

Healthy Business Council of Ohio Healthy Worksite Award Application 2019

Default Question Block

2019 Healthy Worksite Award Application

Purpose of the 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.

What is the Healthy Business Council of Ohio?

The Healthy Business Council of Ohio (HBCO) and its seven statewide regional councils are a group of Ohio companies sharing best practices for a healthy workforce and a healthy economy. These companies have made a commitment to employees by incorporating comprehensive health promotion and wellness programs into their worksites. Council members realize that healthy employees make a positive impact.

Eligibility

All worksites in the state of Ohio, regardless of size or status (i.e., public, private, for-profit, non-profit) are encouraged to apply for the award.

Application Scoring

All applications received by the deadline will be scored by the HBCO worksite award committee. Winners are determined based upon total points achieved for their indicated employer size. **Businesses will be notified on award status in December.** Questions that are not scored are noted as such in the application. Applicants are asked to complete all questions, though, as results are utilized as

examples to support other business as they work to advance their workplace health and wellness promotions.

Levels of Achievement

Applications will be judged in three groups: small employers (fewer than 300 employees), medium employers (301-1000 employees), and large employers (1001 or more employees). Four levels of achievement will be awarded within each size group based on points scored: Gold, Silver, Bronze or Recognition. Certificates will be provided to all applicants at the annual awards ceremony.

How are Healthy Worksite Award winners recognized?

The Healthy Worksite Award winners 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 Ohio Department of Health website and the Health Action Council website for the duration of the award period.

How to Apply

Complete this self-assessment application online by 11:59 p.m. on October 31, 2019.

A PDF of the questions is available to employers to utilize as they prepare their responses.

Once a respondent has begun to complete the online assessment, they can choose to save their responses by selecting "Save and Continue" at the bottom of each page and then return to the assessment at a later date. We recommend saving the assessment URL in your bookmarks so you can easily access your survey at a later date. If you have technical issues with this assessment technology, please contact Annie Laurie Cadmus at cadmus@ohio.edu.

Section One: Business Information

Business Name

Business Information

Street Address

City

Zip Code

Primary Contact

Name

Title

Email Address

Phone Number

Alternate Contact

Name

Title

Email Address

Phone Number

Senior Management Sign-Off: By checking the box below, the Primary Contact attests that the senior manager responsible for operations at the worksite has reviewed this application and verified the accuracy of the information provided in this application in pursuit of the Healthy Worksite Award. Please note that the Senior Manager will be included in correspondence from HBCO to the applicant.

I attest to the above statement

Senior Manager's Contact Information

Full Name

Title

Email Address

What is your employer size (how many individuals are employed at your business)?

Small (300 or fewer employees)

Medium (301-1,000 employees)

Large (1,001 or more employees)

Industry Type

For Profit

Non-Profit

Government

Education

Other (describe)

In which region does your headquarters reside?

Not sure? Check out our [Regional Map](#)

Central

East Central

Northeast

Northwest

Southeast

Southwest

East Central

Does your business provide health insurance to its employees?

Yes (please include name of provider below)

No

Does your business have a Wellness Vendor?

Yes (please include name of vendor below)

No

How long has your worksite health promotion initiative been in place? *(not scored)*

Less than 1 year

1-3 years

4-10 years

10+ years

How is your worksite health promotion initiative funded? *(not scored)*

In which department is your wellness program located? *(not scored)*

What is your approximate annual budget of your current worksite wellness program? *(not scored)*

\$0 - \$1,000

\$1,001 - \$10,000

\$10,001 - \$25,000

\$50,001 +

Which statements best describe the reasons why your organization started a wellness initiative? Check all that apply. *(not scored)*

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

Section Two: Leadership Support

The CEO genuinely believes in the value of worksite wellness.

Yes

No

How does the company incentivize participation in the wellness program? *(not scored)*

Cash bonus

Gift cards

Entry into raffles

Products

Paid time off

First choice in scheduling

Other

During the past 12 months, have you provided employees with an employee needs and interest survey for planning health promotion activities?

Yes

No

A mission statement concerning employee health and well-being has been developed and is part of the company's strategic plan.

Yes

No

Senior and middle level management support the worksite health promotion programs for the organization's employees.

Yes

No

Senior and middle level management participate in at least two worksite health promotion programs each year.

Yes

No

A wellness committee, representative of the company and involving the organization's key employees/constituents, has been established (i.e., human resources/benefits, occupational health, MIS, etc.).

