

Workplace Health Site Visit Interview Questions

Interviews with company leadership, management, employees and staff involved with employee health issues

Thank you for taking the time to meet with us today as part of the [insert company program name]. We will be performing a health assessment in your worksite over [insert assessment timeframe] involving [insert company organizational units/business areas] in your worksite. We hope to learn much during this time, and your participation is key to our learning process. The workplace assessment will involve [insert assessment components, e.g., interviews with managers and employees, an environmental assessment employee health survey, etc]. I would like to introduce myself and the team [Introductions]. We are hoping to learn more about your work unit and opportunities to promote health among employees.

Workplace Health Starts with Your Input

To make sure that health-related information and programs are tailored to address your health issues and concerns, we will be talking with different groups of individuals over the [insert interview timeframe, e.g., next couple of days] and getting their perspectives on the types of activities your worksite currently employs and opportunities that could be implemented in the future.

We will be asking you a series of questions and recording the information to correctly and completely capture your responses. We consider issues of privacy to be very important. Is it OK that we audiotape our interview?

Yes No

There are no right or wrong answers, and it is okay to say, "I don't know." Please know that your name will not be used in any reports, and we will not quote you directly without asking for your permission first. Your participation is completely voluntary, you may end the interview at any time, and if we ask a question that you would prefer not to answer, just tell us, and we'll skip over it.

Do you have any questions for us before we begin? [Answer questions, if any].

[Interviewers should review participant fact sheet/consent form (see attached) and obtain consent from participants before proceeding with the interview. Give a copy of the form to the participant]

FACT SHEET/CONSENT FORM FOR PARTICIPANTS

Welcome to the Workplace Health Program [insert company program name]

We are excited to announce that **[insert company name]** is kicking off a new project aimed at making our company a healthier and better place to work – and helping you enjoy all the benefits of good health. We think a healthy workforce benefits everyone: you; your family, friends, and co-workers who care about you; and the company's bottom line.

Today, **[insert interviewer name]** will be conducting interviews as part of a workplace health assessment to gather opinions and insights into worksite health. The interviews will help us understand the factors that support and/or hinder the health of employees at **[insert company name]** and identify opportunities to improve or address them.

The interview is designed to take about ½ hour for employees and senior managers and approximately 1 hour for program managers and human resources staff members **[insert additional job types you would like to interview if needed]**. There are no right or wrong answers, and it is okay to say, "I don't know." Your participation is completely voluntary, you may end the interview at any time, and if we ask a question that you would prefer not to answer, just tell us, and we'll skip over it.

Your name will not be identified in our reports and we will not quote you directly without asking your permission first. We will ask for your consent to audiotape the interview. Electronic and hard copies of interviewer notes and other data (e.g., audiotapes) will be stored without personal identifiers in secure locations, and will be destroyed at the close of the assessment.

For the Interview Participant:

I am aware that my participation in this interview is voluntary. I understand the intent and purpose of this interview. If, for any reason, at any time, I wish to stop the interview, I may do so without having to give an explanation. I have the right to decline having the interview recorded.

If I have any questions about this interview, I am free to contact the interviewer **[insert name and contact information]** or workplace health assessment project manager **[insert name and contact information]**.

I have been offered a copy of this consent form that I may keep for my own reference.

I have read the above form and, with the understanding that I can withdraw at any time and for whatever reason, I consent to participate in today's interview.

Signature of Participant

Date

Signature of Interviewer

Date

Note to Interviewer:

VP = questions that a Vice President or Senior Management should be asked.

S = questions that Supervisors should be asked.

H = questions that Human Resources staff should be asked.

EHS = questions that Environmental Health and Safety staff should be asked.

E = questions that Employees, Employee Committee Members (e.g. Wellness Committee), Employee Representatives should be asked.

Optional: Additional Question Pool that can be drawn on.

I. INTRODUCTION

1. **[VP, S, H, EHS, E]** Could you begin by telling us who you are and what is your role at <Organization Name>? *Note:* Ask each individual if group interview.

Probes:

- a) What's your job title?
- b) What are your primary responsibilities?

II. PROGRAM ADMINISTRATION AND MANAGEMENT

A. Program Benefits or Potential Benefits

2. **[VP, S, H]** Why are you interested in health promotion activities at <organization>?
3. **[VP, S, H, EHS, E]** What do you see as the benefits of a health program to your organization?

