

**Supplementary Table S1.** Ontario Leading Indicators Project (OLIP): survey variable names

*The following is selection of variables from the larger OLIP questionnaire used for study analysis.*

**Organizational Performance (Institute for Work & Health’s Organizational Performance Measure, IWH-OPM)**

We would like to ask you to evaluate your company’s Occupational Health & Safety practices. Please rate the percent of time that each practice takes place.

		<b>0-20%</b>	<b>20-40%</b>	<b>40-60%</b>	<b>60-80%</b>	<b>80-100%</b>
Item 1	Formal safety audits at regular intervals are a normal part of our business.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
Item 2	Everyone at this organization values ongoing safety improvement in this organization.	<input type="radio"/>				
Item 3	This organization considers safety at least as important as production and quality in the way work is done.	<input type="radio"/>				
Item 4	Workers and supervisors have the information they need to work safely.	<input type="radio"/>				
Item 5	Employees are always involved in decisions affecting their health and safety.	<input type="radio"/>				
Item 6	Those in charge of safety have the authority to make the changes they have identified as necessary.	<input type="radio"/>				
Item 7	Those who act safely receive positive recognition.	<input type="radio"/>				
Item 8	Everyone has the tools and/or equipment they need to complete their work safely.	<input type="radio"/>				

**Health and Safety Leadership**

Think about the role top management plays in supporting health and safety practices at your company. Please rate the extent to which your company achieves these practices from “Never” or 0% of the time, to “Always”, or 100% of the time. If not applicable, please select “Never”.

		<b>Never (0%)</b>	<b>Sometimes (25%)</b>	<b>Half of the time (50%)</b>	<b>Most of the time (75%)</b>	<b>Always (100%)</b>
Item 1	Top management is actively involved in the safety program.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
Item 2	The safety manager (or, the person in charge of health & safety) receives support from top management.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 3	Your company spends time and money on improving safety performance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 4	Your company considers safety to be equally important as production and quality in the way work is done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 5	Your company analyzes injury and illness data (e.g., claims data, first aid logs) to identify causes and target solutions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 6	The safety program or committee has the responsibility, authority and resources to identify and address safety problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### **People-Oriented Culture**

Think about your company's work environment. Please rate the extent to which your company achieves these practices from "Never", or 0% of the time, to "Always", or 100% of the time. If not applicable, please select "Never".

		<b>Never (0%)</b>	<b>Sometimes (25%)</b>	<b>Half of the time (50%)</b>	<b>Most of the time (75%)</b>	<b>Always (100%)</b>
Item 1	Employees are involved in decisions affecting their daily work.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
Item 2	Working relationships are cooperative.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 3	There is a high level of trust in the employee/employee relationship at your company.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 4	Communication is open, and employees feel free to voice concerns and make suggestions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Wellness activities

These questions ask about health promotion programs. Please provide your best answer to these questions.

During the last 12 months, did your company offer any of the following programs to employees and/or their family? *(please select all that apply)*

Item 1	<input type="radio"/> Employee Assistance Program (EAP)
Item 2	<input type="radio"/> Programs to prevent or reduce stress
Item 3	<input type="radio"/> Alcohol or drug abuse support programs
Item 4	<input type="radio"/> Smoking cessation classes/counselling
Item 5	<input type="radio"/> Health Risk Assessment (HRA) – questionnaires about health habits
Item 6	<input type="radio"/> Self care books/tools
Item 7	<input type="radio"/> Physical activity and/or fitness programs
Item 8	<input type="radio"/> Nutrition education
Item 9	<input type="radio"/> Cholesterol reduction education
Item 10	<input type="radio"/> Weight management classes/counselling
Item 11	<input type="radio"/> Chronic disease management programs (e.g., diabetes, depression, cancer)
Item 12	<input type="radio"/> Screenings for high blood pressure
Item 13	<input type="radio"/> Screenings for cholesterol level
Item 14	<input type="radio"/> Screenings for any form of cancer
Item 15	<input type="radio"/> Screenings for diabetes
Item 16	<input type="radio"/> HIV or AIDS education
Item 17	<input type="radio"/> Nurse advice line
Item 18	<input type="radio"/> Balancing work and family education
Item 19	<input type="radio"/> Flexible hours for wellness
Item 20	<input type="radio"/> <b>None of the above</b> (mutually exclusive)

Does your company .... (please select all that apply)

Item 21	<input type="radio"/> Label healthy food choices in the cafeteria?
Item 22	<input type="radio"/> Offer special promotions/discounts to encourage healthy food choices?
Item 23	<input type="radio"/> Have onsite shower facilities?
Item 24	<input type="radio"/> Provide or encourage fitness breaks?
Item 25	<input type="radio"/> Have signage to encourage people to use the stairs?
Item 26	<input type="radio"/> Have fitness or walking trails on site?
Item 27	<input type="radio"/> <b>None of the above</b> (mutually exclusive)