

Licking County Safety Council Healthy Worksite Application

Purpose:

The Healthy Worksite Award will recognize Licking County Safety Council companies that demonstrate a commitment to employee health by promoting worksite health and wellness. (A healthy employee is a safer employee)

Eligibility:

All Licking County Safety Council member companies. *Members of the Steering Committee are not eligible.*

Award Winner Levels:

- Gold Medal – Six free safety council meetings.
- Silver Medal – Four free safety council meetings.
- Bronze Medal – Two free safety council meetings.

All submitted applications will receive a certificate of participation.

Winners will be announced at the September 2010 Safety Council Meeting.

How to apply:

Company Name: _____

Safety Council Representative: _____

Phone: _____

Email: _____

Number of employees: _____

Deadline to apply: *Friday, September 3, 2010*

If selected as a Healthy Worksite Award winner, would you be willing to serve as a resource for other businesses?

- Yes No

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

- We are just getting started
 Between one and three years
 Four to ten years
 Longer than ten years

How is your worksite health promotion programs paid for?

Check all that apply

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

What department is your wellness program located in?

- Human Resources
 Health Promotion
 Marketing
 Safety
 Medical/Occupational Health
 Other please explain

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

- 0–\$10,000
 \$10,000–25,000
 \$25,000–50,000
 \$50,000 and over

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

- To improve teamwork/morale
- To enhance productivity
- To meet our employees' request
- To improve the health and well-being of our employees
- To contain healthcare costs
- To improve recruitment/retention
- To reduce absenteeism
- Other please explain

Administrative support

1. The CEO genuinely believes in the value of worksite wellness.

- Yes No

2. The company incentivizes participation in the wellness program
If so, how?

- Reduction in health care premium
- Company contributes to employees' HSA
- Cash bonus
- increased premium for non-participation
- paid time off
- Other

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 allocate the necessary resources for the worksite health promotion program (e.g., budget, materials, people, space, etc.)

- Yes No

5. Senior and Middle level management support the worksite health promotion programs for the organization's employees (e.g., provide time to participate, actively promote programs, etc.)

- Yes No

6. Senior and middle level management regularly participate in worksite health promotion programs.

- Yes No

7. A wellness committee, representative of the company, and involving the organizations' key employees/constituents, has been established (e.g., human resource/benefits, occupational health, MIS, etc).

- Yes No

8. The wellness committee has developed a compelling vision, Established strategic priorities and measurable goals and objectives.

- Yes No

9. The wellness committee meets regularly throughout the year.

- Yes No

If yes, how often?

- Monthly
- bi-monthly
- Quarterly
- bi-annually
- Other

Assessing health-related problems

How do you collect health-related data that help you plan effective and worthwhile worksite health promotion programs and interventions?

Please check all that apply.

- Demographic information of employees/dependents
- Health Risk Appraisal
- Employee health needs and interests surveys, including barriers to participation.
- Health Screening (e.g., height, weight, blood profile, etc.)
- Facility assessment
- Physical fitness assessments
- Work/family needs assessment
- Health needs/interests of dependents and/or retirees
- Ergonomic/work station analysis
- Health care claims and utilization
- Absenteeism records
- Disability claims
- Worker compensation claims
- Injury records

To address the health needs and interests of your employees and their dependents, which of the following programs does your worksite offer?

A. Tobacco

9. Written policy for tobacco free working environment.

- Yes No

10. Written policy for tobacco-free grounds.*attach copy of policy

- Yes No

11. Tobacco-free policies for driving or riding in company owned vehicles.

- Yes No

12. Tobacco cessation information to those who want to quit using tobacco.

- Yes No

13. Tobacco cessation classes or programs either directly or through insurance benefits for those who want to quit.

- Yes No

14. Reimbursement for pharmaco therapy (nicotine replacement)

- Yes No

B. Nutrition

- 16. Healthy food and beverage choices in cafeterias.
 Yes No
- 17. Nutritional information about cafeteria offerings.
 Yes No
- 18. Healthy food and beverage choices in vending machines.
 Yes No
- 19. Guidelines for healthy food and beverage choices at work meetings.
 Yes No
- 20. Educational information, classes or programs on weight management, healthy eating, controlling portion sizes.
 Yes No
- 21. Access to kitchens, microwaves, refrigerators, vending machines, etc.
 Yes No
- 22. Incentives for maintaining an ideal body weight.
 Yes No
- 23. Reimbursement for weight loss programs
 Yes No
- 24. Other

