

VBCH Wellness in the Workplace Awards (1)

Created: June 25 2008, 1:53 PM
Last Modified: June 25 2008, 1:53 PM
Design Theme: Basic Red
Language: English
Button Options: Labels
Disable Browser "Back" Button: False

VBCH Wellness in the Workplace Awards



Page 1 - Question 1 - Name and Address (U.S) [Mandatory]

What is your name, organization name and address?

- Name
- Company
- Address
- City
- State
- Zip

Page 1 - Question 2 - Open Ended - One Line [Mandatory]

What is your office phone number (including area code)?

Page 1 - Question 3 - Open Ended - One Line [Mandatory]

What is your email address?

Page 1 - Question 4 - Choice - One Answer (Bullets) [Mandatory]

How large is your organization?

- 50 or fewer people (small)
- 50 - 249 people (medium)
- 250 - 300 people (large)
- 301 - 500 (large)
- 501 - 1,499 (large)
- 1,500 or greater

Page 1 - Question 5 - Yes or No [Mandatory]

Does your organization have a wellness program for employees?

- Yes **[Skip to 3]**
- No

If you answered "No" to question #5, is your organization planning to implement a wellness program this year?

- Yes
- No

If you answered "Yes" to question #6, will you continue to provide or expand your wellness offering this year? Thank you for completing this survey! Come back next year and let us know about your success with your Wellness program!

- Yes [Skip to End]
- No [Skip to End]

SENIOR MANAGMENT SUPPORT

Is senior management engaged in the organization's wellness initiatives?

- Yes
- No

What is your ANNUAL budget for wellness initiatives?

- \$1 - \$5,000
- \$5,001 - \$15,000
- \$15,001 - \$50,000
- \$50,001 +

What is your organization's short-term (1 year) strategic priorities for wellness program initiatives?

.....

.....

.....

.....

What is your organization's long-term (5 year) strategic priorities for wellness program initiatives?

.....

.....

.....

.....

CREATING COHESIVE WELLNESS TEAMS: The Wellness Team develops, guides and oversees the company's wellness efforts; establishes a vision which drives the team; and, decides on goals (i.e. contain health care costs, decrease absenteeism, teach basic nutrition concepts, etc.)

Has your organization assembled a Wellness Team?

- Yes
- No
- Not sure

How is the Wellness Team assembled?

- Not applicable
- Appointments
- Volunteers
- Both
- Not sure

Who are the Wellness Team members? (Please select all that apply)

- Benefits managers
- Front-line employees
- Health care representatives
- Human resources personnel
- Information systems representatives
- Marketing and communications directors
- Not applicable
- Safety coordinators
- Senior and mid-level managers
- Union representatives
- Other, Please Specify

What is your organization's Wellness Vision Statement? (Please be brief)

.....

.....

.....

.....

Was the Wellness Vision Statement developed by the company's senior management or the Wellness Team?

- Management
- Wellness Team
- Both
- Not applicable
- Not sure

Has the Wellness Team/Coordinator established a communications plan to promote the company's vision, employee activities, health education, program updates, initiative status, etc.?

- No
 - Yes, please briefly describe
-

COLLECTING DATA TO DRIVE HEALTH EFFORTS

Does your organization measure the effectiveness of the wellness program?

- No
 - Yes, please briefly describe
-

How frequently is measurement of the wellness program performed?

- Monthly
- Every other month
- Every 6 months
- Every 12 months
- Not applicable

Does the organization utilize Health Risk Appraisals (HRAs)?

- Yes
- No

Do your Health Risk Assessments include a member's lab work, i.e. is there a blood draw included in the HRA?

- Yes
- No

Are HRAs done electronically?

- Yes
- No
- Not applicable

How often does the organization perform HRAs?

