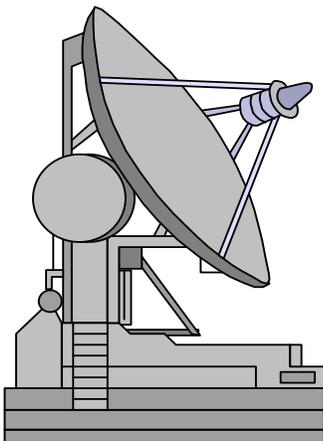


# What Will an Employee Education Program Do for Your Business?



## *What is an Employee Education Program?*

When our Employee Education Program is piloted with your business, your employees will receive workshops, seminars, and confidential one-on-one coaching in one or more of the following areas:

- **Personal Financial Management**
  - **Parenting**
  - **Nutrition**
  - **Child Care**
  - **Interpersonal Skills**
- 
- **Our team of experts will recommend which education program area(s) should be addressed based on the results of a feasibility study with management and employees.**
  - **We will identify productivity levels prior to intervening with our program and then follow-up with productivity measurements throughout the contracted period to show improved productivity levels.**
  - **Research has shown that employee education programs provide businesses with a return on investment ranging from \$4.00 to \$16.00 for each dollar spent. Our pilot program will incur no cost to you. This means that your investment will provide even higher returns.**

*What would it be like if your business increased current profit margins and productivity levels?*



**Take a few moments to write your answer below:**

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We invite you to join with the University of Missouri  
Outreach & Extension and the University of Tennessee's

*Employee Education Program.*

For more information, contact:

Dr. Wayne Moore at (573) 341-7021 e-mail [moorecl@missouri.edu](mailto:moorecl@missouri.edu)

Dr. Dena Wise at (865) 974-8198 e-mail [dkwise@utk.edu](mailto:dkwise@utk.edu)

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*UC/E's Employee Education Program  
provides a helping hand  
to businesses*



## Employer Provided Outcomes

### **Absenteeism:**

1. The number/percentage of employees registering at least one absence during the last three months (not including vacation).
2. Average monthly total of salaries/wages paid to employees during their absenteeism (not including vacation) over the last three months.
3. A monthly average of the total working hours that employees have been absent for the last three months (not including vacation).

### **Health care costs:**

4. What are the average monthly health care costs paid out, above and beyond any monthly health coverage installment, by the employer during the last three-month period?

### **Retention/turnover:**

5. What was the average monthly total of employee resignations, or those who permanently left their jobs, during the last three months?
6. What percentage of total employees resigned, or permanently left their jobs, during the last three months?

### **Job quality and productivity:**

7. Does the employer use any measurement for employee productivity or job quality? If so, obtain an average monthly measurement of these records from the previous three months.

## Employee Education Program Format Outline

### **Program Process:**

1. Meet with employer to discuss specific employee issues and concerns. Present return on investment information and discuss “Employer Provided” work outcomes as shown on attached model. Work with employer to obtain “Employer Provided work outcomes. This may require another visit along with communication between visits.
2. Have employees complete a needs assessment survey and “Employee Provided” work outcomes prior to intervention. See attached “Employee Provided Work Outcome Sheet.”
3. Compile employee data, analyze along with employer’s comments, and prepare proposal/recommendations for employer.
4. Determine pre-intervention employee productivity levels. Establish productivity measures if none are as yet identified. This information will be derived from 1 & 2 above.
5. Deliver first of two workshops/seminars and distribute educational material for employees. Especially in the case of financial management workshops/seminars, every effort will be made to provide the first workshop during the final week in a month. This will allow workshop participants enough time to work on areas such as developing a spending plan during an entire month following the workshop.
6. Participants will receive subject area educational material immediately after workshop. They will work on this material between workshops. Relevant subject area posters will be strategically placed around employee work areas for maximum visibility.
7. Deliver second workshop/seminar five to six weeks later (follow-up on educational material previously received by employees). After workshop, employees will have the opportunity to receive one-on-one coaching with maximum of five one-hour meetings. Employees will contact the extension office directly and make arrangements for coaching sessions.
8. Take second productivity measurement after three months.
9. If a second subject area will be addressed, follow similar format as shown above.
10. After next three months, take third productivity measurement.
11. Prepare final report for employer including a summary of all productivity levels taken.

## Employee Provided Work Outcome Sheet

Your response to these questions will help us to measure the impact of our education programs during the next three to six months. We ask that you take a few minutes to answer the questions below. Thanks for your participation.

