

Organizational Information

The Governor's Wellness Award was developed to help organizations of all sizes across the state of Nebraska become recognized for their wellness efforts.

Our goal is to give applicants a chance to showcase their programs. We know many programs are unique. This application provides many opportunities to provide brief narratives about various aspects of your program. Simply providing checklists will not do justice to your efforts. Please use these open-ended questions to point out how your program is special and what makes it effective. For those receiving awards we will use these brief write-ups in public communications to highlight the great initiatives of our awardees.

At this time applicants are not required to upload or send any verifying documents; but, if the organization or school would "like" to upload documents, please use the "additional documentation" option at the end of the application. Please note, the review team reserves the right to request specific data or information noted in the application from any applicant for verification regarding the integrity and truthfulness of any claims made within the application. Those organizations applying for higher level recognition will likely be asked to provide additional details regarding the program outcomes and methodology. This request will be up to the discretion of the awards committee/judges.

The application offers a total of 42 points, plus a bonus point section. To earn an award, each organization or school needs to earn the following points:

- Sower = 25-33 points
- Grower = 34-39 points
- Harvester = 40+ points

Organization/School/Hospital Name

Point-of-Contact Name

Phone Number

Email Address

Address

City, State, Zip

How many employees does your organization or school employ (benefit-eligible & non-benefitted employees, excluding seasonal employees)

Programming Details

Please provide a 300-500 word abstract briefly describing your organization, program and any relevant outcomes (max 4 points).

Do you have a strategic plan to guide your program? (max 1 point)

☐ Yes

☐ No

☐ If no, why not?

Do you have a wellness vision and mission statement? (max 1 point)

☐ Yes

☐ No

Please provide the statement.

Define who is eligible for your program participation (i.e. benefit eligible employees or all employees).

Do you have a person or wellness champion dedicated to the program? (max 1 point)

- ☐ No
- ☐ Yes, a full-time employee
- ☐ Yes, a part-time employee
- ☐ Yes, part of an employee's job description
- ☐ Other, please specify

Do you have a wellness committee (designated group of employees from the organization who meet at least quarterly and represent all or most departments)? (max 1 point)

- ☐ Yes
- ☐ No

Do you have a wellness budget (allocated dollars solely dedicated to the funding of the program)? (max 1 point)

- ☐ Yes
- ☐ No

Leadership Commitment (senior, middle management, and supervisors)

Please identify the methods used to promote wellness programs (mark all that apply):
(max 3 points)

- ☐ Email
- ☐ Intranet or other technology

- ☐ Posters
- ☐ Table cards
- ☐ Correspondence to the home
- ☐ Social Media
- ☐ One-on-one promotion
- ☐ In-person meetings (staff meetings, all employee meetings, senior leadership meetings)
- ☐ Other, please list

Please indicate how you incent participation/completion in your wellness program (mark all that apply). (max 1 point)

- ☐ Participation gifts (e.g., towels, water bottles, etc.)
- ☐ Cash incentives or gift cards
- ☐ Discounts on products or services
- ☐ Public recognition
- ☐ Personal recognition (e.g., letter home from the CEO)
- ☐ Health benefits (e.g., premium discounts, Health Saving Account contributions, reduced deductibles, etc.)
- ☐ Paid time off
- ☐ Other, please list

Briefly explain how your leadership supports the program. Also include how often your leadership provides communication to all employees to encourage participation in the wellness program. (150 suggested word count). (max 5 points)

Health and Organizational Outcomes

Do you encourage annual wellness or preventive visits with a healthcare provider? Check all that apply. (max 3 points)

- ☐ No
- ☐ Yes

☐ Yes & incentive employees for visit

What percentage of employees complete the annual visit?

Which of the following has your organization/school collected between 2021-2023 (mark all that apply)? (max 3 points)

- ☐ ASCD Whole Child School Improvement Tool
- ☐ CDC Worksite Scorecard
- ☐ Change in absenteeism due to wellness
- ☐ Culture Audit
- ☐ Health Enhancement Research Organization (HERO)
- ☐ Health Risk Assessment (HRA)
- ☐ Interest Survey
- ☐ Medical and pharmaceutical claims data to design wellness interventions
- ☐ Not applicable (N/A)
- ☐ Needs assessment
- ☐ On-site health screenings
- ☐ Physician Upload Forms (with biometrics or Physician Fax Form)
- ☐ School Health Index
- ☐ Social determinates of health
- ☐ Top health care costs
- ☐ Top three prescription drug classes by cost
- ☐ Use ROI/VOI or other cost outcome data
- ☐ Other, please specific
- ☐ Other, please specific
- ☐ Other, please specific

Programs & Policies

Select the policies your organization offers (mark all that apply). (max 3 points)

- ☐ Adult immunization covered in benefit plan or at company expense
- ☐ Alcohol or drug policy

