



SPRINGHILL MEDICAL CENTER
WELLNESS IN THE WORKPLACE SURVEY

Name of Organization: _____

Insurance Carrier: _____ Number of Full Time Employees: _____

Do you currently offer your employees a Wellness Program? Yes No

If yes, is the program: administered internally **OR** contracted through another company

Do you utilize local resources to support your employees' wellness? Yes No

If yes, check those that apply and briefly describe:

- Insurance Carrier Blue Cross Blue Shield
- Healthcare Providers
- Hospitals
- Fitness Organizations
- Telehealth Services
- Non-profit Organizations
- Community Events

Does your organization utilize the following wellness components for your employees: (Check ALL that apply)

- On-site Health Screenings
(Examples: blood pressure, cholesterol, glucose screening, body mass index, grip strength testing)
- On-site Educational Presentations
(Such as Lunch n Learns, Intranet Video Modules or Webinars on Health, Wellness, Self-Care, Safety)
- Employee Health Fairs (Interactive and Educational Stations for Health and Wellness Education)
- On-site Exercise Classes
- Walking Programs
- Weight Loss Programs
- Wellness Challenges
- Monthly Health Topic Communications (Examples: newsletters, health tips, emails, flyers, posters, handouts, brochures)
- Telehealth Resources
- Smoking Cessation Program
- Rewards-based Incentives (Such as prizes, points, awards, reduced health insurance premiums)

How concerning are the following workplace challenges to your organization?

Scale: 1 = not concerned • 5 = very concerned

- | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Sedentary Work Environment | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Workplace Safety | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Infection Control | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Disease Prevention | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

How important are the following to your organization?

Scale: 1 = Not Important • 5 = Very Important

- Reduction in Employee Absenteeism _____ 1 _____ 2 _____ 3 _____ 4 _____ 5
- Reduction in Workman Compensation Claims _____ 1 _____ 2 _____ 3 _____ 4 _____ 5
- Decrease in Medical Insurance Costs _____ 1 _____ 2 _____ 3 _____ 4 _____ 5
- Increase in Employee Productivity _____ 1 _____ 2 _____ 3 _____ 4 _____ 5
- Increase in Employee Morale _____ 1 _____ 2 _____ 3 _____ 4 _____ 5
- Reduction in Employee Time Away From Work for Medical Appointments _____ 1 _____ 2 _____ 3 _____ 4 _____ 5
- Attract and Retain Quality Employees _____ 1 _____ 2 _____ 3 _____ 4 _____ 5

What communication tools would be the most beneficial and most likely utilized by your organization?

Scale: 1= Not Beneficial • 5 = Very Beneficial

- Links to downloadable presentations from healthcare providers on monthly health topics _____ 1 _____ 2 _____ 3 _____ 4 _____ 5
- Downloadable brochures on monthly health topics _____ 1 _____ 2 _____ 3 _____ 4 _____ 5
- Monthly "Ask the Medical Professional" online question and answer session _____ 1 _____ 2 _____ 3 _____ 4 _____ 5
- Downloadable monthly health topic flyers/posters _____ 1 _____ 2 _____ 3 _____ 4 _____ 5
- Telehealth virtual physician visits _____ 1 _____ 2 _____ 3 _____ 4 _____ 5

What obstacles create barriers that interfere with achieving your organization's wellness objectives?

Scale: 1 = Lowest concern • 5 = Highest concern

- Internal resources to administer a wellness program _____ 1 _____ 2 _____ 3 _____ 4 _____ 5
- Costs associated with implementing a wellness program _____ 1 _____ 2 _____ 3 _____ 4 _____ 5
- Insufficient time to schedule employee participation _____ 1 _____ 2 _____ 3 _____ 4 _____ 5
- Lack of interest from employees _____ 1 _____ 2 _____ 3 _____ 4 _____ 5
- Lack of incentives for employee participation _____ 1 _____ 2 _____ 3 _____ 4 _____ 5
- Limited technology platforms for virtual communications _____ 1 _____ 2 _____ 3 _____ 4 _____ 5

What additional information, concerns or questions would you like to add regarding implementing employee wellness resources at your workplace?

**Please save as a pdf and forward your completed survey to:
gail.travis@springhill.org**

Springhill Medical Center appreciates your time and consideration in completing this survey.
Your feedback provides us with important information to help us better meet
the healthcare needs of our Mobile area citizens.

Visit our website at www.springhillmedicalcenter.com