

Georgia Worksite Health Promotion Policies and Practices Survey

Interviewer:

1. **May I speak with the Director of Human Resources or the Director of Employee Health?**
2. **If no such person: then may I speak to person in charge of employee benefits?**

Hello, my name is _____ and I'm calling on behalf of the Georgia Division of Public Health. We are conducting a survey of worksite policies and activities effecting the health of Georgia workers. The information gathered from this survey will help us develop programs to improve the health of Georgia workers and other residents. Your participation is very important for the completeness and accuracy of the survey. The information you provide will be combined with responses from other companies. You and your company will not be identified by name. We are striving to assure a healthy and productive workforce for Georgia, and the information about your company is very important. This survey will take approximately 20 minutes to complete.

- A. Are you the best person at your worksite to answer these types of questions?
1. Yes **(IF YES, SKIP TO Q.1)**
 2. No **(IF NO, READ Q.B-Q.C)**

- B. What is the name of the person at your worksite location who could answer these types of questions?

NAME: _____.

RR (DO NOT READ) Refused

- C. What is that person's telephone number?

PHONE: _____.

RR (DO NOT READ) Refused

1. Do you work in human resources or employee health?
 1. Yes
 2. No **(If no, what is your job title _____?)**
2. Are there fifteen or more employees at this location?
 1. Yes
 2. No **(IF NO, TERMINATE INTERVIEW)**

3. How many full-time employees are currently employed at this worksite?

- _____ Number
- _____ None
- _____ (DO NOT READ) Don't Know
- _____ (DO NOT READ) Refused

4. How many part-time employees are currently employed at this worksite?

- _____ Number
- _____ None
- _____ (DO NOT READ) Don't Know
- _____ (DO NOT READ) Refused

(THE SUM OF QUESTIONS 4 AND 5 MUST BE \geq 15. IF NOT, THEN TERMINATE INTERVIEW)

5. Which of the following categories best describes the nature of the business conducted at your worksite?

- 1. Services/Transportation/Communications/Utilities
 - 2. Retail/Wholesale/Finance/Insurance/Real estate
 - 3. Manufacturing
 - 4. Construction/Agriculture/Mining
 - 5. Other (SPECIFY) _____.
- D (DO NOT READ) Don't Know
R (DO NOT READ) Refused

Now I'm going to ask you some questions related to employee health at your worksite. If your company has more than one office, we are only interested in the health-related policies and activities existing at your location, and not those of the entire company. In the following questions, we are interested in knowing if your worksite offered health-related programs to employees during the past 12 months. This includes programs provided directly by your company or through an insurance company-sponsored program.

In the next few questions, I'm going to ask about screening tests for disease.

6. During the last 12 months, did your worksite offer screenings for high blood pressure to employees...?

- 1. Yes
 - 2. No
- D (DO NOT READ) Don't Know
R (DO NOT READ) Refused

7. During the last 12 months, did your worksite offer screenings for cholesterol levels to employees...?
1. Yes
 2. No
- D (DO NOT READ) Don't Know
R (DO NOT READ) Refused
8. During the last 12 months, did your worksite offer screenings for any form of cancer such as mammograms, Pap tests, and /or colonoscopies to employees...?
1. Yes
 2. No
- D (DO NOT READ) Don't Know
R (DO NOT READ) Refused
9. During the last 12 months, did your worksite offer questionnaires about health habits or Health Risk Assessments to employees...?
1. Yes
 2. No
- D (DO NOT READ) Don't Know
R (DO NOT READ) Refused

Now, I'm going to ask you about health-related education or behavior change programs.