Yes

No

Has the wellness committee developed a compelling vision and established strategic priorities, measurable goals and objectives?

Yes

No

Does the wellness committee meet regularly throughout the year?

Yes

No

Section Three: Assessing Health Related Problems

Do you collect health-related data that helps you plan worksite health promotion programs and interventions?

Yes

No

Which of the following methods do you utilize to collect health-related data for planning worksite health promotion programs and interventions?

Demographic information on employees/dependents

Health Risk Appraisal

Employee health needs and interest surveys, including barriers to participation

Facility assessment

Health needs/interests of dependents and/or retirees

Ergonomic/work station analysis

Health care claims and utilization

Disability claims

Workers compensation claims

Other

In order to receive full credit for the previous question, please attach a copy of one of the health-related assessment tools that you indicated as being utilized at your worksite.

Section Four: Wellness Programs

Do you have tobacco/nicotine cessation information for those who want to quit using tobacco?

Yes

No

Do you have tobacco/nicotine cessation classes or programs either directly or through insurance benefits for those who want to quit?

Yes

No

Do you have drug and alcohol information for those in need of assistance?

Yes

No

Do the insurance benefits your business offers include substance use disorder prevention and treatment?

Yes

No

Do you have an emergency response team trained to actively respond to acute heart attack and stroke events?

Yes

No

Do you have emergency response protocols in place for employees to follow in the case of an acute heart attack or stroke in the worksite?

Yes

No

Do you have and promote a written policy that requires an adequate number of employees per floor, work unit, or shift, in accordance with pertinent state and federal laws, to be certified in CPR/AED?

Yes

No

Do you have one or more functioning AEDs in place at the worksite?

Yes

No

Section Five: Nutrition

Do you have a cafeteria or cafe at your worksite that offers healthy food options to your employees?

Yes

No

N/A (not cafeteria or cafe on-site)

Do you have a vending machine at your worksite that offers healthy food options to your employees?

Yes

No

N/A (no vending machine on-site)

Do you host on-site meetings where healthy food options are provided?

Yes

No

N/A (do not provide food at meetings or do not host on-site meetings)

Do you have a written policy or guidelines supporting healthy foods and beverage options for a cafeteria/café, vending machines and/or onsite meetings?

Yes

No

Do you provide nutritional information for your food and beverage offerings? (cafeteria/café, vending machines and/or onsite meetings)

Yes

No

Do you make most (more than 50%) of food and beverage choices available (i.e., cafeteria/café, vending machines and or at onsite meetings) healthier items?

Yes

No

Do you identify healthier (or less healthy) food and beverage choices with signs or symbols?

Yes

No

Do you subsidize or provide discounts on healthy food and beverage choices available at the worksite (in vending machines, cafeterias, snack bars, or other purchase points)?

Yes

No

Do you offer or promote an onsite or nearby farmers market or other arrangement where fresh fruits and vegetables are sold?

Yes

No

Is drinking water free and accessible to all employees?

Yes

No

Section Six: Physical Activity

Does your worksite provide reimbursement or arrange discounts for employees' offsite or onsite health club memberships and/or other wellness programs, services or products?

Yes

No

Does your worksite provide onsite cardio/strength fitness classes?

Yes

No

Does your worksite offer on-site yoga, mindfulness or flexibility classes?

Yes

No

Does your worksite provide pedometer/fitness tracker challenge programs?

Yes

No

Does your worksite promote stair usage, either by encouraging preference to stair usage when possible or making stairwells aesthetically pleasing and easily accessible?

Yes

No

Not Applicable (There are no stairs in the workplace)

Does your worksite offer or promote the use of an indoor/outdoor walking path?

Yes

No

Does your worksite promote active commuting?

Yes

No

In what ways do you promote active commuting?

Employees have access to on-site showers

Employees have access to on-site lockers

Employees have access to nearby bicycle racks

Employees are able to arrive late/leave early if they actively commute

Employees have access to bicycle repair supplies or a Fix-It Station

Other (please describe)

Does your worksite offer a walking group?

Yes

No

Does your worksite offer/sponsor other recreational activities for your employees (i.e. walking/jogging club, bicycle club, etc.)?

Yes

No

Does your worksite offer activity breaks during meetings/conferences lasting longer than one hour?

Yes

No

We do not participate in meetings or conferences that exceed one hour

Does your worksite subsidize mass transit passes (i.e. tax-free bus pass)?

Yes

No

Mass transit options are not available in my region

Section Seven: Mental and Emotional Health

Do you have an Employee Assistance Program (EAP)?

