

Cerro Gordo County Department of Public Health

Workplace Wellness Awards Program



Workplace Wellness Awards Program is a partnership between Cerro Gordo Department of Public Health • Blue Zones Project® Worksite Wellness Committee • Mason City Chamber of Commerce

Funded in part by The University of Iowa Public Health Leadership Center

Workplace Wellness Awards Program



Award Levels



- **DIAMOND** Recognizing the TOP organization whose wellness program is strategic, integrated into the culture and business model of the organization, and demonstrates a positive return on investment.
- **GOLD** Recognizes organizations with comprehensive wellness programs that are strategic and integral to the fabric of the business' operations.
- **SILVER** Recognizes organizations with wellness programs expanding their efforts to meet the organization's priorities.
- **BRONZE** Recognizes organizations building a solid wellness foundation for employee and organizational success.



Application Process

The Cerro Gordo County Department of Public Health, along with the Blue Zones Project® Worksite Wellness Committee and Mason City Chamber of Commerce will recognize organizations in North Iowa leading the way in maximizing the well-being of their employees. Organizations taking responsibility in protecting and enhancing programs, policies and systems focused on employee and business well-being are encouraged to apply for recognition annually.

Workplace Wellness Scoring Benchmarks:

1. Management Engagement
2. Program Structure
3. Data-Driven
4. Goal Oriented
5. Visible Actions
6. Continuous Evaluation



Release of Applications	July 3, 2017
Application Submission Deadline	August 18, 2017
Application Reviews	September 2017
Award Announcements	October 2017
Awards/Recognition Banquet	October 5, 2017
(At the Annual Mason City Chamber Meeting)	

Application Process

To apply for a Workplace Wellness Award

- Identify an employee in your organization to lead completing the Workplace Wellness Award application.
- Review the Application and gather necessary resources and information pertaining to your organization's wellness program(s).
- Complete the Workplace Wellness Award Application one of two ways:
 - Online:
<https://www.surveymonkey.com/r/CGCWWAwards>
 - Paper copy (attached) – Mailed to:
Cerro Gordo County Department of Public Health
Health Promotion
22 North Georgia Ave. Suite 300
Mason City, Iowa 50401
- Applications must be submitted online or mailed to the Cerro Gordo County Department of Public Health by August 18, 2017.
- The top scoring business will receive recognition at the Mason City Chamber of Commerce Annual Meeting on October 5, 2017 with additional businesses recognized by the Cerro Gordo County Department of Public Health.
- Applications will be reviewed and scored by the Blue Zones Project Worksite Wellness Committee.



Cerro Gordo County Department Public of Health

Workplace Wellness Awards Program

Organization Demographics:

Organization Name: _____

Organization Address: _____

Please list name, phone number and email of the contact person for questions regarding the application.

Name: _____ Title: _____

Phone: _____ Email: _____

Nature of Business or Industry:

- | | | |
|--|--|--|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Government | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Health Care | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Wholesale |
| <input type="checkbox"/> Education | <input type="checkbox"/> Retail | <input type="checkbox"/> Other: Please specify - |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Services | _____ |

Does the organization have multiple sites that benefit from the wellness program:

- Yes No

Number of employees TOTAL - _____

(Including Full-Time, Part-Time, and Contracted Employees)

- Small: < 100
 Medium: 100-500
 Large: > 500

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

- None. No worksite wellness program
 <1 year
 1-4 years
 5-9 years
 10 years or more

Is your business a designated Blue Zones worksite?

- Yes
 No

Program Infrastructure

Do you have commitment to worksite wellness from senior management?

- Yes
- No

Does the worksite have a committee to oversee worksite wellness programs? (2 or more staff)

- Yes
- No

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Senior Management | <input type="checkbox"/> Benefits Manager | <input type="checkbox"/> Public Relations, Marketing, Communications Staff |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Health Educator | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Employees at the Site | <input type="checkbox"/> Health Coach | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Employees in the field | <input type="checkbox"/> Union Representative | |
| <input type="checkbox"/> IT / Computer staff | <input type="checkbox"/> Health Staff | |

What is your wellness committee's regular meeting schedule:

- Quarterly
- Semi-Annual
- Monthly
- Weekly
- Bi-Weekly
- Other:

What are the roles and functions of the wellness committee:

- Determine program goals and objectives
- Set timelines and use of allotted wellness budget
- Promote activities and events
- Assist with program implementation
- Recommend policy and environment changes to improve health and safety
- Oversee wellness programming
- Collect data
- Communicate Results
- Other: Please describe - _____

Does your worksite wellness program have the following: (check all that apply)

- Brand, Logo, Slogan, or similar identifying trait
- Mission Statement or similar strategic guidance document
- Goals and SMART Objectives (Specific, Measurable, Achievable, Realistic, Time-Based)
- Action Plan (with roles, responsibilities, dates)
- Itemized Budget
- Communication Plan to share program information
- Clearly defined evaluation plan

Wellness Program Staffing:

- No staff member hired with direct responsibilities for wellness
- Staff members 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

What is the current worksite budget specifically set aside for worksite wellness programs and services (Include wellness employee salary, program costs, equipment, incentives, etc.; do not include in-kind contributions.)

\$ _____ per year

What percentage of your employees participates in the worksite wellness program? _____ %

Do you calculate a return on investment for your worksite wellness program? Yes No

If Yes, do you see a positive return on the business' wellness program investments?

Yes No

Is a Wellness Program Evaluation Report presented to management annually? Yes No

Planning/Health Education

What educational materials or presentations have you provided to your employees in the past 12 months?

- | | |
|--|--|
| <input type="checkbox"/> Physical Activity | <input type="checkbox"/> Employee Assistance Program |
| <input type="checkbox"/> Nutrition/Healthy Eating | <input type="checkbox"/> Safety / Injury Prevention / Ergonomics |
| <input type="checkbox"/> Breastfeeding | <input type="checkbox"/> Emergency Medical Response |
| <input type="checkbox"/> Tobacco Cessation | <input type="checkbox"/> Health Screening |
| <input type="checkbox"/> Alcohol & Drug Use | <input type="checkbox"/> Healthy Lifestyles |
| <input type="checkbox"/> Mental Health and/or Stress | <input type="checkbox"/> Purpose: Using your strengths at work |
| | <input type="checkbox"/> Volunteering |
| | <input type="checkbox"/> Disease Prevention and Management |
| | <input type="checkbox"/> Other: |

What methods did the worksite use to promote and encourage employee participation in wellness activities?

- | | |
|--|--|
| <input type="checkbox"/> Employee Orientation Packet | <input type="checkbox"/> Announcements at meetings |
| <input type="checkbox"/> Paycheck Stuffer | <input type="checkbox"/> Newsletters |
| <input type="checkbox"/> Flyers | <input type="checkbox"/> Wellness Library |
| <input type="checkbox"/> Emails | <input type="checkbox"/> Internal Website |
| <input type="checkbox"/> Mail | <input type="checkbox"/> Other: |

What incentives are used to encourage participation in the wellness program?

- | | |
|--|---|
| <input type="checkbox"/> None. | <input type="checkbox"/> Monetary \geq \$50 |
| <input type="checkbox"/> Small merchandise
(water bottle, gift
card) | <input type="checkbox"/> Health insurance rebates/discounts $<$ \$50 |
| <input type="checkbox"/> Healthy Food
Rewards | <input type="checkbox"/> Health insurance rebates/discounts \geq \$50 |
| <input type="checkbox"/> Entertainment | <input type="checkbox"/> Public Recognition/Achievement Awards |
| <input type="checkbox"/> Monetary $<$ \$50 | <input type="checkbox"/> Time off from work |
| | <input type="checkbox"/> Other: _____ |

Does your worksite provide healthcare coverage for employees and their families?

- Yes No

Is an Employee Assistance Program offered?

- Yes No

Do worksite wellness benefits include employees' family members?

- Yes No

Health Screening & Disease Prevention & Management

Does your organization offer Health Risk Appraisals (HRA):

- Yes
 No

If Yes, what percentage of it is covered by your company? _____%

How often is an HRA offered to employees: _____

What percentage of employees completed the HRA the last time it was offered? _____ %

Do you have access to an aggregate report of the company's Health Risk Appraisal (HRA) results?