- Annually
- Every 2 years
- Other
- Never

Page 5 - Question 24 - Choice - Multiple Answers (Bullets)

[Mandatory]

How is the effectiveness of the wellness program measured? (Please check all that apply)

- Containment of health care costs
- Employee satisfaction
- Increase in productivity
- Measurement is not performed
- Reduction in absenteeism
- Utilization of services, education programs, other health programs
- Other, Please Specify

Page 6 - Heading

DETERMINING HOW YOUR PROGRAM IS GOING TO BENEFIT BOTH THE EMPLOYEES AND THE COMPANY.
DEFINING THE OPERATING PLAN FOR THE WELLNESS PROGRAM

Page 6 - Question 25 - Yes or No

[Mandatory]

Does the organization have an operating plan for the wellness program?

- Yes
- No

Page 6 - Question 26 - Choice - Multiple Answers (Bullets)

[Mandatory]

What areas are addressed in the operating plan? (Please check all that apply)

- Addresses the types of marketing and communication mediums that will be used to "get the word out"
- Establishing an evaluation plan for determining the success of the wellness program
- Establishing objectives that are specific, measurable, achievable, realistic and time specific
- Establishing the budget
- Establishing/updating a plan to perform a "physical" on your workplace environment (i.e. nutrition, tobacco, and alcohol environment; neighborhood, parking, grounds, and fitness center assessments)
- Establishing/updating the company's vision statement
- Establishing/updating the goals of the wellness program
- My organization does not have an operating plan
- Provide detailed information establishing implementation and timeline

Page 7 - Heading

CHOOSING APPROPRIATE INTERVENTIONS: theory into practice; keeping the wellness program current and measurable

Page 7 - Question 27 - Choice - One Answer (Bullets)

[Mandatory]

Is part of the organization's wellness program determining risk factors prevalent in your population?

- Yes
- No

What does senior management want the wellness program to achieve? (please check all that apply)

- Disease management
- Employee retention
- Greater understanding of the population's health status (healthier population)
- Increased productivity
- Management has not established goals
- Not sure
- Short-term cost savings
- Other, Please Specify

Is there a written plan that takes into consideration employees' wants/feedback?

- Yes
- No

To whom or what does the Wellness Team/Coordinator refer to for the latest health trends? (Check all that apply)

- American Journal of Health Promotion
- Consultants
- Industry leaders similar to your organization
- Not applicable
- Plan provider
- Virginia Business Coalition on Health
- Virginia Department of Health
- WebMD
- WELCOA
- Other, please specify

CREATING A SUPPORTIVE ENVIRONMENT ...an environment that supports healthy lifestyles

Does the organization have health-friendly facilities?

- Yes
- No

How does your organization promote a healthy environment? (please check all that apply)

- Cafeteria offers healthy foods
- Heating and ventilation is adjustable, comfortable and healthful
- Lockers and showers are available for employees who work out before work or during breaks

- Natural light is used whenever possible; all lighting is appropriate and adequate
- No smoking areas onsite
- None
- On site company health clinic
- Private areas for breastfeeding mothers
- Safety hazards have been eliminated
- Signs and bulletin boards are placed in strategic places throughout the worksite promoting nutrition facts/tips, exercise programs, diet programs, walking schedules, fitness center discounts, etc.
- Stairs are clean and well lit, convenient and pleasant to use
- Vending machines with healthy food and beverage choices
- Work station furniture conforms to ergonomic standards
- Workout area, walking paths, playing fields, basketball hoop, or other exercise opportunities onsite or nearby
- Other, Please Specify

Page 8 - Question 33 - Choice - Multiple Answers (Bullets)

[Mandatory]

Which of these policies does your organization perform to demonstrate support towards wellness (check all that apply):

- Absenteeism policy rewards employees who don't use sick days
- Emergency procedures are developed, known, and practiced
- Employee assistance program is available to help employees with chemical dependencies, depression, family problems
- Excessive overtime is discouraged
- Flexible work schedules allow employees to exercise, attend children's school conferences, etc.
- Medical care coverage rewards good health
- Membership at a fitness facility is partially reimbursed
- Nonsmoking policy is enforced
- Prohibited behaviors are promptly confronted
- Seatbelt use required in company vehicles
- Shift workers are scheduled to allow adequate rest
- There are no wellness policies
- Other, please specify

Page 8 - Question 34 - Choice - One Answer (Bullets)

[Mandatory]

