

### Attachment H - Crosswalk Between Workplace Health in America Survey Items and Workplace Wellness Programs Survey Items

Topic Area	Workplace Health in America Item	RAND Workplace Wellness Programs Survey Item	Action
Health Insurance	HI1. Does your organization currently offer personal health insurance for your <u>full-time</u> employees? HI2. Does your organization offer personal health insurance for your <u>part-time</u> employees?	A1. Does your company/organization offer health insurance benefits to any of your active employees?	Combined with HI1.a to reduce items by 1
Health Promotion Program Presence	HP1. Thinking about this worksite location, did your organization offer any type of health promotion/wellness program for employees in the past 12 months?  HP2. How long has your health promotion/wellness program been in place?	A2. Are any of you active employees <u>currently</u> offered <u>any</u> of the following health and wellness programs, including those offered by your company/organization directly, by your health plan(s), or by a third party (e.g., union). Health risk assessment, lifestyle or risk factor management, clinical screening, disease management  A3. When did your company/organization start offering its wellness program (including those offered by your company/organization directly, by your health plan(s), or by a third party (e.g., union)?	Retained  Retained
Incentives	KP5. What type of incentives did you use in the past 12 months at this worksite location? a. Premium discounts; b. copay differences; c. coinsurance differences; d. cash rewards; e. add money to flexible spending accounts; f. additional paid time off; g. gifts; h. prizes; i. other	A7. Which of the following monetary incentives are offered to your employees to encourage participation in at least one on the wellness programs? Merchandise or gift cards; discounted gym or health club membership; cash payment or bonus; lower employee contribution to health plan premium; higher employee contribution to health plan premium if no participation; lower cost sharing requirements for services covered by health plan; higher cost sharing requirement for services covered by health plan if no participation; lower health reimbursement account	Deleted 2 response choices.

		(HRA) or health savings account (HSA) if no participation; higher HRA or HAS contribution Other	
	HRA1.d. Did employees receive an incentive if they met certain target health goals specified in the HRA? (Y/N)	D1. Are any of the monetary incentives associated with <u>achieving specific health standards</u> , such as meeting a weight loss target or stopping nicotine use? (Check all that apply) <input type="checkbox"/> Yes, the incentive is provided for achieving a specific health standard on a Health Risk Assessment/Appraisal <input type="checkbox"/> Yes, the incentive is provided for achieving a specific health standard as part of a lifestyle or risk factor management program <input type="checkbox"/> Yes, the incentive is provided through a means <i>other</i> than a Health Risk Assessment/Appraisal or lifestyle or risk factor management program	Deleted
Health Risk Assessment	HRA1. In the past 12 months, were employees at this worksite location offered a health risk assessment or HRA?	B1. Are any of your active employees <u>currently offered health risk assessment(s)/appraisal(s)</u> ?	Retained
	HRA1.b. Approximately what percentage of employees completed the HRA? (Please feel free to provide an estimate, even if you are not sure of the true percentage.) 1-25% 26-50% 51-75% 76-100% Don't know	<b>B2. What proportion of eligible employees participated in at least one <u>health risk assessment/appraisal</u> in the last 12 months?</b> <i>If no data are available for the last 12 months, please use data for the previous program year.</i>  Participation rate (%) = $\frac{\text{Number of Program Participants}}{\text{Number of Eligible Employees}} \times 100$  (Write in the participation rate.)	Retained

	<p>HRA1.c. Did employees receive an incentive for completing the HRA? (Y/N)</p>	<p><b>B3. Are <u>monetary incentives</u> used to encourage employee participation in <u>health risk assessment(s)/appraisal(s)</u>? Please note that incentives may include bonuses or penalties. For the incentives or penalties associated with achieving certain <b>health outcomes</b> that are reported in health risk assessment(s)/appraisal(s), relevant questions will be asked in other sections in this survey.</b></p> <p>(Check one.)</p> <p><input type="checkbox"/> Yes, participation incentives are offered by <u>one or more health plans</u></p> <p><input type="checkbox"/> Yes, participation incentives are offered by <u>your company/organization only</u></p> <p><input type="checkbox"/> Yes, participation incentives are offered by <u>both health plan(s) and your company/organization</u></p> <p><input checked="" type="checkbox"/> Yes, but unsure which entity offers participation incentives</p>	<p>Deleted</p>
<p>Lifestyle Management/health promotion</p>	<p>HPR1.1. In the past 12 months, did you offer any <u>programs</u> to address physical activity/fitness/sedentary behavior for your employees?</p> <p>HPR2.1. In the past 12 months, did you offer any <u>programs</u> to address nutrition/healthy eating for your employees?</p> <p>HPR3.1. In the past 12 months, did you offer any <u>programs</u> to address obesity/weight management for your employees?</p> <p>HPR4.1. In the past 12 months, did you offer any <u>programs</u> to help employees stop using tobacco products?</p> <p>HP5.1. In the past 12 months, did you offer any <u>programs</u> to address</p>	<p><b>C2. Which of the following <u>lifestyle or risk factor management programs</u> are offered to your employees?</b></p> <p><i>Note the difference between weight/obesity management and fitness program; the former focuses on weight loss and is available to overweight/obese individuals; while the latter is for all types of employees to improve physical fitness. (check all that apply)</i></p> <p><input type="checkbox"/> <input type="checkbox"/> Alcohol and/or drug abuse counseling</p> <p><input type="checkbox"/> Blood sugar management</p> <p><input type="checkbox"/> Cholesterol/lipid management</p> <p><input type="checkbox"/> Fitness program</p> <p><input type="checkbox"/> Healthy eating program</p> <p><input type="checkbox"/> Health education classes</p> <p><input type="checkbox"/> Smoking cessation program</p> <p><input type="checkbox"/> Stress management program</p> <p><input type="checkbox"/> Weight/obesity management</p>	<p>Retained</p>

