Purpose: The Utah Worksite Wellness Council (UWWC) Healthy Worksite Awards Program recognizes Utah employers for their exemplary work in worksite wellness and those committed to improving employee health and wellbeing. The Awards program showcases employers of all sizes for their worksite health promotion and wellness program. We acknowledge efforts to facilitate and encourage employee health, enhance productivity and ensure a healthy work environment. The UWWC Healthy Worksite Award uses an assessment tool designed to help you as an employer in assessing whether you have implemented evidence-based health promotion interventions or strategies at your workplace. Questions are scored based on good, better, and best practices and strategies.

The Awards: Organizations are able to apply for two separate awards through this single application. The first award is the Health Worksite Award. It is based on the initial assessment score (1-100) and should take 20 minutes to complete. Companies may qualify for bronze, silver, gold or platinum level recognition based on the scores they receive.

- Platinum Level: Scores 90-100
- Gold Level: Scores 80-89
- Silver Level: Scores 70-79
- Bronze Level: Scores 50-69

Worksites may also apply for an Innovation Award in one of the following areas of wellbeing: organizational, physical, emotional, community, social, or financial. When submitting for the innovation award, it is required of you to include supporting documents to strengthen your application. Documents may be sent to: uwwcawards@gmail.com

Innovation represents new ideas and methods in worksite wellness. Before applying think about the following:

- Are you presenting a new idea in one area of wellbeing? Did it lead to a larger change in your organization? What was the impact? Is it an improved take on an existing idea or method? What are the results of your idea (participation/longevity)?

All awardees will be recognized at the 2020 UWWC Conference Awards Luncheon on May 21, 2019 at the Hilton downtown SLC. A media release and detailed results will be provided in your award packet for your use.

The Award Application Fee: Once your application is completed you will be redirected to a payment page. The cost to apply for the award is $80. There is no additional cost for the innovation award. One lunch is included in the award application. However, lunch will be
included if you are a conference attendee. Additional lunches for the award luncheon may be purchased prior to the conference date.

You may stop the application and return to it at any time, but you must continue on the same computer you started your application on. Please only take one survey per worksite location.

Company name:

City (worksite location):

Please provide the following contact information:
  Company Contact: (1)
  Phone: (2)
  Email: (4)

How many employees work at your worksite? This includes full-time and part-time employees.
- 1 - 24 (1)
- 25 - 49 (2)
- 50 - 99 (3)
- 100 - 199 (4)
- 200 - 499 (5)
- 500 - 749 (6)
- 750 - 999 (7)
- 1,000 + (8)

Please indicate your type of worksite:
- Public (1)
- Private (2)
- Government (3)
- Nonprofit (4)
- Other, please specify (5) ____________________

How many years has your worksite wellness program been in place?
- < 1 year (1)
- 1-2 years (2)
- 3-4 years (3)
- 5-6 years (4)
- 7-8 years (5)
- 9-10 years (6)
- > 10 years (7)
Approximately what percentage of employees participate in at least one wellness activity sponsored by your worksite? Please use the slider bar below to answer this question.

_____ % of employees who participate (1)

Organizational Wellness

Please answer the following questions: Thinking about the past 12 months, did your worksite...

OS1 Have a formal worksite wellness plan that includes specific, measurable objectives?
- Yes (2)
- No (0)

OS2 Have at least one paid health promotion/wellness coordinator whose job (either part-time or full-time) is to implement a worksite wellness program.
- Yes, Full Time (2)
- Yes, Part Time (2)
- No (0)
- Other (0) ________________

OS3 Have an active wellness committee/team that meets regularly? (e.g. monthly, every other month, quarterly)
- Yes (1)
- No (0)

OS4 Have commitment and support to worksite wellness from key stakeholders? (e.g. CEO, senior management, human resources)
- Yes (2)
- No (0)

OS5 Have senior management that participates in wellness activities on a regular basis? (e.g. participates in activities, sends communication to employees)
- Yes (2)
- No (0)

OS6 Have a formal budget or receive dedicated funding for worksite wellness programs.
- Yes (2)
- No (0)

