

2019 WWCMA WorkWell Massachusetts Award

Introduction of the WWCMA WorkWell Application

The Worksite Wellness Council of Massachusetts created the WorkWell Massachusetts Awards Program to recognize employers in their exemplary work in wellness. Employers will be recognized for their work by earning a Gold, Silver, or Bronze Award.

The WorkWell Massachusetts Award application is designed to collect detailed information about your wellness interventions and strategies in the worksite to prevent chronic conditions and promote overall well-being. Throughout the application, for simplicity, we refer to all activities and initiatives related to improving health as “wellness program”. Our definition of wellness encompasses the holistic approach to overall well-being, which includes physical, emotional, community, spiritual, intellectual, environmental, financial and social well-being.

All applicants are encouraged to provide as much information as possible about their wellness program. These details allow reviewers with no previous information on the program to most effectively evaluate your efforts to provide a worksite environment that encourages employees to be healthy.

There are four key steps to complete your submission:

1) Application Fee

If you are a WWCMA member there is no charge to submit your application. If you are not a WWCMA member, the application fee is \$75 (click [here](#) to pay the fee). If you do not submit your payment your application will not be reviewed. Not a member? [Join Today](#)

2) Complete the HERO Scorecard

If you have not already, please complete the HERO Health and Well-being Best Practices Scorecard in Collaboration with Mercer© (HERO Scorecard) within the past 12 months. The Health Enhancement Research Organization (HERO) Scorecard is a tool designed to help organizations learn about best practices for promoting workplace health and well-being, and to discover opportunities to improve and measure progress over time. To complete the scorecard, visit the following URL: <http://hero-health.org/scorecard/>. Please note that it takes approximately 45 minutes to complete the scorecard, once you have your information collected. Be sure to save your responses as you go.

3) Attach your HERO Scorecard Responses

Where prompted in the application, please attach your responses and scores to the HERO scorecard. Please note that attaching your responses and scores is required in order to be considered for a WorkWell Massachusetts Award. If you

need to retrieve your HERO scores or copy of responses, please contact info@hero-health.org, or call 1-952-835-4257.

4) Complete the WorkWell Massachusetts Application

Complete the following WorkWell Massachusetts application questions contained in the following sections:

- i) HERO Scorecard
- ii) Demographic Information
- iii) Strategic Planning & Organizational Support
- iv) Program Design & Implementation
- v) Engagement
- vi) Measurement & Evaluation

The application will close on May 15, 2019. If you are not able to complete this application in one sitting, you may save the application and return to it later. Please click the “Create an Account” or “Login” buttons at the top of this page to begin the application. If you have any questions about the application process, please contact awards@wwcma.org. Thank you for taking the time to participate in this WorkWell Massachusetts Awards Program.

Use of Data Consent

Information submitted in this application and the attachments may be used for purposes outside of the application process (i.e. Annual Conference, Award profiles, WWCMA marketing/communications, sharing best practices, website, webinars, etc.).

- I agree to allow WWCMA to use this information
- I do not agree to allow WWCMA to use this information

HERO Scorecard

1. Enter the date you completed the HERO Scorecard:

[Date field]

2. For each category, please provide the scores that you received after completing the HERO scorecard. You would have received an email from HERO summarizing your scores. Enter them in the table below.

	Enter your organization's score (found on the HERO Scorecard)
Section 1: Strategic Planning (20 Points)	Enter score (max 20 points)
Section 2: Organizational and Cultural Support (50 Points)	Enter score (max 50 points)
Section 3: Programs (40 Points)	Enter score (max 40 points)
Section 4: Program Integration (16 Points)	Enter score (max 16 points)
Section 5: Participation Strategies (50 Points)	Enter score (max 50 points)
Section 6: Measurement and Evaluation (24 Points)	Enter score (max 24 points)
Total Points (max 200)	Sum scores above

3. Please upload a copy of your responses to the HERO Scorecard.

[Upload attachment]

Demographic Information

1. What is the name of your organization (as to be displayed on the Award)?

2. Are you (for instance, a consultant or broker) submitting this application on behalf of your client? (Yes/ No)

If Yes, then populate these questions:

2a. What is your relationship to the organization (i.e., broker, consultant, vendor, etc.?)

