

**Governor's
Wisconsin Worksite Wellness
Award Application**



Final 10-5-08

The WI Worksite Wellness Award is based on evidence-based criteria that are essential for a successful worksite wellness program. Each answer has been assigned a point value for the response. The award requires that some baseline questions (BASELINE REQUIREMENT**) are answered in order to receive the award. If all the baseline requirements are met, then the award level is based on the total number of points received. Point adjustments have been made based on the size of the worksite (small, medium and large).**

Worksites submitting the award application will receive a scored version of their application back, along with notification of their award eligibility and level.

Organizational Information

1. Organization name: _____
2. Organization address: _____
(Must be a Wisconsin-based worksite)
3. Has this award application been approved by a key member of your management team?
 No. (STOP – you must have management approval to be eligible for the award)
 Yes. List name and title of the person approving

4. Nature of business or industry:
 Agriculture / Mining / Construction / Forestry
 Communication
 Education
 Finance
 Government
 Health Care
 Manufacturing
 Retail
 Services
 Transportation
 Utilities
 Wholesale
 Other, please specify _____
5. Does the organization have multiple sites? (Note: Size of business based on total employees, regardless of number of sites)
 Yes
 No

6. Number of employees. Select the appropriate range and select and write in the actual number of employees.

Note: There are tiered levels for the award that are based on company size. Number of employees is based on total employees, regardless of number of sites)

Small = < 100 employees

- Medium = 100 - 500 employees
 Large = >500 employees
 Number of employees (select and write-in actual number)

7. How many years has your worksite wellness program been in place? _____

- < 1 year
 1-2 years
 3-4 years
 5-6 years
 7-8 years
 9-10 years
 > 10 years

8. Please list name, phone number, and email of the contact person for questions regarding the application, or wellness coordinator if different.

Name: _____

Phone: _____

Email: _____

Development of a Worksite Wellness Program Infrastructure

9. Do you have commitment to worksite wellness from senior management? If so, please attach a letter of commitment from the CEO or equivalent position. **(BASELINE**

REQUIREMENT)

- Yes
 No

10. Does the worksite have a committee to oversee worksite wellness programs? **(BASELINE REQUIREMENT)** (Committee can be 2 or more staff)

- Yes
 No

11. Do you have committee members in the following positions? (Check all that apply)

- Senior management
 Human resources
 Employees at the site
 Employees in the field (if applicable)
 IT (Computer) staff
 Benefits manager
 Health educator
 Health coach
 Union representatives

- Occupational health staff
- Communication/Public Relations/Marketing staff
- Public health
- Other, please describe: _____

12. During the past 12 months, how many times did your wellness committee meet?

(BASELINE REQUIREMENT)

- Zero times. The wellness committee didn't meet in the last 12 months
- 1-4 times
- 5-8 times
- 8-11 times
- 12 or more times

13. What are the roles or functions of the wellness committee? (Check all that apply)

- Establish vision and/or mission statement
- Determine goals and objectives
- Set timelines and use of allotted wellness budget
- Promote activities and events
- Assist with program implementation
- Recommend policy and environmental changes
- Oversee wellness programming
- Collect data
- Communicate results
- Other, please describe: _____

14. Does the worksite wellness program have the following: **(If you checked "Mission Statement" and/or "Action Plan", please attach a copy of the document)**

(check all that apply) **(BASELINE REQUIREMENT)**

- A mission statement or similar overarching guidance document for their wellness program?
- Goals and SMART (Specific, Measurable, Achievable, Realistic, Timeline) objectives
- An action plan with specific roles and responsibilities and due dates for tasks
- An itemized budget
- A communication plan to disseminate program information
- A clearly defined evaluation plan
- None of the above

15. Wellness Staffing. Our worksite staff consists of :

Select the best answer **(BASELINE REQUIREMENT)**

- No staff members with direct responsibilities for wellness
- Staff member(s) with volunteer responsibilities for wellness
- One staff member with part-time responsibilities for wellness
- Multiple staff members with part-time responsibilities for wellness
- One staff member with full-time responsibilities for wellness
- Multiple staff members with part-time responsibilities and/or full-time responsibilities for wellness
- Multiple staff members with full-time responsibilities for wellness

