

***2007 Workplace SBI Survey Report:
An Assessment Of Employer Practices &
Vendor Products & Services***

EXECUTIVE SUMMARY



THE GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER

April 2008



**Ensuring Solutions
to Alcohol Problems**

THE GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER

**2007 WORKPLACE SBI SURVEY REPORT: AN ASSESSMENT OF
EMPLOYER PRACTICES AND VENDOR PRODUCTS AND SERVICES
(EXECUTIVE SUMMARY)**

Tracy McPherson, PhD
Eric Goplerud, PhD
Ensuring Solutions to Alcohol Problems
Department of Health Policy
The George Washington University Medical Center

Address for Correspondence:

Tracy McPherson, PhD
George Washington University Medical Center
Department of Health Policy
Ensuring Solutions to Alcohol Problems
2021 K Street, NW Suite 800
Washington, DC 20006
202-416-0413 (p)
202-296-0025 (f)
tracym@gwu.edu
<http://www.ensuringsolutions.org>

This research was funded by the Network of Employers for Traffic Safety (NETS), through a Cooperative Agreement with the National Highway Traffic Safety Administration (NHTSA) and support from The PEW Charitable Trusts.

EXECUTIVE SUMMARY

OVERVIEW

The Network of Employers for Traffic Safety (NETS), through a Cooperative Agreement with the National Highway Traffic Safety Administration (NHTSA) and support from The PEW Charitable Trusts, has contracted with Ensuring Solutions to Alcohol Problems at The George Washington University Medical Center, Department of Health Policy, to lead a study on alcohol screening and brief intervention (SBI). The study spanned over two years (beginning in 2005) with research activities that included an extensive literature review, in-depth advisory panel, development of a [Workplace SBI Tool Kit](#) and resource guide for workplace practitioners.

In late 2007, Ensuring Solutions researchers began conducting the 2007 survey of employers and vendors on alcohol SBI in the workplace. Project leaders recruited participants and allowed access to the survey during a 3-month time period. Recruitment information was disseminated by email, member listserves, telephone, website announcements, newsletters and person-to-person contact. Recruitment efforts were cast broadly and the “snowball technique” was used to attract a wide variety of employer and vendor participants.

BRIEF SUMMARY OF MAJOR FINDINGS

The purpose of this summary is to provide an overview of activities and findings to-date from the 2007 Workplace SBI Survey. Main findings from the 2005 Workplace SBI Survey are discussed in the [Year One Executive Summary](#) along with highlights from the literature review. Ensuring Solutions researchers examined data from both surveys to establish whether previous participants (as well as new participants) were using the same kinds of SBI techniques in 2005 and 2007. Data analysis also assessed changes employers and vendors made to their policies and practices to improve access to alcohol treatment. Analysis of change over time within groups was not feasible because few participants completed the survey at both time points. Consequently, the data represent a different set (a cross-section) of employers and vendors at two points in time. The following is a summary of the major findings from the 2007 Survey.

DEFINITIONS OF ALCOHOL SCREENING AND BRIEF INTERVENTION

Alcohol Screening: The use of a valid brief questionnaire about the context, frequency and amount of alcohol used by an individual. Alcohol screening provides a quick way to identify individuals whose drinking patterns indicate that they have an alcohol problem or are at risk for developing one. Examples of valid questionnaires are: AUDIT (Alcohol Use Disorder Identification Test), MAST (Michigan Alcohol Screening Test) and CAGE (4 question screener).

Brief Intervention: The healthcare provider (e.g., EAP counselor), using the results of a screening questionnaire that indicates an alcohol problem, expresses concerns about the individual's drinking and advises the individual to cut down on his/her drinking. The healthcare provider/EAP helps the individual to develop an action plan to achieve this goal. Brief interventions are not designed to treat alcoholism, which requires greater expertise and more intensive care management.

Participation

- **Employers.** Of the 471 employers that accessed the online survey, 302 verified general company information. Every U.S. geographical region was represented in the survey sample. Small, medium and large companies were well represented by employers within the survey.

