

NOTE

If you have received the highest recognition, please visit www.lbgh.org for information on the Distinguished Worksite Recognition.

PURPOSE

The purpose is to recognize employers who are “building a healthier, more productive Louisiana” by incorporating comprehensive worksite health and wellness programs.

ELIGIBILITY

All Louisiana worksites, regardless of size or status (public, private, for-profit, non-profit or LBGH membership) are encouraged to apply for the Working Well in Louisiana Worksite Wellness Recognition of Excellence 2017. Since judging will be done by outside sources all members of LBGH and the Wellness Committee are eligible to apply.

LEVELS OF ACHIEVEMENT

Applications will be judged in three groups – small employers (fewer than 250), medium employers (250-999), and large employer (1000 and above). One overall applicant will be chosen in each level. Top three applicants are based upon total points scored. Judging will be done by outside sources.

RECOGNITION

The applicants will be recognized during the 2018 LBGH Annual Luncheon to be announced.

A brief presentation by overall applicants is required. Statewide recognition will be achieved through publication of the list of applicants on the LBGH website.

HOW TO APPLY

A copy of the Working Well in Louisiana Worksite Wellness Recognition of Excellence 2018 link and additional worksite wellness resources are available by contacting LBGH at (225) 291-0085 . Please note that you will need to use data from the most recently completed program year.

For more information please contact Cheryl Tolbert, CEO, 225-291-0085 or email at cheryl@lbgh.org

Co-Sponsored by: the Governor's Council on Sports and Physical Fitness

BACKGROUND INFORMATION

1. Applicant Information

Name:

Company:

Address:

City/Town:

State:

ZIP:

Email Address:

Phone Number:

Employee Count:

2. Provide a summary (no more than 500 words) that captures the key components of your company's worksite wellness program and include an explanation of what you think makes it exemplary. This summary will be used to profile your company's worksite program on the Working Well in Louisiana webpage.

BACKGROUND INFORMATION

3. Are you be willing to serve as a resource for other businesses?

YES

NO

4. Would you be willing to be highlighted on the LBGH website?

YES

NO

5. Where did you hear about the Working Well in Louisiana Worksite Wellness Recognition?

LBGH Website

Internet

LBGH Committee Member

Colleague

Other (please specify)

6. How long has your worksite health promotion initiative been in place?

JUST STARTED

BETWEEN 1 AND 3 YEARS

4 TO 10 YEARS

LONGER THAN 10 YEARS

7. How is your worksite wellness program funded? (Check all that apply)

COMPANY

HEALTH PLAN

EMPLOYEE SHARES SOME OF THE COSTS

EMPLOYEES PAY FOR ALL PROGRAM FEES

WE USE FREE PROGRAMS

Other (please specify)

8. Is your health plan?

- FULLY FUNDED
- SELF FUNDED
- 3RD PARTY CONSULTANT
- HOSPITAL
- PARTIALLY FUNDED
- HEALTH PLAN
- Other (please specify)

9. In which department is your worksite wellness program located?

- HUMAN RESOURCES
- HEALTH PROMOTION
- MARKETING
- SAFETY/ENVIRONMENTAL
- SAFETY & HEALTH
- MEDICAL/OCCUPATIONAL HEALTH
- Other (please specify)

10. What is the approximate annual budget of your current worksite wellness program?

- 0-\$1,000
- \$1,000 - \$10,000
- \$10,000 - \$25,000
- \$25,000 - \$50,000
- \$50,000 and over

11. Which statement(s) best describes the reason why your organization started a worksite wellness program?

(Check all that apply)

- IMPROVE TEAMWORK/MORALE
- ENHANCE PRODUCTIVITY
- EMPLOYEES' REQUEST
- REDUCE ABSENTEEISM
- IMPROVE THE HEALTH/WELL-BEING OF OUR EMPLOYEES
- CONTAIN HEALTHCARE COSTS
- IMPROVE RECRUITMENT/RETENTION
- Other (please specify)

LEADERSHIP SUPPORT

12. The CEO genuinely believes in the value of worksite wellness:

YES

NO

13. The company incentivizes participation in the wellness program.

YES

NO

14. If yes, how?

REDUCTION/INCREASE IN HEALTH CARE PREMIUM

COMPANY CONTRIBUTES TO EMPLOYEES' HSA

CASH BONUS

PAID TIME OFF

N/A

Other (please specify)

15. Organization has developed and put in writing a strategic plan for the wellness program that addresses, purpose, nature, duration, resources required, participants involved, and expected results of the program.

YES

NO

16. The organization has developed a wellness committee, representative of the company and involving the organization's key employees/constituents.

YES

NO

ASSESSING HEALTH-RELATED PROBLEMS

17. What information do you collect on health-related data that helps you plan worksite health promotion programs and interventions? (check all that apply)

- HEALTH RISK APPRAISAL
- FACILITY ASSESSMENT
- PHYSICAL FITNESS ASSESSMENTS
- ABSENTEEISM RECORDS
- DISABILITY CLAIMS
- INJURY RECORDS
- UNION SUPPORT
- ERGONOMIC/WORK STATION ANALYSIS
- HEALTH CARE CLAIMS AND UTILIZATION
- WORKER COMPENSATION CLAIMS
- WORK/FAMILY NEEDS ASSESSMENT
- HEALTH NEEDS/INTERESTS OF DEPENDENTS AND/OR RETIREES
- EMPLOYEE HEALTH NEEDS AND INTEREST SURVEYS, INCLUDING BARRIERS TO PARTICIPATION
- DEMOGRAPHIC INFORMATION OF EMPLOYEES/DEPENDENTS
- Other (please specify)

