

# Healthy Business Council of Ohio 2024 Healthy Worksite Recognition Program

## Preparation Document

*Please note: This document is not the application. All applications must be submitted online. This document outlines the questions within the online application form to allow for preparation of your submission.*

*While the online application form does allow users to save and return to their application, not all employer sites allow for the use of this feature due to corporate security measures. Therefore, we do recommend that applicants utilize this document to prepare for their submission rather than relying on the save feature.*

**The online application will be available at the following URL from June 3, 2024- November 30, 2024:**

<https://healthactioncouncil.org/HBCO/Healthy-Worksite-Awards>

**Please note: There will be no deadline extensions offered in 2024.**

### **Purpose of the Healthy Worksite Recognition**

The Healthy Worksite Recognition program recognizes Ohio employers that demonstrate a commitment to employee wellbeing by incorporating comprehensive worksite health promotion and wellness programs. It acknowledges efforts to facilitate and encourage employee health, enhance productivity and ensure a healthy work environment.

This recognition is structured as a designation program. All respondents will be assigned a score based on their responses and receive the distinction to which their score aligns. As such, all worksites in the state of Ohio should feel encouraged to apply for this recognition since it is not a competitive award process.

In 2023, the program title changed from Healthy Worksite Award to Healthy Worksite Recognition to better illustrate the program's structure and intention. The word "award" suggested exclusivity that deterred some worksites from applying. The Healthy Business Council of Ohio determined that "recognition" offered a more inclusive experience for all Ohio worksites.

## **What is the Healthy Business Council of Ohio?**

The Healthy Business Council of Ohio (HBCO) and its seven statewide regional councils are a group of Ohio companies sharing best practices for a healthy workforce and a healthy economy. These companies have made a commitment to employees by incorporating comprehensive health promotion and wellness programs into their worksites. Council members realize that healthy employees make a positive impact.

## **Eligibility**

All worksites in the state of Ohio, regardless of size or status (i.e., public, private, for-profit, non-profit) are encouraged to apply for the recognition. Worksites with out of state headquarters that have remote employees in Ohio or regional offices in the state of Ohio are eligible to apply. In these cases, please respond in regard to the services available to the Ohio-based employees only.

## **Application Scoring**

All applications received by the deadline will be scored by the HBCO Worksite Recognition Committee. Recognition is determined based upon total points achieved for indicated employer size. Businesses will be notified on recognition status in December. Questions that are not scored are noted as such in the application. Applicants are asked to complete all questions, though, as results are utilized as examples to support other Ohio-based businesses as they work to advance their workplace health and wellness promotions.

The possible points earned for each question are provided in this PDF. Points are allocated based on trends and issues within workplace wellbeing and subject to change annually as industry standards, priorities and offerings evolve.

## **Levels of Achievement**

Applications will be evaluated in three groups: small employers (fewer than 300 employees), medium employers (301-1000 employees), and large employers (1001 or more employees). Five levels of achievement will be designated within each size group based on points scored: Platinum, Gold, Silver, Bronze or Recognition.

## **Ohio Department of Health Cancer Recognitions**

The questions about the cancer screenings available to employees at your worksites were asked as a direct response to the Ohio Department of Health's desire to address cancer support resources available throughout our state. The top worksites that provide positive responses to these questions will be given a special designation from the Ohio Department of Health, in addition to their overall Healthy Worksite designation. Data

regarding worksite offerings in relationship to cancer screenings will be provided to the Ohio Department of Health so they can better assess statewide availability of programming.

### **Recognition Ceremony**

Public recognition will be provided to all applicants at the annual recognition ceremony which will take place in early 2025. Format (in-person versus virtual), location, date, and time will be determined in Fall 2024 and announced to all recognition designees via email in December.

All healthy worksite designees will be invited to attend and will receive recognition through news releases to area media. An online social media toolkit will be provided to all recognition designees so they may appropriately market their success. Statewide recognition will be achieved through continuous publication of the list of recognition designees on the Ohio Department of Health website and the Health Action Council website for the duration of the recognition period. Please note that, as of 2022, plaques and certificates are no longer provided to recipients. A printable certificate is available on the social media toolkit.

### **How to Apply**

Complete the self-assessment application online by 11:59 p.m. on November 30, 2024. There will be no deadline extensions offered in 2024. Upon submission of your application, the primary contact will receive a confirmation email containing all of your survey responses. Please retain a copy of this email for your records.

