

28th Annual Worksite Health Awards

Application

For more than 27 years, the Worksite Health Awards have recognized and celebrated well-being in workplaces like yours, and Blue Cross & Blue Shield of Rhode Island (BCBSRI) is proud to be a Presenting Sponsor. In partnership with the Greater Providence Chamber of Commerce, we would like to offer congratulations in advance for the effort you and your colleagues put forward to help your employees maintain their physical and emotional health.

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 businesses like yours that have made the effort to put wellness into practice and build 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. In addition, we will recognize those companies that went above and beyond to support their employees' well-being in what is a new work environment for so many of us.

When filling out your application, refer only to programs and educational efforts that were promoted or implemented in 2021. 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 bcbsri.com/WorksiteHealth.

If you have any questions, please contact Barbara Laurino at blaurino@provchamber.com or **(401) 521-5000**.

Save the date:

We will not be hosting an in-person or live virtual event this year. Applications will be accepted through October 21. Winners will be announced in December.



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 BCBSRI and Greater Providence Chamber of Commerce advertisements and promotions of the Worksite Health Awards.

“Create and Innovate” Awards

(optional for any award level)

2021 was another year of adjustment for companies and employees, as many individuals continued to experience heightened levels of stress and uncertainty. Describe the innovative steps your business took last year to help employees manage their stress, build resilience, and protect their emotional well-being.

Please attach your company's success story. (25 bonus points)

I. Health Awareness

Please check all that apply. (5 points each)

In 2021, our company:

1. Encouraged participation in a Health Assessment (HA) or Health Check 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).

II. Intervention

(Delivered by credentialed health, safety, and fitness experts. List all that apply.)

Please attach a listing of any 2021 company-sponsored or company-promoted employee well-being programs, such as health screenings, health seminars/webinars, self-directed programs, blood drives, virtual programs, and physician forms. Include program names and the dates.

Screenings/Prevention (for example, biometrics screening, immunization clinic, and sun safety)

	Date(s)	Description
Blood Pressure	_____	_____
Body Composition/ Body Mass Index (BMI)	_____	_____
Bone Density	_____	_____
Carbon Monoxide	_____	_____
Cholesterol/Triglycerides	_____	_____
Dermascan (sun safety)	_____	_____
Flu/Other Immunizations	_____	_____
Glucose	_____	_____
Waist Measurement	_____	_____
Other:	_____	_____
	_____	_____

Education/Behavior Change (for example, onsite seminar, webinar, multi-week series, and challenges)

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 Number of Programs:	_____	

III. Digital Well-being and Safety

Please check all that apply. (5 points each)

In 2021, our company:

- Provided resources to prevent injuries at work, such as ergonomics, back care, body mechanics training, standing workstations, etc.
- Offered one comprehensive digital well-being platform for all employees
- Maintained a minimum 10% enrollment in our digital well-being solution
- Other (name of program): _____

IV. Policy, Organization, and Culture

Please check all that apply. (5 points each)

In 2021, our company:

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| <ul style="list-style-type: none"> 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 employee participation 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 their participation in the promotion of healthy lifestyles Communicated and demonstrated senior leadership's support for the company's wellness strategy Developed, implemented, or maintained a company policy on injury prevention in the workplace | <ul style="list-style-type: none"> Offered a wellness incentive plan (HSA contributions, premium contributions, PTO days, gift cards, etc.) to encourage overall participation Had a designated wellness/promotion coordinator or wellness committee Made available an Employee Assistance Program (EAP) referral service (e.g., mental health services, drug/alcohol use counseling). 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. Included spouses/domestic partners in the well-being offerings and incentives |
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Supplemental Materials

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

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| <ul style="list-style-type: none"> Written wellness plan 2021 company smoking or lactation policy Incentive plan overview | <ul style="list-style-type: none"> Sample communications plan or recognition program Outcome report (e.g., aggregate satisfaction report, aggregate health risk report) |
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