Display This Question:
If OS6 Is Selected YES

OS6.1 What was the approximate annual budget of your current worksite wellness program in the past fiscal year?
OS7 Does your worksite use and combine incentives with other strategies (i.e. paid time off, health benefits contribution, cash, gift cards) to increase participation in worksite wellness activities?
- Yes (2)
- No (0)

OS8 Have a written policy or formal communication, which allows employees work leave for preventative exams?
- Yes (2)
- No (0)

OS9 Conduct an employee needs and interests assessment for planning worksite wellness activities?
- Yes (1)
- No (0)

OS10 Conduct annual employee health risk appraisals/ biometric screenings through vendors, on-site staff, or off-site and provide individual feedback (e.g. blood pressure, blood sugar, cholesterol)?
- Yes (3)
- No (0)

OS11 Conduct ongoing data-driven evaluations of worksite wellness programs? (e.g. employee health risk, employee satisfaction, claims, employee needs assessment)
- Yes (3)
- No (0)

Display This Question:
If OS11 Is Selected YES
OS11.1 Use any of the following data sources to assess and plan your worksite wellness programs? (select all that apply)
- Employee health assessment (1)
- Depression screening (2)
- Bio-metric screening (e.g. BMI, blood sugar, cholesterol) (3)
  a) Mental Health Screening (4)
- Employee needs and interest (5)
- Employee satisfaction (6)
- # of sick days used (7)
- Don't use (8)
- Other (please specify) (9) ____________________
OS12 Provide flex-time or paid work-time to participate in worksite wellness activities?
   ○ Yes (2)
   ○ No (0)

OS13 Have active internal champions who advocate and support the health promotion program (other than members of the wellness committee)?
   ○ Yes (2)
   ○ No (0)

OS14 Have an emergency preparedness plan?
   ○ Yes (2)
   ○ No (0)

OS15 Complete an emergency drill at least once during the past 12 months? (i.e. fire drill, earthquake drill, chemical spill)
   ○ Yes (1)
   ○ No (0)

OS16 Provide employees with information and resources on safety and accident prevention?
   ○ Yes (1)
   ○ No (0)

OS17 Have posters or flyers in the common areas of your worksite (such as bulletin boards, kiosks, break rooms) that identify the signs and symptoms of a heart attack/stroke or other medical emergencies?
   ○ Yes (1)
   ○ No (0)

OS18 Have an emergency response plan that addresses heart attack and stroke events or other medical emergencies?
   ○ Yes (2)
   ○ No (0)

OS19 Offer employees access to a nationally recognized training course on Cardiopulmonary Resuscitation (CPR) that includes training on Automated External Defibrillator (AED) usage.
   ○ Yes (3)
   ○ No (0)

OS20 Have one or more functioning AEDs in a place that a person can reach within 3-5 minutes of collapse?
   ○ Yes (3)
   ○ No (0)
Q162 Promote cancer prevention and/or cancer screening through brochures, videos, posters, pamphlets, newsletters, or other written or online information?
- Yes (1)
- No (0)

Q163 Organizes/promotes a mobile mammography unit to provide mammograms at your worksite?
- Yes (2)
- No (0)

Physical Wellness
Physical Activity I.
*Please answer the following questions: Thinking about the past 12 months, did your worksite...*

PA1 Provide an exercise facility or exercise space on-site?
- Yes (3)
- No (0)

PA2 Subsidize or discount the cost of on-site or offsite exercise facilities?
- Yes (3)
- No (0)

PA3 Provide or subsidize physical fitness assessments, follow-up counseling, and physical activity recommendations either on-site or through a community exercise facility?
- Yes (3)
- No (0)

PA4 Provide environmental supports for recreation or physical activity (e.g. provide trails or a track for walking/jogging, maps of walking routes, bicycle racks, open space for recreation or exercise)?
- Yes (3)
- No (0)

PA5 Post signs at elevators, stairwell entrances or exits and other key locations that encourage employees to use the stairs? Answer "n/a" if your worksite does not have stairs.
- Yes (3)
- No (0)
- N/A - no stairs (3)
PA6 Provide organized individual or group physical activity events for employees (other than the use of an exercise facility)

- Yes (3)
- No (0)

PA7 Promote physical activity through brochures, videos, posters, pamphlets, newsletters, or other written or online information that describe the benefits of physical activity?

