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*Rhode Island's resource for business advocacy, action,
progress and policies.*

Worksite Health Awards Ceremony May 31, 2007

13th 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 those 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. These initiatives are also essential to support Rhode Island's "Well State" vision.

The awards honor businesses that support prevention through written materials, seminars, lectures, and a demonstrated 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 9, 2007 to:

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

Please include only those educational materials and programs that have been promoted and implemented in 2006.

SAVE THE DATE

13th Annual Worksite Health Awards Ceremony

Thursday, May 31, 2007

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

Guest Speaker: Gary Marino

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



Your Plan for Life.™

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.*)

For award consideration, please provide supporting material for the following three items.

In 2006, our company:

1. Had a written wellness plan (Must be in place to qualify for higher level award.)

2. Had a written health promotion mission statement in place

3. Surveyed its employees to determine what wellness initiatives may be needed (*Please attach sample survey.*)

Please check any of the following that apply to your worksite. Briefly describe all checked items in a separate attachment.

Printed literature for the workplace promoting community health and fitness activities (e.g., community road races)

Printed literature 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)

Posted health-related information in the form of posters, flyers, etc.

Distributed literature to every employee about healthful lifestyles through such vehicles as payroll stuffers, mailboxes, e-mail, Web sites, etc.

Established a video library or resource center for use by employees

Implemented use of self-care medical guides and/or nurse advice hotline, etc.

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

In 2006, our company sponsored or promoted the participation of employees in 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 2006, 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
- Involved 60% of all employees in at least one or more worksite health and safety program
List program(s): _____
- Established limited duty programs to support timely return to work
- Made available an Employee Assistance Program 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 and attach all supporting material.)*

In 2006, our company:

- Created a dedicated budget for Health Promotion (Must have been implemented in 2006 to qualify for higher level award.)
- Developed and implemented a company policy regarding injury prevention in the workplace
- Implemented health risk assessments/appraisals in the last two years *(Please attach the assessment.)*
- 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-related events)
- Provided a recognition program to award employees for their personal achievements in health enhancement or participation in the promotion of healthful lifestyles
- Utilized credentialed health, safety, and/or fitness specialists for the delivery of information/education to employees
- Made available alternative healthful foods and drinks for employees to choose from (e.g., cafeteria/vending machine selections)
- Had a designated Wellness/Health Promotion Coordinator or Wellness Committee

Our company has a written smoking policy: Yes No
If there is a “no smoking on company property” clause in your written policy, you may qualify for a higher level award. Please attach your written policy.

V. We want to hear about an outstanding program you implemented.

In a separate document, please include details on your program and why it was such a success.

- Check here if you have applied for a national wellness award through the Wellness Councils of America (WELCOA).
 - Check here if you have won a WELCOA award this past year.
- What award did you win? _____

Thank You . . .

Your hard work may qualify you for a national wellness award from the Wellness Councils of America (WELCOA). The Worksite Wellness Council of Rhode Island (WWCRI) is offering you the opportunity to support the Well State Initiative, and earn a national wellness award in the process, by putting your Chamber award application into the WELCOA format.

I would like to be contacted by the Worksite Wellness Council of Rhode Island regarding WELCOA award submission.

For more information on the WELCOA awards or the WWCRI, please contact Debra Foley at (401) 334-1007 or e-mail her at wellri@wwcri.org.

worksite
wellness
council
of Rhode Island