Probes:

- a) What do you (envision/see) as the program benefits for employees?
 - b) What makes you (interested in/willing to) support the program?
4. **[VP, S, H, EHS]** What do you see as the common health and safety issues impacting employees at <organization>?
[H] What are the biggest drivers of employee health care costs at <organization>?

B. Program Implementation and Goals

5. **[VP, S, H]** Does your organization have a document (e.g., a mission or corporate values statement) that refers to improving employee health?
6. **[VP, S, H]** Does your organization have annual objectives for wellness (committee, departmental, individual)?
7. **[H]** Does your company maintain membership or participate in any wellness or health council (external)?

8. **[VP, S, H, EHS, E]** Could you tell me the types of program activities you would be interested in seeing implemented in a workplace health program?
9. **[VP, S, H, EHS, E]** What would you see as the overall goals of a workplace health program?

Probes:

- a) How do you foresee a program impacting the work environment?
- b) How would a program impact the health and safety climate?
- c) What benchmarks would you expect to reach in 6 months to one year?
How about 1-3 years?

10. **[VP, S, H]** What department do you think would be responsible for coordinating/running the program?

Probes:

- a) How would such a program be administered and managed? (e.g. in terms of staffing, coordinating and implementing programs, communications, budget and fiscal management)
- b) Would this person have the authority to run the program?
- c) Would this person be accountable for program success, to whom?
- d) What is your company's current situation with regard to a wellness or health program/committee?

For instance, which of following is most accurate:

- i) There is no wellness program or committee,
 - ii) There is a small or informal wellness committee or designated staff member(s) who organize wellness activities,
 - iii) The company has an active wellness committee, including participation from a cross-section of employees.
- e) Who do you think are/would be good program champion(s)?
 - f) How active in the program do you feel senior leaders will be?

C. Program Costs

11. **[VP, H]** Does your company have an operating budget for health promotion activities?

Additional Question Pool: Program Costs:	
A	Tell me about staffing the program, who are the core staff involved?
B	How would you describe the operating costs for the program?
C	What will the start up costs be for the program? (e.g., any one time costs such as equipment purchases, consultant fees, etc.)
D	Does your organization assess cost-effectiveness of its health promotion efforts?

D. Program Eligibility, Promotion, and Communications

12. [VP, H] Who is likely to be eligible to participate in the program? Are there specific employee groups that you would like to reach (target)? Why?

Probe:

- a) Would the program also serve spouses, dependents, or retirees?

13. [S, H, EHS, E] What do you think are the best places/ways to provide employees information about health initiatives?

Probes:

- a) Other than during open enrollment, does your company communicate with employees about health, health behaviors, chronic disease prevention, health and safety risks, and/or preventive services? If so, how often?
- b) Which of the following avenues are used within your organization to communicate information to employees?
- intranet/website,
 - e-mail,
 - newsletter,
 - bulletin board,
 - payroll stuffers,
 - mailings to employees' home,
 - other
- c) What do you find [which of the above] is the best way to reach employees?

E. Employee Wellness Committees

14. [EHS, E] I am interested in learning about the structure and functioning of the <insert name> committee.

Probes:

- a) Who participates in the committee? Does it include both employee and management representatives? How do you work across organizational units (Business units or departments within a business unit)?
- b) Are employee representatives (e.g., unions) formally or informally involved in the wellness committee or workplace health program?
- c) How often does the committee meet?
- d) Does the committee have a budget? How much is the budget?
- e) How do you plan your annual activities? Do you set goals? How do you set priorities?

15. [EHS, E] What kinds of issues does the committee address?

Probes:

- a) What kinds of planning activities does the committee engage in?
- b) What kinds of education activities does the committee engage in?
- c) What kinds of changes to the workplace environment have you suggested?

F. Employee Health and Safety Committees

16. [EHS] What health and safety risks are present? What do employees perceive as health and safety risks?

Probes:

- a) How are they monitored?
- b) What is being done to address them?
- c) What challenges has the committee needed to address to improve workplace safety?
- d) What has proved particularly helpful addressing barriers?

17. [EHS, E] What involvement, if any, has the committee had with workplace health promotion?

18. [EHS, E] How feasible would it be for the committee to help plan workplace health programs?

Probe:

- a) What (other) type of committee might you suggest?

19. [EHS, E] What have you learned from your experience on the committee that would provide useful lessons for an advisory or employee committee to address health promotion?