2b. Name of the person completing this application.

2c. What is your email address?

2d. What is your phone number? (XXX-XXX-XXX)

If No, then populate these questions:

2e. Name of the person at the organization completing this application

2f. What is your title at the organization?

2g. What is your email address?

2h. What is your phone number? (XXX-XXX-XXX)

3. Please attach a high resolution image of your organization's logo. This will be used in the Council's marketing/communications.

4. Please provide a short description (2-3 sentences) of your organization. This will be used in the Council's marketing/communications.

5. Please provide a short description (2-3 sentences) of your wellness program (to be used in Council's marketing/communications).

6. If you work with a Broker or Consultant, provide the name of the company.

7. Where is your organization headquartered?

8. Number of office locations

9. Total number of all employees who work at your organization

	Part-time	Full-time	Total Employees
In Massachusetts Only			
In Maine Only			
In Vermont Only			
In New Hampshire Only			
In Connecticut Only			
In Rhode Island Only			
Outside New England (excluding states listed above)			
Total			

10. Does your organization have multiple work shifts? Y or N

11. Please indicate who is eligible to participate in your organization's wellness program? (Select all that apply)

- Full time employees
- Part time employees
- Spouses or domestic partners
- Family members/dependents
- Union members
- Only those on the health plan
- Other _____

12. How long has your organization's wellness program been active?

- Less than a year
- 1-3 years
- 4-6 years
- 7-10 years
- Greater than 10 years

13. Choose the primary industry category of your organization:

- Agriculture, Forestry, Fishing, and Hunting
- Mining, Quarrying, and Oil and Gas Extraction
- Utilities
- Construction
- Manufacturing
- Wholesale Trade
- Retail Trade
- Transportation and Warehouse
- Information
- Finance and Insurance
- Real Estate, Rental and Leasing
- Professional, Scientific, and Technical Services
- Management of Companies and Enterprises
- Administrative, Support and Waste Management Remediation Services
- Educational Services
- Health Care and Social Assistance
- Arts, Entertainment, and Recreation
- Accommodation and Food Services
- Other Services (except Public Administration)
- Public Administration
- Other (Please Describe) _____

Strategic Planning & Organizational Support

1. What time frame does your written strategic plan cover for your wellness program?

- Do not have a strategic wellness plan
- Less than 1 year
- 1 year
- 2 years
- 3 years
- More than 3 years (Please indicate the number of years) _____

2. What components does your strategic plan address? (Select all that apply)

- Annual organizational goals and objectives
- Budget
- Communication Strategy
- Evaluation Metrics
- Incentives
- Leadership support
- Supportive work environment (e.g., policies and environmental supports)
- Targeted interventions that address awareness and education
- Targeted interventions that address behavior change
- Targeted interventions that identify health risks
- Other (Please Describe) _____
- None of the above

3. Please upload a copy of your strategic wellness program plan, including vision statement, mission statement, goals/objectives, logo/branding, etc.

4. What information is used to develop your wellness program's strategy, goals, and objectives? (Select all that apply)

- Employee health risk data (from health assessments, screenings, claims from health plan, etc.)
- Employee needs and interests (e.g. from needs and interest survey)
- Examples from other organizations
- Organization's mission and vision statement
- Other (Please Describe) _____
- None of the above

5. What data collection methods are used to gather employee input? (Select all that apply)

- Focus groups
- Surveys (Employee/ Member experience)
- Anecdotal feedback
- Interviews
- Testimonials
- Suggestion box / emails
- Program specific surveys
- Other (Please Describe) _____
- None of the above