- ☐ Allows paid time in addition to normal breaks for lactating mothers to express breast milk during the workday
- ☐ Bike racks and secured bike parking
- ☐ Business continuity plan for illness
- ☐ Childcare flex plan
- ☐ Company contributes to long term care or disability insurance
- ☐ Company policy or practice to use 100% reusable products
- ☐ Company sponsored multi-week healthy nutrition program(s)
- ☐ Connection to alternative transportation
- ☐ Connectivity to safe walking environments
- ☐ Criminal background check
- ☐ Designated full-time lactation room (clean, private and secure with supporting amenities examples include a table, refrigerator, sink, lamp, sound machine)
- ☐ EAP and/or mental health coverage in benefit plan
- ☐ Early return to work process and policy including mandatory medical review within 48 hours and light duty options for return to work
- ☐ Educational resources provided to pregnant mothers
- ☐ Encourage walking meetings or stretching before meetings
- ☐ Ergonomically designed work stations/workplace redesign
- ☐ FMLA (Family and Medical Leave Act)
- ☐ Financial incentive for active commuting or coverage of fees such as bike share membership
- ☐ Financial wellness services
- ☐ First responder/first aid team
- ☐ Flexible work arrangement
- ☐ Formalized process expectant mothers go through to work out logistics of breastfeeding support including supervisor communication BEFORE the mother goes on leave
- ☐ Full coverage for breast, cervical, colon cancer, prostate specific antigen, and/or gender and age specific screening
- ☐ Green space on company premises
- ☐ Gym reimbursement or on-site fitness facility
- ☐ Has a well communicated policy supporting breastfeeding in the physical and cultural environment for return-to-work mothers
- ☐ Health insurance or subsidy
- ☐ Health retirement account
- ☐ Health savings account

- ☐ Healthy meeting/food served at company (provide a healthy option of either fresh fruit and veggies and/or lean protein)
- ☐ Healthy meeting policy
- ☐ Healthy vending (At least 50% of your contents need to meet healthy guidelines. Examples of guidelines could include: NEMSV, USDA Healthy Snack)
- ☐ If under a grandfathered health plan, financial reimbursement of a double electric breast pump
- ☐ If under a grandfathered health plan, reimbursement of lactation consultant or classes
- ☐ Incentive provided for consistent physical activity (ex: points towards premium discount, paid time off, cash bonus, etc.)
- ☐ Incentives for preventative screening
- ☐ Incentives for safe practices and completion of certifications or trainings (examples of incentives: paid time off, points for premium discount or HSA contribution, cash bonus)
- ☐ Integrated safety and wellness programs
- ☐ Life Insurance
- ☐ Locker rooms
- ☐ Medical flex plan
- ☐ Mental wellbeing included in the wellness program plan
- ☐ Movement breaks
- ☐ No tobacco/nicotine/e-cigarette use while on company time
- ☐ No tobacco/nicotine/e-cigarette use in company vehicles
- ☐ Noise reduction efforts (not limited to - white noise, absorbing walls/cubicles/ceilings, fans)
- ☐ On-site AED
- ☐ On-site farmer's market or fresh produce
- ☐ On-site relaxation classes/yoga, meditation, etc.
- ☐ On-site screening or medical services
- ☐ Option to check out safety equipment or purchase at company discount for personal use
- ☐ Overtime limitations, flexible work arrangements, and encouragement to utilize vacation leave practice
- ☐ Personal protective equipment policy
- ☐ Pharmacology benefit or coverage for cessation medication including over the counter medication
- ☐ Policy prohibiting distracted work environments include but not limited to (cell phone use, texting, head phones)
- ☐ Policy promoting clean work environment
- ☐ Policy to support purchase of recycled products
- ☐ Preventative care/screening leave/PTO, sick leave

- ☐ Price pointing food in vending and cafeteria; ex: healthy food is less expensive
- ☐ Promote green community activities
- ☐ Promotion of community events involving physical activity
- ☐ Promotion of multi-week internal physical activity challenges
- ☐ Provide employees an opportunity to recycle
- ☐ Provides referral information on lactation or lactation supports in the community (i.e. written materials or phone numbers) to employees
- ☐ Provision of amenities/healthy food in the breakroom, refrigerators, healthy cafeteria options, refrigerated vending, microwave
- ☐ Reimbursement for lifestyle related classes (ex: National Diabetes Prevention Program, Weight Watchers, Stanford Living Well)
- ☐ Relaxation room/wellness/quiet room or designated area
- ☐ Retirement/401K
- ☐ Self-care program
- ☐ Stress management education
- ☐ Time management programs
- ☐ Time off for exercise/exercise flex time policy
- ☐ Tobacco/nicotine-free campus including e-cigarettes
- ☐ Tuition reimbursement and continuing education
- ☐ Use of physical activity wearable devices
- ☐ Ventilation and air quality ABOVE required OSHA standards
- ☐ Walking trails/paths or obstacle course
- ☐ Weight management class reimbursement/discount or on-site classes
- ☐ Well days off
- ☐ Well lit and walkable stairwell
- ☐ Work-life balance programs
- ☐ Written safe driving policy including all of the following (mandatory seatbelt use, no cell phone use, no hands-free cell phone use)
- ☐ Others, list below

Program Uniqueness and Integration

Please describe how your wellness strategy is integrated into your program and organization's unique needs. Be sure to include how your initiatives were informed by data collection and assessment findings and then customized to address these issues. Feel

free to use the "additional documentation" option at the bottom of the application to upload any documentation if needed. (max 10 points)

What's been the overall impact of the wellness initiatives? Please be sure to include changes to any of the following if applicable: employee health and wellness, culture, retention, absenteeism, and/or productivity. Feel free to use the "additional documentation" option at the bottom of the application to upload any documentation if needed. (max 5 points)

Optional - Provide any other details that you would like to share about your program (100 word maximum suggested count)?

Additional documentation

Additional documentation

Additional documentation

Additional documentation