Small, medium and large companies were well represented	
Small (less than 100 employees)	29%
Medium (100 – 499 employees)	23%
Large (500+ employees)	46%

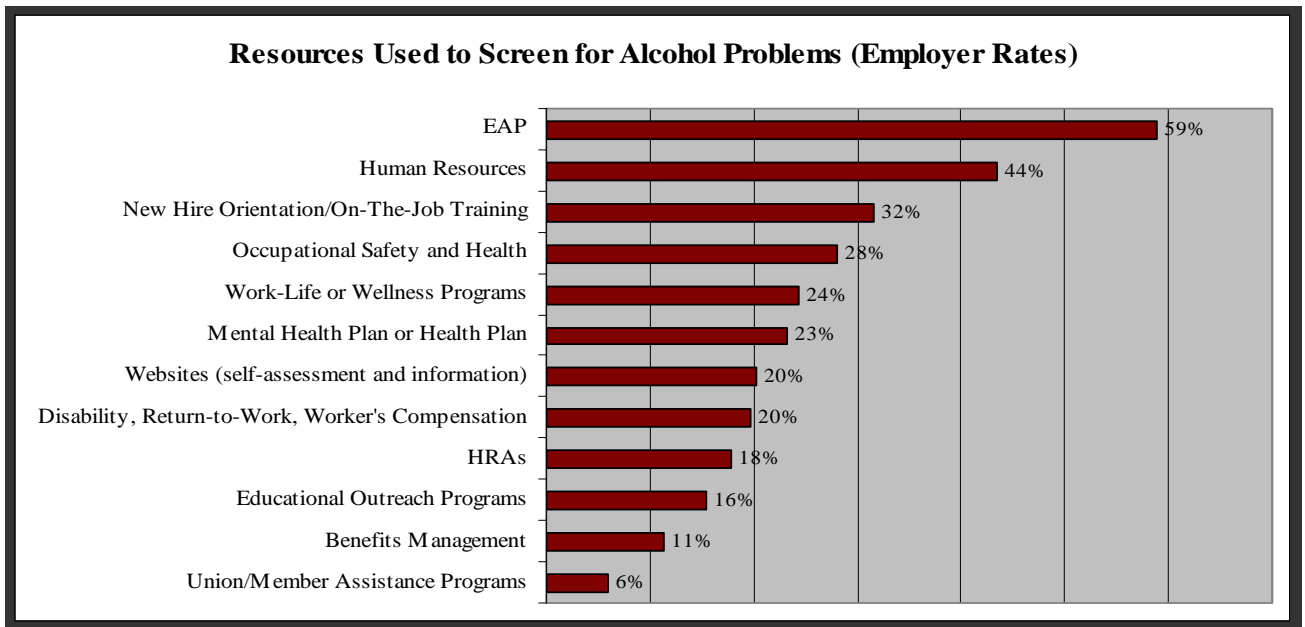
- **Vendors.** Approximately 100 vendors accessed the online assessment about the types of alcohol SBI products and services offered to their client companies (employers). Of those, 51 provided information that could be used for follow-up. Vendor service areas were represented across all 10 regions of the U.S.

All 10 geographical regions of the U.S. and its territories were represented (main headquarters and regional offices locations). The industry sector included:			
◆ Construction	6%	◆ Transportation of goods or passengers	4%
◆ Professional services (health, medical, education)	23%	◆ Retail/wholesale	4%
◆ Manufacturing	18%	◆ Public administration (fire, police)	11%
◆ Banking/insurance/real estate	7%	◆ Communications/public utility	2%
◆ Services (hotel, business, personal, repair)	7%	◆ Other industry sectors	19%