16. What is the current worksite budget specifically set aside for worksite wellness - \$ allotted per employee (Divide total wellness budget by number of employees)? (Must be budgeted funds for items such as wellness employee salary, program costs, equipment, incentives, etc, and should not include “in-kind” contributions.) **(BASELINE REQUIREMENT)**
- \$0 - \$5 per participant per year. We have no funds or minimal funds specifically budgeted for worksite wellness.
 - \$6-\$25 per employee per year
 - \$26-\$50 per employee per year
 - \$51-\$75 per employee per year
 - \$76-\$100 per employee per year
 - > \$100 per employee per year

Worksite Wellness Planning/Health Education

17. Has the worksite used the Wisconsin Worksite Wellness Resource Kit to assist in aspects of their wellness program? (check all that apply) **For more information on the Wisconsin Worksite Wellness Resource Kit, check the link on the home page you are returned to after you submit this application.**
- No. We haven't used the kit at all.
 - Yes, we've used Step 1 – Why have a worksite wellness program
 - Yes, we've used Step 2 – How to get started
 - Yes, we've used Step 3 – Assessing my workplace
 - Yes, we've used Step 4 – Programming for my worksite
 - Yes, we've used Step 5 – Making decisions: where to focus your efforts
 - Yes, we've used Step 6 – Evaluating my programs: is it doing any good
18. In the past 12 months, did the worksite provide educational materials or presentations to employees in any of the following topic areas? (Check all that apply) **(BASELINE REQUIREMENT)**
- Physical activity
 - Nutrition / Healthy Eating
 - Breastfeeding
 - Tobacco Cessation
 - Alcohol and Drug use
 - Mental Health/Stress
 - Employee Assistance Program
 - Safety / Injury Prevention Program
 - Emergency Medical Response
 - Health Screening and Disease Prevention & Management
 - Other, please describe: _____
19. In the past 12 months, which of the following methods did the worksite use to promote and encourage employee participation in its worksite wellness activities? (Check all that apply) **(BASELINE REQUIREMENT)**
- Information at new employee orientation
 - Information on programs provided within paychecks
 - Flyers on wall or bulletin boards
 - Letters e-mailed or mailed directly to employees

- Announcements at employee meetings
- Newsletters
- Wellness library
- Wellness internal website
- Other, please describe: _____

20. In the past 12 months, did the worksite provide or arrange for health counseling or other support mechanisms to modify behavior in any of the following areas?

- Physical activity
- Nutrition / Healthy Eating
- Breastfeeding
- Mental Health/Stress
- Tobacco Cessation
- Alcohol and Drug use
- Health Screening and Disease Prevention & Management
- Other, please describe: _____

21. Which of the following incentives are used to encourage participation in worksite wellness programs? (Check all that apply, only check one for monetary rewards and health insurance rebates/discounts)

- None. We don't use incentives
- Small merchandise (i.e. water bottles, small gift certificates)
- Healthy food rewards
- Entertainment
- Monetary rewards with highest under \$50 OR
- Monetary rewards with highest above \$50
- Health insurance rebates/discounts with highest under \$50 OR
- Health insurance rebates/discounts with highest above \$50
- Public recognition/Achievement awards
- Time off from work
- Other, please describe: _____

22. Does the worksite offer or provide healthcare coverage for employees and their families for prevention and rehabilitation of chronic disease? **(BASELINE REQUIREMENT)**

- Yes
- No

23. In approximately what percentage of worksite wellness benefits or campaigns does the worksite include the employees' family members? (Examples would include: use of worksite exercise facilities, access to education programs, etc.)

- Zero. Employee family members are not included in any aspects of our worksite wellness program.
- 1-25%
- 26-50%
- 51-75%
- 76-100%

Health Screening and Disease Prevention & Management

24. Within the last year, did your worksite perform any of the following types of health risk appraisals? (Check the best answer) **(BASELINE REQUIREMENT)**

(Note: A Health Risk Appraisal (HRA) evaluates an employee's health and makes recommendations for change. There are many HRAs available free on the internet – See the WI Worksite Resource Kit for links <http://dhfs.wisconsin.gov/health/physicalactivity/Sites/Worksitekit.htm>)

- No. We don't do health risk appraisals
- Yes, we did self-reported lifestyle information (the individual reports information and instant feedback is provided in a computer printout)
- Yes, we did an individualized lifestyle/medical data report that was given to the employee based on medical lab tests (generates a comprehensive report that demonstrates the relationship between lifestyle and medical risk factors)
- Yes, we did a health risk appraisal that produces reports for the individual and also produces an aggregate report used by the worksite for wellness programming.
- Yes, we did some other type of screening comparable to an HRA – please describe

