Healthy Business Council of Ohio

2026 Healthy Worksite Recognition Program

Application Preparation Guide

Use this document to prepare your responses before completing the online application. Final applications must be submitted through Microsoft Forms by **October 31, 2026**.

Application Website:
https://healthactioncouncil.org/HBCO/Healthy-Worksite-Awards

Important Reminders

- Organizations may submit only one application for the 2026 recognition cycle.
- Applications are due by **October 31, 2026 at 11:59 p.m. ET** (no extensions).
- Recognition notifications will be sent in December 2026.

About the Program

The Healthy Worksite Recognition Program honors Ohio employers that demonstrate a commitment to employee wellbeing through workplace health and wellness programs, supportive policies and a healthy work environment.

This is a **recognition program, not a competitive award.** Organizations receive a designation level based on their application score, so all eligible Ohio employers are encouraged to apply.

Eligibility

Any Ohio worksite may apply, regardless of size, industry or organizational type. Employers headquartered outside Ohio may also apply if they have Ohio-based employees. In those cases, responses should reflect programs and resources available to Ohio employees only.

Recognition Levels

Applications are reviewed and scored by the HBCO Worksite Recognition Committee. Organizations are evaluated within one of three size categories:

- Small: 300 or fewer employees
- Medium: 301-1,000 employees
- Large: 1,001+ employees

Recognition levels include:

- Platinum
- Gold
- Silver
- Bronze
- Recognition

Application Tips

- Use this guide to gather information and draft responses before completing the online application.
- Complete all questions whenever possible.

- Submit only one final application.

Cancer Screening Recognition

The application includes questions related to workplace cancer screening support and resources. Responses may qualify organizations for additional recognition from the Ohio Department of Health and will help inform statewide efforts to improve access to cancer prevention and screening programs.

Data Use and Questions

HBCO may use aggregate application data to develop summary reports on workplace wellbeing trends and practices across Ohio. Individual organization data will not be publicly reported. Certain information will be shared with the Ohio Department of Health solely to support the additional cancer screening recognition described above.

Questions about the application or recognition program can be directed to **HBCOhio@gmail.com**.

Business Information

Not Scored

1. Business Name: _____
2. Business Address: _____
3. Primary Contact Name: _____
4. Primary Contact Title: _____
5. Primary Contact Email Address: _____
6. Primary Contact Phone Number: _____
7. Alternate Contact Name: _____
8. Alternate Email Address: _____
9. Senior Leadership Attestation

☐ I confirm that the senior leader responsible for operations at this worksite has reviewed this application and verified that the information provided is accurate to the best of their knowledge.

Demographic Questions

Not Scored

10. What is your employer size (how many individuals, regardless of hours worked, are employed at your business at the time of application)?

- Small (300 or fewer employees)
- Medium (301-1,000 employees)
- Large (1,001 or more employees)

11. What is your industry type? *You may select multiple responses.*
    - Non-Profit
    - Government – all levels
    - K-12 Education or Childcare
    - Higher Education
    - Healthcare – hospital systems and clinics
    - Healthcare – supportive services
    - Manufacturing – construction
    - Manufacturing – products
    - Transportation
    - Communications
    - Financial Services
    - Professional Services – consulting fields, personal services
    - Retail or Wholesale Services
    - Food Services
    - Other: _____

12. In which region does your organization reside? If you have multiple locations, please select the region of the address of your Ohio-based headquarters or main campus. Please note: if you are an Ohio-based regional chapter or office with an out-of-state headquarters, please utilize the main address of your primary Ohio office's mailing address.
    - Central
    - East Central
    - Northeast
    - Northwest
    - Southeast
    - Southwest
    - West Central
    - Not applicable (no physical office location)

    Not sure which region you're in? Check out this Regional Map.