6. Which of the following resources does your organization utilize?

- Wellness sponsor (the sponsor is typically a senior manager/executive within the organization who is willing to be visible and active in supporting and promoting the wellness program)
- Wellness program champion (the designated leader for the wellness program. This person should ideally have wellness as part of their job description)
- Wellness committee (the wellness committee is an oversight group that has formal responsibility for promoting, guiding, and supporting the wellness program)
- External Consultant
- Other (Please Describe) _____

7. Which of the following ways does your organization demonstrate its commitment to and support of a healthy workplace? (Select all that apply)

- Communicate with employees and/or managers about wellness program
- Create opportunities for employees to make healthier choices (walking or bike paths, on-site gym, healthy food vending/catering, etc.)
- Creating awareness for community resources
- Employee dedicated staff to manage wellness program
- Employee health and well-being are integrated into organizational, departmental, or employee performance goals
- Employee materials related to health (employee handbook/onboarding materials)
- Have an allocated budget for wellness programs
- Policies fostering healthy practices (i.e. subsidized fitness center memberships, healthy meals, safety, flexible work arrangements, etc.)
- Senior management supportive of wellness programs
- Senior management actively participating in wellness program
- The corporate mission/vision statement and values support a healthy workplace culture
- Other (Please Describe) _____
- None of the above

7a. You indicated your organization is committed to a healthy workplace. Please submit additional details to demonstrate your commitment.

8. Does your organization have a budget for wellness?

- Yes
- No

8a. If yes, what is the total annual budget for your wellness program (for both programming and incentives)?

8b. What is the source of the annual budget or dedicated funding for your wellness program? (Select all that apply)

- Funded by the employer
- Funded by the health plan
- Funded by external sources (disability insurer, EAP, etc.)
- Massachusetts small business tax credit
- Other (Please Describe) _____

9. Are leaders or managers involved in the wellness program initiatives?

- Yes
- No

9a. If yes, briefly describe the leader/manager's role related to wellness initiatives (i.e. updates on wellness programs at team meetings, participating in wellness committee, etc.)?

Program Design & Implementation

1. List the dimensions of well-being that your organization is focusing on this year in ranked order of prioritization. (First is the greatest prioritization and most important.)

2. Does your wellness program address health risk factors that are identified through assessment tools (e.g. biometrics/metabolic health screenings, HRA, or claims data)?

- Yes
- No

2a. What are the top three identified health risk factors?

Risk 1 (1)

Risk 2 (2)

Risk 3 (3)

2b. What types of programs or services are you offering to address each of the risk factors identified?

Program 1 (1)

Program 2 (2)

Program 3 (3)

2c. Which of the following data collection methods does your organization use to determine the health of the employee population or risks/conditions to focus on? (Select all that apply)

- Absenteeism data
- Claims data
- Employee Interest, Needs Assessment, Survey
- Health Risk Assessment or Personal Health Assessment
- Health screenings (Lab work such as lipids, glucose, blood pressure, BMI, etc.)
- Worker's compensation data
- Wellness trends
- Other (Please Describe) _____
- None of the above

3. Does your organization offer targeted programs in any of the following areas? If yes, please indicate the percentage of employees who participate, if it is offered via online, onsite, or telephone. (Select all that apply)