25. How often does your worksite offer health risk appraisals?

- Not at all
- Biennial
- Annual or more frequently

26. The last time you did a health risk appraisal (HRAs), what percent of your employees completed a HRA?

- Not applicable. We have not done HRAs or don't know.
- 1% - 9%
- 10% - 24%
- 25% - 49%
- 50% - 74%
- 75% or more

27. If you do some screening as part of your HRA, what biometrics does the health risk appraisal include? (Check all that apply)

- None
- Fitness testing/assessments
- Blood pressure checks
- Cholesterol screening
- Percent body fat
- BMI
- Waist circumference
- Blood sugar
- Resting heart rate
- Carbon monoxide testing
- Mammograms
- PSA (prostate specific antigen)
- Other, please describe: _____

28. How is the health risk appraisal used? (Check all that apply)
- Individual use
 - Strategic and planning tool for the worksite to tailor wellness programming
 - Other, please describe: _____

Physical Activity Intervention

29. Does the worksite have the following policies to promote physical activity? (Check all that apply) **(BASELINE REQUIREMENT)**
- Allows physical activity during duty time (flexible scheduling)
 - Provides breaks
 - Allows for “walk and talk” meetings instead of conference room meetings to encourage smaller amounts of activity
 - Provide on-site childcare coverage to facilitate physical activity participation
 - Allow use of worksite’s indoor/outdoor physical activity facilities if present outside of work hours
 - Provide free, discounted, or employer subsidized memberships to fitness centers
 - Other, please describe: _____
30. What environmental changes has the worksite made to promote physical activity? (Check all that apply) **(BASELINE REQUIREMENT)**
- Map out on-site trails or nearby walking routes or have employees map routes
 - Provide bicycle racks in safe, convenient, and accessible locations
 - Provide prompts or signs to promote physical activity in locations that are easily visible
 - Provide outside exercise areas, playing fields, or walking trails for employee use
 - Provide showers and/or changing facilities
 - Provide an on-site exercise facility
 - Other, please describe: _____
31. What activities has the worksite offered to promote physical activity? (Check all that apply) **(BASELINE REQUIREMENT)**
- Fitness assessments such as cardiovascular fitness, % body fat, strength tests, etc.
 - Provide or support recreation leagues
 - Start employee activity clubs
 - Offer on-site fitness opportunities, such as group classes or personal training
 - Company-sponsored fitness-oriented programs or clubs for employees other than at an exercise facility
 - Short term physical activity challenges/events (1 day)
 - Long term physical activity campaigns (several weeks or more)
 - Other, please describe: _____

Nutrition Intervention

32. What policies has the worksite initiated to promote healthier eating? (Check all that apply)

(BASELINE REQUIREMENT)

- Changed vending contract language to increase the number of healthy options in vending machines or the cafeteria
- Offer healthful food alternatives at meetings, company functions, and health events
- Competitive pricing to make healthier choices more appealing monetarily
- Enforce healthy cooking practices at on-site cafeterias
- On-site cafeterias follow nutritional standards that align with dietary guidelines for Americans
- Provide protected time and dedicated space away from the work area for breaks and lunch
- Other, please describe: _____

33. What environmental changes has the worksite made to promote healthy eating? **(BASELINE REQUIREMENT)**

(BASELINE REQUIREMENT)

- Advertise or mark healthy options so that they stand out (point-of-decision prompts)
- Provide nutritional information labeling of foods
- Provide appropriate portion sizes or options for smaller portion sizes
- Promote the consumption of healthy foods in catering/cafeteria policies through motivational signs, posters, etc.
- Make water available throughout the day
- Offer healthful food alternatives at meetings, company functions, and health events
- Provide on-site gardening
- Make kitchen equipment (refrigerators, microwaves, stoves, etc.) available for employee food storage and cooking
- Offer local fruits and vegetables at the worksite (i.e. farmer's market)
- Offer appealing, low-cost, healthy food options, such as fruits and vegetables, juices, and low-fat dairy products in vending machines, snack bars, and break rooms
- Other, please describe: _____

34. What activities has the worksite initiated to promote healthier eating? (Check all that apply)

(BASELINE REQUIREMENT):