10. During the last 12 months, did your worksite offer physical activity and or fitness programs to employees...?
1. Yes
 2. No
- D (DO NOT READ) Don't Know
R (DO NOT READ) Refused
- SKIP TO Q.12**
SKIP TO Q.12
SKIP TO Q.12
11. Who is eligible to participate in your physical activity and/or fitness programs?
(CHECK ALL THAT APPLY)

READ LIST

- | | | |
|-------------------------------|------------|-----------|
| 1. The employee | Yes | No |
| 2. Spouse of the employee | Yes | No |
| 3. Dependants of the employee | Yes | No |
| 4. Retirees | Yes | No |
- D (DO NOT READ) Don't Know
R (DO NOT READ) Refused

12. In the last 12 months, approximately how many employees at this location participated in physical activity and/or fitness programs at the worksite?

_____ Number (if given as a #)

_____ Percent (if given as a %)

D (DO NOT READ) Don't Know

R (DO NOT READ) Refused

13. During the last 12 months, did your worksite offer healthy eating classes or counseling to employees...?

1. Yes

2. No

SKIP TO Q.15

D (DO NOT READ) Don't Know

SKIP TO Q.15

R (DO NOT READ) Refused

SKIP TO Q.15

14. Who is eligible to participate in your healthy eating classes or counseling?
(CHECK ALL THAT APPLY)

READ LIST

1. The employee

Yes No

2. Spouse of the employee

Yes No

3. Dependants of the employee

Yes No

4. Retirees

Yes No

D (DO NOT READ) Don't Know

R (DO NOT READ) Refused

15. In the last 12 months, approximately how many employees at this location participated in healthy eating classes or counseling?

_____ Number (if given as a #)

_____ Percent (if given as a %)

D (DO NOT READ) Don't Know

R (DO NOT READ) Refused

16. During the last 12 months, did your worksite offer weight management classes or counseling to employees...?

1. Yes

2. No

SKIP TO Q.18

D (DO NOT READ) Don't Know

SKIP TO Q.18

R (DO NOT READ) Refused

SKIP TO Q.18

17. Who is eligible to participate in your weight management classes or counseling programs?
(CHECK ALL THAT APPLY)

READ LIST

- | | | |
|-------------------------------|------------|-----------|
| 1. The employee | Yes | No |
| 2. Spouse of the employee | Yes | No |
| 3. Dependants of the employee | Yes | No |
| 4. Retirees | Yes | No |
| D (DO NOT READ) Don't Know | | |
| R (DO NOT READ) Refused | | |

18. In the last 12 months, approximately how many employees at this location participated in weight management classes or counseling?

_____ Number (if given as a #)

_____ Percent (if given as a %)

D (DO NOT READ) Don't Know

R (DO NOT READ) Refused

19. During the last 12 months, did your worksite offer smoking cessation classes or counseling to employees...?

1. Yes

2. No

D (DO NOT READ) Don't Know

R (DO NOT READ) Refused

SKIP TO Q.21

SKIP TO Q.21

SKIP TO Q.21

20. Who is eligible to participate in your smoking cessation classes or counseling programs?

(CHECK ALL THAT APPLY)

READ LIST

- | | | |
|-------------------------------|------------|-----------|
| 1. The employee | Yes | No |
| 2. Spouse of the employee | Yes | No |
| 3. Dependants of the employee | Yes | No |
| 4. Retirees | Yes | No |
| D (DO NOT READ) Don't Know | | |
| R (DO NOT READ) Refused | | |

21. In the last 12 months, approximately how many employees at this location participated in smoking cessation classes or counseling?

