grant, and the amount spent. |

13. Did you spend any substantial, additional amount on any item in previous years that would have had an impact on your wellness program in the year before the grant?

Let me give you an example: Say that you had an exercise program in the year before you got the grant. In that case, you might have purchased some exercise equipment in an even earlier year that your employees were still using in the year before your grant. So can you think of any sizeable expenditures like that in an earlier year before that last year before your grant?

- 14. If you did have such an earlier expenditure, in what year did it occur and what was the amount?
- 15. [Ask this question only if the employer did not give good answers to question #6]

 How would you say the amount you spent from your own funds on wellness *before* the grant compares to the amount you spent on wellness *after* you received the Workplace Wellness Grant?

[Let the interviewee give their answer in any way they want. We would like them to give their answer in a quantitative way, if possible. If their answer is qualitative, then ask if they could give their answer in terms of a rough percentage as below]

15a. Could you give your answer in terms of a percent?

[For example, Spending before grant was X% less per year, OR Spending after grant was X% more than before, OR spending from your own funds before applying for the grant as a percent of spending from your own funds after the grant]

Section C: TIME SPENT After receiving the grant

| 16. | Now we would like to ask about the time you spent on your wellness program during the time since you |
|-----|--|
| | received your grant. How many managers and employees spent time planning and running your wellness |
| | program? |

16a. List each one by their initials and their position. Also, for each one, list the specific kinds of things they did for the wellness program.

Initials position time spent \$

- 16b. For each one, can you estimate roughly how many hours they spent on the program (per day, week, or month)? If it is easier, you can estimate the hours separately for the first few weeks or months when the program was getting started. That might be a good idea if the person spent much more time on wellness during the first few weeks or months. (If so, ask how long this more intense period lasted)
- 17. As we said at the beginning, all the information we are collecting will be kept in a secure manner at NIOSH, and no identifiable information for your organization will be shared outside the research team. The standard procedure in economic studies is to calculate a rough estimate of the value of time used for an activity by using information on rates of pay of those doing the activity. We would therefore like to ask you.

What are the approximate rates of pay for the people you have just listed. You can give the answer in terms of ranges or an average if you prefer. (hourly, weekly, monthly, or annual)

Section D: TIME SPENT before receiving the grant

- 18. We have just discussed time spent on your program after you received the grant. We would also like to estimate how much time your organization spent on wellness activities *before* you received your grant.
 - 18a. Did any of the people you just listed spend time planning or running wellness activities in the year before your grant application? (Who?)
 - 18b. Was there anyone else who spent time planning or running your existing wellness program in the year before you received a grant? Could you give me their initials? What did they do?

18c. For each person, can you estimate roughly how many hours they spent on wellness activities (per day, week, or month) in the year before the grant? Exclude any time spent on preparing and submitting the Workplace Wellness Grant application.

18d. If there are any different people on this list than the previous question then ask:
What are the approximate rates of pay for the additional people you have just listed. As before, you can give the answer in terms of ranges or an average if you prefer. (hourly, weekly, bi-weekly, monthly, or annual)

- 19. Workplace Wellness Grant application
 - 19a. Which of the individuals you listed spent time preparing the Workplace Wellness Grant application?
 - 19b. Did anyone else help? (List initials of persons below)
 - 19c. Approximately how much time did each of these people spend on the application?[If there are any different people on this list than the previous question then ask] What are the approximate rates of pay for the additional people you have just listed. As before, you can give the answer in terms of ranges if you prefer. For each person, could you give us their approximate rate of pay? (hourly, weekly, bi-weekly, monthly, or annual)

Section E: Other questions about planning and running the wellness program

Now I'm going to ask you a couple more questions about the people in your organization who have been involved in planning and running your wellness program.

- 20. In your judgment, would you say the people who planned and ran the wellness program after you received the grant would say that they had to make any kind of sacrifice in order to do so—such as spending less time on other worthwhile activities? Or would any of them feel their job was significantly more difficult or required more hours because of their wellness program activities?
- 21. Have the requirements of the wellness program led directly to hiring anyone or contributed to the decision to hire anyone? \square YES \square NO
 - 21a. If so, what is this person's role and
 - 21b. what percent of that person's time is spent on wellness?