- Provide interactive food opportunities such as taste testing and food preparation skills
- Peer-to-peer modeling
- Programs focusing on healthy eating and/or weight management/maintenance
- Short term nutrition challenges/events (1 day)
- Long term nutrition campaigns (several weeks or more; ex. weight watchers)
- Other, please describe: _____

35. Which of the following policy or environmental changes are in place to promote breastfeeding at the workplace? **(BASELINE REQUIREMENT)**
- None. We don't have any policy or environmental changes to promote breastfeeding.
 - None. We have no female employees.
 - Provide an appropriate place for breastfeeding/pumping (Mother's room)
 - Provide flex time opportunities to pump during the work day
 - Provide a high quality breast pump at work
 - Provide refrigerated space for breast milk storage
 - Employee benefits that cover lactation consultant visits
 - Employee benefits that cover high quality breast pumps
 - Provide Lactation/education programs
 - Other, please describe: _____

Mental Health/Stress

36. What policy changes are in place to promote mental health/stress education and awareness? (Check all that apply)
- Flexible scheduling to attend or participate in mental health activities at work or sponsored by the employer
 - Flexible scheduling to allow for medical appointments related to mental health
 - Supervisory training to understand mental health issues and better assist employees
 - Offer health insurance that includes mental health as part of the benefits package
37. What environmental changes has the worksite offered to promote mental health/stress education and awareness? (Check all that apply)
- Chair massages
 - Quiet or stress reduction room(s)
 - Proper lighting and noise reduction measures in place
 - Access to mental health services through Employee Assistance Program onsite or off site
38. What activities has the worksite offered to promote mental health/stress education and awareness? (Check all that apply)
- Internet or written informational material
 - Single classes
 - Seminar series
 - 800 number phone help lines
 - Confidential screenings
 - Other, please describe: _____

Tobacco Use

39. Does company policy limit or prohibit tobacco use at the worksite(s)? **(BASELINE REQUIREMENT)**
- Yes, we prohibit tobacco use anywhere on the property
 - Yes, we limit tobacco use to designated outside areas only
 - Yes, we limit tobacco use to designated inside areas only
 - No, we don't limit or prohibit tobacco use at work

40. Does the company promote the Wisconsin Tobacco Quit Line (800-QUIT-NOW)?
- Yes
 - No
41. Does company policy support participation in smoking cessation activities during duty time (flexible scheduling)?
- Yes, if during day on duty time
 - Yes, if during day on personal time
 - No
42. Does the company provide tobacco cessation medications through health insurance?
- Yes
 - No
43. Does the company provide or contract for tobacco cessation counseling using any of the following methods?
- Telephone
 - Group
 - Individual
 - Program
 - On-site

Alcohol and Drugs

44. Does the company have the following alcohol and drug policies in place? (check all that apply)
- A drug-free workplace policy .
 - A policy that offers Employee Assistance Program (EAP) services and describes how employees can access the EAP while still protecting their privacy.
 - A policy that offers problem assessment and referral services provided to employees
 - A policy that allows the use of accrued paid leave while seeking treatment for alcohol and other drug problems.
 - A policy that offers family members assistance with alcohol and drug problems through the EAP.
45. Does the company have the following environmental supports in place? (check all that apply)
- Access to an employee assistance program (EAP) with AODA services
 - Marketing and promotional activities to ensure the EAP is highly visible and employees know how easy it is to access services
 - Access to community resources that contain a current list of qualified community professionals.

46. Does the company provide or contract for the following alcohol or drug services? (check all that apply)
- Educational programs for employees on life issues, including alcohol and drug use and abuse
 - Regular training of supervisors to recognize and help with drug abuse issues
 - Internet or written informational materials
 - Peer support groups
 - Counseling

Safety / Injury Prevention

47. Does the worksite provide:
- Signs or prompts promoting safety in the workplace
 - Employee education on preventing worksite injuries
 - Ergonomic analysis for workstations or tasks
 - Time to stretch or be active during the day
48. Does the company assess the work environment by:
- Monitoring heating, lighting and air quality
 - Performing a self-inspection of the worksite for all existing and potential hazards
 - Developing a written plan to address any hazards that are found