_____ Number (if given as a #)

_____ Percent (if given as a %)

D (DO NOT READ) Don't Know

R (DO NOT READ) Refused

22. During the last 12 months, did your worksite offer any information or activities concerning stress management to employees...?
1. Yes
 2. No
- D (DO NOT READ) Don't Know
R (DO NOT READ) Refused
23. During the last 12 months, did your worksite offer alcohol or drug abuse support programs to employees...?
1. Yes
 2. No
- D (DO NOT READ) Don't Know
R (DO NOT READ) Refused
24. During the last 12 months, did your worksite offer back injury prevention programs to employees...?
1. Yes
 2. No
- D (DO NOT READ) Don't Know
R (DO NOT READ) Refused
25. During the last 12 months, did your worksite offer maternal or prenatal programs to employees...?
1. Yes
 2. No
- D (DO NOT READ) Don't Know
R (DO NOT READ) Refused
26. During the last 12 months, did your worksite offer HIV or AIDS education to employees...?
1. Yes
 2. No
- D (DO NOT READ) Don't Know
R (DO NOT READ) Refused
27. During the last 12 months, did your worksite offer workplace violence prevention programs to employees...?
1. Yes
 2. No
- D (DO NOT READ) Don't Know
R (DO NOT READ) Refused

Now, I'm going to ask you about programs to help employees manage various illnesses.

28. During the last 12 months, did your worksite offer Diabetes Management Programs to employees...?

- 1. Yes
- 2. No
- D (DO NOT READ) Don't Know
- R (DO NOT READ) Refused

29. During the last 12 months, did your worksite offer Cardiovascular Disease Management Programs to employees...?

- 1. Yes
- 2. No
- D (DO NOT READ) Don't Know
- R (DO NOT READ) Refused

30. During the last 12 months, did your worksite offer Hypertension Management Programs to employees...?

- 1. Yes
- 2. No
- D (DO NOT READ) Don't Know
- R (DO NOT READ) Refused

31. During the last 12 months, did your worksite offer Mental Health Management Programs to employees...?

- 1. Yes
- 2. No
- D (DO NOT READ) Don't Know
- R (DO NOT READ) Refused

WORKSITE PHYSICAL ACTIVITY

Now, I'm going to ask you some questions about worksite opportunities for physical activity.

32. Is there a locker room with showers available to employees at your worksite?

- 1. Yes
- 2. No
- D (DO NOT READ) Don't Know
- R (DO NOT READ) Refused

33. Are bike racks available to employees at your worksite?

- 1. Yes
- 2. No
- D (DO NOT READ) Don't Know
- R (DO NOT READ) Refused

34. Does your worksite have an indoor stairway?

1. Yes

2. No

D (DO NOT READ) Don't Know

R (DO NOT READ) Refused

SKIP TO Q.37

SKIP TO Q.37

SKIP TO Q.37

35. Is the main stairway in your worksite as accessible as the elevator?

1. Yes

2. No

3. Not Applicable

D (DO NOT READ) Don't Know

R (DO NOT READ) Refused

36. Is the main stairway in your worksite well lighted?

1. Yes

2. No

D (DO NOT READ) Don't Know

R (DO NOT READ) Refused

37. Is the main stairway in your worksite clean?

1. Yes

2. No

D (DO NOT READ) Don't Know

R (DO NOT READ) Refused

38. Does your worksite have any on-site exercise facilities?

1. Yes

2. No

D (DO NOT READ) Don't Know

R (DO NOT READ) Refused

SKIP TO Q.41

SKIP TO Q.41

SKIP TO Q.41

39. What types of on-site facilities are offered to your employees?
(CHECK ALL THAT APPLY)

- a. Indoor gym or workout room
 - b. Indoor walking/jogging track
 - c. Aerobic exercise equipment
 - d. Strength training equipment
 - e. Indoor basketball court(s)
 - f. Indoor tennis court(s)
 - g. Indoor swimming pool
 - h. Outdoor walking/jogging trail or track
 - i. Outdoor swimming pool
 - j. Outdoor tennis court(s)
 - k. Outdoor basketball court(s)
 - l. Other (SPECIFY) _____
- D (DO NOT READ) Don't Know
R (DO NOT READ) Refused

40. During what times are your on-site exercise facilities open for use by employees?
(CHECK ALL THAT APPLY)

- a. Before the workday
 - b. During the workday
 - c. After the workday
 - d. On weekends
 - e. On holidays
- D (DO NOT READ) Don't Know
R (DO NOT READ) Refused