13. Which work arrangement best describes your workforce?
    - In-Person (no employees work remotely)
    - Hybrid (employees work both remotely and on-site)
    - Full-time Remote (employees work remotely full-time)

14. Does your organization provide job security (the job is mutually agreed upon and protected) for those employees within a Hybrid type employment design? Examples: Policy ("Remote" work agreement), job description, etc.
    - Yes
    - No
    - Not applicable

15. Does your organization provide health insurance to its employees?
    - Yes
    - No

16. Does your organization have a wellness vendor?
    - Yes, a third-party vendor
    - We design and manage these resources internally
    - No

17. How long have your organization's employee wellbeing initiatives been in place?
    - Less than 1 year
    - 1-3 years
    - 4-10 years
    - 10+ years

18. Which employees are eligible to participate in your health and wellbeing programs? *Check all that apply*.
    - Full-time employees
    - Part-time employees
    - Contractors
    - Union Workers
    - Other: _____

19. Are health and wellbeing programs offered to employees' immediate family members (such as spouses, domestic partners and dependents)?
    - Yes, all programs are available to immediate family members
    - Yes, some programs are available to immediate family members
    - No, programs are available only to employees

20. How are your organization's employee wellbeing initiatives being funded? *Check all that apply*.
    - Self-funded by the organization
    - Grant-funded
    - Partially funded through the insurance carrier
    - Fully funded through the insurance carrier
    - Not applicable (no funding available)
    - Other: _____

21. In which department is your organization's employee wellbeing program located?
    - Human Resources
    - Wellness
    - Finance
    - Multiple Departments OR Managed by a Committee
    - Other: _____

22. What is the approximate annual budget of your organization's current employee wellbeing program?
    - $0 - $1,000
    - $1,001 - $10,000
    - $10,001 - $25,000

- $25,001 +

23. Which statements best describe the reasons why your organization started a wellness program? *Check all that apply.*
    - Improve teamwork/morale
    - Enhance productivity
    - Employees' requests
    - Improve the health and wellbeing of our employees
    - Contain health costs
    - Improve recruitment/retention
    - Reduce absenteeism

Leadership Support

For all questions, please respond accordingly, taking into account any relevant activity that has occurred in the past 12 months.

24. Does your organization's CEO genuinely believe in the value of employee wellbeing?
    - Yes
    - No

25. How does your organization incentivize participation in the wellness program? *Check all that apply. (Not scored)*
    - Cash Bonus
    - Gift Cards
    - Entry into raffles
    - Products
    - Paid time off
    - First choice in shift scheduling
    - Discounted health insurance premium or funds to an HRA
    - We do not incentivize participation
    - Other: _____

26. During the past 12 months, have you provided employees with an employee needs and interest survey for planning health and wellness activities?
    - Yes
    - No

27. Has a mission statement concerning employee health and wellbeing been developed and is it part of your organization's strategic plan?
    - Yes
    - A mission statement has been developed, but is not incorporated into the organization's overall strategic plan
    - No

28. Does your organization convey its health and wellbeing values in any of the following ways? *Check all that apply.*
    - The vision/mission statement supports a healthy workplace culture

- Employee health and wellbeing is included in organization's goals or value statements
- Leadership team communicates that health and wellbeing is connected to the business strategy (i.e., revenue, profitability and sustainability)
- Leadership team regularly communicates the value of health and wellbeing to employees
- None of the above

29. Do senior and middle level management support your organization's employee wellbeing programs? Support may include promoting programs, participating in activities, allocating resources, communicating with employees or serving as visible champions for wellbeing initiatives. *Check all that apply*.
    - Middle management actively supports our employee wellbeing programs
    - Senior management actively supports our employee wellbeing programs
    - Neither middle nor senior management actively supports our employee wellbeing programs.

30. Do senior and middle level management participate in at least two employee wellbeing programs each year?
    - Yes
    - No

31. Does your organization have an established wellness committee made up of key employees that are representative of your organization?
    - Yes
    - No

32. Has the wellness committee developed a compelling vision and established strategic priorities, measurable goals and objectives?
    - Yes
    - No

33. Does the wellness committee meet regularly throughout the year?
    - Yes
    - No

Strategic Goals

For all questions, please respond accordingly, considering any relevant activity that has occurred in the past 12 months.

