



# 2016

## Healthy Worksite Award Application

### Purpose of Healthy Worksite Award

The Healthy Worksite Award recognizes Ohio employers that demonstrate a commitment to employee health by incorporating comprehensive worksite health promotion and wellness programs. It acknowledges efforts to facilitate and encourage employee health, enhance productivity and ensure a healthy work environment.

### Eligibility

All worksites, regardless of size or status (i.e., public, private, for-profit or non-profit) are encouraged to apply for the Healthy Worksite Award.

### Application judging

All applications received by the deadline will be scored. Winners are determined based upon highest total points achieved.

### Levels of achievement

Applications will be judged in three groups: small employers (fewer than 300 employees), medium employers (301 to 1000 employees) and large employers (1001 or more employees). Winners will be selected from each group.

Four levels of achievement will be awarded based on points scored:

Gold Award — Silver Award — Bronze Award

Recognition Certificates—will be sent to all other applicants.

### How are Healthy Worksite Award winners recognized?

The Healthy Worksite Awards will be presented at an awards ceremony at a date, time and location to be announced. All worksite award winners will be invited to attend and will receive a Healthy Worksite Award, as well as recognition through news releases to area media. Statewide recognition will be achieved through continuous publication of the list of award winners on the Healthy Ohio web page at [www.healthy.ohio.gov](http://www.healthy.ohio.gov) for the duration of the award period.

### How to apply

Complete this self-assessment application online by October 14, 2016 and email to [HealthyOhio@odh.ohio.gov](mailto:HealthyOhio@odh.ohio.gov) or hit the "SUBMIT" button on the top right of this page when you have completed the form. Be sure to include all required attachments. Worksite wellness resources can be found at the Healthy Ohio website at [www.healthy.ohio.gov](http://www.healthy.ohio.gov). For more information about the award program, contact Debra Smith at 614-644-8492 or e-mail at [debra.smith@odh.ohio.gov](mailto:debra.smith@odh.ohio.gov)

### Application

Name of business		Type of business <input type="checkbox"/> Profit <input type="checkbox"/> Non-profit	
Address	City	ZIP	
Name and title of primary contact person			
Business phone	Fax	E-mail	
Name of alternate contact person			
Business phone	Fax	E-mail	
Number of employees	County in which company is located	Are you a current member of the Healthy Ohio Business Council? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, would you like more information? <input type="checkbox"/> Yes <input type="checkbox"/> No
Health insurance provider		Wellness vendor (if applicable)	



**Background Information** (not scored)

How long has your worksite health promotion initiative been in place?

- Zero to one years
- One to three years
- Four to ten years
- Longer than ten years

What is the method of payment for your worksite health promotion programs?

**Check all that apply.**

- Entirely by the company
- Employees pay for all program fees
- We use free programs provided by local agencies
- Employees share some of the costs
- Other, please specify \_\_\_\_\_

In which department is your wellness program located?

- Human Resources
- Marketing
- Medical/Occupational Health
- Other, please specify \_\_\_\_\_
- Health Promotion
- Safety

What is the approximate annual budget of your current worksite health promotion program?

- 0-\$1,000
- \$1,001-10,000
- \$10,001-25,000
- \$25,001-50,000
- \$50,001 and over

Which statement(s) best describes the reason why your organization started a wellness initiative? **Check all that apply.**

- Improve teamwork/morale
- Enhance productivity
- Employees' request
- Improve the health and well-being of our employees
- Contain healthcare costs
- Improve recruitment/retention
- Reduce absenteeism
- Other, please specify \_\_\_\_\_

If selected as a Healthy Worksite Award winner, would you be willing to be highlighted on the Healthy Ohio Web site?

- Yes
- No

Your organization's industry type:

- Agriculture
- Mining/oil and gas
- Retail/wholesale
- Hospitality
- Professional/technical
- Transportation/warehouse/utility
- Healthcare/social services
- Real estate/rental and leasing
- Finance/insurance
- Education
- Manufacturing/construction
- Arts/recreation/entertainment
- Public administration/government
- Other, please specify \_\_\_\_\_

**Leadership Support**

1. The CEO genuinely believes in the value of worksite wellness.  
 Yes  No
2. The company incentivizes participation in the wellness program.  
 Yes  No

If yes, how? **Check all that apply.**

- Reduction in health care premium
- Company contributes to employees' HSA
- Cash bonus
- Increased premium for non-participation
- Paid time off
- Other, please specify \_\_\_\_\_

3. A mission statement concerning employee health and well-being has been developed and is part of the company's strategic plan.  
 Yes  No
4. Senior and middle level management support the worksite health promotion programs for the organization's employees (e.g., written policy that allows time to participate, actively promote programs, etc.)  
 Yes  No
5. Senior and middle level management participate in at least two worksite health promotion programs each year.  
 Yes  No
6. A wellness committee, representative of the company and involving the organization's key employees/constituents, has been established (e.g., human resources/benefits, occupational health, MIS, etc.).  
 Yes  No
7. The wellness committee has developed a compelling vision and established strategic priorities, measurable goals and objectives.  
 Yes  No
8. The wellness committee meets regularly throughout the year.  
 Yes  No

If yes, how often?