41. When your worksite's on-site exercise center is open, is there at least one staff member available?

- 1. Yes
 - 2. No
- D (DO NOT READ) Don't Know
R (DO NOT READ) Refused

42. Does your worksite offer any on-site exercise classes?

- 1. Yes
 - 2. No
- D (DO NOT READ) Don't Know
R (DO NOT READ) Refused

43. Does your worksite provide employees with subsidized or reduced rate memberships to health clubs or community recreation centers?
1. Yes
 2. No
- D (DO NOT READ) Don't Know
R (DO NOT READ) Refused
44. Does your worksite sponsor employee sports teams?
1. Yes
 2. No
- D (DO NOT READ) Don't Know
R (DO NOT READ) Refused
45. Does your worksite have a policy that encourages employees to commute to work by foot or bicycle?
1. Yes
 2. No
- D (DO NOT READ) Don't Know
R (DO NOT READ) Refused
46. Does your worksite subsidize the cost of public transportation?
1. Yes
 2. No
- D (DO NOT READ) Don't Know
R (DO NOT READ) Refused
47. Does your worksite have a policy allowing flextime for participation in physical activities or special breaks in the workday for physical activity?
1. Yes
 2. No
- D (DO NOT READ) Don't Know
R (DO NOT READ) Refused
48. Is your worksite located within 1 mile of a public bus stop?
1. Yes
 2. No
- D (DO NOT READ) Don't Know
R (DO NOT READ) Refused

WORKSITE HEALTHY EATING

Now, I'm going to ask you some questions about healthy eating opportunities at the worksite`.

49. Do you have a cafeteria for your employees at this location?

1. Yes

2. No

D (DO NOT READ) Don't Know

R (DO NOT READ) Refused

SKIP TO Q.51

SKIP TO Q.51

SKIP TO Q.51

50. Does your cafeteria serve breakfast?

1. Yes

2. No

D (DO NOT READ) Don't Know

R (DO NOT READ) Refused

51. Does your cafeteria serve lunch?

1. Yes

2. No

D (DO NOT READ) Don't Know

R (DO NOT READ) Refused

52. Do you have one or more snack bars for employees at this location?

1. Yes

2. No

D (DO NOT READ) Don't Know

R (DO NOT READ) Refused

53. Do you have one or more vending machines available for your employees at this location?

1. Yes

2. No

D (DO NOT READ) Don't Know

R (DO NOT READ) Refused

54. Does your worksite have a place where employees can refrigerate, freeze and heat food?

1. Yes

2. No

D (DO NOT READ) Don't Know

R (DO NOT READ) Refused

WORKSITE SMOKING

Now, I'm going to ask you some questions about the smoking policies and opportunities for employee participation in smoking cessation programs at your worksite.

55. Do you have a formal policy for tobacco that prohibits or severely restricts smoking at the worksite/on the job?

- 1. Yes
- 2. No **SKIP TO Q.56**
- D (DO NOT READ) Don't Know **SKIP TO Q.56**
- R (DO NOT READ) Refused **SKIP TO Q.56**

56. Does that policy...?

(ALLOW ONLY ONE ANSWER)

- 1. Allow smoking in designated smoking areas within the building? **Yes No**
- 2. Allowed smoking on the grounds but not in the building? **Yes No**
- 3. Completely prohibit smoking throughout worksite both inside the building and on the grounds? **Yes No**
- D (DO NOT READ) Don't Know
- R (DO NOT READ) Refused

57. Does your worksite have any cigarette vending machines?

- 1. Yes
- 2. No
- D (DO NOT READ) Don't Know
- R (DO NOT READ) Refused

GENERAL

In this final section of the survey, I'm going to ask you some general questions that pertain to all of the health-related programs and activities that are available to employees at your worksite. For the remainder of the survey I will refer to all worksite health-related programs as 'Worksite Wellness'.