### **Preparation of Application**

We encourage all worksites to utilize this PDF as their application workbook in advance of submitting their award application online. This will allow a way for worksites to advance toward accomplishing their wellbeing goals, tracking progress and receiving supervisor approval prior to submission.

### **Saving an Incomplete Application**

Once a respondent has begun to complete the online assessment, the survey software will utilize cookies to automatically save your responses so you can then return to the assessment at a later date. We recommend saving the assessment URL in your bookmarks so you can easily access your survey at a later date from the same computer/IP address.

This is an imperfect technology and we, therefore, encourage applicants to, instead, utilize this PDF as they prepare their application so they may submit their application in one sitting. Some worksites will have strong corporate security measures that automatically delete a saved application.

If you have technical issues with this assessment technology, please contact Annie Laurie Cadmus at [cadmus@ohio.edu](mailto:cadmus@ohio.edu).

### **Add HBCO to your Safe Sender List**

Upon submission of your application, all future communication from the Healthy Business Council of Ohio's Healthy Worksite Recognition Committee will be sent from [HBCOhio@gmail.com](mailto:HBCOhio@gmail.com). Please add this email address to your safe sender list to ensure proper receipt of recognition-related communications.

### **Notice of Use of Data Collected from Applications**

The Healthy Worksite Recognition primarily exists to support the wellbeing programming of worksites throughout the state of Ohio. We, therefore, will collect aggregate data of all submissions and provide such data to the state through a Healthy Worksite Recognition Results document each spring. That document will be generated in an attempt to support benchmarking efforts of our state's employer sites.

While all data that is shared publicly will be aggregate data only (i.e. stripped of business names and contact information), there will be some situations where business, location, and contact information is shared with the Ohio Department of Health and other governing agencies working to map resources and identify programming gaps within our state. An example of this would be the sharing of cancer screening responses with the Ohio Department of Health as a response to their focus on cancer screening accessibility throughout Ohio.

Any concerns relating to the use of data collected through this recognition program, or any general questions about this PDF or the application, can be directed to the Healthy Worksite Recognition Committee, [HBCOhio@gmail.com](mailto:HBCOhio@gmail.com).

## Section One: Business Information

### Business

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: Ohio Zip Code: \_\_\_\_\_

### Mailing Address:

First/Last Name of Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: Ohio Zip Code: \_\_\_\_\_

### Primary Contact

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Alternate Contact

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

\*Please double-check the spelling of the email addresses you provided above. Communications regarding application status and celebration details will be sent to these email addresses. HBCO is not responsible for incorrect or incomplete addresses.

\_\_\_ I verify the email addresses above are complete and accurate

**Senior Management Sign-Off:**

In the online application, the following statement will appear in this section:

“By checking the box below, the Primary Contact attests that the senior manager responsible for operations at the worksite has reviewed this application and verified the accuracy of the information provided in this application in pursuit of the Healthy Worksite Recognition. Please note that the Senior Manager will be included in correspondence from HBCO to the applicant.”

\_\_\_ I attest to the above statement

Senior Manager’s Contact information:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

We recommend that worksites utilize this PDF so they can retain a Senior Manager’s signature for your own records. This is solely for your records and HBCO will never request to view this document/signature.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Demographic Questions (not scored):**

1. 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)

2. 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 – investments, insurance
- Professional Services – consulting fields, personal services
- Retail or Wholesale Services
- Food Services
- Other: (please describe) \_\_\_\_\_

3. 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. (Not sure? Check out our Regional Map) 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)

4. Percent of your employees working remotely [work from home or the type of work]?
- Fully in-person (100% of employees work on-site)
  - Fully remote (100% of employees work off-site)
  - Hybrid: Please share percentage of employees who have a remote/hybrid work agreement: \_\_\_\_\_
5. Does your organization provide job safety for those employees within a Hybrid type employment design? Examples: Policy, job description, etc.
- Yes (please, describe how): \_\_\_\_\_
  - No
6. Does the organization provide health insurance to its employees?
- Yes (please include name of provider): \_\_\_\_\_
  - No
7. Does the organization have a wellness vendor?
- Yes, a third-party vendor (please include name of vendor): \_\_\_\_\_
  - We design and manage these resources internally
  - No
8. How long have the organization's employee wellbeing initiatives been in place?
- Less than 1 year
  - 1-3 years
  - 4-10 years
  - 10+ years
9. Does your organization provide your health and wellbeing programs to all employees (contract, union and part-time)?
- Yes
  - No
  - Other: (please describe) \_\_\_\_\_
10. Does your organization provide your health and wellbeing programs to all dependents (spouse, domestic partners, adults/children)?
- Yes
  - No



