

MVP Workplace Well-Being Award Application



This application is to be completed by a member of the company applying for an MVP Health Care® Workplace Well-Being Award, and not by an external party (i.e., consultant or broker).

Section 1: Company and Contact Information *(please print)*

Company Name

Company Street Address

City

State

Zip Code

Contact Name *(First, Last)*

Contact Title

Contact Email

Phone No.

Type of Business *(Select one that applies)*

- Manufacturing–Mining/Construction/Energy/Petroleum
- Manufacturing–Products (Equipment, Chemicals, Pharmaceuticals, Food/Beverage, Printing/Publishing, etc.)
- Transportation, Communications, or Utilities
- College, University, or Other Educational Company

- Financial Institution (Bank, Insurance, Real Estate)
- Hospital, Health Care Clinic, or Other Health Services
- Government (Federal, State, or Local)
- Retail
- Other:

No. of Employees

No. of Worksites
(including headquarters)

No. of Worksites that Offer
Well-Being Programs Regularly

If you have worksites or operating companies, which of the following best describes how health and well-being programs are treated across your company?

- We attempt to provide the same or equivalent programs across all locations.
- Multiple operating companies or divisions have their own health and well-being programs.
- Programs vary across locations intentionally because of difference in employee population.
- Programs vary across locations for other reasons.
- We don't have other office locations.

Section 2: Leadership and Organization Support

Leadership and organizational support play a critical role in affecting a company's approach to well-being.

Is your employee well-being incorporated into the company's overall strategic plan? Yes No

Is your well-being program branded (recognizable name/logo)? Yes No

Does your well-being program have a formal, written strategic plan for health and well-being that fits into the company's overall strategic plan?

Yes, a long-term plan (two or more years) Yes, an annual plan Yes, a long-term (two or more years) and annual plan No

Are mid-level managers and supervisors supportive of employee participation in health and well-being initiatives?

Always Often Sometimes Never

Does your company have a steering committee to set well-being program strategy (goals and objectives)? Yes No

Does your company have a lead who is responsible for managing the well-being strategy? Yes No

(Section 2 continued)

Does your company have a team to support your well-being lead (if applicable) to implement initiatives? Yes No

If you answered **Yes**, select all below that apply:

- | | |
|---|---|
| <input type="checkbox"/> The well-being program has an executive sponsor. | <input type="checkbox"/> Meeting minutes are recorded and distributed to all team members after each meeting. |
| <input type="checkbox"/> The well-being team has a designated term. | <input type="checkbox"/> The well-being team progress is provided to the company's senior leadership team in quarterly updates. |
| <input type="checkbox"/> The well-being team has cross-functional representation. | <input type="checkbox"/> The well-being team members act as healthy role models. |
| <input type="checkbox"/> The well-being team meets on a regular basis. | <input type="checkbox"/> None of the above apply. |
| <input type="checkbox"/> The well-being team meetings have a formal agenda. | <input type="checkbox"/> Other: |

Does your company have a designated annual budget to support the well-being program (e.g., program supplies, incentives, vendors, etc.)? Yes No

How does your company communicate its well-being values? *(Check all that apply)*

- A corporate mission and/or values statement exists that supports employee health and well-being.
- The company's leaders communicate well-being messages to the company.
- Leaders encourage and support employee participation in wellness events.
- The company's leaders formally designate time for staff member(s) to plan and implement health and well-being initiatives.
- Management recognizes/rewards employee participation in health and wellness activities.
- New employees receive information about corporate wellness policies and activities during orientation.
- None of the above.
- Other:

How does your company communicate information about employee well-being or well-being incentives to employees? *(Check all that apply)*

- | | | |
|---|--|--|
| <input type="checkbox"/> Targeted emails | <input type="checkbox"/> Posters/flyers | <input type="checkbox"/> Social media |
| <input type="checkbox"/> Company newsletter | <input type="checkbox"/> Company intranet | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Postal mailings | <input type="checkbox"/> Specific well-being website | <input type="checkbox"/> Other: |

Section 3: Programs and Communications

To actively engage your employees, it is necessary to plan appropriate health promotion programs based on employees' interests and the company's worksite well-being goals.

How would you identify your well-being program approach?