III. PROGRAMS AND SERVICES

A. Current Worksite Health and Health Promotion Services

20. [S, H, EHS, E] We'd like to learn more about the activities and practices <organization> currently has to support employee health. What programs do you offer?

Probes:

In the past year, has <organization> organized or sponsored a program for employees in any of the following areas:

- a) Tobacco cessation,
- b) Nutrition programs,
- c) Physical activity programs,
- d) Vaccination programs,
- e) Mental health programs or stress and work/life balance,
- f) Programs to screen and treat alcohol and substance misuse,
- g) Injury prevention programs,
- h) Disease management,
- i) Programs to support breastfeeding,
- j) Health and safety
- k) Other programs?

If yes, probe:

Tell me more about that.

[If a: Tobacco Cessation services = Yes]

l) **[H]** What, if any, tobacco cessation services does <organization> offer?

m) Does <organization> offer Over-The-Counter (OTC) Nicotine Replacement

Therapy (NRT, e.g., the patch) to tobacco users who are trying to quit? Is there any out of pocket cost to employees?

Additional Question Pool: Tobacco Cessation Services	
E	Does your company or a contracted vendor provide referrals to employees for tobacco cessation assistance (e.g., phone numbers to state telephone quitlines, or information for local counseling services)?
F	Does your company provide an employee telephone tobacco cessation quitline? Is it available to dependents?
G	Does the quitline service report measures of effectiveness, including utilization and long term (6 months or longer) quit rates?
H	Does your company allow employees to use the quitline service while at work (outside of lunch breaks or other scheduled breaks)?

21. [H] Does <organization> offer any of the following preventive health services at the worksite:

- a) Flu vaccine,
- b) Pneumococcal vaccine,
- c) Mobile mammography,
- d) Blood pressure screening,
- e) Cholesterol screening (lipid profile),
- f) Blood glucose screening,
- g) Stress test, etc.

If yes, probe:
Tell me more about that.

B. Training, Education, and Support

22. [H] Does <organization> provide training or resources to employees on medical consumer issues?

23. [H] Does <organization> engage in decision-support practices to inform employees on their treatment options, risk and benefits?

Additional Question Pool: Health Program Offerings	
I	Does your program promote support groups or buddy systems for employees trying to improve their health through company supported health promotion/wellness programs?
J	In the past 12 months, what has your organization done regarding a health promotion campaign specifically targeting health behaviors?
K	Does your company offer disease management programs?
L	Does your company offer work/life balance programs (including stress management skills training)?
M	Does your company offer education programs on self-care or lifestyle management?
N	Does your company offer education or training programs on injury prevention; safety; identification, reporting, and eliminating workplace health and safety hazards?

C. Assessment and Data Management

24. [H, EHS] Does <organization> conduct any of the following surveys or assessments?

- a) Health risk appraisal,
- b) Health screening,
- c) Physical fitness assessments,
- d) Employee health interests survey,
- e) Work/family needs assessments,
- f) Ergonomic/work station analysis,
- g) Facility assessment,
- h) Absenteeism records,
- i) Disability claims,
- j) Workers compensation claims,
- k) Injury reports,
- l) Job satisfaction (e.g., Employee engagement survey),
- m) Safety surveys or inspections

If yes, probe:

- a) How often does this occur? When and where do they occur (e.g., during work time)?
- b) How do you collect survey responses?
 - Census (i.e., all employees)
 - Random Sample
 - Convenience Sample
- c) What is the response rate?
- d) Who typically looks at this information to decide what actions to take based on it?

25. [VP, S, H, EHS] What kinds of evidence or data convince you that the program is worth the time and effort devoted to it?

Probes:

- a) Where does the information come from?
- b) How often do you get it?
- c) How much confidence do you have in the information?
- d) How useful is it (would it be) to you to have data like this?

D. Program Suggestions

26. [VP, S, H, EHS, E] What would you suggest to create or provide to strengthen the program?

27. [S, H, EHS, E] Tell me about the types of program activities you would be interested in seeing implemented in [a workplace health/an enhanced workplace health] program.

IV. POLICIES

Health Promotion Policy

We're also interested in learning about the types of policies <organization> may have in place to support employee health.

28. [S, H, EHS, E] What kind of policies does <organization> have to support employee health?

A. Screening policies

28a. [S, H, E] What kinds of policies do you have related to health screening?