11. How are your organization's employee wellbeing initiatives funded?

- Self-funded by the organization
- Grant-funded
- Partially funded through the insurance carrier
- Fully funded through the insurance carrier
- Other: (please describe) \_\_\_\_\_
- N/A, no funding available

12. In which department is your organization's employee wellbeing program located?

- Human Resources
- Wellness
- Finance
- Multiple Departments OR Managed by a Committee
- Other: (please describe) \_\_\_\_\_

13. 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 +

14. 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
- Other: (please describe) \_\_\_\_\_

### **Leadership Support**

15. Does the organization's CEO genuinely believe in the value of employee wellbeing?

- Yes (1 pt)
- No (0 pts)

16. 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
- Other: \_\_\_\_\_
- We do not incentivize participation

17. During the past 12 months, have you provided employees with an employee needs and interest survey for planning health and wellness activities?

- Yes (1 pt)
- No (0 pts)

18. Has a mission statement concerning employee health and wellbeing been developed and is it part of your organization's strategic plan?

- Yes (2 pts)
- A mission statement has been developed, but is not incorporated into the organization's overall strategic plan (1 pt)
- No (0 pts)

19. 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 (.5 pt)
- Employee health and wellbeing is included in organization's goals or value statements (.5 pt)
- Leadership team communicates that health and wellbeing is connected to the business strategy (i.e. revenue, profitability and sustainability) (.5 pt)
- Leadership team regularly communicates the value of health and wellbeing to employees (.5 pt)
- None of the above (0 pts)

20. Do senior and middle level management support your organization's employee wellbeing programs?

- Middle management supports (.5 pt)
- Senior management supports (.5 pt)
- No (0 pts)

21. Do senior and middle level management participate in at least two employee wellbeing programs each year?

- Yes (1 pt)
- No (0 pts)

22. Does your organization have an established wellness committee made up of key employees that are representative of your organization?

- Yes (1 pt)
- No (0 pts)

23. Has the wellness committee developed a compelling vision and established strategic priorities, measurable goals and objectives?

- Yes (1 pt)
- No (0 pts)

24. Does the wellness committee meet regularly throughout the year?

- Yes (1 pt)
- No (0 pts)

## Strategic Goals

25. What data are you leveraging to plan your strategic goals and/or assess your wellness programming? Check all that apply. (.25 points per selection per row with 0 points for each checked “Not Tracked or Utilized” box per row.)

	Annually Track	Utilize the Data	Not Tracked or Utilized
Benchmark company wellness statistics against peer companies or wellness programs (.25 pt)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Track participation rates of all health and well-being program offerings (.25 pt)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Track improved employee experience of programming (rating feedback of programming, etc) (.25 pt)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Track aggregate participant results from screening events (.25 pt)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employee survey(s) (e.g., interest, morale, diversity & inclusion, satisfaction, engagement) (.25 pt)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Culture or Climate survey/assessment (.25 pt)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tracking changes over time to culture or climate assessment data (.25 pt)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tracking changes <u>over all</u> in medical-based claims from year to year (.25 pt)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tracking changes over time in physical and mental health (e.g., medical/pharmacy claims) (.25 pt)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tracking changes over time in occupational health and safety metrics (e.g., injuries, accidents, workers compensation claims) (.25 pt)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tracking changes in absence or disability metrics (.25 pt)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Wellness Programs

26. 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) (.25 pt)
- Active referral to and marketing of external, public resources such as the Ohio Quit Line (.25 pt)
- Classes or Programs, either directly through the employer or through insurance benefits (in-person or virtual) (.25 pt)
- No support resources provided (0 pts)

27. 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 (.5 pt)
- Drug and alcohol abuse prevention education (.5 pt)
- Addiction treatment resources (.5 pt)
- Manager training on how to identify and approach/respond to potential substance use issues (.5 pt)
- None of the above (0 pts)