	<p>excessive alcohol use and/or drug abuse?  HPR8.1. In the past 12 months, did you offer any <u>programs</u> to address stress management for your employees?</p> <p>During the past 12 months, were any disease or risk management information or programs related to the following topics made available to your employees? (please include programs provided by the employer, health plan or third party vendor)  DM1.6. Diabetes or pre-diabetes  DM1.10. High blood cholesterol</p>	<p><input type="checkbox"/> Other 1, please specify:  _____</p> <p><input type="checkbox"/> Other 2, please specify:  _____</p>	
	<p>HPR1.1.c. Thinking about all physical activity/fitness/sedentary behavior programs that have been offered or sponsored here in the past 12 months, approximately what percentage of employees from this worksite location participate?</p> <p>HPR4.1.c. Thinking about all tobacco use programs that have been offered or sponsored here in the past 12 months, approximately what percentage of employees from this worksite location participate?</p> <p>HPR3.1.c. Thinking about all obesity/weight management programs that have been offered or</p>	<p><b>C3.</b> What proportion of eligible employees participated in the following <u>lifestyle or risk factor management</u> programs in the last 12 months or the most recent program year?  Fitness program __%  Smoking cessation program __%  Weight obesity management __%</p>	<p>Retained</p>

	<p>sponsored here in the past 12 months, approximately what percentage of employees from this worksite location participate?</p> <p>(Please feel free to provide an estimate, even if you are not sure of the true percentage.)</p> <p>1-25% 26-50% 51-75% More than 75%</p>		
Screenings	<p><b>In the past 12 months, were any of the following screenings made available to your employees?</b></p> <p>HS1.1. Blood pressure HS1.2. Blood cholesterol HS1.3. Diabetes or pre-diabetes HS1.4. Obesity HS1.5. Breast cancer using mammography HS1.6. Colorectal cancer using a colonoscopy or a kit to measure blood in the stool HS1.7. Cervical cancer using a PAP test or test for human papillomavirus (HPV)</p>	<p><b>F2. Which of the following <u>clinical screening(s)</u> are offered to your employees at the workplace?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Blood Glucose</li> <li><input type="checkbox"/> Blood Pressure</li> <li><input type="checkbox"/> Body Weight/Body Mass Index (BMI)</li> <li><input type="checkbox"/> Body Fat Percentage</li> <li><input type="checkbox"/> Bone Density</li> <li><input type="checkbox"/> Cancer Screening</li> <li><input type="checkbox"/> Cholesterol/Lipids</li> <li><input type="checkbox"/> General Physical Exam</li> <li><input type="checkbox"/> Psychological Stress</li> <li><input type="checkbox"/> Tobacco Use</li> <li><input type="checkbox"/> Vision</li> <li><input type="checkbox"/> Hearing</li> <li><input type="checkbox"/> Other, please specify:</li> </ul>	<p>Combined 2 response choices into 1, streamlining question</p>
	<p><b>HS2.c. Think about all of the health screenings offered to employees at this worksite. Would you estimate the usual employee participation as:</b></p> <p>1-25%</p>	<p><b>F3.What proportion of eligible employees participated in at least one <u>clinical screening offered at the workplace</u> in the last 12 months?</b></p>	<p>Retained</p>