34. What data are you leveraging to plan your strategic goals and/or assess your wellness programming? *Check all that apply*.
    - Benchmark company wellness statistics against peer companies or wellness programs
    - Track participation rates of all health and well-being program offerings
    - Track improved employee experience of programming (rating feedback of programming, etc.)
    - Track aggregate participant biometrics from screenings
    - Employee survey(s) (e.g., interest, morale, inclusion & belonging, satisfaction, engagement)
    - Culture assessment

- Tracking changes over time to culture or climate assessment data
- Tracking changes over all in medical-based claims from year to year
- Tracking changes over time in physical and mental health (e.g., medical/pharmacy claims)
- Tracking changes over time in occupational health and safety metrics (e.g., injuries, accidents, workers compensation claims)
- Tracking changes in absence or disability metrics

Substance Use

For all questions, please respond accordingly, considering any relevant activity that has occurred in the past 12 months.

35. Does your organization offer tobacco/nicotine cessation support for those who want to quit using tobacco/nicotine? *Check all that apply*.
    - Educational Resources (either internally developed or available through an Employee Assistance Program)
    - Active referral to and marketing of external, public resources such as the Ohio Quit Line
    - Classes or Programs, either directly through the employer or through insurance benefits (in-person or virtual)
    - No support resources provided

36. Does your organization provide resources and support for associates struggling with substance use disorders? *Check all that apply*.
    - Substance use disorder educational materials and support resources
    - Drug and alcohol abuse prevention education
    - Addiction treatment resources
    - Manager training on how to identify and approach/respond to potential substance use issues
    - None of the above

Nutrition

For all questions, please respond accordingly, considering any relevant activity that has occurred in the past 12 months.

37. Does your organization provide nutritional support to employees? *Check all that apply*.
    - A subsidized healthy food program is offered (i.e. financial support is offered for the purchase of healthy groceries)
    - Nutrition counseling is available (in-person or virtual)
    - Nutrition education is regularly provided (RD-led programming, peer-led recipe swaps, hydration reminders, educational emails, etc.)
    - On-site hosting of a Farmer's Market or a Community Supported Agriculture program and/or education on how to find one nearby
    - Policies or practices offering healthy food options in cafes, cafeterias and vending machines, or at meetings (for in-person employees)
    - Nutritional information about on-site food offerings is provided to consumers

- None of the above

Physical Activity

For all questions, please respond accordingly, considering any relevant activity that has occurred in the past 12 months.

38. Does your organization promote physical activity in any of the following ways? *Check all that apply.*
    - Onsite or offsite wellness center/health club/fitness center memberships are offered at discounted rate and/or for reimbursement
    - Other wellness programs, services, products are available at discounted rates and/or available through reimbursement (activity/sleep trackers, wellness apps, etc.)
    - Cardio/strength fitness classes (in-person or virtual)
    - Yoga/Pilates/flexibility classes (in-person or virtual)
    - Pedometer/fitness tracker challenges
    - Employees are encouraged to take frequent breaks to utilize stairs, stretch, walk or move their bodies in meaningful ways
    - The worksite offers suggestions for nearby movement routes (for in-person employees) or how to find local movement routes (for remote employees)
    - The organization promotes social connection through movement (such as facilitating a walking/jogging/biking club or sponsoring fun runs)
    - Meetings lasting longer than 60 minutes build in breaks for movement
    - None of the above

39. Does your worksite promote active or low carbon commuting in any of the following ways? *Check all that apply.*
    - Employees have access to on-site showers
    - Employees have access to on-site lockers
    - Employees have access to nearby bicycle racks
    - Employees may arrive late or leave early if they actively commute
    - Employees have access to bicycle repair supplies or a Fix-It Station
    - Employees can work remotely
    - The organization subsidizes mass transit passes
    - None of the above
    - Other: _____

Mental and Emotional Health

For all questions, please respond accordingly, considering any relevant activity that has occurred in the past 12 months.

40. Does your organization support mental health in any of the following ways? *Check all that apply.*
    - Employee Assistance Program resources such as counseling and online courses
    - Educational materials preventing, directing, and treating mental health
    - Lifestyle coaching or self-management programs that equip employees with skills and motivation to set and meet their personal goals for managing mental health concerns
    - Clinical assessments or mental health counseling (through insurance, EAP, or otherwise)

- Education, programs or apps to foster mental wellbeing with engagement opportunities in meditation, mindfulness or gratitude activities
- Offer "mental health first aid" training (or similar) for either leadership or employees
- None of the above

Financial Wellbeing

For all questions, please respond accordingly, considering any relevant activity that has occurred in the past 12 months.