## Nutrition

28. Does your organization provide nutrition 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) (.5 pt)
- Nutrition counseling is available (in-person or virtual) (.5 pt)
- Nutrition education is regularly provided (RD-led programming, peer-led recipe swaps, hydration reminders, educational emails, etc.) (.5 pt)
- On-site hosting of a Farmer's Market or a Community Supported Agriculture program and/or education on how to find one nearby (.5 pt)
- Policies or practices offering healthy food options in cafes, cafeterias and vending machines, or at meetings (for in-person employees) (.5 pt)
- Nutritional information about on-site food offerings are provided to consumers (.5 pt)
- None of the above (0 pts)

## Physical Activity

29. 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 (.5 pt)
- Other wellness programs, services, products are available at discounted rates and/or available through reimbursement (activity/sleep trackers, wellness apps, etc.) (.5 pt)
- Cardio/strength fitness classes (in-person or virtual) (.5 pt)
- Yoga/Pilates/flexibility classes (in-person or virtual) (.5 pt)
- Pedometer/fitness tracker challenges (.5 pt)
- Employees are encouraged to take frequent breaks to utilize stairs, stretch, walk or move their bodies in meaningful ways (.5 pt)
- The worksite offers suggestions for nearby movement routes (for in-person employees) or how to find local movement routes (for remote employees) (.5 pt)
- The organization promotes social connection through movement (such as facilitating a walking/jogging/biking club or sponsoring fun runs) (.5 pt)
- Meetings lasting longer than 60 minutes build in breaks for movement (.5 pt)
- None of the above (0 pts)

30. 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 (.5 pt)
- Employees have access to on-site lockers (.5 pt)
- Employees have access to nearby bicycle racks (.5 pt)
- Employees are able to arrive late or leave early if they actively commute (.5 pt)
- Employees have access to bicycle repair supplies or a Fix-It Station (.5 pt)
- Employees can work remotely (.5 pt)
- The organization subsidizes mass transit passes (.5 pt)
- Other (.5 pt): (please describe) \_\_\_\_\_
- None of the above (0 pts)

## Mental and Emotional Health

31. 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. (1 pt)
- Educational materials preventing, directing, and treating mental health. (1 pt)
- 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. (1 pt)
- Clinical assessments or mental health counseling (through insurance, EAP, or otherwise). (1 pt)
- Education, programs or apps to foster mental wellbeing with engagement opportunities in meditation, mindfulness or gratitude activities. (1 pt)
- Offer “mental first aid” training for either leadership or employees. (1 pt)
- None of the above (0 pts)

## Financial Wellbeing

32. Does your organization provide financial support to employees in any of the following ways? Check all that apply.

- Educational consults on retirement planning (.5 pt)
- Discounts on common purchases (i.e. corporate discounts on cellular service, EAP-sponsored discount shopping portals) (.5 pt)
- Subsidized or reimbursed childcare or pet care (.5 pt)
- Fertility and Family Planning support (.5 pt)
- Legal support for advance directives (.5 pt)
- Education on managing personal finances (i.e. articles/emails/workshops on budgeting, debt, purchasing a home, and planning for future expenses) (.5 pt)
- Other (.5 pt): (please describe) \_\_\_\_\_
- None of the above (0 pts)

33. Does your organization provide any concierge services to support work/life balance? Check all that apply.

- Healthcare Guidance/Support (.25 pt)
- Pet Care (.25 pt)
- Dry Cleaning (.25 pt)

- Groceries or Meal Catering (.25 pt)
- Child Care Arrangements (.25 pt)
- Automobile Services (.25 pt)
- Event Tickets (.25 pt)
- Shopping/Gift Services (.25 pt)
- Product Repairs (.25 pt)
- Other (.25 pt): (please describe) \_\_\_\_\_
- We do not offer concierge services (0 pts)

### **Wellness Screenings and Health Services**

34. Does your organization offer support in finding a primary care physician (PCP)?

Check all that apply.

- Primary Care Physician searches are available via an app or website (.5 pt)
- Hotlines or in-person events are available throughout the year to support finding a PCP (.5 pt)
- Other (.5 pt): (please describe) \_\_\_\_\_
- None of the above (0 pts)

35. 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 (.5 pt)
- Employees are given release time, in addition to the use of PTO, to attend preventive care appointments (.5 pt)
- On-site preventive care options are provided (.5 pt)
- Other (.5 pt): (please describe) \_\_\_\_\_
- None of the above (0 pts)



36. Does your organization offer any of the following preventive screening options to employees? Check all that apply. (.5 points per selection per row with 0 points for each checked “Not Offered” box per row.)

