

Attachment D-2. Representative Screen Shots of Training Needs Assessment Survey



2013 ASHLIN CDC Work@Health Needs Assessment

Introduction to the 2013 ASHLIN CDC Work@Health Needs Assessment



Form Approved
OMB No. XXXX-XXXX
Exp. Date: XX-XX-XXXX

EMPLOYER NEEDS ASSESSMENT

Public reporting of this collection of information is estimated to average 20 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 (XXXX-XXXX).

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INTRODUCTION

The Centers for Disease Control and Prevention (CDC) has convened a team to develop information and training for small businesses on how to plan and implement the Work@Health Program, a Workplace Health/Wellness training program for employers. Toward that end, we have created a survey designed to gather information about small business needs as it relates to Workplace Health Programs training. For the purposes of this survey, Workplace Health is defined as a coordinated and comprehensive set of health promotion and protection strategies implemented at the workplace, 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 person at your company who is most knowledgeable about workplace health and wellness. If you are not that person please forward this survey to the person who is most knowledgeable about workplace health and wellness. Some questions in this survey ask you to describe your company's health insurance plan. If your business offers more than one health insurance option, please refer to the health insurance plan with the highest enrollment. We appreciate you sharing your insights about this important work and thank you for your participation.

Informed Consent

Before you get started, we'd like 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 ASHLIN Management Group (ASHLIN). ASHLIN is a private business consulting firm concentrating in the area of health and human services based in Greenbelt, MD. They are helping CDC implement the Work@Health program.
- You were asked to participate because your company may benefit from a workplace health training program and your experiences and opinions will help shape the development of the Work@Health curricula and program implementation.
- 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 survey at any time.
- The survey is designed to take about 20 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.

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- 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 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.
- We are interested in your comments so that we can improve the Work@Health program for future participants.

Please feel free to contact [INSERT CONTACT]. [HIS/HER] number is [INSERT TEL #]. You can also call the Public Health Management Corporation.

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SECTION 1: Employee Health and Workplace Health/Wellness



This section is designed to capture information about how your company views workplace health/wellness and what policies and procedures your company has in place to promote employee health/wellness.

1. Please rate the importance of each of the following employee health issues on a scale from (1) Not at all Important to (5) Extremely Important.

	Not at all Important	Of Little Importance	Moderately Important	Important	Very Important
An Aging Workforce	☐	☐	☐	☐	☐
Stress	☐	☐	☐	☐	☐
Physical Activity/Exercise	☐	☐	☐	☐	☐
Nutrition/Weight Management	☐	☐	☐	☐	☐
Chronic Disease (e.g., heart disease, diabetes)	☐	☐	☐	☐	☐
Tobacco use	☐	☐	☐	☐	☐
Alcohol or other drug habits	☐	☐	☐	☐	☐
Mental Health Issues (e.g., depression, anxiety)	☐	☐	☐	☐	☐
Work related injuries	☐	☐	☐	☐	☐
Work/Life Balance Issues (childcare, eldercare, personal issues)	☐	☐	☐	☐	☐
Flu/pneumonia	☐	☐	☐	☐	☐
Don't know/Unsure	☐	☐	☐	☐	☐
Other (please specify)					

2. When thinking about the potential impact of workplace Health/Wellness programs on your company, how important is it for you to receive information on each of the following items in order for you to understand the effect of employee health issues on your workforce?

	Not at all Important	Of Little Importance	Moderately Important	Important	Very Important
Direct Medical Cost (e.g., medical insurance benefits and payments,	☐	☐	☐	☐	☐

2. When thinking about the potential impact of workplace Health/Wellness programs on your company, how important is it for you to receive information on each of the following items in order for you to understand the effect of employee health issues on your workforce?

	Not at all Important	Of Little Importance	Moderately Important	Important	Very Important
Direct Medical Cost (e.g., medical insurance benefits and payments, pharmacy payments, disability payments, and workers' compensation)	☐	☐	☐	☐	☐
Productivity	☐	☐	☐	☐	☐
Absenteeism	☐	☐	☐	☐	☐
Presenteeism (health's impact on work performance)	☐	☐	☐	☐	☐
Creating a Culture of Health	☐	☐	☐	☐	☐
Employee Safety	☐	☐	☐	☐	☐
Improvement in Worker Health (e.g., reductions in chronic disease rates and risk factors)	☐	☐	☐	☐	☐
Related Risk Factors (e.g., physical inactivity, poor nutrition)	☐	☐	☐	☐	☐
Return-on-Investment	☐	☐	☐	☐	☐
Incentives	☐	☐	☐	☐	☐
Shareholder Value	☐	☐	☐	☐	☐
Company Image	☐	☐	☐	☐	☐
Improvements in Community Health	☐	☐	☐	☐	☐
Strategies and Actions for Employers to Take	☐	☐	☐	☐	☐

3. In addition to what your insurance health plan may offer, does your company currently have a Workplace Health/Wellness program in place for employees? If no, please skip to Section 2 of this survey.

- ☐ Yes, we currently have a Workplace Health/Wellness Program
- ☐ No, we do not have a Workplace Health/Wellness Program but intend to implement one within the next 12 months (skip to Section 2)
- ☐ No, we do not have a Workplace Health/Wellness Program (skip to Section 2)

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