	<p>26-50%</p> <p>51-75%</p> <p>More than 75%</p>		
Disease Management	<p><b>During the past 12 months, were any disease or risk management information or programs related to the following topics made available to your employees? (please include programs provided by the employer, health plan or third party vendor)</b></p> <p>DM1.2. Asthma</p> <p>DM1.3. Back injury or other musculoskeletal injury</p> <p>DM1.4. Cardiovascular disease</p> <p>DM1.5. Cancer or cancer survivorship</p> <p>DM1.6. Diabetes or pre-diabetes</p> <p>DM1.7. Depression</p>	<p><b>G2. Which of the following conditions are included in the <u>disease management programs</u> offered to your employees?</b></p> <p><input type="checkbox"/> Asthma</p> <p><input type="checkbox"/> Cancer</p> <p><input type="checkbox"/> COPD/Emphysema</p> <p><input type="checkbox"/> Coronary Artery Disease</p> <p><input type="checkbox"/> Depression</p> <p><input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Heart Failure</p> <p><input type="checkbox"/> Low Back Pain</p> <p><input type="checkbox"/> Program Not Disease-specific</p> <p><input type="checkbox"/> Other, please specify:</p>	Deleted 3 health conditions and 1 response choice from question
	<p><b>DM2.b. Think about all of the disease management programs offered to employees at this worksite. Would you estimate the usual level of employee participation as:</b></p> <p>1-25%</p> <p>26-50%</p> <p>51-75%</p> <p>More than 75%</p>	<p><b>G3. What proportion of eligible employees participated in at least one <u>disease management</u> program in the last 12 months?</b></p>	Deleted
Program evaluation and costs	<p><b>HP7.h.1. How much is available in dollars, annually, to spend on employee health promotion/wellness at this worksite location? [Note: it is fine to include</b></p>	<p><b>H2. How much does your company/organization invest <u>internally</u> in the wellness program every year?</b></p> <p><b>Note:</b> These include the salaries of program staff, equipment and facility costs, costs of employee time, overhead administrative costs, and other materials and</p>	Retained but combined with HP7.h.1.a

	<p><b>salaries of employees who have responsibility for employee health as part of his/her job responsibility]</b>  <i>Less than \$1000</i>  <i>\$1001-5000</i>  <i>\$5001-10,000</i>  <i>\$10,001-15,000</i>  <i>\$15,001-20,000</i>  <i>\$20,001-\$50,000</i>  <i>\$50,001 to 100,000</i>  <i>\$100,000-500,000</i>  <i>Over \$500,000</i></p>	<p><i>supplies. Estimates are acceptable.</i></p>	
	<p><b>Thinking about your health promotion/wellness program at this worksite location overall, would you say it...</b>  <b>HP7.f. Uses data to evaluate program success?</b></p>	<p><b>H1.Does your company/organization, or your health plans, or a third party routinely evaluate your wellness program effectiveness?</b></p>	<p>Deleted prior related question HP7.e.2-HP7.e.6</p>
	<p><b>B1. Thinking across all types of employee health promotion/wellness programs, please rate the following on the extent to which each has been a barrier or challenge to this worksite in offering these programs?</b>  B1.1. Lack of employee interest  B1.4. Cost (e.g. lack of funds)  B1.13. Lack of senior management support  B1.15. Changes in the regulatory environment (e.g. HIPAA, ADA, etc.)  B1.16. Legal concerns</p>	<p><b>H5. Which of the following barriers reduces the ability of your wellness program to improve health behaviors and health outcomes of your employees?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Lack of financial resources</li> <li><input type="checkbox"/> Lack of staff resources</li> <li><input type="checkbox"/> Lack of employee awareness</li> <li><input type="checkbox"/> Lack of management support</li> <li><input type="checkbox"/> Lack of business case for wellness programs</li> <li><input type="checkbox"/> Federal regulatory restrictions</li> <li><input type="checkbox"/> State regulatory restrictions</li> <li><input type="checkbox"/> Regulatory uncertainty</li> <li><input type="checkbox"/> Other 1, please specify: _____</li> <li><input type="checkbox"/> Other 2, please specify: _____</li> </ul>	<p>Deleted 5 response choices</p>
Other benefits	<b>HS3. During the past 12 months,</b>	<b>J1. Do any of your active employees <u>currently</u> have access to</b>	Retained

	<p>were flu shots made available to your employees?  <i>Yes, onsite</i>  <i>Yes, offsite</i>  <i>Yes, onsite and offsite</i>  <i>No</i></p>	<p>on-site vaccinations such as flu shots, including those offered by your company/organization directly, or by your health plan(s), or by a <u>third party</u> (e.g., union)?  <i>These programs may be administered by a third party administrator or a program vendor.</i></p>	
Employer background	<p>Considering ALL (full and part-time) employees at this worksite location, what percentage... WD2. Are female?</p>	K1. What percent of your full-time active employees are women?	Retained
	<p>Considering ALL (full and part-time) employees at this worksite location, what percentage... WD1.3 Are age 50-69? WD1.4 Are age 70 or older?</p>	K2. What percent of your full-time active employees are 50 years or older?	Combined with WD1.2-WD1.4
	<p>OC2. How many part-time and full-time employees are based at this worksite location? (Please feel free to provide an estimate, even if you are not sure of the exact number.)  <i>(_____ enter total number full and part-time employees here)</i></p>	K4. What is the total number of full-time and/or part-time employees in your company/organization, or the U.S. branches/sites your reported data for, respectively?	Moved to screener