	<b>On-Site</b>	<b>Off-Site, through a voucher, a vendor, provider or lab, or through insurance covered preventive appointments</b>	<b>Not Offered</b>
<b>Blood Pressure Screening</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Blood Glucose Screening</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Fasting Blood Glucose and/or Glycosylated Hemoglobin A1C Screening</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Lipid Screenings (total Cholesterol, HDL, LDL, Triglycerides)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Weight/BMI/Waist Circumference Screening</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Breast Cancer Screening</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Cervical Cancer Screening</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Colorectal Cancer Screening</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Other Cancer Screening</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Hearing Screening</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

37. How does your organization promote or incentivize participation in screenings?  
 (.25 pt for each checked box per row)

	We market/promote the screening	We communicate screening guidelines (i.e., how frequently and who should screen)	We adopted a policy encouraging screenings or leadership communicates support of the screenings	We incentivize participation (cash, gifts, time off, etc.)
<b>Blood Pressure Screening</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Blood Glucose Screening</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Glycosylated Hemoglobin A1C Screening</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Lipid Screenings (total Cholesterol, HDL, LDL, Triglycerides)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Weight/BMI/Waist Circumference Screening</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Breast Cancer Screening</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Cervical Cancer Screening</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Colorectal Cancer Screening</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Other Cancer Screening</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Hearing Screening</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Looking for resources on how to provide low to no cost cancer screenings to 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](#).

38. Does your organization communicate/offer any of the following education/services to employees? (.25 points for each “yes” response)

<b>Offered to employees?</b>	<b>YES</b>	<b>NO</b>
Diabetes Prevention Program	<input type="radio"/>	<input type="radio"/>
Diabetes Self-Management Education	<input type="radio"/>	<input type="radio"/>
Blood Pressure Self-Monitoring Program	<input type="radio"/>	<input type="radio"/>
Clinical Weight Management Program	<input type="radio"/>	<input type="radio"/>
Other disease prevention programs	<input type="radio"/>	<input type="radio"/>
Medical self-care (management programming)	<input type="radio"/>	<input type="radio"/>

39. Does your organization provide telehealth services?

- Yes (1 pt)
- No (0 pts)

**Diversity, Equity, Accessibility & Inclusion**

40. Does your organization prioritize diversity, equity and inclusion (DEA&I)?

- Dedicated office/unit/employee focused on DEA&I (1 pt)
- DEA&I is included in the organization’s mission statement (1 pt)
- Public statements are made in support of marginalized groups (.5 pt)
- Regular and relevant DEA&I programming or training is hosted or co-hosted by the organization (.5 pt)
- Regular electronic DEA&I-related communications are sent to all employees (.5 pt)
- Organization actively recruits diverse populations for employment (1 pt)
- Organization offers workforce accommodations for employees who have specific needs (1 pt)
- Race and ethnicity data are used to identify specific needs and assess health equity issues (1 pt)
- Employees are surveyed to identify Social Determinants of Health (1 pt)
- Other (.5 pt): (please describe) \_\_\_\_\_
- None of the above (0 pts)

## Supportive Environment

41. 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 (1 pt)
- Yes, junior position with limited access to senior leadership (.5 pt)
- Yes, as a secondary responsibility (.25 pt)
- No, no one individual has the responsibility (0 pt)

42. Does your organization have any written policies or operating procedures in support of the following topics? Check all that apply.

- Tobacco free grounds (.5 pt)
- Tobacco-free company vehicles (.5 pt)
- Paid time for physical activity during the workday (1 pt)
- Substance, alcohol and drug abuse (.5 pt)
- Flexible work schedules (i.e. four 10-hour days) (.5 pt)
- Flexible work spaces (i.e. remote work agreements, hybrid work) (.5 pt)
- Parental leave (spouse/partner) (1 pt)
- HR supported lactation policies and education (1 pt)
- Regular evaluation of design of workspaces (ergonomics) and job requirements (1 pt)

43. Does your organization schedule wellness programs and opportunities to accommodate all (or most) employees' schedules?