Probes:

- 1) Does your company have a policy such as flex time that enables all employees to obtain preventive medical services or schedule doctor's appointments during the week without using sick time?
- 2) Does your company provide paid time off from work specifically for preventive services and screenings?

B. Nutrition policies

28b. [S, H, E] Does <organization> currently have any nutrition policies in place? If yes, what are these?

Probe:

- 1) Do your company worksites adhere to catering guidelines that state healthy foods will be provided at meetings or other employee events?

C. Physical Activity policies

28c. [S, H, EHS, E] Does <organization> have any written policy that encourages fitness standards for certain positions?

Probe:

- 1) Do you allow employees to exercise during work hours?
- 2) Does <organization> have a policy such as flex time that enables all employees to participate in physical activity or health promotion programs during the week without using sick hours?

D. Tobacco policies

28d. [S, H, E] Does <organization> have any written policy restricting employee tobacco use? If yes, how are they enforced?

Probes for tobacco policy:

How would you describe the current tobacco policy?

- 1) No policy on tobacco use in place
- 2) Employees and visitors are allowed to smoke in designated areas of the building
- 3) Employees and visitors are allowed to use tobacco on the premises (including vehicles) but not inside the building
- 4) Employees and visitors are banned from using any form of tobacco throughout the premises; this includes company grounds and vehicles
- 5) Does your company have a written policy to prohibit smoking at company-sponsored events (both on-site and off-site)?
- 6) Does your company prohibit the sale of tobacco products anywhere on the premises (vending machines, on-site store, etc.)?

E. Other Policies

28e. [S, H, EHS, E] Does your company promote any other health promotion policies? If yes, tell me about these.

Probe:

- a) Seat belt use
- b) Injury and illness prevention and safety
 - i) Encouraging employees to report identified health or safety hazards and “near misses” without punishment
 - ii) Availability and requirements for personal protective equipment
- c) Hand sanitation
- d) Alcohol and substance use, etc.?

Additional Question Pool: Policy	
O	Do any of your company's employees work primarily outdoors?
P	Does your company have a policy requiring employees to use sun protection if they are exposed to sun while on the job?
Q	Does your company provide sunscreen or protective clothing for outdoor workers?

V. EMPLOYEE HEALTH BENEFITS

We'd like to learn about some of the benefits <organization> may have to promote health among employees.

A. Health Promotion and Health Care Benefits

29. [H] Does your organization offer health insurance to employees?

Probe:

- a) At what level?
- b) Who is eligible?
- c) What are the co-pays for these visits?

30. [H] Does your organization offer prescription coverage?

Probe:

- a) What are the co-pays for prescriptions?
- b) What drugs are covered under your health plan formularies?

31. [H] Do the health plan options include coverage for preventive services?

Probe:

- a) At what level?
- b) What are the co-pays for these visits?
- c) How well is this utilized among employees?

Additional Question Pool: Health Benefits and Coverage	
<i>Note: cross reference with review of health benefits policy and data from insurers.</i>	
R	Of the employees that have health insurance, how many (%) made claims in the past year?
S	Do the health plan options include coverage for tobacco cessation? About how many employees within <organization> have taken advantage of tobacco cessation programs? (Review benefits description)
T	Do the health plan options include coverage for disease management programs, health coaching, or targeted risk reduction programs? (Review benefits description)
U	Do the health plan options include any coverage for stress management? (Review benefits description)
V	Do the health plan options include comprehensive coverage for chronic disease medical treatment throughout the disease episode? (screening, diagnosis, treatment, maintenance, recovery, etc.)
W	Does your organization stipulate in health insurance contracts that health plans will track network provider delivery of preventive services?
X	In terms of health care utilization, what is the percentage of claims made for hospitalizations, outpatient visits, physician office visits, other? (Cross reference with health claims data runs)
Y	How many employees were hospitalized in the last year? What are the primary reasons for hospitalization for your employees? How do these reasons differ by age, gender, income, geography or job description? What is the percentage of claims made for hospitalizations, outpatient visits, physician office visits, other? (Cross reference with health claims data runs)
Z	What employee benefits are available for workers compensation or short term/long term disability?
AA	Does the organization offer a membership discount for employees who go to a fitness facility? Is there an attendance requirement? About how many employees have taken advantage of this benefit?
BB	What benefits are extended to retirees?

