

Worksite  
Health Awards  
Ceremony  
May 19, 2010

# 16th Annual Worksite Health Awards Application

The Worksite Health Awards—co-sponsored by the Greater Providence Chamber of Commerce and Blue Cross & Blue Shield of Rhode Island (BCBSRI)—are designed to recognize Rhode Island businesses that are working to promote worksite wellness.

With healthcare costs continuing to rise, offering health management solutions is rapidly becoming one of the most effective ways for companies to keep costs down and productivity up, and improve the quality of life for employees.

The awards honor businesses that promote prevention with written materials, seminars, and lectures, and demonstrate a commitment to education through committee development and policy change. Four award levels are acknowledged: Achievement, Outstanding, Superior, and Exemplary.

To be considered, you must complete this application and return it by April 2, 2010, to:

Paula Hopkins  
Greater Providence Chamber of Commerce  
30 Exchange Terrace, Providence, RI 02903  
(401) 521-5000

When completing the application, please refer only to wellness programs and educational materials that were promoted or implemented at your business in 2009. **Also, please attach only the items listed in the Applications Checklist on the back of the application.**



## SAVE THE DATE

16th Annual Worksite Health Awards Ceremony

Wednesday, May 19, 2010

The Crowne Plaza Hotel at the Crossings  
801 Greenwich Avenue, Warwick, RI

Awards Breakfast: 7:45 a.m. to 9:00 a.m.

*Please type or print*

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

Company: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Number of employees: \_\_\_\_\_

Web site and e-mail address: \_\_\_\_\_

**Company name as it should appear on your award:** \_\_\_\_\_

*Please print*

## WORKSITE HEALTH AWARDS APPLICATION FORM

### I. Health Awareness Programs (*Check all that apply.*)

In 2009, our company:

1.  Had a written wellness plan (**Please attach a copy of the plan**)
2.  Had a written health-promotion mission statement in place
3.  Surveyed its employees to determine what wellness initiatives may be needed

*Please check any of the following that apply to your worksite.*

- Printed literature is available in the workplace promoting community health and fitness activities (e.g., community road races)
- Printed literature is available in the workplace educating employees on the risks associated with an unhealthful lifestyle and the importance of reducing those risks (e.g., high alcohol use, smoking)
- Health-related information is posted in the form of posters, flyers, etc.
- Literature is distributed to every employee about healthy lifestyles through such vehicles as payroll stuffers, mailboxes, e-mail, Web sites, etc.
- A resource center is available for use by employees
- Use of self-care medical guides and/or a nurse advice hotline, etc., has been implemented

## II. Intervention Programs *(Complete all that apply.)*

In 2009, our company sponsored or promoted the participation of employees in the following screenings, clinics, health seminars, self-help programs, etc. :

	Date(s)	Description	% of Participation
Addictions	_____	_____	_____
AIDS Awareness	_____	_____	_____
Blood Pressure Screening	_____	_____	_____
Body Composition Analysis	_____	_____	_____
Cholesterol Screening/Program	_____	_____	_____
Cancer Screening Program (list type)	_____	_____	_____
Cardiovascular Fitness Testing	_____	_____	_____
CPR/First Aid	_____	_____	_____
Diabetes Management	_____	_____	_____
Foot Care	_____	_____	_____
Flu Shot Clinic or Other Immunizations	_____	_____	_____
Glucose Screening	_____	_____	_____
Nutrition Education	_____	_____	_____
Smoking Cessation	_____	_____	_____
Sports/Fitness Events (e.g., road race)	_____	_____	_____
Stress Management	_____	_____	_____
Walking/Exercise Programs	_____	_____	_____
Weight Loss	_____	_____	_____
Other _____	_____	_____	_____

## III. Occupational Health & Safety Programs *(Check all that apply.)*

In 2009, our company:

\_\_\_\_\_ Offered voluntary training programs (e.g., body mechanics training, ergonomics training) to prevent worksite injuries

**List program(s):** \_\_\_\_\_

\_\_\_\_\_ Provided equipment to prevent worksite injuries, such as ergonomically correct chairs, lighting to reduce eyestrain, and safety gear

\_\_\_\_\_ Had at least 60 percent of all employees participating in one or more worksite health and safety programs

**List program(s):** \_\_\_\_\_

\_\_\_\_\_ Established limited duty programs to support timely return to work

\_\_\_\_\_ Made available an Employee Assistance Program (EAP) referral service (e.g., mental health services, drug and alcohol abuse counseling)

Please provide the name of your EAP Coordinator: \_\_\_\_\_

\_\_\_\_\_ Offered health/safety programs on company time

\_\_\_\_\_ Appointed a designated Injury Prevention Coordinator or Safety Committee

## IV. Policy & Organization *(Check all that apply)*

In 2009, our company:

- Created a dedicated budget for health promotion **(Please attach a copy of the budget)**
- Developed and implemented a company policy regarding injury prevention in the workplace
- Used health risk assessments/appraisals for the second time in the last two years
- Used health risk appraisals as a means for establishing company program goals
- Established an employee incentive program for participation in sponsored or promoted activities
- Had a policy encouraging the participation of employees in health and fitness activities  
(e.g., flex-time for employees to participate in health and fitness events)
- Provided a recognition program to award employees for their personal achievements in health enhancement or participation in the promotion of healthy lifestyles
- Utilized credentialed health, safety, and/or fitness specialists for the delivery of information/education to employees
- Made available alternative healthy foods and drinks for employees to choose from  
(e.g., cafeteria/vending machine selections)
- Had a designated Wellness/Health Promotion Coordinator or Wellness Committee

## V. Smoking Policy

Our company has a written smoking policy:  Yes  No **(Please attach your written policy)**

**If there is a “no smoking on company property” clause in your written policy, you may qualify for a higher level award.**

## APPLICATION CHECKLIST

In order to be considered for the highest level award, you must provide the three attachments listed below.  
**Please do not include any other attachments.**

- Written wellness plan (Section I)**
- Budget for health promotion (Section IV)**
- Smoking policy (Section V)**