



# CERTIFICATION APPLICATION

## ORGANIZATION INFORMATION

This section is used to capture information about your organization and employee population.

Business/Organization Name \_\_\_\_\_ Website \_\_\_\_\_

Mailing Address \_\_\_\_\_

Name of Primary Contact \_\_\_\_\_ Position \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Secondary Contact \_\_\_\_\_ Position \_\_\_\_\_

Email \_\_\_\_\_

Certification History: How have you worked with Health Links in the past?

- ☐ This is our first time
- ☐ We have been recognized as kick-start or certified business before
- ☐ We have attended a Health Links training
- ☐ We have worked with a Health Links advisor
- ☐ If so, name of the advisor? \_\_\_\_\_
- ☐ Other

Industry: What industry does your organization identify with?

- |  |   |
|--|---|
| <input type="checkbox"/> Agriculture, forestry, fishing, and hunting | <input type="checkbox"/> Manufacturing  |
| <input type="checkbox"/> Mining, oil, and gas extraction             | <input type="checkbox"/> Administration & Support, Waste Management, & Remediation Services |
| <input type="checkbox"/> Information                                 | <input type="checkbox"/> Transportation, Warehousing, & Utilities                           |
| <input type="checkbox"/> Construction                                | <input type="checkbox"/> Arts, Entertainment, and Recreation                                |
| <input type="checkbox"/> Education services                          | <input type="checkbox"/> Health Care & Social Assistance                                    |
| <input type="checkbox"/> Retail and wholesale trade                  | <input type="checkbox"/> Real Estate & Rental & Leasing                                     |
| <input type="checkbox"/> Accommodation and food service              | <input type="checkbox"/> Finance and Insurance  |



\_\_\_\_\_ Public Administration

\_\_\_\_\_ Other: \_\_\_\_\_

#### Number of Employees

\_\_\_\_\_ Total number of employees, including full-time, part-time, and contractors.

\_\_\_\_\_ Full-time employees (more than 50% time)

\_\_\_\_\_ Part-time employees (less than 50% time)

\_\_\_\_\_ Contingent workers (e.g. contracted, temporary, seasonal, freelance, consultants)

\_\_\_\_\_ Men

\_\_\_\_\_ Women

#### List the number of employees in each age range

\_\_\_\_\_ < 21 years of age

\_\_\_\_\_ 21-29 years of age

\_\_\_\_\_ 30-49 years of age

\_\_\_\_\_ 50-65 years of age

\_\_\_\_\_ > 65 years of age

Do you purchase worker's compensation coverage from Pinnacol Assurance?

☐ Yes

☐ No, we provide coverage through: \_\_\_\_\_

☐ Don't Know

What type of health insurance coverage do you provide?

☐ UC Health

☐ Kaiser Permanente

☐ Aetna

☐ UnitedHealthcare

☐ Bright Health

☐ Humana

☐ Self-insured

☐ None, don't currently provide coverage

☐ Other \_\_\_\_\_

#### Motivation for organizational commitment to health and safety.

Please select the primary reasons for prioritizing workplace health, safety and well-being: (check all that apply)



- ☐ To improve the health of our employees and their families
- ☐ To improve employee morale
- ☐ To enhance productivity
- ☐ To contain costs
- ☐ To decrease absenteeism
- ☐ To increase employee retention
- ☐ Other

## ORGANIZATIONAL SUPPORTS

Organizational support is a critical component of sustainable culture for employee health and safety. To evaluate leaderships commitment, benefits, and dedication of resources please answer the following questions:

### Leadership Support.

Our leaders' support is demonstrated through: (check all that apply)

- ☐ Leaders consistently communicates the importance of health promotion and safety activities
- ☐ Leaders are role models for prioritizing health, safety and work-life balance. For example, they do not send emails on vacation, they take breaks during the day. (They walk the talk!)
- ☐ Leaders recognize employees for healthy and safe decisions
- ☐ Leaders provide resources (in the form of time, money, etc.) to support health and safety
- ☐ Top management holds managers and supervisors accountable for supporting health, safety, and well-being.
- ☐ A leader (other than a owner or CEO) has authority to take action to achieve the organization's health and safety goals
- ☐ None of the above

### The Champions.

Who are your workplace health promotion champion(s)?

