

Wellness Council of Indiana
AchieveWELL Certification Application: Three Star Level



Organization Background

Organization Name:		
Organization Street Address:		
Building/Room/Suite or PO Box:		
City:	State:	Zip Code:
Number of Employees:		Number of Employee's on Healthcare Plan:
Organization Type:		

Primary Delegate Information

Last Name:	First Name:
Title:	
Phone:	Email:

Secondary Delegate Information (If Applicable)

Last Name:	First Name:
Title:	
Phone:	Email:

Wellness Program Background

Starting Date:
Wellness Program Name:
Number of Program Participants:

Wellness Program Checklist

<i>Does your wellness program have the following components?</i>	
<input type="checkbox"/>	Top Management Support?
<input type="checkbox"/>	A Wellness Team?
<input type="checkbox"/>	A Needs Assessment and Analysis?
<input type="checkbox"/>	Linked Program and Business Goals?
<input type="checkbox"/>	A Formal Operating Plan?
<input type="checkbox"/>	A Promotion/Communication Plan?
<input type="checkbox"/>	An Incentive Program?
<input type="checkbox"/>	Safety Initiatives?
<input type="checkbox"/>	An Evaluative Process?
<input type="checkbox"/>	A Two-Year Operating Plan?
<input type="checkbox"/>	A Supportive Environment?

Submission Date:

Signature:

Return Application

Please return application via mail, fax or email to:

Wellness Council of Indiana
 115 W Washington Street, Suite 850 S
 Indianapolis, Indiana 46204

Phone: 317-264-2168
 Fax: 317-264-6855
 Email: info@wellnessindiana.org

Top Management Support



The facts are that without top management support and engagement in a workplace wellness initiative, the chances for effective engagement and change will simply not happen. If the wellness champion is not the business leader, then the champion must provide the evidence and have the ability to persuade the leaders and line managers about what they are to be doing to change the current environment. There will be pushback because status quo is being changed. These are the essential mechanisms for establishing top management support.

Be prepared to document the support you have with regards to your top management. Support letter(s), budgets, and participation by top management are areas that are specifically reviewed for this section.

Please place supporting documentation in this section such as:

- Copy of letter from top management endorsing wellness
- Copy of budget for wellness initiatives
- Copy of Top Management Wellness statement
- Copy of other top management support such as blogs, emails, policies, etc.

Copy and paste your letter from top management endorsing wellness below.

Copy and paste your budget for wellness initiatives below.

Copy and paste your Top Management Wellness statement below.

List examples of Top Management support within your program below.

Copy and paste other examples of Top Management support within your program below. Examples include blogs, emails, policies, etc.

Planning by a Wellness Team



Fail to plan, then plan to fail. Chances are that you are providing some wellness related activities and you may be offering disease management tools such as health coaching, health risk assessments, and biometric screenings. If you have all of the tools, then how do they go together and what plan do you have to keep your healthy people healthy and get your sick people healthier? Without a plan to establish goals, set up outcomes, and analyze the effects of a wellness tool/program, then the wellness initiative will likely stop, get stale, or continue to languish as a participation based occurrence throughout the year. Incentives will be the only reason people continue to participate.

We seek evidence/documentation that you have established a wellness team. The goal is to ensure you have a person who represents various levels and departments within the organization. Even a small company needs to have more than one person on the team. Other review items will include understanding how often you meet and review of the mission of the wellness team.