- Yes (1)
- No (0)

PA8 Provide educational seminars, workshops, or classes on physical activity?

- Yes (2)
- No (0)

PA9 Provide free or subsidized self-management programs for weight management? (e.g. programs are provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans or programs, community groups, or other practitioners.)

- Yes (3)
- No (0)

PA10 Did your worksite implement any new strategies to increase physical activity among your employees in the last 12 months? This may include any of the above strategies or additional ones not listed.

- Yes (3)
- No (0)

PA11 Does your organization have an established written policy or formal communication that increases opportunities for physical activity? (e.g. paid or unpaid release time for employees to exercise)

- Yes (2)
- No (0)

Display This Question:
If PA11 Is Selected YES

PA11.1 Was this policy added or revised in the past 12 months?

- Yes (9)
- No (0)
- Don't know (6)
Physical Wellness II.
Nutrition

Please answer the following questions: Thinking about the past 12 months, did your worksite...

NA1 Provide places on-site to purchase/obtain food and beverage?
   ○ Yes (0)
   ○ No (9)
   If No Is Selected, Then Skip To NA8

NA2 Have a written policy or formal communication that makes healthier food and beverage choices available in cafeterias or snack bars?
   ○ Yes (1)
   ○ No (0)

Display This Question:
   If NA2 Is Selected Yes
NA2.1 Was this policy added/revised in the past 12 months?
   ○ Yes (9)
   ○ No (0)
   ○ Don't know (3)

NA3 Have a written policy or formal communication that makes healthier food and beverage choices available in vending machines?
   ○ Yes (1)
   ○ No (0)

Display This Question:
   If NA3 Is Selected YES
NA3.1 Was this policy added/revised in the past 12 months?
   ○ Yes (9)
   ○ No (0)
   ○ Don't know (6)

NA4 Ensure that most (more than 50%) of the food and beverage choices available in vending machines, cafeterias, snack bars, or other purchase points be healthier food items?
   ○ Yes (3)
   ○ No (0)

NA5 Provide nutritional information (beyond standard nutrition information on labels) on sodium, calories, trans fats, or saturated fats for foods and beverages sold in worksite cafeterias, snack bars, or other purchase points?
   ○ Yes (2)
   ○ No (0)
NA6 Identify healthier vending options or other food and beverage choices with signs or symbols? Such as "♥", or green for healthier items, red for unhealthy items.
- Yes (3)
- No (0)

NA7 Subsidize or provide discounts on healthier foods and beverages offered in vending machines, cafeterias, snack bars, or other purchase points?
- Yes (3)
- No (0)

NA8 Have a written policy or formal communication that specifies that healthier food and beverage choices be available during meetings when food is served?
- Yes (1)
- No (0)

Display This Question:
If NA8 Is Selected YES

NA8.1 Was this policy added/revised in the past 12 months?
- Yes (9)
- No (0)
- Don't know (6)

NA9 Provide educational seminars, workshops, mentoring/coaching or classes on nutrition?
- Yes (2)
- No (0)

NA10 Offer or promote an on-site or nearby farmer’s market where fresh fruits and vegetables are sold?
- Yes (1)
- No (0)

NA11 Provide brochures, videos, posters, pamphlets, newsletters, or other written or online information that address the benefits of healthy eating?
- Yes (1)
- No (0)

NA12 Provide free or subsidized self-management programs for healthy eating?
- Yes (2)
- No (0)
Physical Wellness III.
Tobacco Control

Please answer the following questions:  Thinking about the past 12 months, did your worksite...