- Yes (1 pt)
- No (0 pts)

44. Does your organization provide incentives to employees to increase participation in wellness initiatives?

- Yes (1 pt)
- No (0 pts)

45. Does your organization offer paid parental leave outside of any accrued sick, personal, or vacation time?

- Yes (2 pts)
- No (0 pts)

46. Does your organization offer paid time off to employees? Check all that apply.

- Sick time (.5 pt)
- Personal time (.5 pt)
- Vacation time (.5 pt)
- Flexible Time Off (.5 pt)
- None of the above (0 pts)

47. Does your organization offer flex time or additional paid time off for employees to accommodate preventive/medical exams?

- Flex time (.5 pt)
- Additional paid time off (.5 pt)
- Neither/Employee must utilize standard paid time off or time off without pay (0 pts)

48. Does your organization offer disability insurance coverage to employees? Check all that apply.

- Short term (3-12 months of coverage) (.5 pt)
- Long term (2+ years of coverage) (.5 pt)
- Neither (0 pts)

49. 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 (1 pt)
- No (0 pts)

50. Has your organization established and implemented employee recognition programs to celebrate employee's work accomplishments, life celebrations and/or years of service?

- Yes (1 pt)
- No (0 pts)

## Occupational Wellbeing and Safety

51. Does your organization offer various occupational development programs or have a policy allowing release time for professional development?

- Yes (1 pt)
- No (0 pts)

52. Does your organization have emergency response protocols in place in the case of medical emergencies such as heart attack or stroke? Please check all that apply.

- AEDS are available and tested frequently at physical locations (in person). (.5 pt)
- Free or subsidized emergency response training such as CPR, First Aid or Seizure Response is provided to employees. (.5 pt)
- Education on how to respond to a medical emergency is provided to all employees. (.5 pt)
- Education on signs and symptoms of various illnesses and/or emergencies is offered to all employees. (.5 pt)
- Education on heart attack and/or stroke prevention is offered to all employees. (.5 pt)
- None of the above (0 pts)

53. 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 (.5 pt)
- Epidemic/Pandemic Response (.5 pt)
- Active shooter (1 pt)
- Protests (.5 pt)
- Death of an employee (.5 pt)
- Employee suicide (.5 pt)
- None of the above (0 pts)

## Evaluation of Wellness Programs and Culture

54. Do you collect health-related data that helps you plan employee wellbeing programs and interventions?

- Yes (1 pt)
- No (0 pts)

55. 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 (.25 pt)
- Health Risk Appraisal (.25 pt)
- Employee health needs and interest surveys, including barriers to participation (.25 pt)
- Facility assessment (.25 pt)
- Health needs/interests of dependents and/or retirees (.25 pt)
- Ergonomic/workstation analysis (.25 pt)
- Health care claims and utilization (.25 pt)
- Disability claims (.25 pt)
- Workers compensation claims (.25 pt)
- Other (.25 pt): (please describe) \_\_\_\_\_
- None (0 pts)

56. 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 (.25 pt)
- Seek feedback from employees on how to improve the wellness culture, if needed (.25 pt)
- Utilize feedback to make adjustments to the wellness culture (.25 pt)
- None of the above (0 pts)

57. Does your organization share information about your employee wellness programming, including program design, successes and areas for improvement, with other employers?

- Yes (1 pt)
- No (0 pts)

**Innovative Programming, Essay (optional):**

If you feel your organization has produced innovative programming (particularly programming that is replicable, supports diversity/inclusion/social justice and/or addresses multiple dimensions of wellbeing) in the past 12 months, please share the details of your program in essay format. The Healthy Business Council of Ohio will utilize exemplary information shared here to recognize your efforts at regional, state and national meetings, forums, conferences and publications. In some cases, we may contact you for additional details as we work to share success stories that can be recreated at other worksites. This section is not scored. However, we may choose to use information received from this section to highlight worksites' efforts during the presentation of the awards. You may choose to opt out of this section simply by clicking the arrow on the screen in the online application.

**Submission:**

At this point in the online application, you will be given the opportunity to submit your application by clicking an arrow button. The primary applicant will then be emailed a full summary of the response. Applicants will receive notification of their award status in December.

Online Application: <https://healthactioncouncil.org/HBCO/Healthy-Worksite-Awards>

- The online application is available from **June 3, 2024 through November 30, 2024.**
- Applications **MUST** be received through the online submission. Emailed applications will not be accepted.
- Please add [HBCOhio@gmail.com](mailto:HBCOhio@gmail.com) to your safe sender list so you receive all communications regarding your award application.