Please place supporting documentation in this section such as:

- Copy of action plan
- Copy of committee mission statement
- Copy of committee meeting agenda
- Copy of needs survey

Wellness Action Plan

Wellness Manager/Coordinator:

Other Committee Members and Job Titles			
<i>Member Name</i>	<i>Job Title</i>	<i>Member Name</i>	<i>Job Title</i>

Plan Year:

Mission Statement:

Primary Interventions

#1
#2
#3
#4
#5

Intervention #1:

Goal #1:

Responsible Member:

Communication Used:

Start Date:

Results:

Goal #2:

Responsible Member:

Communication Used:

Start Date:

Results:

Goal #3:

Responsible Member:

Communication Used:

Start Date:

Results:

Goal #4:

Responsible Member:

Communication Used:

Start Date:

Results:

Intervention #2:

Goal #1:

Responsible Member:

Communication Used:

Start Date:

Results:

Goal #2:

Responsible Member:

Communication Used:

Start Date:

Results:

Goal #3:

Responsible Member:

Communication Used:

Start Date:

Results:

Goal #4:

Responsible Member:

Communication Used:

Start Date:

Results:

Intervention #3:

Goal #1:

Responsible Member:

Communication Used:

Start Date:

Results:

Goal #2:

Responsible Member:

Communication Used:

Start Date:

Results:

Goal #3:

Responsible Member:

Communication Used:

Start Date:

Results:

Goal #4:

Responsible Member:

Communication Used:

Start Date:

Results:

Intervention #4:

Goal #1:

Responsible Member:

Communication Used:

Start Date:

Results:

Goal #2:

Responsible Member:

Communication Used:

Start Date:

Results:

Goal #3:

Responsible Member:

Communication Used:

Start Date:

Results:

Goal #4:

Responsible Member:

Communication Used:

Start Date:

Results:

Intervention #5:

Goal #1:

Responsible Member:

Communication Used:

Start Date:

Results:

Goal #2:

Responsible Member:

Communication Used:

Start Date:

Results:

Goal #3:

Responsible Member:

Communication Used:

Start Date:

Results:

Goal #4:

Responsible Member:

Communication Used:

Start Date:

Results:

Year End Summary

Copy and paste your annual program results.

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Programs to continue:

Programs to discontinue:

What are your recommendations for next year?

--

Copy and paste your Committee Meeting Agenda.

Copy and paste your Needs Survey.

Needs Assessment and Analysis



Remember that the needs assessment and analysis should have a focus on what assessments and analysis the top managers want to see proof of and also what assessments and analysis the wellness committee members review beyond the information provided to top management. *If it moves, then measure it* is the mantra here. Know what you should measure but also know how to present it to the right people. Too much information is sometimes just as bad as not enough information.

How are or how will you document success of your wellness initiative? How are or how will you obtain that information and present it to your organization?

Please place supporting documentation in this section such as:

- Copy of needs assessment survey
- Copy of health risk assessments
- Copy of medical claims trends, if available
- Copy of health screening(s)
- Copy of safety documentation
- Impact on your organizations bottom line

Complete a narrative that describes what activities the team utilized to assess the needs of the company.

Copy and Paste the Needs Assessment Survey.

Copy and Paste the Health Risk Assessment.

Copy and Paste the Medical Claims trends, if available.

Copy and Paste a list of the Health Screenings.

Copy and Paste Safety Documentation.

Copy and Paste Data Showing Impact on the Bottom Line.

Program Goals Linked to Business Goals



Wellness may be considered a "benefit" for your employees, but successful organizations view workplace wellness as a strategic business practice rather than a health benefit. Proper planning and focus on the outcomes ensure that your wellness success is linked to your business success.

Consider plans for how to: Stay with it, be consistent and comprehensive, understand cost savings, understand issues that may affect cost savings (a life event such as cancer), build on past successes, and measure outcomes.

We seek documentation that you reviewed and delivered a wellness initiative that aligns with the goals and mission of the company. This section typically is presented within the Needs Assessment and Analysis and Having a Wellness Plan sections.

Please place the following documentation in this section:

Copy of measurable outcomes or impact for the fiscal year

Copy and Paste Measurable Outcome/Impact Evidence for the Fiscal Year.

Having a Wellness Plan



Now that you have top management support, you have assembled a wellness committee, you have determined the data you will measure, and you have developed the goals to tie your initiative to the business plan; your next step is to implement the plan. Where is the low hanging fruit that we can get some quick successes? What are the best ways to garner education and garner participation?