58. In general, how are your worksite wellness programs funded?

(CHECK ALL THAT APPLY)

READ LIST

- 1. Company paid
- 2. Employee paid
- 3. Shared cost
- D (DO NOT READ) Don't Know
- R (DO NOT READ) Refused

59. Which of the following types of incentives, if any, does your worksite provide to employees for engaging in Worksite Wellness program activities?
(CHECK ALL THAT APPLY)

- | | | |
|-----------------------------------|------------|-----------|
| 1. Improved benefit allowances | Yes | No |
| 2. Direct cash payment or bonuses | Yes | No |
| 3. Material prizes | Yes | No |
| 4. Added vacation “well” days | Yes | No |
| 5. Other (SPECIFY) _____ | | |
- D (DO NOT READ) Don’t Know
R (DO NOT READ) Refused

60. How do you evaluate the success of your Worksite Wellness programs? Do you use...?
(CHECK ALL THAT APPLY)

- | | | |
|-----------------------------|------------|-----------|
| 1. Employee feedback | Yes | No |
| 2. Behavior change measures | Yes | No |
| 3. Health care claims | Yes | No |
| 4. Productivity | Yes | No |
| 5. Time loss/absenteeism | Yes | No |
| 6. Turn over rates | Yes | No |
| 7. Cost effectiveness | Yes | No |
| 8. Cost benefit analysis | Yes | No |
- D (DO NOT READ) Don’t Know
R (DO NOT READ) Refused

61. What are the barriers or challenges to the success of your Worksite Wellness programs?
(CHECK ALL THAT APPLY)

- | | | |
|---|------------|-----------|
| 1. Lack of employee interest | Yes | No |
| 2. Lack of participation by high-risk employees | Yes | No |
| 3. Inadequate resources | Yes | No |
| 4. Lack of management support | Yes | No |
| 5. Organizational structure of worksite | Yes | No |
| 6. Lack of integration with other programs/services | Yes | No |
| 7. Other (SPECIFY) _____ | | |
- D (DO NOT READ) Don’t Know
R (DO NOT READ) Refused

62. Is the improvement of the health status of employees a stated mission or goal for your company?

- 1. Yes
- 2. No
- D (DO NOT READ) Don't Know
- R (DO NOT READ) Refused

63. What is the organizational status of this company?

- 1. This company has only one location.
- 2. This company has several locations and this is the headquarters.
- 3. This company has several locations and this is a branch.
- 4. This company has several locations and this is a separate division.
- D (DO NOT READ) Don't Know
- R (DO NOT READ) Refused

64. Approximately how many of your full and part-time employees are FLSA exempt?

- _____ Number (if answer given as a #)
- _____ Percent (if answer given as a %)
- _____ (DO NOT READ) Don't Know
- _____ (DO NOT READ) Refused

65. Approximately how many of your full and part-time employees are female?

- _____ Number (if answer given as a #)
- _____ Percent (if answer given as a %)
- _____ (DO NOT READ) Don't Know
- _____ (DO NOT READ) Refused

66. Approximately how many of your full and part-time employees are Hispanic or Latino?

- _____ Number (if answer given as a #)
- _____ Percent (if answer given as a %)
- _____ (DO NOT READ) Don't Know
- _____ (DO NOT READ) Refused

67. Approximately how many of your full and part-time employees are Black, not Hispanic or Latino?

- _____ Number (if answer given as a #)
- _____ Percent (if answer given as a %)
- _____ (DO NOT READ) Don't Know
- _____ (DO NOT READ) Refused

68. Approximately how many of your full and part-time employees are White, not Hispanic or Latino?

- _____ Number (**if answer given as a #**)
- _____ Percent (**if answer given as a %**)
- _____ (DO NOT READ) Don't Know
- _____ (DO NOT READ) Refused

69. Approximately how many of your full and part-time employees are Asian, not Hispanic or Latino?

- _____ Number (**if answer given as a #**)
- _____ Percent (**if answer given as a %**)
- _____ (DO NOT READ) Don't Know
- _____ (DO NOT READ) Refused