Program offered	Not offered	Offered?	% Participation	Online?	Onsite?	Telephonic?
Biometric screening	<input type="radio"/> Not offered	<input type="radio"/> Yes		<input type="radio"/> Yes, online	<input type="radio"/> Yes, onsite	<input type="radio"/> Yes, telephonic
Metabolic screening	<input type="radio"/> Not offered	<input type="radio"/> Yes		<input type="radio"/> Yes, online	<input type="radio"/> Yes, onsite	<input type="radio"/> Yes, telephonic
Blood pressure control	<input type="radio"/> Not offered	<input type="radio"/> Yes		<input type="radio"/> Yes, online	<input type="radio"/> Yes, onsite	<input type="radio"/> Yes, telephonic
Cardiac	<input type="radio"/> Not offered	<input type="radio"/> Yes		<input type="radio"/> Yes, online	<input type="radio"/> Yes, onsite	<input type="radio"/> Yes, telephonic
Cholesterol management	<input type="radio"/> Not offered	<input type="radio"/> Yes		<input type="radio"/> Yes, online	<input type="radio"/> Yes, onsite	<input type="radio"/> Yes, telephonic
Challenges – Individual	<input type="radio"/> Not offered	<input type="radio"/> Yes		<input type="radio"/> Yes, online	<input type="radio"/> Yes, onsite	<input type="radio"/> Yes, telephonic
Challenges – Group/Corporate	<input type="radio"/> Not offered	<input type="radio"/> Yes		<input type="radio"/> Yes, online	<input type="radio"/> Yes, onsite	<input type="radio"/> Yes, telephonic
Diabetes Prevention/ Diabetes Care	<input type="radio"/> Not offered	<input type="radio"/> Yes	<input type="radio"/>	<input type="radio"/> Yes, online	<input type="radio"/> Yes, onsite	<input type="radio"/> Yes, telephonic
Financial well-being	<input type="radio"/> Not offered	<input type="radio"/> Yes		<input type="radio"/> Yes, online	<input type="radio"/> Yes, onsite	<input type="radio"/> Yes, telephonic
Health assessment	<input type="radio"/> Not offered	<input type="radio"/> Yes		<input type="radio"/> Yes, online	<input type="radio"/> Yes, onsite	<input type="radio"/> Yes, telephonic
Health coaching (live)	<input type="radio"/> Not offered	<input type="radio"/> Yes		<input type="radio"/> Yes, online	<input type="radio"/> Yes, onsite	<input type="radio"/> Yes, telephonic
Health coaching (digital)	<input type="radio"/> Not offered	<input type="radio"/> Yes		<input type="radio"/> Yes, online	<input type="radio"/> Yes, onsite	<input type="radio"/> Yes, telephonic
Nutrition	<input type="radio"/> Not offered	<input type="radio"/> Yes		<input type="radio"/> Yes, online	<input type="radio"/> Yes, onsite	<input type="radio"/> Yes, telephonic
Mindfulness	<input type="radio"/> Not offered	<input type="radio"/> Yes		<input type="radio"/> Yes, online	<input type="radio"/> Yes, onsite	<input type="radio"/> Yes, telephonic
Mental health / behavioral health	<input type="radio"/> Not offered	<input type="radio"/> Yes		<input type="radio"/> Yes, online	<input type="radio"/> Yes, onsite	<input type="radio"/> Yes, telephonic
Maternity	<input type="radio"/> Not offered	<input type="radio"/> Yes		<input type="radio"/> Yes, online	<input type="radio"/> Yes, onsite	<input type="radio"/> Yes, telephonic
Physical activity	<input type="radio"/> Not offered	<input type="radio"/> Yes		<input type="radio"/> Yes, online	<input type="radio"/> Yes, onsite	<input type="radio"/> Yes, telephonic
Resiliency	<input type="radio"/> Not offered	<input type="radio"/> Yes		<input type="radio"/> Yes, online	<input type="radio"/> Yes, onsite	<input type="radio"/> Yes, telephonic
Tobacco cessation	<input type="radio"/> Not offered	<input type="radio"/> Yes		<input type="radio"/> Yes, online	<input type="radio"/> Yes, onsite	<input type="radio"/> Yes, telephonic
Stress management	<input type="radio"/> Not offered	<input type="radio"/> Yes		<input type="radio"/> Yes, online	<input type="radio"/> Yes, onsite	<input type="radio"/> Yes, telephonic
Weight management	<input type="radio"/> Not offered	<input type="radio"/> Yes		<input type="radio"/> Yes, online	<input type="radio"/> Yes, onsite	<input type="radio"/> Yes, telephonic

Other (Please Describe)	<input type="radio"/>	<input type="radio"/> Yes		<input type="radio"/> Yes, online	<input type="radio"/> Yes, onsite	<input type="radio"/> Yes, telephonic
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Do you partner with any wellness vendors for any programs? Y/N;

4a. If yes, please provide vendor name and program/service.