This is one or more people who actively promote programs to improve worksite health promotion in your organization.

- ☐ Senior Executive (CEO, CFO, COO)
- ☐ Managers and Supervisors
- ☐ Safety Manager
- ☐ Employee(s)
- ☐ Do not currently have a champion

In the last 12 months, what resources have you dedicated to workplace health and safety efforts? (Check all that apply)

- ☐ Dedicated staff time to program plan and coordinate health and safety
- ☐ Time for staff to participate in activities
- ☐ Physical Space for holding health and safety activities
- ☐ Employee training
- ☐ Budget
- ☐ Health consultants
- ☐ Safety consultants
- ☐ Vendor Services
- ☐ Health Screenings and Services
- ☐ No additional resources



### Benefits

Does your organization offer health insurance coverage to its employees?

- ☐ Yes, fully insured
- ☐ Yes, self-insured
- ☐ No, not currently
- ☐ No, but planning to offer next year

Do you offer Paid Time Off (PTO) for days or hours due to illness or vacation for employees (full-time, non-exempt)?

- ☐ Yes
- ☐ No

Does your organization have worker's compensation insurance?

- ☐ Yes
- ☐ No
- ☐ No, but we provide other types of insurance to employees injured on the job (such as wage replacement, medical benefits)

Does your organization offer paid parental leave, separate from any accrued sick leave, annual leave, or vacation time?

- ☐ Yes
- ☐ No

### HEALTH & SAFETY TEAM

A healthy workplace engages multiple members of the organization to facilitate programs, policies, and activities

Does your organization give staff time to coordinate your health and safety efforts for all related activities?

- ☐ Yes
- ☐ No

Do you currently have a designated health and safety committee?

- ☐ Yes
- ☐ No

How many employees are on your workplace health promotion committee?

---

How many employees are on your workplace safety committee?

---

Is your organization's health promotion activities integrated with your worksite safety activities in any of the following ways?

- ☐ Safety and injury prevention are elements of the health promotion goals and objectives



- ☐ Health promotion elements, such as physical activity, nutrition, or stress management, are included in our safety programming
- ☐ Workplace safety data is combined with employee health promotion data for identifying, reporting, and performing analytics
- ☐ None of the above
- ☐ We do not have a safety program

WORKSPACE ASSESSMENT

Worksite assessments address two main areas: the needs and interests of your employees. Frequent assessments provide information about what hazards exist, what employees value, and why they're motivated.

How have you determined the health and safety needs of your employees? (Check all that apply)

For Health	For Safety	
<input type="checkbox"/>	<input type="checkbox"/>	Employee Survey
<input type="checkbox"/>	<input type="checkbox"/>	Health Risk Assessment
<input type="checkbox"/>	<input type="checkbox"/>	Physical Worksite Assessment
<input type="checkbox"/>	<input type="checkbox"/>	Health Screening
<input type="checkbox"/>	<input type="checkbox"/>	Causes of Job Absence
<input type="checkbox"/>	<input type="checkbox"/>	Disability Claims
<input type="checkbox"/>	<input type="checkbox"/>	Healthcare Claims & Costs
<input type="checkbox"/>	<input type="checkbox"/>	Causes of Injuries and Accidents
<input type="checkbox"/>	<input type="checkbox"/>	Workers' Compensation Claims & Costs
<input type="checkbox"/>	<input type="checkbox"/>	Other (please specify): <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	We have not currently done anything.



## HEALTH PROMOTION POLICIES AND PROGRAMS

It is important that an organization takes a comprehensive view of health and considers a range of health and wellness topics to meet the unique needs of all employees.

### Workplace Health Promotion Plan.

Does your organization set annual objectives for workplace health promotion?