T1 Have a written policy in place banning tobacco use at worksite?
☐ Yes (3)
☐ No (0)

Display This Question:
   If T1 Is Selected Yes
T1.1 Does this policy specifically include banning e-cigarettes?
☐ Yes (9)
☐ Maybe (8)
☐ No (7)

T2 Provide health insurance coverage with no or low out-of-pocket costs for prescription tobacco cessation medications including nicotine replacement?
☐ Yes (3)
☐ No (0)

T3 Inform employees about health insurance coverage or programs that include tobacco cessation medication and counseling?
☐ Yes (2)
☐ No (0)

T4 Refer tobacco users to a state or other tobacco cessation programs (e.g. 1-800-QUIT NOW; www.waytoquit.org)
☐ Yes (3)
☐ No (0)

T5 Provide health insurance coverage with no or low out-of-pocket costs for tobacco cessation counseling?
☐ Yes (2)
☐ No (0)
Physical Wellness IV.
Breastfeeding/Lactation Support
Please answer the following questions: Thinking about the past 12 months, did your worksite...

B1 Have a written policy or formal communication in place for breastfeeding/lactation support for employees?
☑ Yes (2)
☑ No (0)

**Display This Question:**
If B1 Is Selected YES

B1.1 Was this policy added/revised in the past 12 months?
☑ Yes (9)
☑ No (0)
☑ Don't know (6)

B2 Provide a private space (other than a restroom) that may be used by an employee to express breast milk?
☑ Yes (2)
☑ No (0)

B3 Provide flexible paid or unpaid break times to allow mothers to pump breast milk?
☑ Yes (2)
☑ No (0)

B4 Provide an on-site refrigerated space for breastmilk to be stored
☑ Yes (1)
☑ No (0)

Physical Wellness V.
Diabetes
Please answer the following questions: Thinking about the past 12 months, did your worksite...

DB1 Provide any of the following free or subsidized pre-diabetes and/or diabetes services (check all that apply):
☑ Risk assessment (beyond self-report) and feedback (3)
☑ Blood glucose screening (3)
☑ Clinical referral when appropriate (2)
☑ None of the above (0)
DB2 Provide access to any level of payment or reimbursement for participation in a diabetes prevention program for employees and/or family members with pre-diabetes or diabetes?
- Yes (3)
- No (0)
- Don't know (0)

Display This Question:
If DB2 Is Selected YES

DB2.1 Were any of these programs a CDC-Recognized National Diabetes Prevention Program (National DPP)?
- Yes (9)
- No (0)
- Not Sure (8)

DB3 Provide a series of educational seminars, workshops, and/or classes on preventing and controlling diabetes?
- Yes (3)
- No (0)

DB4 Provide space for employees with special health care needs to test or administer medications, including sharps containers for disposal of needles/lancets?
- Yes (2)
- No (0)

**Emotional Wellness**

Please answer the following questions: Thinking about the past 12 months, did your worksite...

E1 Provide stress management programs or events? Answer “yes” if these programs address stress management as a single health topic or if stress management is included with other health topics.
- Yes (3)
- No (0)

E2 Provide mental health programs or events? Answer “yes” if these programs address mental health as a single health topic or if mental health is included with other health topics.
- Yes (3)
- No (0)

E2 Provide dedicated space that is quiet where employees can engage in relaxation activities, such as deep breathing exercises, or meditation?
- Yes (2)
- No (0)
E3 Provide information and/or access about online or paper self-assessment mental health (i.e. stress, depression, anxiety) screening tools?
- Yes (2)
- No (0)

E4 Provide educational seminars, workshops, or classes on preventing and treating common mental illnesses such as depression or anxiety?
- Yes (3)
- No (0)

E5 Provide programs for employees on identifying and reducing workplace stress?
- Yes (3)
- No (0)

E6 Provide free or subsidized clinical screening for mental illness (beyond self-report) followed-by directed feedback and clinical referral when appropriate?
- Yes (3)
- No (0)

E7 Provide brochures, videos, posters, pamphlets, newsletters, or other written or online information that address emotional well-being?
- Yes (2)
- No (0)

E8 Promote your Employee Assistance Program and provide informational brochures on how to obtain services?
- Yes (2)
- No (0)

E9 Improve the worksite atmosphere by adding items that promote emotional well-being (e.g. flowers, plants, colorful decor)
- Yes (1)
- No (0)

E10 Have an established written policy concerning Mental Health or Suicide Crisis Management Procedure(s)?
- Yes (2)
- No (0)

E11 Provide training to management or staff on suicide prevention?
- Yes (2)
- No (0)
E12 Have an established written policy or formal communication that increases opportunities for activities that promote mental health (e.g. paid or unpaid release time for employees to attend parenting classes, support groups, or mental health counseling; meditate, or do other self-help activities)?