5. We are defining resilience as the ability to adapt to difficult or challenging situations and dealing with adversity. Describe in what ways your organization creates a culture of awareness and learning in which people respond to adversity with resilience. Include what effective strategies your organization uses to help people adapt to difficult or challenging life experiences. How do you evaluate if your strategies related to building resiliency is successful? Is it built into medical carrier or offered as a 3rd party vendor program or woven into other programs? Please provide specifics.

6. We know and implement wellness initiatives before others do.
True or False

7. We generally stick to the tried and true wellness best practices.
True or False

8. We generally find ideas for programs from other successful programs.
True or False

9. Is your wellness program inclusive of an employee assistance program (EAP)? Y/N

10. Is your wellness program integrated with disability and absence mgmt.? Y/N

11. Do you partner with any local organizations (i.e. food co-op, local hospital, not including any 3rd party wellness vendors)? Y/N

11a. If yes, please describe.

Engagement

1. What channel(s) do you use to communicate about your wellness program? (Select all that apply)

- Email
- Mobile / Smartphone notifications
- Onsite in-person events
- Telephone
- Web-based health portal (intranet/ vendor supported)
- Manager meetings
- Printed materials mailed
- Posters
- Recruitment by wellness champion and wellness team
- Social media
- Video messaging
- Word of mouth
- Other (Please Describe) _____
- No messaging to population

2. Which of the following offerings or strategies do you use to encourage participation into your wellness program? Select all that apply

- Gamification
- Incentives
- Push notifications
- Social collaboration tools / Community space
- Team challenges or competitions
- Wearable devices
- Other (Please Describe) _____
- None of the above

2a. Which of the following type(s) of incentive(s) do you currently use, or plan to use next year, to encourage participation into your wellness programs?

	Currently Use (1)	Plan to Implement (2)	Do not use or plan to implement (3)
Merchandise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gift cards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cash	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid time off	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contribution towards health reimbursement account (HRA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health savings account (HSA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduced or waived health insurance deductibles or copays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Please Describe)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2b. You indicated you use or plan to use the following to encourage participation, please indicate how you use or plan to utilize each.

	To reward (carrot approach) (1)	To disincentivize (stick approach) (2)
Merchandise	<input type="radio"/>	<input type="radio"/>
Gift cards	<input type="radio"/>	<input type="radio"/>
Cash	<input type="radio"/>	<input type="radio"/>
Paid time off	<input type="radio"/>	<input type="radio"/>
Contribution towards health reimbursement account (HRA)	<input type="radio"/>	<input type="radio"/>
Health savings account (HSA)	<input type="radio"/>	<input type="radio"/>
Reduced or waived health insurance deductibles or copays	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

3. Please provide details on any charitable contributions that your company regularly makes, how your employees participate and why your company has chosen the particular charitable contribution(s).

4. Do you offer paid time off for employees to volunteer?

4a. Over the past year has your employer organized any volunteer work that benefited the wellness of your community in places like hospitals, nursing homes, crisis centers, shelters, food banks, or other such human services?

Y or N

4b. If yes, please provide further details on the community activities, including an estimate of the number of employees who participated.

Open text box

5. Is there a computer to access online wellness programs at the workplace? Y/N

Measurement & Evaluation

1. What metrics are used to evaluate your wellness program?

- Absenteeism data
- Behavior change
- Financial return on investment
- Medical utilization and cost data
- Participant satisfaction or engagement data
- Pharmacy utilization and cost data
- Productivity /Presenteeism data
- Program participation data
- Population health/ risk status metrics
- Quality of life
- Workers Compensation data
- Disability Costs
- Employee Turnover
- Family Medical Leave
- Other (Please Describe) _____
- We are currently not measuring the program

