Save the Date!

21st Annual Worksite Health Awards Ceremony

Thursday, June 4, 2015
7:45 – 9:00 a.m.

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

Application
For Small Businesses
(100 or fewer employees)

The 21st 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 lectures, and demonstrate a commitment to education 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 2014. 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 2014, 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 small business with 100 or fewer employees, you must offer at least 6 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 2014, 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.)

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>Description</th>
<th>Employee Participation %</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1C (diabetes management)</td>
<td>__________________</td>
<td>__________________________</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>__________________</td>
<td>__________________________</td>
</tr>
<tr>
<td>Body Composition</td>
<td>__________________</td>
<td>__________________________</td>
</tr>
<tr>
<td>Body Mass Index (BMI)</td>
<td>__________________</td>
<td>__________________________</td>
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<tr>
<td>Bone Density</td>
<td>__________________</td>
<td>__________________________</td>
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<tr>
<td>Cholesterol/Triglycerides</td>
<td>__________________</td>
<td>__________________________</td>
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<tr>
<td>Dermscan (sun safety)</td>
<td>__________________</td>
<td>__________________________</td>
</tr>
<tr>
<td>Flu/other Immunization</td>
<td>__________________</td>
<td>__________________________</td>
</tr>
<tr>
<td>Glucose</td>
<td>__________________</td>
<td>__________________________</td>
</tr>
<tr>
<td>Other: __________________</td>
<td>__________________</td>
<td>__________________________</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer/Disease</td>
<td>__________________</td>
</tr>
<tr>
<td>Diabetes</td>
<td>__________________</td>
</tr>
<tr>
<td>Fitness/Yoga/other classes</td>
<td>__________________</td>
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<tr>
<td>Nutrition</td>
<td>__________________</td>
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<tr>
<td>Physical Activity</td>
<td>__________________</td>
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<tr>
<td>Shiftwork/Sleep Management</td>
<td>__________________</td>
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<tr>
<td>Stress Management</td>
<td>__________________</td>
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<tr>
<td>Tobacco Cessation</td>
<td>__________________</td>
</tr>
<tr>
<td>Weight Management</td>
<td>__________________</td>
</tr>
<tr>
<td>Other: __________________</td>
<td>__________________</td>
</tr>
</tbody>
</table>

Total Programs: __________________
Average Participation: __________________

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

Please check all that apply.

In 2014, 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 2014, our company:

☐ Had a written wellness plan.

☐ Had a wellness promotion mission statement.

☐ Had a written smoking policy.

☐ Created a dedicated budget for health promotion.

☐ 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

☐ 2014 company smoking policy

☐ Incentive plan overview

☐ Mission statement

☐ Outcome report (aggregate satisfaction report, aggregate health risk report)

Optional materials (for any award level):

☐ Individual employee or wellness program success story (5 points)