C. Physical Activity

- 25. Operates an onsite fitness center. Please provide a fact sheet or brochure describing the center and its programs.
 Yes No
If yes please check equipment/opportunities provided.
 Cardiovascular equipment Strength equipment
 Aerobic studio Pool
 Gymnasium Racquetball
 Indoor/outdoor tennis court
 Indoor/outdoor track Walking paths/trails
 Other
What percentage of your employees participates in the onsite fitness center? %
- 26. Provide reimbursement or arrange discounts for employees' offsite health club memberships and/or other wellness programs.
 Yes No
What percentage of your employees participate in the offsite fitness offering? %
- 27. Other onsite physical activity opportunities
 Yes No
If yes please check all that apply.
 Aerobics classes Pedometer challenge/program
 Yoga, flexibility or other movement classes
 Other

- 28. Recreational activities are offered/sponsored for employees.
 Yes No

If yes please check all that apply.

- Volleyball leagues/open gyms
- Softball leagues Basketball leagues/open gyms
- Walking/Jogging Club Hiking
- Bicycling
- Racquetball leagues/open gyms
- Tennis leagues/open gyms Soccer
- Promote stair usage
- Other

- 29. Do you offer incentives for engaging in physical activity?
 Yes No

- 30. Written physical activity time release policy (e.g., flextime or an adjusted work schedule to allow for exercise during the workday)
 Yes No

D. Alcohol/Drugs

- 32. Written policy on alcohol and drug abuse.
 Yes No
What percentage of your employees participates in your screening programs? %
- 34. Are any of the above programs offered to employees' families?
 Yes No

- 35. Offered to retirees?
 Yes No

- 36. Does the organization regularly participate in community health promotion or social service activities (i.e., blood drives, run/walk-a-thon, clothing/food drives?)
 Yes No

Supportive environment

In order to provide a supportive organizational environment, we: please check the appropriate response

- 37. Schedule hours of operation for wellness programs and opportunities to accommodate all employees' schedules.
 Yes No
- 38. Practice disability prevention and management (e.g., early return to work, restricted duty, etc.).
 Yes No
- 39. Provide incentives to our employees to increase participation in our wellness initiatives.
 Yes No
- 40. Ensure that all workstations are ergonomically sound.
 Yes No

41. Provide for a dedicated space for lactation at the worksite.

Yes No

42. Offer assistance to help employees address issues of work/life balance.

Yes No

43. Provide the following benefit options check all that apply

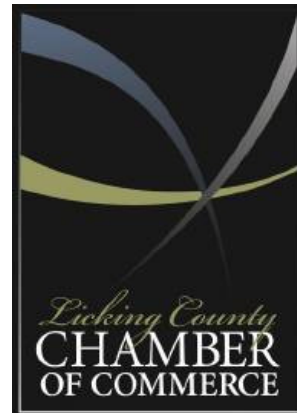
- Health insurance
- Disability
- Sick Leave
- Vacation
- Maternal/paternal leave
- Employee Assistance Program
- Health promotion program prepayment or reimbursement
- Wellness days (Paid time off for yearly medical exams or health screenings)
- Breastfeeding/lactation policy
- Others



E. Other Wellness Programs Check all that apply

Screenings offered at workplace:

- Blood Pressure Screening
- Cholesterol Screenings
- Skin Cancer Screenings
- Prostate Cancer Screenings
- Breast Cancer Screenings
- Colorectal Cancer Screenings
- Glucose (blood sugar) Screenings
- Flu Shots
- Stress Management
- Disease Management (e.g., asthma, diabetes, etc.)
- Medical Self Care
- Work Ergonomics
- Mental Health/Depression
- Other



Evaluation of wellness programs

44. Regularly track program participation.

Yes No

45. Monitor participant satisfaction with programming.

Yes No

46. Monitor the impact of wellness on key productivity indicators. (Absenteeism, performance, presenteeism, disability, health status, recruitment, retention, worker's compensations, etc.)

Yes No

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: _____