Section F: Work time spent by employees for wellness activities

| 22. | We would now like to ask you about employees participating in the wellness program itself, not |
|----------------|---|
| | planning or running it. |
| | Records show that you had employees participate in your wellness program in the first year |
| | (and employees in the second year), at least to the extent that they completed the HRA and |
| | biometric screening and participated in at least one activity to improve their health. |
| | Is that correct? |
| 23. | Based on your previous answers wellness activities available for employees included[Refer |
| | to Wellness handout and previous interview responses], What other activities were available to |
| | employees? |
| | employees. |
| | |
| | |
| 24. | Have employees used any work time to participate in any of these wellness activities (whether or not |
| | this has been encouraged by management)? TYES NO |
| if " NO | " skip to question 27, if " YES " then ask the following questions for each activity for which work time |
| was us | ed: |
| | |
| | 24a. How many participated in the activity (per day, week, month, or year)? |

| | 24b. Average work time used per participant (per day, week, month, or year) |
|-----|---|
| | 24c. Average pay level of participants (hourly, weekly, bi-weekly, monthly, or annual) |
| 25. | Would you like the participants to use any more or less or less work time for wellness activities? |
| 26. | Do you think the use of work time for wellness has reduced the amount that these employees accomplish on the days they participate? YES NO |
| | 26a. If "NO," please explain? |
| 27. | Before you applied for the Workplace Wellness Grant, did employees spend any work time in wellness activities? ☐ YES ☐ NO |
| | 27a. If "YES', what activities were these and how much time did employees spend on each? |

Section F: Occupational Safety and Health Program questions

As I said at the beginning, we would also like to ask you about occupational safety. In particular we are interested in changes in work hazards and changes to your safety and health program since you received your Workplace Wellness Grant.

[Provide handout listing possible elements of an Occupational Safety and Health Program]

28. First, I would like to ask if there have been any noticeable changes in the hazards or stresses of work in your company/organization since the time you received your wellness grant. Right now, I'm not asking about changes in your safety and health program, but about things like changes in technology, changes in work requirements, or big changes in work schedules, or in the types of activities that employees are engaged in---again, since the time you received your wellness grant.

29. (*Provide handout listing possible elements of an occupational safety and health program*). Please look at this list of possible occupational safety and health program activities. Could you tell me if there have been any large or significant changes in any of these things since the time you received your wellness grant? □ **YES** □ **NO** What were they?

| 30. | Have you made any unusual, large investments in safety or ergonomic equipment or any other large, |
|-----|---|
| | one-time investments in safety since you received your wellness grant? YES NO |
| | This question is about expenses that you do <i>not</i> have every year. |
| | If "YES," list: |
| | |
| | Description ~Cost |
| | |
| | |
| | |
| | 30a. Could you estimate their cost and the year you made the investments? |
| | |
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| | |
| 31. | By about what <u>percent</u> do you think overall annual costs for your safety and health program have |
| | changed compared to before you received the Workplace Wellness Grant? Do NOT include costs of |
| | workers' compensation insurance or any other costs of workers' compensation claims. This question is |
| | about the costs of your program. |
| | |
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| | |
| 32. | By about how many dollars did spending change (increase/decrease)? |
| | |
| 33. | Could you estimate the total annual cost of your safety and health program currently (not including the |
| | special, one-time investments that you listed above or the cost of workers' compensation claims and |

insurance)?

| 34. | Has the amount of time spent on occupational safety and health by managers and employees changed |
|----------------|---|
| | since you received your grant? |
| | If "YES," has it increased or decreased? |
| | By what percent do you think it has changed? |
| 35. | How many FTEs would you say are devoted specifically to occupational safety and health right now? |
| | |
| Fina | l Summary questions |
| 36. | Is there any part of your wellness program that you might want to scale back or drop because its benefits |
| | are not big enough to justify the costs? \square YES \square NO |
| | If "YES" please explain |
| ~ - | |
| 37. | Is there anything you would like to add to your wellness program if you had the time and resources to |
| | do it? |
| | 37a. If "YES", what would be your top priority? |
| | |
| | |
| 40. | What led you to apply for a grant and start a wellness program? |
| | (This question addresses why a wellness program was considered worthwhile. If the answer involves |
| | |

| appearance of the opportunity for a grant, ask what led to the decision to apply for a grant, and whether |
|---|
| there was thought about the possibility of starting a wellness program before grants became available.) |
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Thank you very much for your patience in answering all of these questions.

41. Now that I'm done asking questions, do you have any questions for me?