Assessment of Employer SBI Practices

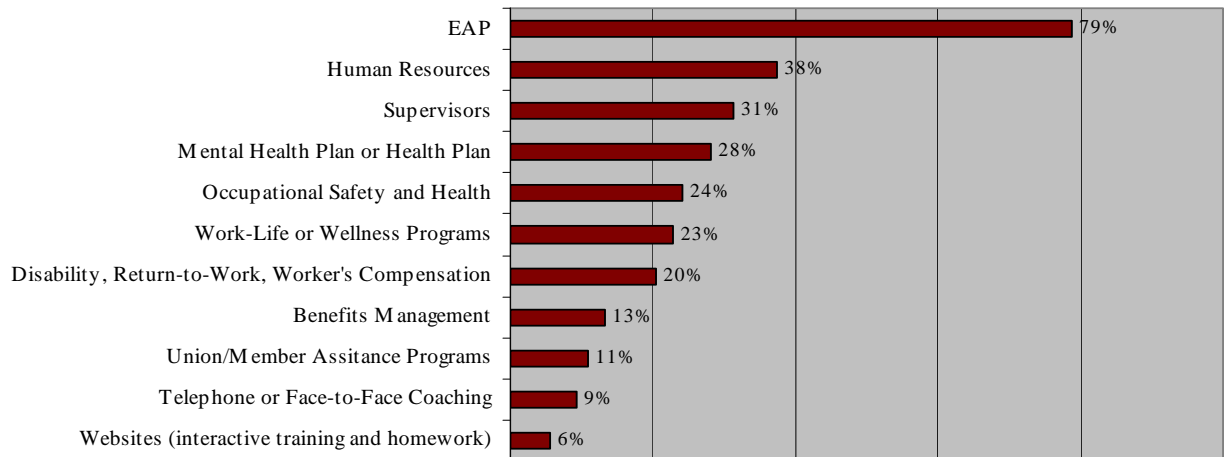
- **Concern about alcohol problems.** More than 81% of employers reported that their company was either “very concerned” or “moderately concerned” about employee alcohol problems. Only 19% of employer participants reported that they were “not concerned” about employee alcohol problems.
- **Assessing benefit adequacy.** In the two years between the 2005 and 2007 surveys, 40% of employer participants revealed their companies assessed the adequacy of its alcohol treatment benefits offered to employees. Of the employers that reported accessing the adequacy of their company alcohol treatment benefits, 44% reported making specific changes to improve access to alcohol treatment for employees. Many of these improvements involved increasing access to EAP services and alcohol treatment.

- Alcohol screening.** Nine percent of the employer participants revealed that alcohol screening became available “within the last two years”; while 21% reported that it had become available “over two years ago” and 13% acknowledged that alcohol screening was available but that the time it had begun was unknown. The most relied upon resource employers used to conduct alcohol screening was the EAP program. After screening positive for an alcohol problem 56% of employer participants reported that the employee would receive a referral for treatment; 44% reported offering further assessment or evaluation; more than 38% reported giving educational materials and information; 23% reported that the person would be given a warm transfer to either a telephone counselor or treatment program; and, 19% of employer participants reported that brief intervention would commence immediately.



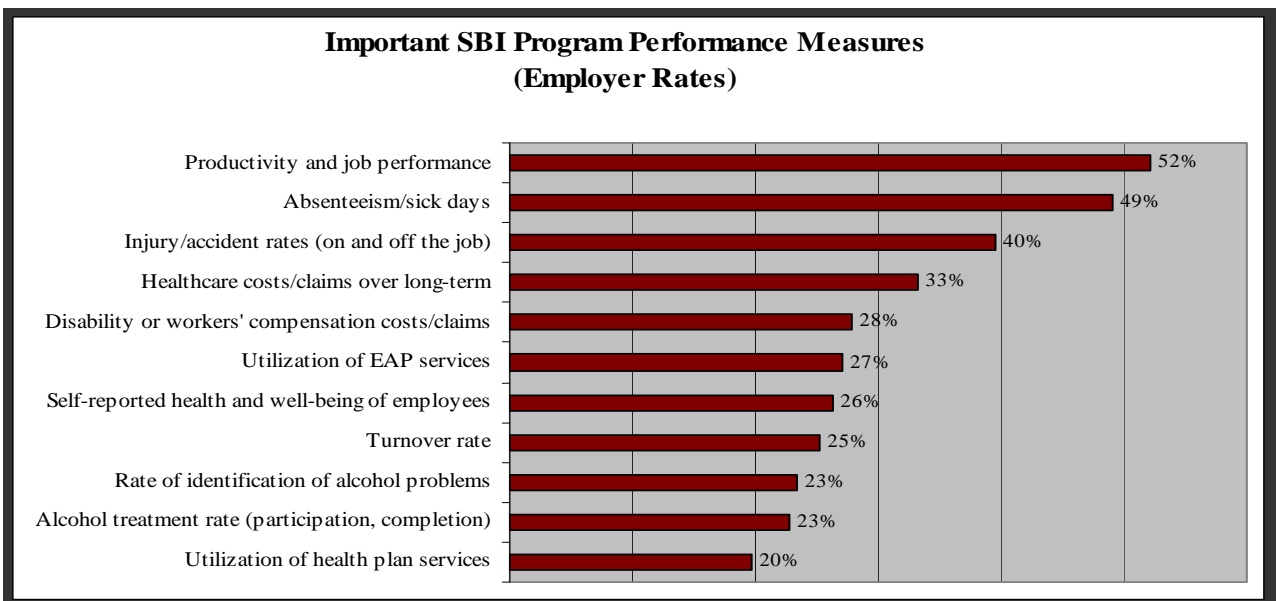
- Brief intervention.** About 42% of the employers who conducted alcohol screening also conducted brief intervention. The most frequently used resource for conducting brief intervention was the EAP. Employers used online programs and coaching programs less frequently than other resources to deliver brief intervention. After a positive screen for alcohol problems, many offered brief interventions, either immediately following screening (40%) or within 1-2 days (26%). Almost one-third of employers allotted “as many [sessions] as needed/no limit” to employees who screened positive for alcohol problems. Among the employers that provided brief intervention, 92% reported providing referrals for employees who needed treatment for alcohol abuse and/or dependency, which is a more intensive treatment than what is offered during brief intervention.