- Yes
 No

What biometrics does the HRA include:

- | | | |
|--|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Percent Body Fat | <input type="checkbox"/> Waist |
| <input type="checkbox"/> Fitness testing | <input type="checkbox"/> Body Mass Index
(BMI) | <input type="checkbox"/> Circumference |
| <input type="checkbox"/> Blood Pressure | <input type="checkbox"/> Mammograms | <input type="checkbox"/> Blood Sugar |
| <input type="checkbox"/> Cholesterol | <input type="checkbox"/> Other: | <input type="checkbox"/> Resting heart rate |
| <input type="checkbox"/> PSA | | |

Please check all the policies, environmental supports and programs your organization has in place that support employee well-being.

	POLICIES & PROCEDURES	ENVIRONMENTAL CHANGES	PROGRAMMING
PHYSICAL ACTIVITY	<input type="checkbox"/> Flex scheduling to allow for physical activity during work time	<input type="checkbox"/> On-site bicycle racks to support active travel to work	<input type="checkbox"/> Provide on-site fitness activities (fitness classes, team activities, walking clubs, etc.)
	<input type="checkbox"/> Break periods to allow for stretching, activity		
	<input type="checkbox"/> Walk and Talk Meetings	<input type="checkbox"/> Office furniture that promotes flexibility to sit or stand while working	<input type="checkbox"/> Short-term activity challenges (1 day) – Walk to Work Day
	<input type="checkbox"/> On-site childcare	<input type="checkbox"/> On-site shower / changing facilities	
	<input type="checkbox"/> Subsidized Fitness Memberships	<input type="checkbox"/> Physical Activity messaging/prompts around office (Stairwells, elevators, restrooms, bulletin boards)	<input type="checkbox"/> Long-term activity challenges (several weeks or more)
	<input type="checkbox"/> Other:	<input type="checkbox"/> On-site fitness facility	<input type="checkbox"/> Other:
NUTRITION	<input type="checkbox"/> Vending machine standards that offer healthy options	<input type="checkbox"/> Point-of Decision Nutrition Education prompts/posters	<input type="checkbox"/> Healthy Food taste testing/cooking classes
	<input type="checkbox"/> Healthy meeting meal standards	<input type="checkbox"/> Nutrition information labeled on food	<input type="checkbox"/> Healthy eating or weight management programs
	<input type="checkbox"/> Competitive pricing at cafeteria to make healthy choices appealing	<input type="checkbox"/> Appropriate portion sizes	<input type="checkbox"/> Short term nutrition/weight mgmt. challenge
	<input type="checkbox"/> Cafeteria : Features 10 inch plates, tall narrow glasses	<input type="checkbox"/> Healthy Foods Promotional Signs	<input type="checkbox"/> Long term nutrition/weight mgmt. program challenge
	<input type="checkbox"/> Weight Management or Nutrition Program subsidies (i.e. Weight Watchers)	<input type="checkbox"/> On-site Gardens	<input type="checkbox"/> Nutrition Counseling
		<input type="checkbox"/> On-site lunch or break room with refrigerator, microwave, sink	
	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