41. Does your organization provide financial support to employees in any of the following ways? *Check all that apply*.
    - Educational consultations on retirement planning
    - Discounts on common purchases (i.e. corporate discounts on cellular service, EAP-sponsored discount shopping portals)
    - Subsidized or reimbursed childcare or pet care
    - Fertility and Family Planning support
    - Legal support for advanced directives
    - Education on managing personal finances (i.e. articles/emails/workshops on budgeting, debt, purchasing a home, and planning for future expenses)
    - Other: _____
    - None of the above

42. Does your organization provide any concierge services to support work/life balance? *Check all that apply*.
    - Healthcare Guidance/Support
    - Pet Care
    - Dry Cleaning
    - Groceries or Meal Catering
    - Child Care Arrangements
    - Automobile Services
    - Event Tickets
    - Shopping/Gift Services
    - Product Repairs
    - We do not offer concierge services
    - Other: _____

Wellness Screenings and Health Services

For all questions, please respond accordingly, considering any relevant activity that has occurred in the past 12 months.

43. Does your organization offer support in finding a primary care provider (PCP)? *Check all that apply*.
    - Primary Care Provider searches are available via an app or website
    - Hotlines or in-person events are available throughout the year to support finding a PCP
    - None of the above
    - Other: _____

44. Does your organization encourage employees to prioritize preventive services? *Check all that apply*.
    - ○ Preventive care reminders are sent to employees enrolled on the medical plan
    - ○ Employees are given release time, in addition to the use of PTO, to attend preventive care appointments
    - ○ On-site preventive care options are provided
    - ○ None of the above
    - ○ Other: _____

45. Does your organization offer any of the following preventive screening options to employees? Select whether your organization offers any of the screenings below **onsite or offsite** through a voucher or through insurance-covered appointments. *Check all that apply*.

	Onsite	**Offsite**	**Offsite and Onsite Offered**	**Not Offered**
Blood Pressure Screenings	○	○	○	○
Blood Glucose Screenings	○	○	○	○
Glycosylated Hemoglobin A1C Screenings	○	○	○	○
Lipid Screenings (total Cholesterol, HDL, LDL, Triglycerides)	○	○	○	○
Weight/BMI/Waist Circumference Screenings	○	○	○	○
Breast Cancer Screenings	○	○	○	○
Cervical Cancer Screenings	○	○	○	○
Colorectal Cancer Screenings	○	○	○	○
Other Cancer Screenings	○	○	○	○
Hearing Screenings	○	○	○	○

46. How does your organization promote or incentivize participation in **Blood Pressure Screenings?** *Check all that apply*.
    - ○ We market and promote the screening
    - ○ We adopted a policy encouraging the screening or leadership communicates support of the screening
    - ○ We communicate screening guidelines (i.e., how frequently and who should screen)
    - ○ We incentivize participation (cash, gifts, time off, etc.)
    - ○ We do not actively promote the screening

47. How does your organization promote or incentivize participation in **Blood Glucose Screenings?** *Check all that apply.*
    - We market and promote the screening
    - We adopted a policy encouraging the screening or leadership communicates support of the screening
    - We communicate screening guidelines (i.e., how frequently and who should screen)
    - We incentivize participation (cash, gifts, time off, etc.)
    - We do not actively promote the screening

48. How does your organization promote or incentivize participation in **Glycosylated Hemoglobin A1C Screenings?** *Check all that apply.*
    - We market and promote the screening
    - We adopted a policy encouraging the screening or leadership communicates support of the screening
    - We communicate screening guidelines (i.e., how frequently and who should screen)
    - We incentivize participation (cash, gifts, time off, etc.)
    - We do not actively promote the screening

49. How does your organization promote or incentivize participation in **Lipid Screenings (total Cholesterol, HDL, LDL, Triglycerides)?** *Check all that apply.*
    - We market and promote the screening
    - We adopted a policy encouraging the screening or leadership communicates support of the screening
    - We communicate screening guidelines (i.e., how frequently and who should screen)
    - We incentivize participation (cash, gifts, time off, etc.)
    - We do not actively promote the screening