Resources Used to Provide Brief Intervention for Alcohol Problems (Employer Rates)



- Training.** Approximately 27% of employer participants who indicated that their company or its vendors conducted alcohol screening reported that training was provided to those conducting alcohol screening. Of the employers who indicated that their company or its vendors conducted brief intervention, 31% reported that training in brief intervention was provided.
- Evaluation of SBI program performance.** Most employer participants (52%) indicated that in assessing the value of an alcohol SBI program in their respective companies, the most important performance measure was productivity and job performance (52%), followed by absenteeism/sick days (49%) and injury/accident rates (40%).

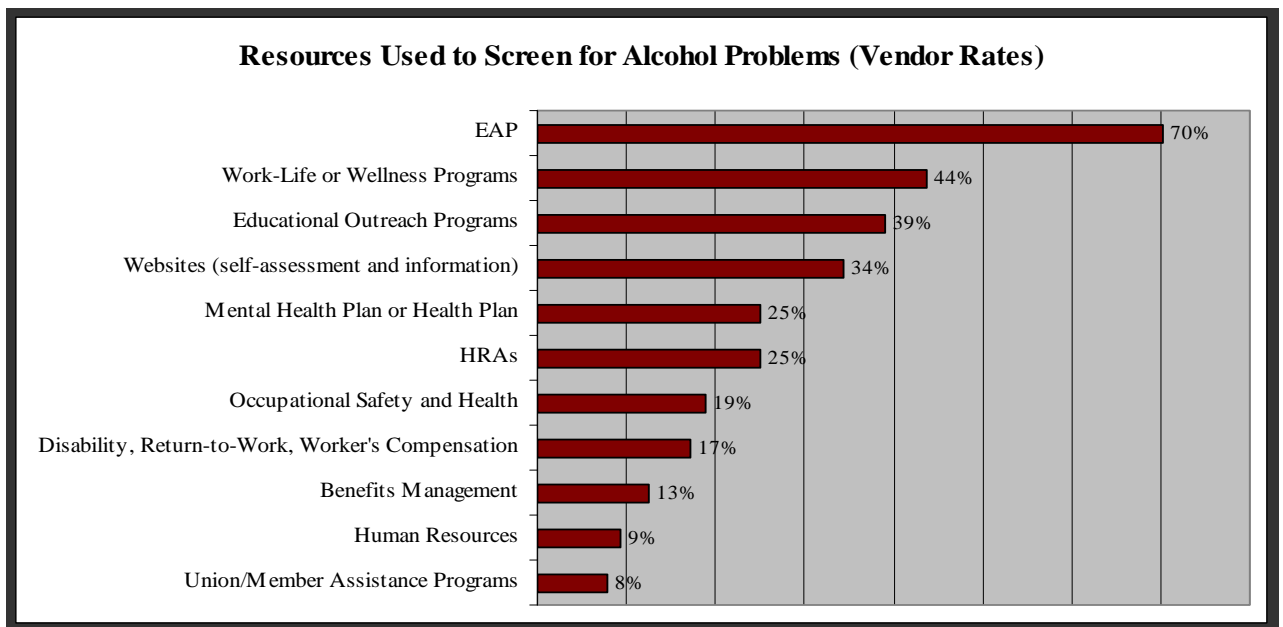
Important SBI Program Performance Measures (Employer Rates)



