

26th Annual Worksite Health Awards

Application

For more than 25 years, the Worksite Health Awards have recognized and celebrated well-being in workplaces like yours. In partnership with the Greater Providence Chamber of Commerce, Blue Cross & Blue Shield of Rhode Island—a proud Presenting Sponsor of these awards—congratulates you in advance for the effort you and your colleagues put forward in keeping your employees productive and fit.

A successful employee well-being program can certainly be a win-win and you've all proved this to be true. As you incorporate effective well-being practices at work, you help your organization control healthcare costs, increase retention, and even create a more engaged workforce. The Worksite Wellness Awards honor your businesses for making the effort to put wellness into practice, with a positive culture that supports good health and makes a commitment to employees' overall well-being.

In these awards, four levels are acknowledged: Achievement, Outstanding, Superior, and Exemplary. This year, we will recognize those who have gone above and beyond to support their employees during the Covid-19 pandemic.

When filling out your application, refer only to programs and educational efforts that were promoted or implemented in 2019. Also, please upload only the items listed in the Supplemental Materials section.

Please note that the review panel may request additional documentation as needed to support the information provided in this application. Submit your application at www.bcbsri.com/WorksiteHealth. If you have any questions, please contact Barbara Laurino at blaurino@provchamber.com or (401) 521-5000.

Save the date:

More information to follow, this year we will not be hosting an in-person or live virtual event.



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.

“Create and Innovate” Awards

(optional for any award level)

Provide examples of how you have supported your employees’ physical and mental well-being during the COVID-19 pandemic. Please share the ways you were able to support your employees and continue to promote a workplace wellness culture.

Please attach a COVID-19 success story. (5 bonus points)

I. Health Awareness

Please check all that apply. (5 points each)

In 2019, our company:

1. Encouraged participation in a Health Assessment (HA) or Health Risk Assessment (HRA) to determine population health risk and plan relevant programs.
2. Made available in the workplace, in either written or electronic form (or both), educational wellness materials to promote a healthy lifestyle.
3. Surveyed employees on workplace culture or health interests to ensure programming supported their needs. (e.g., “Best Places to Work” survey)
4. Conducted a workplace culture audit. (e.g., “Best Places to Work” survey)

II. Intervention

(Delivered by credentialed health, safety, and fitness experts. List all that apply and include % participation* in each program.)

Small businesses (100 or fewer employees) must offer at least 6 of these programs to receive the highest level award. Large businesses (more than 100 employees) must offer at least 10 programs. Employee participation percentage is also considered to determine award level. Participation should indicate the actual number of employees who attended compared to the number eligible for the program.

In 2019, 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 Measurement	_____	_____	_____
Other: _____	_____	_____	_____
_____	_____	_____	_____

Education/Behavior Change (e.g., onsite seminar, webinar, multi-week series, challenge, stop-by)

Disease Prevention	_____	_____	_____
Financial Health	_____	_____	_____
Healthy Sleep	_____	_____	_____
Healthy Weight	_____	_____	_____
Mindfulness/Stress	_____	_____	_____
Nutrition/Mindful Eating	_____	_____	_____
Physical Activity	_____	_____	_____
Tobacco Cessation	_____	_____	_____
Other (e.g., Oral Health, Pharmacy, Challenges, etc.)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Programs: _____ Average Participation Among Programs Listed Above: _____

*Percent participation is based on the number of available seats or eligible full-time employees. For example, a yoga class with 20 attendees with a capacity to seat 25 participants has an 80% participation rate. An online Personal Health Assessment available to your entire full-time work force of 100 employees with 25 participants would have a 25% participation rate.

III. Occupational Health & Safety

Please check all that apply. (5 points each)

In 2019, our company:

- Provided resources to prevent injuries at work such as ergonomics, back care, body mechanics training, standing workstations, etc.
- Developed, implemented, or maintained a company policy on injury prevention in the workplace.
- Offered CPR/First Aid/AED training
- Made available an Employee Assistance Program (EAP) referral service (e.g., mental health services, drug/alcohol abuse counseling).
- Other (name of program): _____

IV. Policy, Organization, & Culture

Please check all that apply. (5 points each)

In 2019, our company:

- Had a written wellness plan.
- Had a wellness mission statement.
- Had a written smoking policy.
- Had a dedicated budget to support the wellness plan.
- Had a lactation policy and dedicated lactation room.
- Had a wellness room or dedicated wellness area.
- 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 membership fees, etc.).
- Provided a recognition program to award employees for their personal achievements in health enhancement or participation in the promotion of healthy lifestyles.
- Communicated and demonstrated senior leadership's support for the company's wellness strategy.
- 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 (HSA contributions, premium contributions, PTO days, gift cards, etc.) to encourage overall participation.
- Measured program outcomes such as program satisfaction, aggregate health risk changes, etc.
- Provided opportunities for staff professional development.
- Offered benefit plans to support employee health and financial well-being, such as dental and vision insurance, life insurance, pet insurance, critical illness insurance, 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
- 2019 company smoking or lactation policy
- Incentive plan overview
- Sample communications plan or recognition program
- Outcome report (e.g., aggregate satisfaction report, aggregate health risk report)



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