Emergency Medical Response Plan

49. Does the worksite have a written plan for response to medical emergencies at their facility? **(BASELINE REQUIREMENT)**
- Yes
 - No
50. Does the worksite provide or contract for emergency training in Cardiopulmonary Resuscitation (CPR) and/or Automated External Defibrillators (AEDs) for their employees to provide better response to medical emergencies in the facility? **(BASELINE REQUIREMENT)**
- Both CPR & AED
 - CPR only
 - AED only
 - Neither
51. Does your worksite have any of the following medical response components in place? (check all that apply)
- Have someone trained in medical emergency response (minimum CPR trained) at all times during normal working hours
 - Have an up-to-date list of trained staff (CPR, AED, first responders, etc.)
 - Have an AED on site
 - No, we have none of the cardiac response components listed

Assessment & Evaluation

52. Within the past year, what percent of your employees completed an employee interest survey on worksite wellness programming?
- Not applicable. We have not done an employee interest survey or we don't know.
 - 0% - 9%
 - 10% - 24%
 - 25% - 49%
 - 50% - 74%
 - 75% on more
53. Has the worksite conducted a worksite assessment that includes: 1) what wellness policies are in place; 2) assesses the environment to see if it encourages healthy lifestyles; and, 3) assesses wellness programming currently in place?
(Note: A worksite wellness assessment checklist can be found in the WI Worksite Wellness Resource Kit at <http://dhfs.wisconsin.gov/health/physicalactivity/Sites/Worksitekit.htm>)
- No, we have not conducted a worksite assessment
 - Yes, we did an assessment using the WI Worksite Wellness Resource Kit assessment tool
 - Yes, we did our own assessment (please attach a copy of the assessment tool)
54. On average, what percent of your employees participate in wellness campaigns or initiatives? (Campaigns or initiatives would be multi-day programs that require active or interactive participation by the employee) **(BASELINE REQUIREMENT)**
- 1% - 9%
 - 10% - 24%
 - 25% - 49%
 - 50% - 74%
 - 75% or more
 - We don't track participation rates, but our estimate of participation is: (fill in the %) _____%
55. What types of data sources has the worksite used to evaluate their wellness programs? (Check all that apply) **(BASELINE REQUIREMENT)**
- Did not evaluate any aspect of our wellness programs
 - Number of staff enrolled and participating (participation rates)
 - Web site hits
 - Observation or counts (ex. track number walking at noon)
 - Participant satisfaction (via survey, focus groups, interviews, stakeholder survey, etc.)
 - Policy or environmental changes/tracking (compare list of policy or environmental changes from initial site assessment using Worksite Wellness Assessment Checklist with later follow-up at 1 year, 2 years, etc. – count # of changes)
 - Pre/Post test surveys – Can measure changes in attitude and knowledge, as well as current eating, physical activity and mental health status from an initial assessment to completion of a specified program or campaign.
 - Pre/Post comparison of environmental changes (i.e. vending items being chosen, cafeteria menu options, etc.)
 - Health Indicators / reduced risk factors. Comparison of company aggregate screening measures such as blood pressure, cholesterol, body weight, BMI, stress or anxiety/depression, etc. before and after a specified program or campaign.

- Review of healthcare claims
- Monitoring productivity measures (absenteeism, turnover, etc.)
- Monitoring disability costs, including injuries
- Monitoring worker's compensation costs
- Analyzing cost effectiveness/return on investment
- Other, please describe: _____

56. Is there an evaluation of the wellness plan done for the purpose of reporting progress to management and the wellness committee? Check all of the components below that apply

- No. We have no internal evaluation of the wellness plan.
- Specific timeline for completion of program components
- Assess success in reaching specific goals and objectives
- Writing an annual report on wellness programs and results

Application Feedback

57. Are there any highlights or unique features of your worksite wellness program that you would like to share with other worksites? Please describe them below.

58. How long did you spend on this application? (List total time including meeting time and online application process)

- < 1 hour
- 1 - 2 hours
- 3 - 4 hours
- 5 - 6 hours
- 7 - 8 hours
- 1 - 2 days
- More than 2 days

59. How difficult was it for you to complete the application process?

- Very Difficult
- Somewhat Difficult
- Easy
- Very Easy

60. If you found it difficult, what about the application made it difficult?

61. Can we contact you for follow-up?

- Yes
- No

Don't forget to send any attachments, which are separate from the online application.

Possible attachments would be from the following questions:

Question #9 - Administrative endorsement (required element)

Question #14 - Mission Statement and/or Action Plan (required element)

Question #53 - Alternative Worksite Assessment Tool (optional element)

**Please send these attachments via separate email to Jon Morgan at:
Jonathon.morgan@wisconsin.gov**