- ☐ Yes
- ☐ No

### Health Policies and Programs.

How do you support the health and well-being of your employees? (Check all that apply)

- ☐ Tobacco Control
  - ☐ Written Policy that bans tobacco and nicotine use on company property
  - ☐ Written policy that bans tobacco and nicotine use on company time
  - ☐ Provide tobacco and nicotine cessation educational materials
  - ☐ Refer employees to quit lines and other resources
  - ☐ Other \_\_\_\_\_
- ☐ Nutrition
  - ☐ Provide places to purchase food and beverage
  - ☐ Make healthier food and beverage choices available in cafeterias, snack bars, and vending machines, and company meetings
  - ☐ Provide educational series, workshops, employee training on nutrition
  - ☐ Provide nutritional information (beyond standard nutrition information on labels) following AHA or USDA guidelines on sodium, calories, trans fats, or saturated fats for food and beverages sold or offered onsite
  - ☐ Have a written formal policy for ordering healthier food and beverage choices for meetings
  - ☐ Other \_\_\_\_\_
- ☐ Mental Health (Such as depression, anxiety, PTSD)
  - ☐ Provide access to an employee assistance program (EAP)
  - ☐ Provide free or subsidized clinical screening for depression, substance abuse, or other mental health concerns
  - ☐ Provide access to online or paper self-assessment depression screening tools
  - ☐ Provide brochures, educational materials or online resources that addresses mental health
  - ☐ Provide free or subsidized individual or group counseling
  - ☐ Other \_\_\_\_\_
- ☐ Family-Friendly
  - ☐ Offer and encourage paid parental leave
  - ☐ Provide breastfeeding accommodations for new mothers (a private space and flexible paid or unpaid break times to allow mothers to breast pump)
  - ☐ Have a written policy on breastfeeding for new mothers
  - ☐ Other \_\_\_\_\_



☐ Physical Activity

- ☐ Provide flextime to encourage employees to participate in physical activities
- ☐ Encourage active forms of transportation for commuting to, from and during work (biking, walking, public transport)
- ☐ Provide organized physical activity programs (walking groups, stretching, yoga, weight training)
- ☐ Promote walking meetings
- ☐ Provide subsidized or discounted access to onsite or offsite exercise facility
- ☐ Other \_\_\_\_\_

☐ Stress Management

- ☐ Provide and encourage flextime for employees to promote work-life balance
- ☐ Provide stress relief therapies onsite (yoga, massage, counseling)
- ☐ Provide financial advising for employees
- ☐ Provide family counseling
- ☐ Provide stress management and education and training
- ☐ Other \_\_\_\_\_

☐ Disease Prevention

- ☐ Provide communication and education that addresses the high risk of chronic disease (including prediabetes, heart disease, stroke)
- ☐ Provide brochures, videos, posters or other educational materials that address the high risk of chronic disease
- ☐ Provide free or subsidized health screenings (blood pressure, cholesterol, BMI)
- ☐ Provide free, subsidized referral to chronic disease self-management program (lifestyle modification, medication adherence, blood pressure monitoring)
- ☐ Other \_\_\_\_\_



## SAFETY PROGRAMS AND POLICIES

Worker well-being includes both health and safety. As part of this application, tell us about how your organization addresses the safety of employees.

Does your organization work to keep employees safe?

☐ Yes

☐ No

What efforts has your organization taken to control and prevent physical injury? (select all that apply)

☐ Eliminated hazardous materials from workplace

☐ Replaced hazardous materials with safer ones

☐ Changed the way we do our work to reduce the risk of injuries

☐ Engineering controls (Examples: exhaust ventilation, fire detection system)

☐ Administrative controls (Examples: Adjusted work tasks or schedules to reduce risk of injury or hazardous exposure)

☐ Provided Personal Protective Equipment to employees (Examples: Respirators, hard hats, safety glasses)

☐ Created an written accident prevention plan

☐ Other \_\_\_\_\_

☐ We do not currently do any of these

Do you have a written safety policy?

☐ Yes

☐ No

Do you have a safety committee or safety coordinator?

☐ Yes

☐ No

Do you have a written "Return-to-Work" Modified Duty policy?

☐ Yes

☐ No

Do you have a violence and harassment prevention training and/or policy?