HEALTH	POLICIES & PROCEDURES	ENVIRONMENTAL CHANGES	PROGRAMMING
	<input type="checkbox"/> Allowed time to access the dedicated on-site lactation room during work shift	<input type="checkbox"/> On-site room for breastfeeding/pumping	<input type="checkbox"/> Offer lactation education programs or handouts
	<input type="checkbox"/> Benefits covering lactation consultations	<input type="checkbox"/> Refrigerator designated for milk storage	<input type="checkbox"/> Offer free preventive screenings, flu shots, etc.
	<input type="checkbox"/> Benefits covering breast pump equipment		
MENTAL HEALTH / STRESS MGMT	POLICIES & PROCEDURES	ENVIRONMENTAL CHANGES	PROGRAMMING
	<input type="checkbox"/> Flex scheduling to participate in mental health / stress awareness activities or appointments during work time	<input type="checkbox"/> Mental Health / Stress Management Skill Trainings for Supervisors to assist with employees	<input type="checkbox"/> On-site mental health or stress reduction seminars
	<input type="checkbox"/> Quiet Areas or Personal Time Policy	<input type="checkbox"/> Chair Massages and/or Stress Reduction activities	<input type="checkbox"/> Help Line Education
	<input type="checkbox"/> Health Insurance Benefits provide mental health coverage	<input type="checkbox"/> Live plants placed around workplace	<input type="checkbox"/> Confidential Screenings
TOBACCO	POLICIES & PROCEDURES	ENVIRONMENTAL CHANGES	PROGRAMMING
	<input type="checkbox"/> Tobacco Policy		
	<input type="checkbox"/> Tobacco Free Campus		
	<input type="checkbox"/> Tobacco & Nicotine Free Campus		
	<input type="checkbox"/> On-site/Off-site Cessation Classes offered during work time		
	<input type="checkbox"/> Tobacco Cessation Program/Medication Health Insurance Coverage		
ALCOHOL/ DRUGS	POLICIES & PROCEDURES	ENVIRONMENTAL CHANGES	PROGRAMMING
	<input type="checkbox"/> Drug-free workplace policy	<input type="checkbox"/> Highly visible EAP program benefits throughout worksite	<input type="checkbox"/> Educational programs on life issues, including alcohol, drug use, abuse
	<input type="checkbox"/> EAP Services offered	<input type="checkbox"/> Skill trainings for supervisors to recognize and assist with drug abuse issues	<input type="checkbox"/> Peer Support Groups <input type="checkbox"/> Counseling

SAFETY	POLICIES & PROCEDURES	ENVIRONMENTAL CHANGES	PROGRAMMING
	<input type="checkbox"/> Scheduled stretch breaks	<input type="checkbox"/> Signs / prompts promoting safety in workplace	<input type="checkbox"/> Offer Ergonomic Assessments
	<input type="checkbox"/> Regularly monitored heating, lighting and air quality	<input type="checkbox"/> Sound masking in open work environments	
	<input type="checkbox"/> Regularly inspect existing and potential worksite hazards	<input type="checkbox"/> Wireless headsets for employees on phones	
EMERGENCY RESPONSE	POLICIES & PROCEDURES	ENVIRONMENTAL CHANGES	PROGRAMMING
	<input type="checkbox"/> Written Emergency Response Plan	<input type="checkbox"/> On-site Defibrillator	<input type="checkbox"/> CPR Training provided to staff
		<input type="checkbox"/> On-site medical staff or first-responder	<input type="checkbox"/> First Aid Training provided to staff
			<input type="checkbox"/> AED Training provided to staff
SOCIAL WELL-BEING	POLICIES & PROCEDURES	ENVIRONMENTAL CHANGES	PROGRAMMING
	<input type="checkbox"/> A Volunteer Program formally organizes Volunteer Events	<input type="checkbox"/> Employees are recognized for their “volunteering” efforts	<input type="checkbox"/> Volunteer events offered after work hours
	<input type="checkbox"/> A Volunteer Program allows staff to participate on paid time	<input type="checkbox"/> Regularly scheduled “social events” or “social rooms” at workplace	<input type="checkbox"/> Volunteer events offered during work hours
	<input type="checkbox"/> Formal “Social” or “Employee Fun” Team established		<input type="checkbox"/> “Social” events held regularly (co. picnic, pot luck, rec sports team, etc.)
FINANCIAL WELL-BEING	POLICIES & PROCEDURES	ENVIRONMENTAL CHANGES	PROGRAMMING
	<input type="checkbox"/> Organization offers a Retirement Savings Plan to employees	<input type="checkbox"/> Organization provides “direct deposit” options to put pay into retirement accounts	<input type="checkbox"/> Offer on-site financial skill trainings
	<input type="checkbox"/> Organization offers Direct Deposit paycheck option	<input type="checkbox"/> Organization provides exit-interview upon retirement date	<input type="checkbox"/> Offer off-site or web based financial skill trainings/education

Narrative: Any additional information that was not covered in the application but the organization would like to convey to the Worksite Wellness Award Evaluation Committee can be shared here:



The Worksite Wellness Committee aims to provide resources to local organizations to support employee wellness programs. If there is any subject or resource your organization could use more training, information or assistance with, please express your needs and interests below: (i.e. Assistance with evaluating Return on Investment)



Mail completed applications to:

Cerro Gordo County Department of Public Health
Health Promotion
22 North Georgia Avenue Suite 300
Mason City, Iowa 50401