Corporate culture that models and supports healthy behavior:

- Yes
- No
- Maybe

Page 8 - Question 35 - Choice - Multiple Answers (Bullets)

[Mandatory]

How does the organization provide an ongoing health promotion program? (check all that apply):

- A wide variety of awareness classes are offered; there are topics of interest for everyone
- Employees are encouraged to provide feedback about the company's wellness program; the company uses the feedback to determine if changes are needed to improve the wellness program
- Employees are familiar with the ongoing programs
- Employees can teach classes in skill areas, from sports to relaxation techniques to budgeting
- New employees are oriented to the wellness program as one of the employee benefits
- No ongoing health promotion programs are provided
- Opportunities to participate are abundant and it's easy to sign up

- Policies are updated to reflect changing trends
 - The programs and wellness staff are well known in the company
 - Use intranet to push wellness objectives, information, and programs/activities
 - Other, please specify
-

Page 9 - Heading

CONSISTENTLY EVALUATING OUTCOMESdetermining the value of what you've done

Page 9 - Question 36 - Choice - One Answer (Bullets)

[Mandatory]

After performance measurements are gathered and analyzed, were the organization's wellness objectives achieved?

- Some; less than 20%
- About 50%
- About 75%
- Achieved 100%
- No measurement data is compiled

Page 9 - Question 37 - Choice - Multiple Answers (Bullets)

[Mandatory]

Who do you look to for planning and advice regarding having a successful wellness program? (Please check all that apply)

- Ask a friend
 - Compare your outcome with industry standards
 - Health plan
 - Internet
 - National consultants
 - Not applicable
 - Third Party Administrator (TPA)
 - Virginia Business Coalition on Health
 - WELCOA
 - Other, Please Specify
-

Page 9 - Question 38 - Choice - Multiple Answers (Bullets)

[Mandatory]

Who receives reports and information about the performance of the Wellness program (check all that apply)?

- Company newsletters
- Consultants
- Management
- Not applicable
- Participants
- Press
- Staff meetings
- Stockholders

Thank You Page

"Thank You" for completing the Wellness in the Workplace Awards Nomination Survey. You have one "Thank You" for completing the Wellness in the Workplace Awards Nomination Survey. You have one final step before your eligibility can be reviewed and judged against all other entries. Please provide supporting materials regarding your Wellness efforts by submitting materials such as flyers, brochures, pictures or graphic representations of the answers provided in this questionnaire that will enhance the selection committee's understanding of your program. Kindly submit one original copy of the supporting documents and mail to:

Virginia Business Coalition on Health
287 Independence Blvd, Pembroke Two, Suite 120
Virginia Beach, Virginia 23462
Attention: WWA Committee Chair

Submit up to ten (10) supporting documents.

Please note in your correspondence your name and organization, your email address, title, and phone number.

All entries must be completed by 11:59 PM on May 5th and supporting documentation by US Postal/Courier must be metered no later than May 5th (please allow no more than three (3) day delivery).

final step before your eligibility can be reviewed and judged against all other entries. Please provide supporting materials regarding your Wellness efforts by submitting materials such as flyers, brochures, pictures or graphic representations of the answers provided in this questionnaire that will enhance the selection committee's understanding of your program.

Kindly submit one original copy of the supporting documents and mail to:

Virginia Business Coalition on Health
287 Independence Blvd, Pembroke Two, Suite 218
Virginia Beach, Virginia 23462
Attention: WWA Committee Chair

Submit up to ten (10) supporting documents.

Please note in your correspondence your name and organization, your email address, title, and phone number.

All entries must be completed by 11:59 PM on May 5th and supporting documentation by US Postal/Courier must be metered no later than May 5th (please allow no more than three (3) day delivery).

<http://www.myvbch.org/wellnessAwards.php>



Screen Out Page

Redirect: <http://www.myvbch.org/>

Over Quota Page

(Standard - Zoomerang branding)

Survey Closed Page

Awardees which will be recognized at the VBCH Business and Health Summit.
Everyone is a winner when you have a great Wellness in the Workplace program!

<http://www.myvbch.org/wellnessAwards.php>