☐ Yes

☐ No

What steps has your organization taken to prevent chronic injuries and musculoskeletal disorders? (check all that apply)

☐ Conducted ergonomic assessment

☐ Limited amount of time workers perform repetitive tasks

☐ Modified workstations or work tasks (other than computers)

☐ Other \_\_\_\_\_

☐ We have not currently done any of these





Have you developed a plan for disaster and emergency preparedness?

- ☐ Yes
- ☐ No

## ENGAGEMENT

Engagement is a dynamic benchmark that includes strategic communication, incentives, equity and program reach to all employees, their families and the community

Are you inclusive in delivering health and safety; do you consider ethnicity, language, reading levels, age, gender or diversity of your employees?

- ☐ Yes
- ☐ No

How do you communicate with your employees about health and safety? *(check all that apply)*

- ☐ Frequent communication (at least monthly)
- ☐ Company and employee meetings
- ☐ Multiple communication channels (email, newsletter, direct mail)
- ☐ Written communications plan
- ☐ Branded communications with program logo, name, tagline
- ☐ Regular updates to inform stakeholders (board of directors, company shareholders, management teams)
- ☐ Trainings and employee evaluations (during on-boarding, performance reviews, etc.)
- ☐ Social Media (Facebook, Twitter, LinkedIn)
- ☐ No additional resources
- ☐ We do not currently do anything.

Do your policies and activities include employees who work off-site?

- ☐ Yes, we offer health and wellness to offsite employees
- ☐ Yes, we offer safety to offsite employees
- ☐ No, not currently
- ☐ We don't have any offsite workers

Please indicate whether the following populations have access to health and wellness activities. *(Check all that apply)*

- ☐ Part-time or seasonal
- ☐ Contracted
- ☐ Union Employees
- ☐ Employees on disability leave
- ☐ Spouses or domestic partners
- ☐ Dependents other than spouses or domestic partners
- ☐ Retirees
- ☐ Not applicable

Please indicate whether the following populations have access to safety services. *(Check all that apply)*

- ☐ Part-time or seasonal
- ☐ Contracted



- ☐ Union Employees
- ☐ Employees on disability leave
- ☐ Spouses or domestic partners
- ☐ Dependents other than spouses or domestic partners
- ☐ Retirees
- ☐ Not applicable

In the past 12 months, did your organization engage and/or invest in health and safety initiatives in your community?

- ☐ Yes, please explain how: \_\_\_\_\_
- ☐ No

Altogether, how effective do you think your engagement strategies are in encouraging employees to participate in programs, monitor their health goals, or take action to improve health, safety, and well-being?

- ☐ Very Effective
- ☐ Somewhat Effective
- ☐ Not Very Effective
- ☐ Not at all Effective

What types of incentives do you offer to encourage employee participation?

- ☐ Recognition and/or awards
- ☐ Cash and/or prizes
- ☐ Discounted health insurance premiums
- ☐ Contributions or discounts for health activities, gear or equipment (gym memberships, pro forms, ski passes)
- ☐ Other \_\_\_\_\_

## EVALUATION

Strategic evaluation should be linked back to health and safety goals. It measures policy adherence, workplace injuries and illness, and employee engagement. It involves collecting and analyzing data.

In the past 12 months, what data have you collected and evaluated to measure the impact of your health and safety policies and programs? (check all that apply)

- ☐ Employee participation
- ☐ Employee satisfaction
- ☐ Employee health risk factors
- ☐ Employee productivity
- ☐ Employee morale and engagement
- ☐ Organizational culture change
- ☐ Quality of life
- ☐ Health care claims and costs
- ☐ Safety claims and costs (injuries, accidents, near misses)
- ☐ Other \_\_\_\_\_

How effectively are you using the data you collect and track to set goals and improve your programs?



- ☒ Very Effective
- ☒ Somewhat Effective
- ☒ Not Very Effective
- ☒ Not at all Effective

Please indicate how improving the health and safety of your employees impacts your costs of doing business:

	HIGH IMPACT	MEDIUM IMPACT	LOW IMPACT	NO IMPACT
Better productivity	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Lower absenteeism	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Employee job satisfaction	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Employee recruitment	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Employee retention	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Health insurance costs	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Workers' compensation costs	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

THANK YOU

