

Save the Date!

22nd

Annual Worksite
Health Awards
Ceremony

Thursday,
June 2, 2016
7:45 – 9:00 a.m.

The Crowne Plaza Hotel
at the Crossings
801 Greenwich Avenue
Warwick, RI

Application

For Large Businesses (101 or more employees)

The 22nd Annual Worksite Health Awards recognize Rhode Island businesses that successfully promote worksite wellness.

Blue Cross & Blue Shield of Rhode Island's Wellness Works™ program is a proud Presenting Sponsor of these awards, in partnership with the Greater Providence Chamber of Commerce.

With healthcare costs continuing to rise, offering health management solutions is rapidly becoming one of the most effective ways for companies to keep costs down and productivity up, while improving the quality of life for employees.

The awards honor businesses that promote prevention with written materials, seminars, and a supportive corporate culture as well as demonstrate a commitment to wellness through committee development and policy change. Four award levels are acknowledged: Achievement, Outstanding, Superior, and Exemplary.

When completing the application, please refer only to wellness programs and educational materials that were promoted or implemented at your business in 2015.

Also, **please attach only the items listed in the Supplemental Materials Section on the back of the application.** Please note that the review panel may request additional documentation as needed to support the information provided in this application.

Submit your application to Barbara Laurino at blaurino@provchamber.com, or call (401) 521-5000 if you have any questions.



Worksite Health Awards Application Form

Company Information

Company: _____

Contact Name: _____

Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____ Number of full-time employees: _____

Website: _____ Email Address: _____

Company name **as it should appear on your award and in promotional materials (please print):**

Company name will be listed in Blue Cross & Blue Shield of Rhode Island and Greater Providence Chamber of Commerce advertisements and promotions of the Worksite Health Awards.

I. Health Awareness Programs

Please check all that apply.

In 2015, our company:

1. Surveyed employees with a Personal Health Assessment (PHA) or Health Risk Assessment (HRA) to determine population health risk and plan relevant programs. (10 points)
2. Had printed literature available in the workplace promoting community health and fitness activities, as well as educational materials showing risks associated with an unhealthy lifestyle. Materials may also be available electronically. (5 points)
3. Offered employees a health interest survey to determine preferred program topics, formats, and scheduling to optimize participation. (5 points)

II. Intervention Programs (List all that apply and include % participation in each program.)

As a large business with 101 or more employees, you must offer at least 10 of these programs to receive the highest level award. Employee participation percentage is also considered to determine award level. Participation should indicate actual compared to number of employees eligible for the program.

In 2015, our company sponsored or promoted employee participation in the following screenings, clinics, health seminars, self-help programs, etc.:

Screenings/Prevention (biometrics screening, immunization clinic, faxback collection, etc.)

	Date(s)	Description	Employee Participation %
Blood Pressure	_____	_____	_____
Body Composition/ Body Mass Index(BMI)	_____	_____	_____
Bone Density	_____	_____	_____
Carbon Monoxide	_____	_____	_____
Cholesterol/Triglycerides	_____	_____	_____
Dermascan (sun safety)	_____	_____	_____
Flu/other Immunization	_____	_____	_____
Glucose	_____	_____	_____
Waist Circumference/ Waist-to-Hip Ratio	_____	_____	_____
Other: _____	_____	_____	_____
_____	_____	_____	_____

Education/Behavior Change (onsite/online seminar, workshop, multi-week series, challenge, contest, Shape Up RI, etc.)

Disease Prevention	_____	_____	_____
Ergonomics/Injury Prevention	_____	_____	_____
Family Health	_____	_____	_____
Nutrition/Mindful Eating	_____	_____	_____
Physical Activity	_____	_____	_____
Sleep Management	_____	_____	_____
Stress Management/ Mindful Meditation	_____	_____	_____
Tobacco Cessation	_____	_____	_____
Weight Management	_____	_____	_____
Other (e.g. Oral Health, Pharmacy education, etc.)	_____	_____	_____
Total Programs _____			
Average Participation Among Programs Listed Above.	_____		

III. Occupational Health & Safety Programs (5 points each)

Please check all that apply.

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In 2015, our company:

Provided resources through our workers' compensation carrier or other partner to prevent injuries at work such as ergonomics, back care, body mechanics training, etc.

Promoted enrollment in Rhode Island CurrentCare Program.

CPR/First Aid/AED training

Other (name of program): _____

Made available an Employee Assistance Program (EAP) referral service (e.g., mental health services, drug/alcohol abuse counseling).

IV. Policy & Organization (5 points each)

Please check all that apply.

In 2015, our company:

Had a written wellness plan.

Had a wellness mission statement.

Had a written smoking policy.

Created a dedicated budget to support the wellness plan.

Developed, implemented, or maintained a company policy regarding injury prevention in the workplace.

Established an employee incentive program for participation in sponsored or promoted activities.

Had a policy encouraging the participation of employees in health and fitness activities (e.g., flex-time for employees to participate in health and fitness events, onsite fitness equipment, reimbursement for fitness memberships, fees, etc.).

Provided a recognition program to award employees for their personal achievements in health enhancement or participation in the promotion of healthy lifestyles.

Utilized credentialed health, safety, and/or fitness specialists for the delivery of information/education to employees.

Implemented a healthy eating policy and/or healthy eating incentives for employees (e.g., posting nutritional information, offering healthy alternatives at a reduced price).

Had a designated wellness/promotion coordinator or wellness committee.

Had a wellness incentive plan (premium contributions, cash, gift cards, etc.) to encourage overall participation.

Measured program outcomes such as program satisfaction, aggregate health risk changes, etc.

Supplemental Materials

To be considered for the highest level award, you must provide attachments for at least 3 of the following from Section IV: Please do not include any other attachments.

Written wellness plan

2015 company smoking policy

Incentive plan overview

Mission statement

Outcome report (e.g. aggregate satisfaction report, aggregate health risk report)



Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

Optional materials (for any award level):

Please attach an individual employee or wellness program success story (5 points)

01/16 CONS-10878