- Monthly
- Bi-monthly
- Bi-annually
- Quarterly
- Other, please specify \_\_\_\_\_

**Chief executive officer sign-off**

This form must be signed by the chief executive officer or the senior manager responsible for operations at the worksite applying for the award.

I hereby attest to the accuracy of the information provided in this application submitted by \_\_\_\_\_ in pursuit of the Healthy Worksite Award.

Name
Title
Signature
Date

## Assessing Health-Related Problems

10. How do you collect health-related data that help you plan worksite health promotion programs and interventions? **Check all that apply.**
- |  |   |
|--|---|
| <input type="checkbox"/> Demographic information of employees/dependents                                 | <input type="checkbox"/> Health needs/interests of dependents and/or retirees |
| <input type="checkbox"/> Health Risk Appraisal   | <input type="checkbox"/> Ergonomic/work station analysis                      |
| <input type="checkbox"/> Employee health needs and interest surveys, including barriers to participation | <input type="checkbox"/> Health care claims and utilization                   |
| <input type="checkbox"/> Facility assessment   | <input type="checkbox"/> Absenteeism records                                  |
| <input type="checkbox"/> Physical fitness assessments  | <input type="checkbox"/> Disability claims                                    |
| <input type="checkbox"/> Work/family needs assessment  | <input type="checkbox"/> Worker compensation claims                           |
|  | <input type="checkbox"/> Injury records                                       |
|  | <input type="checkbox"/> Union support  |

**\*Please attach a copy of at least one assessment tool used during the past year to measure effectiveness of a program initiative.**

## Wellness Programs

### Tobacco

#### Do you have:

11. Tobacco cessation information for those who want to quit using tobacco?  
 Yes  No
12. Tobacco cessation classes or programs either directly or through insurance benefits for those who want to quit?  
 Yes  No
13. Reimbursement for pharmacotherapy (nicotine replacement therapy)?  
 Yes  No

### Nutrition

#### Do you have any of the following at your worksite?

14.  Cafeteria/cafe  Vending Machine  
 Onsite meetings where food is provided
15. Do you have a written policy or guidelines supporting healthy foods and beverage options for a cafeteria/cafe, vending machines and/or onsite meetings?  
 Yes  No  N/A
16. Nutritional information for food and beverage offerings (cafeteria/cafe, vending machines and/or onsite meetings)  
 Yes  No  N/A
17. Do you make most (more than 50%) of the food and beverage choices available in a cafeteria/cafe, vending machines and/or other purchase points healthier items?  
 Yes  No  N/A
18. If water is free and accessible to employees through any of the following, please check all that apply.  
 Water bottle refilling stations  Drinking fountains  
 Water pitchers at onsite meetings
19. Educational information, classes or programs on weight management healthy eating, controlling portion sizes?  
 Yes  No
20. Access to kitchens, microwaves and/or refrigerators?  
 Yes  No  N/A
21. Reimbursement for weight loss programs?  
 Yes  No

## Physical Activity

22. Does your worksite operate an onsite fitness center?  
 Yes  No  
**If yes, please provide a fact sheet or brochure describing the center and its programs.**
23. What percentage of your employees participate in the onsite fitness center? \_\_\_\_\_%
24. Does your worksite provide reimbursement or arrange discounts for employees' offsite or onsite health club memberships and/or other wellness programs?  
 Yes  No  
 What percentage of your employees participate in the offsite fitness offering? \_\_\_\_\_%
25. Does your worksite provide other onsite physical activity opportunities or supports?  
 Yes  No  
**If yes, please check all that apply.**
- |  |   |
|--|---|
| <input type="checkbox"/> Aerobics classes                            | <input type="checkbox"/> Bike racks   |
| <input type="checkbox"/> DVD/Videos                                  | <input type="checkbox"/> Showers/Lockers  |
| <input type="checkbox"/> Pedometer challenge/program                 | <input type="checkbox"/> Walking group  |
| <input type="checkbox"/> Promote stair usage                         | <input type="checkbox"/> Physical activity breaks during meetings/conferences lasting 1 hr or more. |
| <input type="checkbox"/> Indoor/outdoor walking path                 |   |
| <input type="checkbox"/> Yoga, flexibility or other movement classes |   |
26. Does your worksite offer/sponsor recreational activities for employees?  
 Yes  No  
**If yes, please check all that apply.**
- |  |   |
|--|---|
| <input type="checkbox"/> Open gym                    | <input type="checkbox"/> Softball leagues     |
| <input type="checkbox"/> Bicycling club              | <input type="checkbox"/> Walking/jogging club |
| <input type="checkbox"/> Volleyball leagues          | <input type="checkbox"/> Hiking club          |
| <input type="checkbox"/> Basketball leagues          | <input type="checkbox"/> Soccer leagues       |
| <input type="checkbox"/> Racquetball leagues         | <input type="checkbox"/> Tennis leagues       |
| <input type="checkbox"/> Other, please specify _____ |   |
- What percentage of your employees participate in the physical or recreational activities offered by the company? \_\_\_\_\_%
27. Does your worksite promote active commuting?  
 Yes  No  
**If yes, please check all that apply.**
- |  |  |
|--|--|
| <input type="checkbox"/> Bike racks  | <input type="checkbox"/> Showers/changing facility           |
| <input type="checkbox"/> Bike fix-it station   | <input type="checkbox"/> Written policy (flexible schedules) |
| <input type="checkbox"/> Promote Bike to Work Day or Walk to Work Day or other event |  |
| <input type="checkbox"/> Free or discounted bike share membership                    |  |
| <input type="checkbox"/> Subsidized mass transit passes (e.g. tax free bus pass)     |  |
- ### Mental/Emotional
- Do you have:**
28. Domestic violence prevention resources?  
 Yes  No
29. Addiction counseling services?  
 Yes  No
30. Stress management programs?  
 Yes  No
31. Resources for mental health/depression?  
 Yes  No