50. How does your organization promote or incentivize participation in **Weight/BMI/Waist Circumference Screenings?** *Check all that apply.*
    - We market and promote the screening
    - We adopted a policy encouraging the screening or leadership communicates support of the screening
    - We communicate screening guidelines (i.e., how frequently and who should screen)
    - We incentivize participation (cash, gifts, time off, etc.)
    - We do not actively promote the screening

51. How does your organization promote or incentivize participation in **Breast Cancer Screenings?** *Check all that apply.*
    - We market and promote the screening
    - We adopted a policy encouraging the screening or leadership communicates support of the screening
    - We communicate screening guidelines (i.e., how frequently and who should screen)
    - We incentivize participation (cash, gifts, time off, etc.)
    - We do not actively promote the screening

52. How does your organization promote or incentivize participation in **Cervical Cancer Screenings?** *Check all that apply.*
    - We market and promote the screening
    - We adopted a policy encouraging the screening or leadership communicates support of the screening

- We communicate screening guidelines (i.e., how frequently and who should screen)
- We incentivize participation (cash, gifts, time off, etc.)
- We do not actively promote the screening

53. How does your organization promote or incentivize participation in **Colorectal Cancer Screenings?** *Check all that apply.*
    - We market and promote the screening
    - We adopted a policy encouraging the screening or leadership communicates support of the screening
    - We communicate screening guidelines (i.e., how frequently and who should screen)
    - We incentivize participation (cash, gifts, time off, etc.)
    - We do not actively promote the screening

54. How does your organization promote or incentivize participation in **Other Cancer Screenings?** *Check all that apply.*
    - We market and promote the screening
    - We adopted a policy encouraging the screening or leadership communicates support of the screening
    - We communicate screening guidelines (i.e., how frequently and who should screen)
    - We incentivize participation (cash, gifts, time off, etc.)
    - We do not actively promote the screening

55. How does your organization promote or incentivize participation in **Hearing Screenings?** *Check all that apply.*
    - We market and promote the screening
    - We adopted a policy encouraging the screening or leadership communicates support of the screening
    - We communicate screening guidelines (i.e., how frequently and who should screen)
    - We incentivize participation (cash, gifts, time off, etc.)
    - We do not actively promote the screening

Looking for resources on how to provide low-to-no-cost cancer screenings for your employees?

- Breast and Cervical Cancer Project provides no-cost screenings for low-income women.
- Additional cancer screening resources are available by contacting the Ohio Department of Health. To request screening resources, please contact your HBCO Regional Chairperson.

56. Does your organization communicate/offer any of the following education/services to employees? *Check all that apply.*
    - Diabetes Prevention Program
    - Diabetes Self-Management Education
    - Blood Pressure Self-Monitoring Program
    - Clinical Weight Management Program
    - Other disease prevention programs
    - Medical self-care (management programming)
    - We do not offer these programs

57. Does your organization provide telehealth services?
    - Yes
    - No

Inclusion and Belonging

For all questions, please respond accordingly, taking into account any relevant activity that has occurred in the past 12 months.

58. How does your organization prioritize inclusion and belonging? *Check all that apply*.
    - Dedicated office/unit/employee focused on this programming
    - This programming is included in the organization's mission statement
    - Public statements are made in support of marginalized groups
    - Regular and relevant programming or training is hosted or co-hosted by the organization
    - Regular electronic communications are sent to all employees
    - Organization actively recruits inclusive populations for employment
    - Organization offers workforce accommodations for employees who have specific needs or health equity issues
    - Race and ethnicity data are used to identify specific needs and assess health equity issues
    - Employees are surveyed to identify Social Determinants of Health
    - None of the above
    - Other: _____

Supportive Environment

For all questions, please respond accordingly, considering any relevant activity that has occurred in the past 12 months.