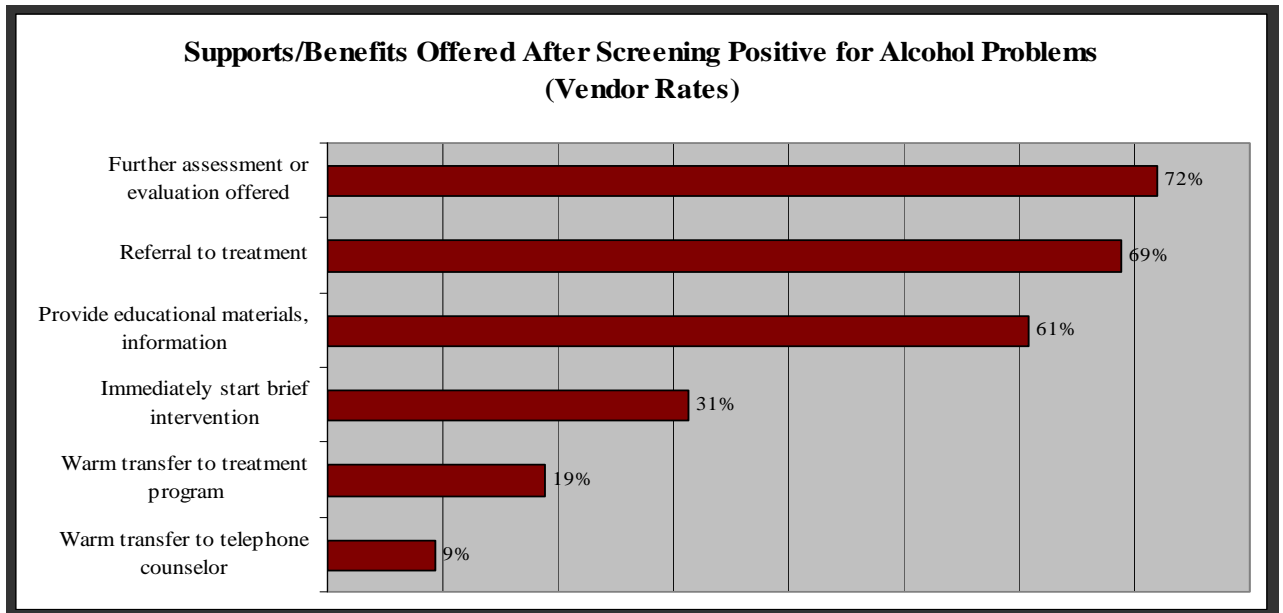
- **Importance and interest in developing an alcohol screening and brief intervention program.** About 46% of employer participants reported having an SBI program or doing SBI better was “very important” (17%) or “important” (29%) to their company. Almost half (48%) of those desired more information about developing an alcohol SBI program.