- Yes (2)
- No (0)

**Social Wellbeing**

Please answer the following questions: Thinking about the past 12 months, did your worksite...

S2 Host employee activities and/or social clubs? (e.g. book clubs, running club, etc.)

- Yes (1)
- No (0)

S3 Have an annual worksite employee appreciation picnic or party?

- Yes (2)
- No (0)

S4 Spotlight an employee in a company or wellness newsletter?

- Yes (1)
- No (0)

S5 Sponsor or organize social events for employees (either during work or after)? (e.g. holiday parties, after-hours events)

- Yes (2)
- No (0)

S6 Incorporate team building activities as part of staff meetings or other functions?

- Yes (2)
- No (0)

S7 Provide a common area for employees to eat, relax and socialize.

- Yes (1)
- No (0)

S8 Provide a bulletin board where information can be shared and where employees with similar interests can connect with each other?

- Yes (1)
- No (0)
Financial Wellbeing
Please answer the following questions: Thinking about the past 12 months, did your worksite...

F1 Offer paid sick time due to illness of employee or dependents?
  ○ Yes (1)
  ○ No (0)

F2 Offer paid time off (vacation time or personal days) to employees?
  ○ Yes (1)
  ○ No (0)

F3 Offer or host financial literacy classes or lunch-and-learn seminars.
  ○ Yes (2)
  ○ No (0)

F4 Provide information to employees about financial benefits and financial planning (e.g. debt management, retirement, investing)
  ○ Yes (2)
  ○ No (0)

F5 Provide education/tuition reimbursement to employees for continuing education, college courses or certifications?
  ○ Yes (3)
  ○ No (0)

F6 Offer financial tax-reducing health or retirement benefits? (e.g. 401K, IRAs, flex spending accounts, etc.)
  ○ Yes (3)
  ○ No (0)

F7 Provide employee discount and gift programs? (e.g. movie tickets, car insurance, ski pass, etc.)
  ○ Yes (2)
  ○ No (0)

Community Wellbeing
Please answer the following questions: Thinking about the past 12 months, did your worksite...

C1 Promote and encourage the use of public transportation and carpooling? (e.g. provides discounted or free UTA passes, organize a ride share board)
  ○ Yes (3)
  ○ No (0)
C2 Have an active recycling program?
- Yes (1)
- No (0)

C3 Promote and encourage employees to participate in community sponsored events outside of work? (e.g. evening concert series, 5Ks for charity)
- Yes (2)
- No (0)

C4 Offer paid release-time to volunteer in the community during regular work hours? (e.g. Meals on Wheels, Red Cross, United Way)
- Yes (3)
- No (0)

C5 Promote the use of local parks, trails and open space in local communities?
- Yes (2)
- No (0)

C6 Provide bike racks for employees and encourage active transportation? (i.e. riding bikes to work)
- Yes (2)
- No (0)

C7 Promote the use of community resources? (e.g. libraries, rec-centers, etc)
- Yes (2)
- No (0)
Q143 Thinking of your entire worksite wellness program, please indicate which of the following you would say have been challenges or barriers to the success of your worksite wellness program? (check all that apply)

☐ Lack of high-risk employees participation (1)
☐ Lack of employee interest/engagement in general (2)
☐ Lack of available resources (cost to company/employee time) (3)
☐ Lack of support from management (4)
☐ Lack of facilities to accommodate programs (6)
☐ Other (please specify) (5) ____________________

Q148 Would you like additional resources and assistance in establishing or strengthening your worksite wellness program?

☐ Yes (4)
☐ No (5)

Q165 Remember: As part of your application. Please submit supporting worksite wellness documents (worksite policies, mission statement, pictures, etc.) that supports your application to: dustinjones@utah.gov