	<b>Extremely worried</b>	<b>Very worried</b>	<b>Fairly worried</b>	<b>A little worried</b>	<b>Not at all worried</b>
<b>1. I spend time on the job worrying about my:</b>					
children					
finances					
health					
relationship with my co-workers and/or my supervisor					
relationship with a family member					
my parent(s) or an older adult living in my home					
<b>2. In terms of my commitment level to my job, I am:</b>	<b>Extremely committed</b>	<b>Very committed</b>	<b>Fairly committed</b>	<b>A little committed</b>	<b>Not at all committed</b>

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**UNIVERSITY OF MISSOURI OUTREACH & EXTENSION**  
**Employee Education Program Needs Assessment Survey**

Your responses to this survey will help us to develop education programs to meet your specific needs. Please remember NOT to write your name on these sheets. Thanks for participating in this survey. Simply place a check in the box you select for each response

1. In general my health is:	Excellent	Very Good	Good	Fair	Poor
2. I plan how I will spend all of my money.	All the time	Most of the time	Some of the time	A little of the time	None of the time
3. During the last 2 months, how much of the time has a family member's health interfered with your job?					
4. I have used a check-cashing store.					
5. My children eat enough of the kinds of food they need to grow healthy.					
6. I am behind on some of my bills.					
7. During the last 2 months, how much of the time has your health interfered with your job?					
8. I could benefit from information about child development and issues you may have related to children.	Yes	No			
9. I see my doctor only when I am sick.					
10. I have a hard time handling the stress in my life.					
11. I have a checking account.					
12. If I am not eating well my health will suffer.					

DRAFT

13. I would really like to change my eating habits.	<b>Yes</b>	<b>No</b>			
14. I deposit money to my saving account every month.					
15. I eat whatever I want and never think about it later.					
16. I have a chronic disease.					
17. I find it difficult to prepare foods my children will eat.	<b>Yes</b>	<b>No</b>	<b>Doesn't apply</b>		
18. I take my children to the doctor only when they are sick.					
19. I have children who are in some type of child care arrangement while my partner or I am at work.					
20. If I take a vitamin pill in the morning, I do not have to worry about what I eat.	<b>Strongly agree</b>	<b>Agree</b>	<b>Do not know</b>	<b>Disagree</b>	<b>Strongly disagree</b>
21. I am confident that foods I serve my family are safe to eat.					
22. Nutrition is not so important as long as I am eating a lot of food.					
23. There is little I can do about harmful bacteria in my food.					
24. The food I eat has nothing to do with the way I feel.					
25. How many times in the last 12 months have you or a family member been to the emergency room?	<b>Number of times</b>				
26. How often do you feel sick (diarrhea, upset stomach, vomiting, fever) because of the foods you eat?	<b>More than once a week</b>	<b>About once a week</b>	<b>About once a month</b>	<b>About once a year</b>	<b>Less than once a year</b>

27. Do you have concerns about your child(ren) in any of the following areas?

Place a check (✓) in the box if you have no children:

	All the time	Most of the time	Some of the time	A little of the time	None of the time
Grades in school					
Behavior problems in school					
Behavior problems at home					
Friends					
Health					
Activities					
Other (please list)					