2. To what extent are the measures you selected used to determine the success of your wellness program.

	Not at all (1)	Slightly (2)	Somewhat (3)	Fairly well (4)	Very well (5)
Absenteeism data (1)					
Behavior change (2)					
Financial return on investment (3)					
Medical utilization and cost data (4)					
Participant satisfaction or engagement data (5)					
Pharmacy utilization and cost data (6)					
Productivity/Presenteeism data (7)					
Program participation data (8)					
Population health/risk status metrics (9)					
Quality of life (10)					
Workers Compensation data (11)					

3. How many years of data do you use to analyze your wellness program?

- Less than 1 year
- 1 year
- 2 years
- 3 years
- 4 or more years
- N/A; I do not analyze my program

4. What impact on employee health risk status has your program produced?

- No improvement in health risk was found so far
- A slight improvement in health risk was found
- A significant improvement in health risk was found
- We have not attempted to measure change in health risk
- We have attempted to measure, but we are not confident that the results are valid

4a. You indicated no improvement in health risk was found so far. What contributed to seeing no improvement? Please provide details.

4b. You indicated a slight improvement in health risk was found. Please provide details on how you determined this program produced the result indicated.

4c. You indicated a significant improvement in health risk was found. Please provide details on how you determined this program produced the result indicated.

5. What impact on your organization's health cost trend has your program produced?

- No improvement in health cost trend was found so far
- Small positive impact on health trend (less than the cost of the employee health program)
- Substantial positive impact on health trend (greater than the cost of the employee health program)
- We have not attempted to measure impact on health plan cost trend
- We have attempted to measure, but are not confident that the results are valid

5a. You indicated no improvement in health cost trend was found so far. What contributed to seeing no improvement?

5b. You indicated a small positive impact on health trend (less than the cost of the employee health program). Please provide details behind the small impact and how it was measured.

5c. You indicated substantial positive impact on health trend (greater than the cost of the employee health program). Please provide details behind the substantial impact and how it was measured.

6. What data are used to calculate a financial Return on Investment (ROI)? (Select all that apply)

- Absenteeism
- Disability costs
- Employee turnover
- Family medical leave
- Preseenteesim
- Health care costs
- Workers compensation costs
- We do not measure ROI
- Other (Please Describe) _____

7. What is the estimated ROI for your wellness program?
- 7a. Please explain the ROI methodology used.
8. What is the greatest hurdle you have faced in promoting employee health in your organization? How have you used this hurdle/challenge to grow your wellness efforts?
9. How do you know if your wellness program has been successful? How do you define and measure success (i.e. value of investment (VOI))?
10. Briefly describe the greatest challenge your wellness program faced in the last year and key contributing factors.
11. Briefly describe the greatest success and key contributing factors of your wellness program in the last year.
12. Briefly describe ways in which your wellness program differentiates and is truly unique in comparison to others. Explain the significance.
13. If there is something else about your wellness program that you have not had an opportunity to communicate in the application, please describe below.
14. If there is something else about your wellness program that wish to upload, please attach any supporting documentation.

PAYMENT

1. Are you a WWCMA member? To learn more about the benefits of WWCMA membership, click [here](#)
- Yes (1)
- No (2)
2. If you are a non-WWCMA member, have you submitted the \$75 application fee?
- Yes (1)
- No, please click to remit payment (2)

Thank you for taking the time to complete this application and for your efforts to improve the health and well-being of your employees. You have completed the 2019 WorkWell Massachusetts Awards Application! We have a few additional questions that will provide valuable insight to the Worksite Wellness Council of Massachusetts and will not impact your application submission.

3. Within the past 12 months, has your organization applied for any other wellness program awards?

- Yes (1)
- No (2)

3a. You indicated you applied for another wellness award, please indicate:

Which award (1)

When (2)

3b. What is reason that you are applying for the WorkWell MA Award? What are you hoping to get out of it?

4. If you would like to provide any feedback about the WorkWell Awards Application or about additional support that the Worksite Wellness Council of Massachusetts could provide, please comment here.

If you wish to make changes to your survey please do so now. Clicking submit will finalize your submission and no further changes will be accepted. Thank you for your time to complete the 2019 WorkWell Massachusetts Awards Application!