Assessment of Vendor SBI Practices

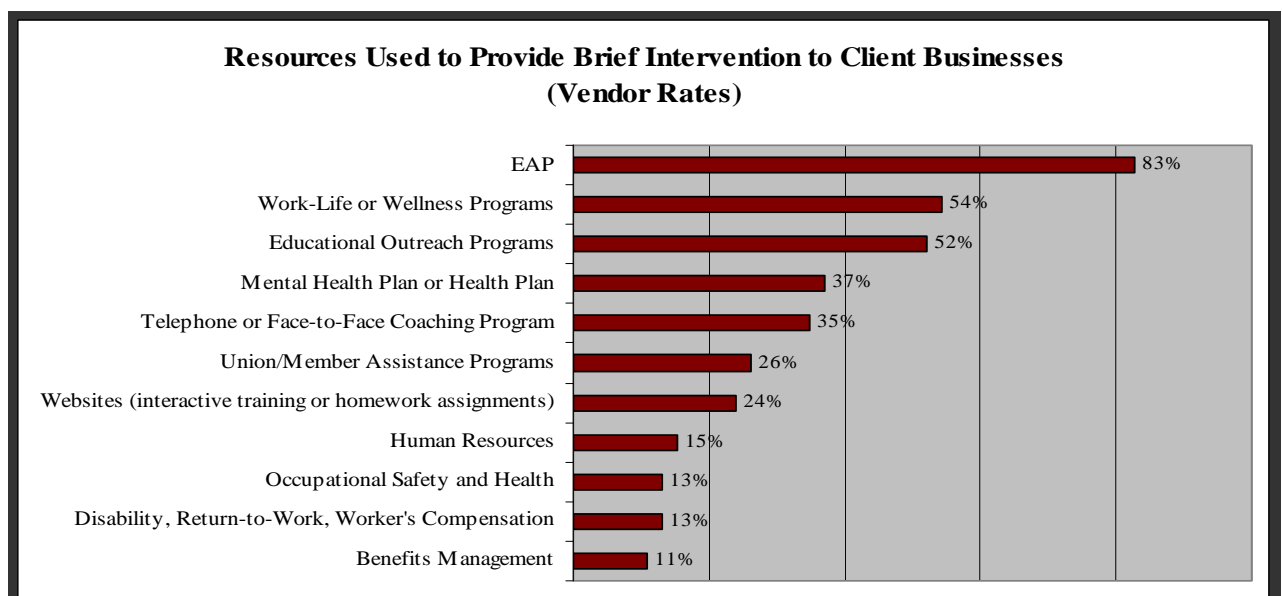
- **Assessing benefit adequacy.** In the two years between the 2005 survey and the 2007 survey, 64% of the participating behavioral health vendors indicated they had assessed the adequacy of the alcohol treatment products and services offered to client businesses. More than 71% of vendors who assessed the adequacy of their benefits in alcohol treatment also made changes to improve their products and services. The types of changes vendors made included implementing standardized alcohol screening tools at intake, adding more online assessments and self-help materials to client educational caches and instituting additional mechanisms for screening (e.g., online, telephonic).
- **Alcohol screening.** More than 17% of vendor participants reported that alcohol screening became available “within the last two years” while about 47% reported that alcohol screening had become available “over two years ago.” Nine percent of vendors acknowledged that alcohol screening was available but they did not know when it began. The most common vendor approaches used to conduct screening were EAP, work-life/wellness programs, educational outreach programs and websites.