28. Have you experienced problems in any of the following areas?

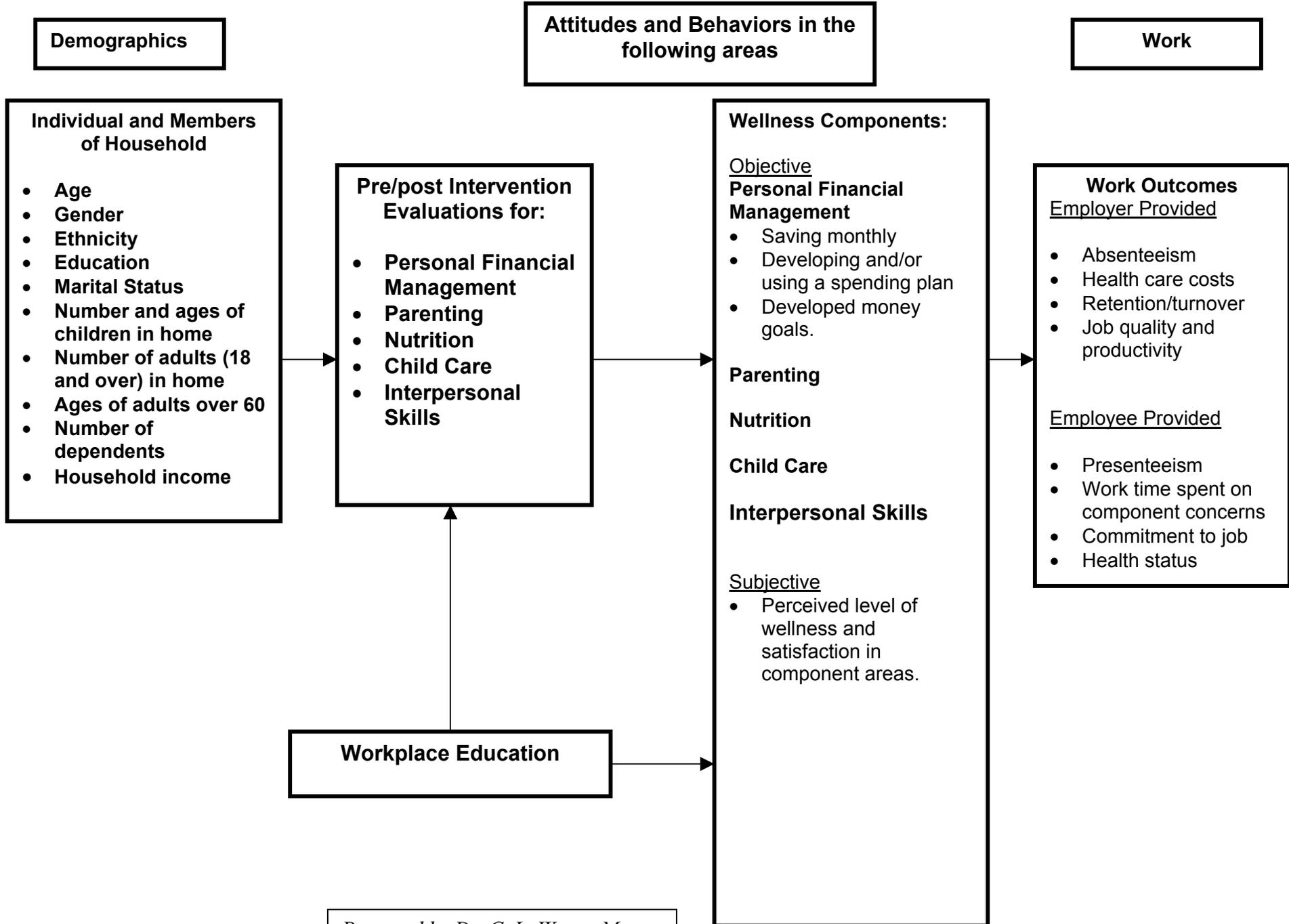
	All the time	Most of the time	Some of the time	A little of the time	None of the time
Finding day care					
Finding after-school care					
Finding child care at evening or night shift					
Finding affordable child care					
Finding good quality child care					
Finding child care for sick children					
Unreliable child care providers					

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Thanks for your responses to all of the previous questions. The following information is all extremely important for us to have. Be sure to respond to everything on this page as well.

	Male	Female			
29. <b>Gender:</b>					
30. <b>Age:</b> ___ Under 20:   ___ 20 to 29:   ___ 30 to 39:   ___ 40 to 49:   ___ 50 to 59:   ___ 60 and over:					
31. <b>Race:</b> ___ Hispanic:   ___ White:   ___ African American:   ___ Other					
32. <b>Total number of adults living at home:</b> ___ <b>Ages:</b> ___   ___   ___   ___					
33. <b>Education:</b> ___ Some high school:   ___ GED:   ___ High School Graduate:   ___ Some college ___ College Graduate:   ___ Technical School Graduate:   ___ Other _____					
34. <b>Relationship Status:</b> ___ Married:   ___ Partnered:   ___ Single:   ___ Separated:   ___ Divorced:					
35. <b>Total number of children living at home:</b> ___					
36. <b>Ages of all children living at home:</b> ___   ___   ___   ___   ___   ___   ___					
37. <b>Total household income is \$ _____ monthly, or \$ _____ per year</b>					
38. <b>I receive food stamp benefits.</b>	Yes	No			
39. <b>I receive government cash benefits.</b>					

**Proposed Conceptual Model for Evaluating and Measuring the Employee Productivity Impact of Employee Education Programs**  
 (Adapted from The NIPFEE Empirical Model for Evaluating the Potential Effects of Workplace Financial Education on Work Outcomes)



*Prepared by Dr. C. L. Wayne Moore*