## **Wellness Director Interview**

	Please complete the survey below.	
	Thank you!	
	Background	_
1)	Hospital ID#	
2)	Rater ID#	
3)	Hospital Name	
4)	What is the title of the person being interviewed?	
	<ul> <li>Wellness Director</li> <li>Human Resources Director</li> <li>Community Health Benefit administrator</li> <li>CEO</li> <li>Other</li> </ul>	
5)	If Other above, please enter title here.	
6)	Is there a wellness program at this hospital?	
	<ul><li>Yes</li><li>No</li><li>Don't Know</li></ul>	
7)	What are the physical activity and nutrition/diet programs offered? (e.g. weight loss programs, classes offered/promoted, tracking PA through pedometers, etc)	
8)	Does the hospital offer wellness programs to spouses, significant others, or dependents?	
	<ul><li>Yes all</li><li>Yes some</li><li>No</li><li>I don't know</li></ul>	
9)	If yes above what is the fee structure? (fee structure, fee for service for all or for some)	
10)	Does the hospital offer wellness programs to community members?	
	<ul><li>○ Yes</li><li>○ No</li><li>○ Don't Know</li></ul>	
11)	If yes above what is the fee structure?	
12)	Is the wellness program administered by the hospital or a health plan (operational structure)?	
	<ul> <li>administered by the hospital/system</li> <li>administered by a health plan</li> <li>don't know</li> <li>other</li> </ul>	
13)	If Other above, please describe by whom (operational structure).	



○ Yes○ No○ Don't Know

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	Wellness Program Assessment								
14)	Does the hospital have a written policy statement supporting employee physical activity behaviors?								
	<ul><li>○ Yes</li><li>○ No</li><li>○ Don't Know</li></ul>								
15)	Does the hospital have a written policy statement supporting employee diet behaviors?								
	<ul><li>Yes</li><li>No</li><li>Don't Know</li></ul>								
16)	Which of the following wellness programs or benefits does your hospital offer to at least some employees? Please check all that apply.								
	Health risk assessment Preventive screenings Flu shots or immunizations Stress management Disease prevention or management Healthy food options Weight loss programs Gym membership discounts On-site exercise facilities Smoking cessation Personal health coach Classes in nutrition or healthy eating Web-based resources for healthy living Tobacco free workplace 24 hour nurse helpline EAP mental health services Wellness newsletter Biometric screening Safety programs Other								
17)	If Other above, please enter here.								
18)	Does the hospital provide exercise/physical activity specific messages to the general employee population on a regular basis?								
	<ul><li>Yes</li><li>No</li><li>Don't Know</li></ul>								
19)	Does the hospital provide diet/nutrition specific messages to the general employee population on a regular basis?								
	<ul><li>Yes</li><li>No</li><li>Don't Know</li></ul>								
20)	Does the hospital organize or sponsor a lunch time/after work walking club or similar (running, cycling, yoga, etc)								
	<ul><li>Yes</li><li>No</li><li>Don't Know</li></ul>								
21)	Does the hospital organize or sponsor a lunch time/after work diet/nutrition class?								



22)	Is there paid physical activity time?
	<ul><li>Yes</li><li>No</li><li>Don't Know</li></ul>
23)	Is there paid diet/nutrition time?
	<ul><li>Yes</li><li>No</li><li>Don't Know</li></ul>
24)	Does the hospital provide any type of incentives for engaging in physical activity? Such as financial or other positive incentive; gift cards, merchandise?
	<ul><li>Yes</li><li>No</li><li>Don't Know</li></ul>
25)	Does the hospital provide any type of incentives for engaging in diet/nutrition activities?
	<ul><li>Yes</li><li>No</li><li>Don't Know</li></ul>
26)	Does the hospital have any policies regarding the type of food offered during celebrations such as birthdays or holidays?
	<ul><li>○ Yes</li><li>○ No</li><li>○ Don't Know</li></ul>
27)	Does the hospital provide opportunities for family engagement and family wellness activities (TV Turn Off Week, 5.2.1.0 Challenge, family cooking activities)
	<ul><li>Yes</li><li>No</li><li>Don't Know</li></ul>
28)	Are employees provided health-promoting activities focused on skill development and lifestyle behavior change?
	<ul><li>Yes</li><li>No</li><li>Don't Know</li></ul>
29)	Does the hospital have any policies that encourage and promote healthy non-food fundraising?
	<ul><li>Yes</li><li>No</li><li>Don't Know</li></ul>
30)	Does the hospital prohibit all forms of advertising and promotion of less nutritious foods and beverages on their campus?
	<ul><li>○ Yes</li><li>○ No</li><li>○ Don't Know</li></ul>
31)	Has the hospital successfully measured the return on investment (ROI) for your hospital health and wellness initiatives?
	<ul> <li>Yes</li> <li>No but we have tried</li> <li>No we have not tried</li> <li>NA</li> <li>Don't Know</li> </ul>

33)	What is the current return on investment (ROI) of your health and wellness initiatives? For example, a return on investment of 2:1 means that for every dollar the hospital spends on wellness initiatives they save two dollars											
	<ul> <li>○ Less than 1:1</li> <li>○ 1:1</li> <li>○ Greater than or equal to 1:1 but</li> <li>○ Greater than or equal to 2:1 but</li> <li>○ Greater than or equal to 3:1</li> <li>○ NA</li> <li>○ Don't Know</li> </ul>											
34)	When measuring wellness program impact, what program measures do you use? Select all that apply											
	<ul> <li>Number of employee wellness p</li> <li>Number of employee wellness p</li> <li>Number of employee wellness p</li> <li>Number employee wellness part</li> <li>Number of employee wellness p</li> <li>Rates of disability</li> <li>Rates of worker compensation of Rates of absenteeism</li> <li>Employee retention rates</li> <li>Overall direct health care costs</li> <li>Health care costs for specific suf</li> <li>Other (see next item)</li> </ul>	articipa articipa icipants articipa laims	nts comp nts who e s who ach nts who e	exercise nieve wei	regularly ght loss							
35)	If Other above, please describe											
	On a scale of one to 10 with		-	•	•				-		ng	
	an insurmountable barrier to challenges to offering any su									_	tal	
	chanenges to offering any st	iccess	iui eilip	noyee i	icaitii a	iliu wei	шезэ р	iograiii	at you	Поэрп	Lai.	
36)	Motivating employees over extended time.	1	2	3	4	5	6	7	8	9	10	
37) 38)	Measuring program effectiveness Obtaining employee health information	0	0	0	0	0	0	0	0	0	C	
39) 40) 41)	Communicating with employees Financial restraints or limitations Creating a culture of health	0	0	0	0	0	0	0	0	0	C	
	If Other above, please indicate chal		J		J	Ŭ	O	J	J	J		
<del>4</del> ∠)	ii Other above, please maicate cha	_	_	_		_		_	_	_	_	
43)	Other		2	3	4	5	6 ()	7	8	9	10 C	