

UA Employee Survey

We are in the process of looking at UA's benefit programs and would like to learn more about your interests. Your participation in this survey is completely voluntary and all responses will be kept confidential. Your input will help us determine in which programs and/or topics you are most interested.

Thank you in advance for your participation!

DEMOGRAPHICS

Please select your location:

Please pick one of the answers below.

UAA main campus
UAA extended site

UAF main campus
UAF extended site

UAS main campus
UAS extended site

SW Fairbanks
SW Anchorage

Please indicate your gender:

Please pick one of the answers below.

Female
Male

What is the highest level of education that you have achieved?

Please pick one of the answers below.

Some high school
High school graduate
Some college
Undergraduate degree
Graduate degree
Professional degree

What is your current job category?

Please pick one of the answers below.

Faculty
Staff
Executive

Please indicate your age range:

Please pick one of the answers below.

Under 20 years
21 – 29 years
30 – 35 years
36 – 40 years
41 – 45 years
46 – 50 years
51 – 55 years
56 – 60 years
61 – 65 years
Over 65 year

What is your current enrollment status for the UA Choice Health Plan?

Please pick one of the answers below.

Employee coverage only
Employee + Spouse/FIP
Employee + Child(ren) coverage
Full Family coverage
Opted out of UA health coverage

The opportunity to choose between various levels of medical plans is important to me.

Please pick one of the answers below.

Agree
Disagree
No Opinion

CURRENT LIFESTYLE/HABITS

How many days per week do you participate in moderate physical activity? (e.g. walking, swimming, dancing, jogging, bike riding or any activity that raises your heart rate)

Please pick one of the answers below.

- 0 days
- 1 – 2 days
- 3 – 4 days
- 5 – 7 days

On the days you participate in moderate activity how long do you participate?

Please pick one of the answers below.

- Less than 10 – 20 minutes
- 20 – 30 minutes
- 30 – 45 minutes
- 45 – 60 minutes
- 60 + minutes

Which of the following apply to your current view of increasing the amount of physical activity in your day?

Please pick one of the answers below.

- I am not interested in making a change in my physical activity at this time.
- I have been thinking about how I can incorporate more activity into my day.
- I am planning on adding more activity to my day in the next 30 days.
- I have increased the amount of activity in my day but still struggle to do so consistently.

Preventive Care

For information on coverage of preventive care, see <http://www.alaska.edu/benefits/health-plan/preventive-benefit/>

Have you received your annual preventive care exams/screenings for your age and gender in the last 12 months? (excluding eye exam, dental exam and cleaning, etc.)

Please pick one of the answers below.

Yes
No

If not, why not?

Please check all that apply and/or add your own suggestion.

Haven't had the time or have forgotten.
Out of pocket cost is too expensive.
I don't have a provider.
Other: _____

Are you aware that screenings, physicals and other procedures covered as "Preventive Care" are covered at 100% of the allowable charge by the UA Choice health plans?

Please pick one of the answers below.

Yes
No

Wellness Programs

Do you currently participate in UA's WIN for Alaska activities?

Please pick one of the answers below.

Yes
No

If you do not participate in UA's WIN for Alaska activities, why not?

Please check all that apply and/or add your own suggestions.

Lack of information
Lack of interest
Lack of time
Other: _____

If yes, which programs have participated in?

"Get the Point" (GTP)
"Individual Health Planning" Sessions (IHPs)

Wellness breaks
Fitness Classes, e.g. Pilates, Yoga
Other_____

Which of the following health topics would you like to know more about?

Please check all that apply and/or add your own suggestions.

Asthma/Allergy Awareness
Back Safety/Care (Ergonomics)
Better Sleep
Cancer Prevention
Diabetes Awareness
Healthcare Consumerism (Decision Making)
Healthy Pregnancy
Heart Health
Mental Health
Nutrition Info/Counseling
Stress Management
Tobacco Cessation
Weight Loss/Management
Work/Life Balance
Other:_____

From which of the following sources do you currently receive most of your health information?

Please check all that apply and/or add your own variant.

Doctors/Health Professionals
Family, Friends, Colleagues
Health Promotion Programs at Work
Internet Sites (e.g. WebMD)
Media
Medical Insurance Company
Other:_____

How would you prefer to get health information at the worksite?

Please check all that apply and/or add your own suggestion.

University Newsletter
Contests and Incentive Programs
Email
Flyers/Posters
Intranet

Onsite Health Screenings
Talks by experts (classes)
I would prefer not to receive this type of information at the worksite.
Other: _____

In what ways would you like your worksite to provide a healthy environment?

Please check all that apply and/or add your own suggestion.

Healthy Vending Options
Healthy Cafeteria Options
Healthy Food & Beverage Options at Meetings/Events
Fitness Equipment
Other: _____

In which of the following types of programs/activities would you be interested in participating?

Please check all that apply and/or add your own suggestion.

Employee Sports Teams (softball, soccer, etc.)
Group Competitions (internal groups or external groups)
Group Programs/Activities (classes or team challenges)
Individual Competitions (i.e. Biggest Loser, 10k a Day)
Individual Programs/Activities (tracked through program)
Individual Programs/Activities (on your own)
I am not interested in participating
Other: _____

What time of day would be best for you to participate in a health promotion program?

Please check all that apply and/or add your own suggestion.

Before work
Lunch hour
After work
Would not participate
Other: _____

If the UA were to offer incentives for participation or completion of a health promotion program, which incentives would you be interested in?

Please check all that apply and/or add your own suggestion.

Cash Card

Lower employee health plan charges as a result of participation

T-shirts, mugs, gym bags

Additional Annual Leave day

Other: _____

Would you be willing to cost-share with the University for some health promotion activities?

Please pick one of the answers below.

Yes, a reasonable amount.

No

So that we better understand the barriers to participation, would you share your reasons for not participating in an onsite health promotion program?

Please check all that apply and/or add your own suggestion.

I prefer to do things on my own.

I don't have the time.

I already lead a healthy lifestyle.

I need more information about the programs offered.

I'm uncomfortable participating at work/with coworkers.

It's an inconvenient time or location.

It's too difficult to meet the requirements.

I'm concerned about confidentiality.

I'm already in a similar program that I prefer.

I don't feel my employer should offer these types of programs.

Other: _____

Communications

What are your preferred methods of receiving benefits communications?

Please pick one of the answers below.

Work email

USPS to Home address

Both work email and home address

Benefits website

Newsletters

Employee meetings (e.g. face-to-face, video, audio)
Posters/flyers posted at worksites
Webinars
Social Media – e.g., FaceBook, Twitter

For the last year, UA has been mailing a healthcare newsletter to employees, “Personal Best.” How useful is this newsletter?

Valuable
Somewhat valuable
Neutral
Not very valuable
Not valuable at all
Other comments _____

Where do you most often get your information about healthcare issues?

University Benefits Website
University Newsletter
Internet
Friends and Family
Colleagues
Supervisor
Staff at the physician’s office
TV
Magazines
Other: _____

How satisfied are you with the health and other benefits information you receive from your regional human resources office?

Please pick one of the answers below.

Very satisfied
Satisfied
Not very satisfied
If you are not very satisfied, please indicate how we can improve:

How satisfied are you with the health and other benefits information you receive from the systemwide benefits office?

Please pick one of the answers below.
Very satisfied

Satisfied

Not very satisfied

If you are not very satisfied, please indicate how we can improve:

Is benefit information presented in a way that is easily understood?

Please pick one of the answers below.

All the time

Most of the time

Some of the time

Not at all, it's very confusing

Does your supervisor/department head share information about upcoming benefit changes?

Please pick one of the answers below.

Yes

No

If this does not occur, would it be helpful?

Please pick one of the answers below.

Yes

No

Weight Management

If UA offered an online weight management program to you at no cost, would you be:

Very likely to participate

Likely to participate

Unlikely to participate

Would not participate

Not sure.

Regardless whether you would choose to participate, do you think an online weight management program would be:

Very useful for UA employees

Useful for UA employees

Not useful for UA employees

Not sure.

If you have any other comments to share about UA's benefit plans or communications, please provide them.

DRAFT