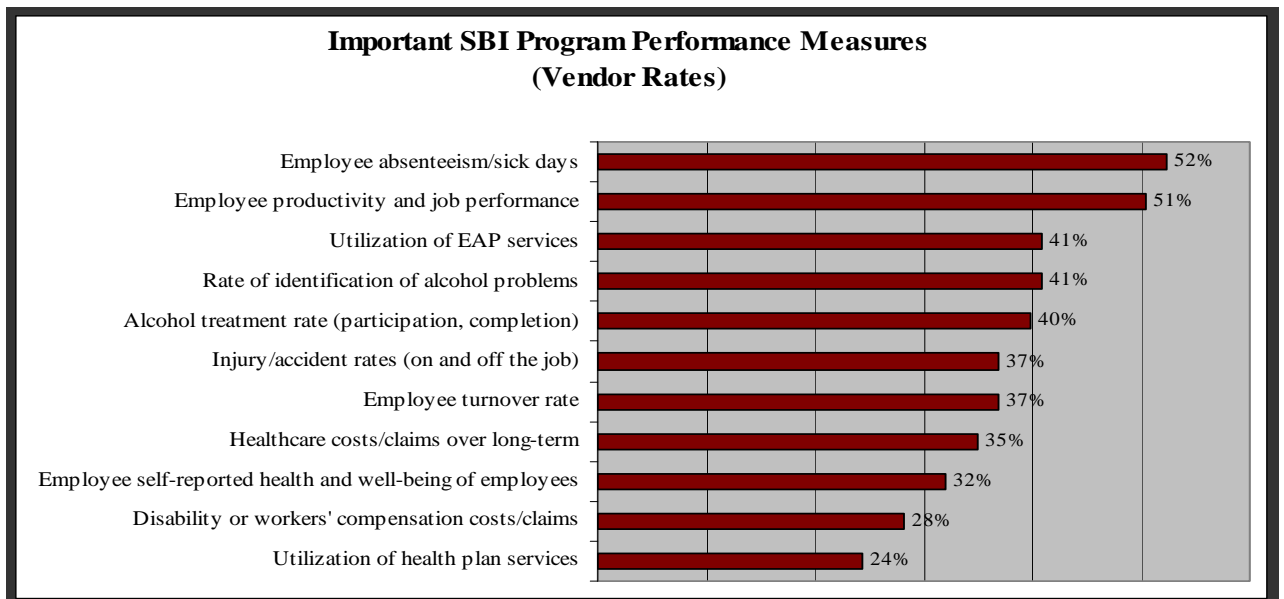
If an employee of a client business screens positive for an alcohol problem, 72% of vendors that provided alcohol screening reported offering further assessment or evaluation; almost 70% reported providing referral to treatment; 61% would provided educational information; and 31% reported that brief intervention would be immediately started.



- **Brief intervention.** Of the vendors that offered screening to client businesses, 61% also offered brief intervention (39% only offered alcohol screening). The most common resources used by vendors to provide brief intervention were EAP, work-life/wellness programs and educational outreach programs. The least likely were occupational safety and health, disability/return-to-work/worker's compensation and benefits management.



- **Training.** Almost 80% of all vendors that participated in the survey indicated that some training in alcohol screening and/or brief intervention was provided to professionals responsible for conducting these services. More than 60% of vendors that offer alcohol screening provided training on screening and 70% of vendors that offer brief intervention provided training for that service.
- **Evaluation of SBI program performance.** Most vendor participants indicated that in assessing the value of an alcohol SBI program offered to client businesses, the outcomes of most importance were employee absenteeism/sick days and employee productivity and job performance.



- **Importance and interest in developing an alcohol screening and brief intervention program.** About 81% of vendor participants reported that offering client businesses an alcohol SBI product or service was “very important” (45%) or “important” (36%). When vendors were asked about their interest in receiving more information on developing an alcohol SBI program that can be offered as a product or service to client businesses, 70% wanted more information.

Conclusion

Results from the 2007 Workplace SBI Survey reveal that employers and vendors are interested in learning more about developing alcohol SBI programs and services. Both groups are also willing to make changes in their current activities in order to ensure access to EAP services and alcohol treatment. Additional data and analysis will be available with the release of the final report.

About Ensuring Solutions

Ensuring Solutions to Alcohol Problems develops authoritative, research-based information about problem drinking for business leaders, policymakers, and others working to save lives and money by increasing access to treatment. Ensuring Solutions, based at The George Washington University Medical Center, is funded by The Pew Charitable Trusts. For more information about materials referenced in this report, workplace SBI research at Ensuring Solutions, or to participate in a pilot workplace alcohol SBI program, contact Tracy McPherson, PhD, at tracym@gwu.edu or 202-416-0413.

Ensuring Solutions to Alcohol Problems
The George Washington University
2021 K St. NW, Suite 800
Washington, DC 20006
202.296.6922
info@ensuringsolutions.org
<http://www.ensuringsolutions.org>

Contributors

The authors wish to acknowledge the assistance of Amy Hereford for drafting and designing this report; Lisa Bo Feng for reviewing and editing the document; Brandi Rima for survey design; and Jennifer Schwartz for database management. This research was funded by the Network of Employers for Traffic Safety (NETS), through a Cooperative Agreement with the National Highway Traffic Safety Administration (NHTSA) and support from The PEW Charitable Trusts.



THE GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER