

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

**Massachusetts Worksite Health Improvement Survey**

**A. About Your Organization.** For each question choose from the list of answers or answer 'yes', 'no', or 'don't know'.

A. 1. How many full time and part time employees work in your organization?

- a. Less than 25
- b. 25 to 49
- c. 50 to 99
- d. 100 to 250
- e. 250 to 499
- f. 500 to 999
- g. 1000 or more

A. 2. What percentage of your employees are

- a. Full time
- b. Part time

A. 3. What percentage of your employees have

- a. Less than a high school diploma
- b. High school diploma and no college
- c. Some college, but not a 4 year college degree
- d. A 4 year college degree
- e. A Master's degree
- f. Post-Master's degree

A. 4. Who is your health insurance provider?

- a. Blue Cross Blue Shield
- b. Fallon Community Health Plan
- c. Harvard Pilgrim Healthcare
- d. Health New England
- e. Neighborhood Health Plan
- f. Tufts Health Plan
- g. United Healthcare
- h. Don't offer health insurance at this time
- i. Other, please specify.

Health insurance provider name if you chose 'other'

A. 5. Does your organization self fund – “self insure” – its health insurance plan?

A. 6. How many shifts does your organization work per day?

- a. One
- b. Two
- c. Three
- d. Other, describe below

A. 7. What percentage of your employees – both full and part time – are in the following racial/ethnic categories?

- a. Hispanic or Latino
- b. White
- c. Black or African American
- d. Asian
- e. Native Hawaiian or Other Pacific Islander
- f. American Indian or Alaska Native
- g. Other, please specify.
- h. Don't know

A. 8. What percentage of your employees is female?

- a. 0%
- b. 1% to 25%
- c. 26% to 50%
- d. 51% to 75%
- e. 76% to 100%
- f. Don't know

A. 9. What percentage of your employees is covered by collective bargaining agreements/unions?

- a. 0%
- b. 1% to 25%
- c. 26% to 50%
- d. 51% to 75%
- e. 76% to 100%
- f. Don't know

A. 10. What percentage of your employees speaks ENGLISH as a primary language?

- a. 0%
- b. 1% to 25%
- c. 26% to 50%
- d. 51% to 75%
- e. 76% to 100%
- f. Don't know

A. 11. What percentage of your employees spend more than half of their work hours sitting at desks or work stations?

- a. 0%
- b. 1% to 25%
- c. 26% to 50%
- d. 51% to 75%
- e. 76% to 100%
- f. Don't know

A. 12. What percentage of your employees has access to a computer at work?

- a. 0%
- b. 1% to 25%
- c. 26% to 50%
- d. 51% to 75%
- e. 76% to 100%
- f. Don't know

## **B. Worksite Health Promotion**

The following questions are about company policies and resources that address optimal employee health and well being at work, *e g opportunities to participate in physical activity, healthy food choices, smoking cessation programs*. For the following questions answer 'yes', 'no' or 'don't know' or choose from the list of answers.

B1. In the past year, has your organization asked employees what types of health promotion programs and services they would like?

- 1. a. If yes, are employees surveyed annually to determine their needs?

B2. Does your organization have a worksite wellness committee?

- 2. a. If yes, is that committee made up of individuals from different levels of your workforce?

B3. Do you have an annual budget for health promotion?

- 3. a. If yes, how much, in dollars?

B4. Does your organization calculate the Return on Investment – acronym R O I – for worksite health?

4. a. If yes, what are the calculations based on? Choose all that apply.

- a. Absenteeism
- b. Presenteeism
- c. Health care costs
- d. Employee turnover
- e. Family medical leave
- f. Workers compensation costs
- g. Short-term disability costs
- h. Other, describe below.

B5. Does your organization routinely collect or monitor any of the following information? Choose all that apply.

- a. Paid work time missed due to personal illness – sick days
- b. Employee turnover
- c. Health insurance claims
- d. Pharmacy claims
- e. Workers' compensation claims
- f. Short-term disability claims
- g. Long-term disability claims
- h. Aggregate Health Risk Assessment – acronym H R. A. – health data
- i. Don't know

B6. In the past year, has your organization offered a Health Risk Assessment, a tool used to assess an individual's risk of developing a disease or condition?

6. a. If yes, how often?

6b. If yes, are the results systematically tracked and shared with employees?

6c. If yes, is that information used to negotiate health insurance plans?

6d. If yes, is this service available to spouses/dependents?

6e. If yes, is this service available to retirees?

B7. Do your health insurance benefits cover preventive services for employees?

7. a. If yes, which services are included? Choose all that apply.

- a. Blood pressure screening
- b. Breast cancer screening
- c. Cervical cancer screening
- d. Cholesterol screening
- e. Colorectal cancer screening
- f. Depression screening
- g. Diet and nutrition counseling
- h. Disease management services
- i. Hearing screening
- j. Infectious disease screening
- k. Influenza immunizations
- l. Mental health services
- m. Obesity screening
- n. Osteoporosis screening
- o. Prostate cancer screening
- p. Safety/injury and violence prevention
- q. Skin cancer screening
- r. Substance abuse/alcohol services
- s. Tobacco cessation
- t. Type 2 diabetes screening
- u. Vision screening
- v. Other services, please describe below

B8. In the past year, has your organization offered any of the following on site health screenings or preventive services? Choose all that apply.

- a. Blood pressure screening
- b. Cholesterol screening
- c. Blood glucose screening
- d. Cancer screening
- e. Body Composition/BMI measurement
- f. Tobacco cessation
- g. Other screenings, describe below.
- h. Don't know

8. a. If yes, are the results systematically tracked?

8b. If yes, is that information used to negotiate insurance plans?

8c. If yes, are the results shared with the employee's primary care physician?

B9. In the past year, has your organization offered on site health education classes, workshops, lectures, or special events on any of the following topics? Choose all that apply.

- a. Nutrition or healthy eating
- b. Tobacco cessation

- c. Weight management
- d. Physical activity and/or exercise
- e. Stress management and/or yoga
- f. Chronic Disease Self Management
- g. Signs and symptoms of chronic diseases
- h. Depression
- i. Arthritis
- j. Other, describe below.
- k. Don't know

B10. Through which of the following are health promotion programs offered at your workplace?

- a. Health insurance provider
- b. Company-sponsored
- c. Other, please specify

10. a. If you have health promotion programs that are sponsored by your health insurance company, who are they available to? Choose all that apply.

- a. Insurance-subscribing employees
- b. Non-insurance-subscribing employees
- c. Spouses
- d. Retirees

B11. Does your organization provide any of the following incentives or rewards to employees who engage in healthy behaviors? Choose all that apply.

- a. Incentives tied to insurance premiums
- b. Monetary incentives
- c. Days off
- d. Other, describe below.
- e. Don't know

B12. Does your organization have an on site exercise facility?

12. a. If yes, what kind? Choose all that apply.

- a. Aerobic equipment
- b. Running track
- c. Strength training equipment
- d. Other, please describe below

Other:

12b. When is the exercise facility open? Choose all that apply.

- a. Before work hours
- b. After work hours
- c. During work hours

12c. Is the facility open for all shifts?

12d. Is the facility –free or discounted to employees?

12e. Can family members of employees use the facility?

12f. Are the facilities accessible to people with disabilities?

12g. Does the facility provide group exercise classes?

B13. Does your organization explicitly promote the use of the stairs?

13. a. If yes, are the stairs – Choose all that apply.

- a. Well-lit
- b. Maintained
- c. Advertised
- d. Centrally located

B14. Does your organization subsidize memberships to off site physical activity facilities directly or through a health plan?

14. a. If yes, is this offered to all employees?

B15. Does your organization encourage employees to bike or walk to work?

B16. Do employees have a clean place where they can eat meals with co workers?

16. a. If yes, does this facility have a refrigerator?

16b. If yes, does the facility have a microwave or oven?

B17. Can employees in your organization obtain food or snacks at the workplace?

17. a. If yes, where are foods or snacks available at your worksite? Choose all that apply.

- a. Cafeteria
- b. Break room or company kitchen
- c. Canteen truck
- d. Vending machines
- e. Other, describe below.

B18. Does your organization have a written policy to ensure that healthy food items are offered for any of the following?

- a. Vending machines

- b. Meetings or catered events
- c. Other, describe below.
- d. Don't know

B19. Does your organization provide point of purchase nutrition information at any of the following places?

- a. In the cafeteria
- b. In the canteen truck
- c. In vending machines

B20. Can your employees obtain any of the following foods in the workplace? Choose all that apply.

- a. Fresh fruit and vegetables
- b. 100% fruit juice
- c. Low salt foods
- d. Fresh salads with low fat dressings
- e. 1% or skim milk
- f. Fat-free or low fat yogurt
- g. Don't know

B21. Does your organization subsidize food items by charging more for high fat and high sugar items and less for healthier items?

B22. Where is smoking permitted during work hours? Choose all that apply.

- a. No where on company property
- b. Anywhere outside
- c. Anywhere outside except for in designated areas
- d. Anywhere outside except for near doors and windows
- e. In shared company vehicles
- f. In personal vehicles
- g. Don't know

B23. Does your organization have a written policy governing employee smoking during the work day?

B24. Does your organization have a written policy that governs an employee's ability to smoke outside of work hours?

B25. Is the sale of tobacco products prohibited at the worksite? I.e. at newspaper stands or other on site stores or in vending machines.

B26. What type of assistance is offered to help people quit smoking? Choose all that apply.

- a. Prescription medications through health insurance coverage
- b. Discounts or co pay offsets on medications

- c. Free nicotine patches or other medications provided by the employer
- d. Free smoking cessation program on site
- e. Smoking cessation programs offered through health plans
- f. Reimbursement for medications or smoking cessation counseling
- g. Other incentives to quit smoking. Please describe below.
- h. Don't know

B27. Does your organization have a written drug and alcohol-free workplace policy?

B28. Does your organization mandate pre employment drug testing for new hires?

B29. Does your organization offer employees a convenient and private place besides the bathroom to test blood sugar with a blood glucose monitor?

B30. Does your organization have an on site health clinic?

30. a. If no, does a mobile health unit regularly frequent your worksite?

B31. Are your employees allowed to use paid work time to participate in health promotion activities?

31. a. If yes, is this for.

- a. On site, employer sponsored activities
- b. Off site activities not sponsored by employer

B32. Does your organization have a formal written policy allowing flexible work schedules to accommodate personal and/or family needs?

B33. Does your organization have an on site childcare or daycare facility?

B34. In which of the following ways does your organization support new parents? Choose all that apply.

- a. Written maternity policy
- b. Written paternity policy
- c. Flextime options for new parents
- d. Access to a lactation consultant
- e. A lactation room at the worksite
- f. Storage facility for equipment
- g. Refrigeration for milk
- h. Other, describe below.
- i. Don't know

B35. Does your organization have written policies specifically designed to prevent or minimize stress?

35. a. If yes, what types of policies do you have? Choose all that apply.

- a. Strategies to address child-care issues
- b. Strategies to address elder-care issues
- c. Telecommuting
- d. Regular social events
- e. Flexible work scheduling
- f. Grievance procedures
- g. Extended disability or sick time allowance
- h. Employee Assistance Program – acronym E. A. P.
- i. Sexual harassment policy
- j. Other, describe below.

### C. Occupational Safety and Health

The following questions are about company policies and resources that address safety and health hazards at work, *e g unguarded machines, slippery floors, noise, heavy lifting, chemical exposures, poorly designed equipment, work stress*. For the following questions answer 'yes', 'no' or 'don't know' or choose from the list of answers.

C1. Does your organization have a worksite committee that is responsible for dealing with workplace health and safety hazards?

1. a. If yes, is that committee made up of individuals from different levels of your workforce?

1b. If no, does your organization have at least one designated person who is responsible for addressing workplace safety hazards?

C2. Does your organization have a written policy or procedure for,

- a. Reporting work-related injuries?
- b. Reporting unsafe working conditions?
- c. Investigating how work-related injuries happened?

C3. Does your organization conduct audits or inspections to identify worksite health and safety hazards on a regular basis?

C4. Does your company reward employees, *e g paid time off, bonuses, prizes, et cetera*, for periods of time when there are no injuries reported?

C5 Does health and safety count in supervisors' and managers' promotions, pay raises, or bonuses?

C6. Does your organization maintain a log of work–related illnesses and injuries known as an OSHA log?

C7. Do company managers analyze workers' compensation claims data and/or injury log data to plan workplace health and safety activities?

C8. How often do those responsible for workplace health and safety at your worksite coordinate their efforts with managers responsible for health promotion or wellness activities?

- a. Always
- b. Often
- c. Sometimes
- d. Never
- e. Don't know
- f. Not applicable meaning not engaged in workplace health promotion activities

C9. Are specific means, such as forms or suggestion boxes, available for employees to report health and safety hazards, problems, or concerns to senior management?

C10. Are efforts usually made to seek input/ideas from affected employees before supervisors or management make decisions about new work processes, work schedules, et cetera?

- a. Always
- b. Often
- c. Sometimes
- d. Never
- e. Don't know

C11. Does your organization have a written seatbelt policy that requires employees to wear seatbelts when on company business or when operating company equipment?

#### **D. Emergency Response**

The following questions are about company policies and environments that address emergency response at work. For each of the following answer 'yes', 'no' or 'don't know' or choose from the list of answers.

D1. Does your organization offer emergency medical response training to employees?

1. a. If yes, which of the following are offered? Choose all that apply.

- a. First aid
- b. Cardiopulmonary Resuscitation, CPR

- c. Automated External Defibrillator, acronym. A. E D.
- d. Epi-Pen

D2. Does your organization have at least one Automated External Defibrillator – acronym. A. E D– prominently located at your worksite?

D3. Does your organization have at least one first aid kit prominently located at your worksite?

D4. Does your organization have a written response plan for medical emergencies?

D5. Does your organization have a written emergency procedures plan for fire evacuation, bomb threats, natural disasters, or a pandemic?

5. a. If yes, does this protocol identify and assist people with disabilities during an emergency?

**Thank you very much for participating in the Massachusetts Worksite Health Improvement Survey.**