Yes

No

Do you provide free or subsidized clinical assessment for depression by a provider followed by directed feedback and clinical referral when appropriate?

Yes

No

Do you provide educational materials on preventing, detecting, and treating depression?

Yes

No

Do you provide and promote free or subsidized lifestyle coaching/counseling or self-management programs that equip employees with skills and motivation to set and meet their personal goals for managing depression?

Yes

No

Do you provide health insurance coverage with free or subsidized out-of-pocket costs for depression medications?

Yes

No

Do you provide health insurance coverage with free or subsidized out-of-pocket costs for mental health counseling?

Yes

No

Section Eight: Wellness Screenings and Health Services

Do you offer any of the following screening options to employees?

| | Available to employees? | | |
|---|--------------------------|-------------------------------|--------------------------|
| | On-Site | Off-Site or through a voucher | No |
| Blood Pressure Screenings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Blood Glucose Screenings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Glycosylated Hemoglobin A1C screenings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lipid Screenings (Total Cholesterol, HDL, LDL, Triglycerides) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Weight/BMI/Waist circumference screenings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Do you offer any of the following services to employees...

| | Offered to employees? | | Examples/Description |
|--|-----------------------|----|----------------------|
| | Yes | No | Please Describe |
| | | | |

| | Offered to employees? | | Examples/Description |
|---|-----------------------|-----------------------|----------------------|
| | Yes | No | Please Describe |
| disease prevention/management programming | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| medical self-care | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| worksite ergonomics | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| financial wellness programming | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| hearing screenings | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |

Does your organization provide telehealth services?

Yes

No

In the past year, did your organization regularly participate in a community health promotion or social activities event? (i.e. blood drive, run/walk-a-thon, etc.)

Yes

No

Section Nine: Supportive Environment

Does the business have any written policies on the following (check all that apply):

tobacco free grounds

tobacco-free company vehicles

paid time for physical activity during the workday

alcohol and drug abuse

flexible work schedules

flexible work spaces (remote work)

lactation

regular evaluation of design of workspaces and job requirements

Do you schedule wellness programs and opportunities to accommodate all employees' schedules?

Yes

No

Do you offer wellness programs to employees' spouse and/or dependents?

Yes

No

Do you practice disability prevention management? (i.e. early return to work, restricted duty, etc.).

Yes

No

Do you provide incentives to employees to increase participation in wellness initiatives?

Yes

No

Do you provide incentives for improving healthy lifestyle choices?

Yes

No

Do you ensure that all workstations are ergonomically sound or offer standing desks?

Yes

No

Do you provide a dedicated space and time for lactation at the worksite, including breastfeeding and breast milk pumping, meeting federal and state requirements?

Yes

No

Do you offer lactation education/services/support to employees?

Yes

No

Do you offer parental leave?

Yes

No

Do you offer flex time or additional paid time off for employees to accommodate preventive/medical exams?

Flex time

Additional paid time off

Neither

Do you offer paid time off to your employees?

Sick Time

Personal Time

Vacation Time

None of the above

Do you offer disability leave to your employees?

Short Term

Long Term

We do not offer disability leave

Do you offer health promotion program prepayment or reimbursement?

Yes

No

Section Ten: Evaluation of Wellness Programs and Culture

In what ways does your company evaluate and improve its wellness programs? *Check all that apply*

Track participation rates of all program offerings

Establish goals and timelines for improving participation rates

Track aggregate participant results from screening events

Establish goals and timelines for improving aggregate participant screening results

Seek post-program feedback from participants

Make appropriate program adjustments based on participant feedback

Benchmark company wellness statistics against peer companies or wellness programs

None of the above

In what ways does your company evaluate and improve its wellness culture? *Check all that apply.*

Survey or gauge employee perceptions of the worksite's wellness culture

Seek feedback from employees on how to improve the wellness culture, if needed

Utilize feedback to make adjustments to the wellness culture

None of the above

Does the organization share information about their worksite wellness programming, including program design, successes and areas for improvement, with other employers?

Yes

No

Section Eleven: Innovative Programming *(optional)*

If you feel your business/worksite has produced innovative programming, particularly programming that is replicable, in the past year, please share the details of your program below. The Healthy Business Council of Ohio will utilize information shared here to recognize your efforts at regional, state and national meetings, forums, conferences and publications. In some cases, we may contact you for additional details as we work to share success stories that can be recreated at other worksites. This section is not scored. However, we may choose to use information received from this section during the presentation of the awards.



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