- Morale:** focus is on fun activities, no risk reduction, no evaluation
- Traditional:** focus on healthy activities, some risk reduction, some evaluation
- Results-driven:** focus on making an impact and on measuring what the impact is

Does your company provide health behavior change programs that are offered to all employees, regardless of whether they are enrolled in an MVP health plan (e.g., coaching, biometric screenings, etc.)?

- Yes Some are offered No I'm not sure

Are spouses and/or dependents able to participate in some or all well-being programs?

- Yes, they can participate in all programs. No, well-being programs are available to employees only.
- Yes, they can participate in some programs.

Does your company provide well-being programs, initiatives, or resources within any of the following dimensions of well-being? *(Check all that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Financial —money management | <input type="checkbox"/> Social —positive family, friend, and coworker relationships |
| <input type="checkbox"/> Physical —activity, nutrition, or medical | <input type="checkbox"/> Surroundings —interactions at home, work, or in the community |
| <input type="checkbox"/> Mind & Spirit —life-balance, stress management | |

*(Section 3 continued)***How do you implement/deliver programs?** *(Check all that apply)*

- | | | |
|--|--|--|
| <input type="checkbox"/> Multi-week group programs | <input type="checkbox"/> Webinar or online program | <input type="checkbox"/> Team-based programs |
| <input type="checkbox"/> Single-session workshops | <input type="checkbox"/> Health fair | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Group events in the community | <input type="checkbox"/> Health coaching | <input type="checkbox"/> Other: _____ |

What activities do you provide incentives for? *(Check all that apply)*

- Participating in one or more well-being program(s) or event(s) (participatory incentives)
- Achieving, managing, or showing progress toward specific health-status targets
- Completing a specific activity related to a health factor (health-contingent, activity incentives)
- None of the above
- Other:

What type of incentives do you offer your employees for participation in your well-being program? *(Check all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> Financial contribution to an employee via spending/savings account (Health Reimbursement Arrangement, Flexible Spending Account, Health Savings Account) | <input type="checkbox"/> Extra vacation days or paid time off |
| <input type="checkbox"/> Lower premium contributions | <input type="checkbox"/> Promotional items (e.g., t-shirts, water bottles, etc.) |
| <input type="checkbox"/> Lower cost-sharing contributions (e.g., co-pays, co-insurance, etc.) | <input type="checkbox"/> Gym membership |
| <input type="checkbox"/> Specific medical plan eligibility (e.g., low deductible if certain requirements are met) | <input type="checkbox"/> Drawing for large prize (e.g., TV, vacation, new car, etc.) |
| <input type="checkbox"/> Gift cards/cash | <input type="checkbox"/> We do not offer incentives |
| <input type="checkbox"/> Recognition | <input type="checkbox"/> None of the above |
| | <input type="checkbox"/> Other: |

Section 4: Measurement and Evaluation

By establishing measurable goals and objectives at the start of your program, and collecting data along the way, you can be sure to keep the momentum moving in a forward direction.

What type of information does your company collect to evaluate your well-being programs? *(Check all that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Participant satisfaction survey | <input type="checkbox"/> Personal Health Assessment aggregate data |
| <input type="checkbox"/> Interest survey | <input type="checkbox"/> Employee demographics |
| <input type="checkbox"/> Program participation data | <input type="checkbox"/> Worksite wellness audit |
| <input type="checkbox"/> Health care utilization and cost data | <input type="checkbox"/> Worker's compensation claims |
| <input type="checkbox"/> Disability and absence data | <input type="checkbox"/> WellLife/WellStyle/WellBeing Rewards reports (e.g., dashboard, assessment, cohort) |
| <input type="checkbox"/> Workforce health risk data | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Company culture data | <input type="checkbox"/> Other: |

How do you use the data that you collect from the various sources you indicated above? *(Check all that apply)*

- Measure employee satisfaction and participation of your wellness program
- Track aggregate employee population health status over time
- Set goals and objectives for your wellness program (strategic planning)
- Track progress toward the goals and objectives set in your strategic plan
- Develop future well-being programs and initiatives
- Help determine how successful a specific wellness program/initiative was
- None of the above
- Other:

*(Section 4 continued)***How often do you use the data that you collect from the various sources you indicated above?** *(Check all that apply)*

- Monthly Quarterly Bi-Annually Annually Never

Which stakeholders regularly receive well-being program performance data and information? *(Check all that apply)*