## Wellness Screenings and Health Services

32. Do you offer the following screenings? **Check all that apply.**

- |                 |  |                       |  |                               |  |
|-----------------|--|-----------------------|--|-------------------------------|--|
| Blood pressure  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Breast cancer         | <input type="checkbox"/> Yes <input type="checkbox"/> No | Skin cancer                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cholesterol     | <input type="checkbox"/> Yes <input type="checkbox"/> No | Colorectal cancer     | <input type="checkbox"/> Yes <input type="checkbox"/> No | Mental health/depression      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Prostate cancer | <input type="checkbox"/> Yes <input type="checkbox"/> No | Glucose (blood sugar) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Diabetes prevention screening | <input type="checkbox"/> Yes <input type="checkbox"/> No |

33. What percentage of your employees participate in your screening programs? \_\_\_\_\_%

34. Health services offered. **Check all that apply.**

	Printed materials	Group education/program	Self study/computer based, Internet/Intranet	Personal counseling/at risk	Health fair
Flu Shots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disease Prevention/Management (e.g., asthma, diabetes, cancer, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Self Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Ergonomics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Finance Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. In the past year did the organization regularly participate in community health promotion or social service activities (i.e., blood drives, run/walk-a-thon, etc.)?  Yes  No

### Supportive Environment

In order to provide a supportive organizational environment, does your worksite:

36. Have a written policy for tobacco-free grounds?  
 Yes  No
37. Have a tobacco-free policy for company owned vehicles?  
 Yes  No
38. Have a written policy offering paid time for physical activity during the workday?  
 Yes  No
39. Have a written policy on alcohol and drug abuse?  
 Yes  No
40. Schedule hours of operation for wellness programs and opportunities to accommodate all employees' schedules?  
 Yes  No
41. Offer wellness programs to employees' spouse and/or dependents?  
 Yes  No
42. Practice disability prevention and management (e.g., early return to work, restricted duty, etc.)?  
 Yes  No
43. Provide incentives to employees to increase participation in wellness initiatives?  
 Yes  No
44. Provide incentives for improving healthy lifestyle choices?  
 Yes  No
45. Ensure that all workstations are ergonomically sound or offer standing desks?  
 Yes  No
46. Provide for a dedicated space and time for lactation at the worksite meeting federal and state requirements?  
 Yes  No
47. Offer assistance to help employees address issues of work/life balance?  
 Yes  No
48. Provide the following benefit options. **Check all that apply.**
  - Health insurance
  - Disability
  - Sick leave
  - Vacation
  - Maternal/paternal leave
  - Employee Assistance Program
  - Health promotion program prepayment or reimbursement
  - Wellness days (Paid time off for yearly medical exams or health screenings)
  - Breastfeeding/lactation policy
  - Offer lactation education/services/support to employees

### Evaluation of Wellness Programs

In order to evaluate company wellness efforts, does your worksite:

49. Regularly track program participation?  
 Yes  No
50. Monitor participant satisfaction with programming?  
 Yes  No
51. Monitor the impact of wellness on key productivity indicators. (Absenteeism, performance, presenteeism, disability, health status, recruitment, retention, worker's compensation, etc.)?  
 Yes  No  
**If yes, describe the outcome including how it was measured. (Please limit to 50 words or less.)**  
\_\_\_\_\_  
\_\_\_\_\_
52. Evaluate biometric outcomes (e.g., BMI, cholesterol, blood pressure)?  
 Yes  No
53. Monitor health care claims/costs?  
 Yes  No
54. List **two** of your company's wellness **goals** and **related objectives**:  
\_\_\_\_\_  
\_\_\_\_\_
55. Have your programs had a measureable positive outcome on your employees' health?  
 Yes  No  
**If yes, describe the outcome including how it was measured. (Please limit to 250 words or less.)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Thank You!

We appreciate your interest and participation in the Healthy Worksite Award program. Notification of the status of your application will be sent to the contact person identified on page 1.