32. [H] Do health insurers conduct any outreach activities to enrollees on health promotion/disease prevention?

Probe:

- a) If yes, how often?
- b) How (mailings, email, information line, etc)?

33. [H] Does your organization stipulate in health insurance contracts that health plans send age-appropriate reminders to network providers about preventive care services?

34. [H] Does your organization stipulate in health insurance contracts that health plans report HEDIS data or other measures of health plan quality/performance? What data do they provide?

35. [VP, H] Who is responsible for developing the annual benefits package?

Probe:

- a) Are there ways in which you get employee input about the benefits that are provided? (i.e., Is the health benefits package consumer driven in anyway?)

36. [H] Does your company offer an employee assistance program (EAP)?

Probe:

- a) What are the services provided (including depression/mental health; weight management; stress management; tobacco use; drug/alcohol misuse; care-giving support; bereavement, other?)

B. Incentives

37. [S, H, EHS, E] Does <organization> provide any incentives for participation in health promotion/wellness programs?

If yes, probe: Tell me more about that.

- a) Are there any incentives beyond participation?
- b) How about for meeting individual or team goals?

38. [H, E] Are any discounts on health insurance premiums given to nonsmokers?

If yes, probe:

- a) How is this policy received?

VI. ENVIRONMENT

A. Program Barriers and Resources

39. [VP, S, H, EHS, E] What barriers, if any, do you see at your worksite to a healthy lifestyle or safe work environment?

40. [S] How feasible is it for <organization> to allow employees to take time during work hours to exercise or attend a health program such as a screening, education session, etc.?

41. [H] Are there multi-purpose rooms that are (or could be) used for classes or group activity (including physical activity in the absence of a gym, or for providing on-site health assessments like blood pressure checks)?

42. [EHS] What environmental changes (e.g., lighting, ventilation, safeguarding machines and equipment, ergonomics, walkways, etc.), if any, has the organization made to prevent injuries or promote safety?

Workplace Health Site Visit Interview Questions

Additional Question Pool: Environment	
CC	How do you foresee the program having an impact on the worksite environment?
Nutrition Environment	
DD	Does your organization offer on-site food services? If yes, are healthy foods available in cafeterias and vending machines?
EE	Could your company subsidize/competitively price healthy food choices available to employees?
FF	Where food is available, does your organization post nutritional content or health food labels on available products to help employees make healthy choices?
Physical Activity Environment	
GG	Does your organization provide access to physical activity facilities at or near the worksite?
HH	Are there elevators at your worksite? [If yes] Are there signs or reminders to take the stairs?
Barriers	
II	What is the overall work environment like? Noise level, lighting (natural or electric), ventilation, open space, safeguarded machines and equipment.
Resources	
JJ	Are there conference rooms at your worksite?
KK	Are there First Aid kits? Respirators, fire extinguishers, other safety equipment?
LL	Is there an occupational medicine clinic or first aid station?
MM	Are there breastfeeding/lactation rooms?
NN	Are there quiet rooms (for stress reduction)?

VII. COMMUNITY LINKAGES

We also wanted to learn more about the wider community context for your employees.

43. [S, H, E] How do most employees get to work?

Probe:

- Do they typically drive? Walk? Bike? Take a bus?
- Is a reimbursement/subsidy given to employees for taking public transportation (as a means to increase daily physical activity)?

44. [S, H, E] What is the average commuting time for your employees?

45. [S, H, E] Where do most employees eat lunch?

Probe:

- Do they go to an on-site cafeteria?
- Do they bring their lunches?
- Do they go out for fast food?

46. [S, H, E] Are there other programs available in the community that target increased physical activity and/or improved nutrition (e.g., farmers markets)?

47. [VP, S, H, E] Does your organization participate in community campaigns to promote healthy lifestyles?

Additional Question Pool: Community Linkages	
OO	Does your organization contract with community organizations and programs involved in preventive care, healthy lifestyles, or recreation? If so, does your company advertise these opportunities?
PP	Does your organization provide employee volunteer opportunities on company time?

VIII. CONCLUSION

48. [VP, S, H, EHS, E] How would you like to be involved as planning for a possible health program moves forward?

49. [VP, S, H, EHS, E] Is there anything else about <organization> you would to add that was not reflected in the interview?

Thank you for your time and your input. You have provided us with very helpful and useful information!

If you have any questions following the interview please contact [*name, title*] at [*phone number, email*].