- Senior leadership Wellness champions/Wellness Committee
 Managers/supervisors Program vendors
 Employee population We do not regularly share performance data with any stakeholders

Section 5: Workplace Environment***Creating a company culture that supports health and wellness can't be accomplished without the implementation of environmental and policy changes.*****Which of the following flexibility options are available to employees?** *(Check all that apply)*

- Flextime Compressed workweek Shift changes for hourly workers
 Telecommuting Seasonal schedules (employees may trade, pick up, or drop shifts)
 Alternative worksites Part-time/reduced work schedules None of the above
 Other:

Does your company's physical environment(s) include any of the following? *(Check all that apply)*

- Walkable, safe surrounding area/street Dedicated quiet/relaxation room
 Access to bicycle storage racks Carpool incentive
 Proximity to a bus line/form of public transportation Lactation room
 Well-lit, safe stairwells None of the above
 Community/shared garden Other:
 Outdoor space for activities

Does your company provide and/or promote any of the following best practices related to physical activity? *(Check all that apply)*

- Access to a free on-site fitness center/gym Use of stairs is promoted
 Access to an on-site fitness center/gym at a cost Stretch breaks are encouraged throughout the day
 Space available for free on-site fitness classes Reimbursements provided for external fitness center memberships
 Space available for on-site fitness classes at a cost Locker rooms and shower facilities
 Organized recreation/sports programs Ergonomic options (e.g., sit or stand desks, walking desks, etc.)
 Time off for physical activity None of the above
 Community walking trails Other:
 Safe walking routes developed on company grounds

Does your company provide and/or promote any of the following best practices related to nutrition/weight management? *(Check all that apply)*

- Access to an on-site cafeteria or vending machines with healthy options available
 Policy requiring healthy food options at company meetings/gatherings
 Written policy or formal communication that make healthier food and beverages available in cafeterias, vending machines, or snack bars
 50% of items offered in the cafeteria, vending machines, or snack bars are healthy foods
 Access to no-cost, fresh/filtered water
 Weight management support groups
 Reimbursements for participation in weight management support group
 Proper refrigeration available to store food items
 None of the above
 Other:

(Section 5 continued)

Does your company provide and/or promote any of the following best practices related to the tobacco use? *(Check all that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Tobacco-free campus/worksite or anti-smoking policy in place | <input type="checkbox"/> Smoking cessation class fees are reimbursable |
| <input type="checkbox"/> Smoking prohibited on company grounds | <input type="checkbox"/> Company offers free or subsidized nicotine replacement therapy |
| <input type="checkbox"/> Actively enforce a written policy banning tobacco use | <input type="checkbox"/> Company participates in national anti-smoking campaigns |
| <input type="checkbox"/> Display signs with information about your tobacco-use policy | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Designated areas for allowed tobacco use away from the building | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Smoking cessation medication is reimbursable | |

Does your company provide and/or promote any of the following best practices related to personal health awareness, prevention, and screening? *(Check all that apply)*

- Employees are encouraged/incentivized to participate in an annual Personal Health Assessment or other Health Risk Appraisal
- A variety of on-site biometric health screenings are offered to employees at no cost
- An on-site health fair is held annually
- Information about the importance of preventive care and preventive care guidelines are promoted to employees
- Information about proper self-care guidelines is provided to employees
- Flu shots are offered to employees at no cost
- Information about ergonomic issues is provided
- None of the above
- Other: _____

Section 6: Worksite Innovation

Optional: Complete this section if you would like your company to be considered for the Innovation in Workplace Well-Being Award.

Describe an innovative initiative, program, or event your company has implemented to enhance and support the well-being of your employees. In your response, please provide a brief description of what you implemented, your rationale for selecting it, your target population, and the outcomes you have observed since implementation. Please limit your response to a maximum of 1,000 words.

If your response does not fit on this page, please send it as an attachment with your completed award application.

Completed applications must be submitted to workplacewellbeing@mvphealthcare.com by Friday, June 28, 2019.

Award recipients will be notified in late July and will receive recognition at the MVP Workplace Well-Being Summit on Wednesday, September 18, 2019.

For more information on the application and the summit, please visit mvphealthcare.com/workplacewellbeing.

Questions? Email workplacewellbeing@mvphealthcare.com or contact your dedicated MVP Well-Being Strategist.

Submit
Application