59. Does your organization have at least one employee whose job description includes the management of employee health and wellbeing?
    - Yes, mid- to high-level management position with access to senior leadership
    - Yes, junior position with limited access to senior leadership
    - Yes, as a secondary responsibility
    - No, no single individual has the responsibility

60. Does your organization have any written policies or operating procedures in support of the following topics? *Check all that apply*.
    - Tobacco free grounds
    - Tobacco-free company vehicles
    - Paid time for physical activity during the workday
    - Substance, alcohol and drug abuse
    - Flexible work schedules (i.e. four 10-hour days)
    - Flexible workspaces (i.e. remote work agreements, hybrid work)
    - Paternity leave
    - HR supported lactation policies and education
    - Regular evaluation of design of workspaces (ergonomics) and job requirements
    - None of the above

61. Does your organization schedule wellness programs and opportunities to accommodate all (or most) employees' schedules?
    - Yes
    - No

62. Does your organization offer paid parental leave outside of any accrued sick, personal, or vacation time?
    - Yes
    - No

63. Does your organization offer paid time off to employees? *Check all that apply.*
    - Sick time
    - Personal time
    - Vacation time
    - Flexible Time Off
    - Volunteering (offsite) Time Off
    - None of the above

64. Does your organization offer flex time or additional paid time off for employees to accommodate preventive/medical exams? *Check all that apply.*
    - Flex time
    - Additional paid time off
    - Neither: The employee must utilize standard paid time off or time off without pay

65. Does your organization offer disability insurance coverage to employees? *Check all that apply.*
    - Short term (3-12 months of coverage)
    - Long term (2+ years of coverage)
    - Neither

66. Does your organization offer health promotion programs at no cost, prepayment or reimbursement? *Examples include health related topics for Lunch and Learn events offered at no cost, or prepayments for enrollment into wellbeing-related courses such as anger management, financial planning, stress reduction, etc. (or reimbursements upon completion).*
    - Yes
    - No

67. Has your organization established and implemented employee recognition programs to celebrate employee's work accomplishments, life celebrations and/or years of service?
    - Yes
    - No

Occupational Wellbeing and Safety

For all questions, please respond accordingly, considering any relevant activity that has occurred in the past 12 months.

68. Does your organization offer various occupational development programs, or do you have a policy allowing release time for professional development?

- Yes
- No

69. Does your organization have **emergency response protocols** in place in the case of medical emergencies such as heart attack or stroke? *Check all that apply.*
    - AEDs are available and tested frequently at physical locations (in person)
    - Free or subsidized emergency response training such as CPR, First Aid or Seizure Response is provided to employees
    - Education on how to respond to a medical emergency is provided to all employees
    - Education on signs and symptoms of various illnesses and/or emergencies is offered to all employees
    - Education on heart attack and/or stroke prevention is offered to all employees
    - None of the above

70. Does your organization have a **disaster-preparedness plan** that includes manager and employee training to address employee safety, health and wellbeing in the event of the following? *Check all that apply.*
    - Natural disaster
    - Epidemic/Pandemic Response
    - Active shooter
    - Protests
    - Death of an employee
    - Employee suicide
    - None of the above

Evaluation of Wellness Programs and Culture

For all questions, please respond accordingly, considering any relevant activity that has occurred in the past 12 months.

71. Do you collect health-related data that helps you plan employee wellbeing programs and interventions?
    - Yes
    - No

72. Which of the following methods do you utilize to collect health-related data for planning employee wellbeing programs and interventions? *Check all that apply.*
    - Demographic information on employees/dependents
    - Health Risk Appraisal
    - Employee health needs and interest surveys, including barriers to participation
    - Facility assessment
    - Health needs/interests of dependents and/or retirees
    - Ergonomic/workstation analysis
    - Health care claims and utilization
    - Disability claims
    - Workers' compensation claims
    - None
    - Other: _____

73. In what ways does your company evaluate and improve its wellness culture? *Check all that apply.*
    - Survey or gauge employee perceptions of the worksite's wellness culture
    - Seek feedback from employees on how to improve the wellness culture, if needed
    - Utilize feedback to adjust the wellness culture
    - None of the above

74. Does your organization share information about your employee wellness programming, including program design, successes and areas for improvement, with other employers?
    - Yes
    - No

Application Submission

Thank you for completing the 2026 Healthy Worksite Recognition application.

- Submit your application by **October 31, 2026 at 11:59 p.m. ET**
- Only **one submission per organization** will be accepted.
- Recognition notifications will be sent in **December 2026**.
- Add **HBCOhio@gmail.com** to your safe sender list to ensure you receive future communications.

By selecting Submit, you certify that the information provided is accurate and complete to the best of your knowledge.