TOBACCO

18. Written policy for tobacco-free workplace

- YES
- NO

19. Tobacco-free policies for company owned vehicles

- YES
- NO
- N/A

20. Tobacco cessation information and/or classes

- YES
- NO
- N/A

NUTRITION

21. Healthy food and beverage choices in vending machines

- YES
- NO
- N/A

22. Guidelines for healthy food and beverage choices at work meetings

- YES
- NO

23. Educational information, classes or programs on weight management, healthy eating, controlling portion sizes

- YES
- NO

24. Reimbursement for weight loss programs

- YES
- NO

PHYSICAL ACTIVITY

25. Does your worksite operate an onsite fitness center?

- YES
 NO

26. What percentage of your employees participate in the onsite fitness center? (If this does not apply please enter "0" in the N/A. box.)

%

N/A

27. Does your program provide reimbursement or arrange discounts for employees' offsite health club memberships and/or other wellness programs?

- REIMBURSEMENT
 DISCOUNTS
 NEITHER
 Other (please specify)

28. Does your worksite provide other onsite physical activity opportunities?

- YES
 NO

29. Does your worksite offer/sponsor recreational activities for employees?

- YES
 NO

30. What percentage of your employees participate in the physical or recreational activities offered by the company? (If this does not apply, please enter "0" in the N/A box.)

%

N/A

31. Does your company have a written policy offering paid time for physical activity during the workday?

YES

NO

MENTAL/EMOTIONAL

32. Check all that apply

- WRITTEN POLICY ON ALCOHOL AND DRUG ABUSE
- DOMESTIC VIOLENCE PREVENTION RESOURCES
- ADDICTION COUNSELING SERVICES
- STRESS MANAGEMENT
- RESOURCES FOR MENTAL HEALTH/DEPRESSION
- SCREENING FOR MENTAL HEALTH/DEPRESSION
- N/A
- Other (please specify)

FINANCIAL WELLNESS

33. Offer workplace financial education programs?

YES

NO

N/A

OTHER WELLNESS COMPONENTS

34. Do you promote and/or provide on site (check all that apply)?

- BLOOD PRESSURE SCREENINGS
- CHOLESTEROL SCREENINGS
- SKIN CANCER SCREENINGS
- PROSTATE CANCER SCREENINGS
- BREAST CANCER SCREENINGS
- COLORECTAL CANCER SCREENINGS
- GLUCOSE (BLOOD SUGAR) SCREENINGS
- FLU SHOTS
- DISEASE MANAGEMENT
- MEDICAL SELF CARE
- WORK ERGONOMICS
- PERSONAL FINANCIAL MGMT.
- SLEEP EDUCATION
- N/A
- Other (please specify)

35. What percentage of your employees participate in your worksite wellness programs?

SUPPORTIVE ENVIRONMENT & CULTURE

In order to provide a supportive organizational environment and promote a culture of wellness, does your worksite:

36. Schedule hours of operation for wellness programs and opportunities to accommodate all employees schedules.

YES

NO

37. Offer wellness programs to spouse and/or dependents?

YES

NO

38. Practice disability prevention and management – (early return to work, restricted duty, etc.)

YES

NO

39. Provide incentives to employees to increase participation in wellness initiatives.

YES

NO

40. Provide the following benefit options: (check all that apply)

- HEALTH INSURANCE
- DISABILITY
- SICK LEAVE
- VACATION
- MATERNAL/PATERNAL LEAVE
- EMPLOYEE ASSISTANCE PROGRAM
- HEALTH PROMOTION PROGRAM PREPAYMENT OR REIMBURSEMENT
- WELLNESS DAYS (PAID TIME OFF FOR YEARLY MEDICAL EXAMS OR HEALTH SCREENINGS)
- N/A
- Other (please specify)

EVALUATION OF WELLNESS PROGRAMS

In order to evaluate company wellness efforts, does your worksite: (Please check all that apply)

41. Regularly track program participation.

YES

NO

42. Monitor participant satisfaction with programming.

YES

NO

43. Monitor the impact of wellness on key productivity indicators. (absenteeism, performance, presenteeism, disability, health status, recruitment, retention, worker's compensation, etc.)

YES

NO

44. Evaluate biometric outcomes (BMI, cholesterol, blood pressure)

YES

NO

45. Have your programs had a measurable positive outcome on your employees' health?

YES

NO

46. If yes, describe (250 words or less) the outcome including how it was measured.

INNOVATIVE PROGRAMS

We would love to hear about your innovative and creative programs designed to improve the health and well-being of their employees. If your company has a program/offering that was not reflected in the previous questions, please provide details including name/type of program, date initiated and number of participants. (limit to 250 words)

47. Limit to 250 words

Designations

48. The Louisiana Department of Health's Well-Ahead Louisiana initiative is working with organizations to implement voluntary, smart changes to make healthier living easier for all Louisiana residents.

Organizations that meet certain wellness benchmarks can be designated as a Level 1, 2 or 3 WellSpot.

Are you a WellSpot? If yes, are you a Level 1, 2 or 3? Visit www.wellaheadla.com to learn more!

Yes

No

49. If you are a WellSpot, what Level?

Level 1

Level 2

Level 3

Thank You

Thank you for submitting your application for the Working Well in Louisiana Worksite Wellness Recognition. You will be contacted upon receipt of your application. Please be sure to watch your email for additional information. Thank You, Cheryl Tolbert, President/CEO, LBGH.