What are the next events after education and participation that will give the company the best chance to get employees truly engaged? Which programs are the least disruptive for our business environment? These are all important topics that need to be thought out and planned for over the next 12-24 months.

Please provide a copy of your rolling wellness initiative plan for this section.

Copy and Paste a Detailed Outline of Programs and Guidance to Promote and Maintain Wellness Initiatives and Healthy Lifestyles.

Promotion and Communication



A successful wellness program involves communication and marketing of wellness initiatives. Even the best programs can fail inside the business if it is not properly communicated and promoted.

We seek documentation that will show how you are or how you will market and communicate your wellness initiative to the employees. We are looking for information beyond "we will do an email campaign."

Please place supporting documentation in this section such as:

- Detailed outline of how you plan or how you are currently promoting your wellness initiative
- Copy of bulletin board postings
- Copy of email blasts
- Copy of check stuffers
- Copy of a health and wellness newsletter

Copy and Paste a Detailed Outline of How You Plan to Promote the Wellness Program and Communicate the Purpose and Goals.

Copy and Paste examples of Communication/Promotion Documents such as Bulletin Board Postings, Email Blasts, Payroll Check Stuffers, Health & Wellness Newsletters, etc.

Incentives for Success



Successful wellness programs involve incentives which encourage and support the wellness initiative. Explore ranges of options to reward both participation and behavior change. Connect to medical plans, when appropriate, but consider allowing participation and engagement from employees who are not on the medical plan. Get them started and make it simple to succeed. Focus on meeting both individual and group goals to ensure positive outcomes.

We are seeking documentation that show your plans and how will incentivize employees to engage in your wellness initiative.

Please place the following supporting documentation in this section:

Copy of wellness initiatives and the incentive for participating

Copy and Paste the Wellness Initiatives or Programs Offered & Incentives for Participation.

Connect to Safety Initiatives



A successful wellness program has a clear connection between safety and wellness.

This information will vary based on the type of organization. However, all organizations have safety issues that need to be addressed. The goal is to understand how you have aligned your safety program with your wellness program. If this is a struggle for you as a company, think about ergonomics, body positioning when performing work, training, and even disaster drills.

Please place supporting documentation in this section such as:

Copy of safety documentation

Copy of any other supporting safety initiatives: weekly safety talks, OSHA log, safety audits, etc.

Copy and Paste Safety Documentation.

Copy and Paste other Supporting Safety Initiatives: Weekly Safety Talks, OSHA Log, Safety Audit Examples, etc.

Supportive Environments



A successful wellness program has a supportive environment for a healthy culture.

We seek top management support, but we also look for your managers and supervisors to provide the support with staff so all employees have a positive wellness experience.

Please place supporting documentation in this section such as:

- An outline describing the steps that have been taken to create a supportive environment
- Examples of wellness-related employee policies

Copy and Paste a Detailed Outline Describing the Steps that have been taken to create a Supportive Environment.

Copy and Paste Wellness-related Employee Policies.

Evaluation



A successful wellness program evaluates all numbers that provide an outcome for success.

We seek documentation that aligns with the following three sections: Needs Assessment and Analysis, Program and Business Goals Linked, and Having a Wellness Plan. We also seek documentation that shows how you will analyze what has been successful and what needs to be reconsidered and how you will apply this information to future wellness planning.

Please place supporting documentation in this section such as:

- The metrics top managers will use to evaluate the success of your initiative
- The metrics you are analyzing to determine the success of your initiative
- Copy of your data analysis
- Other data, if any, that you plan to add in the future

Describe the Metrics of your Wellness Program that Top Managers are Evaluating to Determine Success.

What Data are You Reviewing that will Help You Determine if You are Seeing Progress Towards Your Wellness Mission and Goals?

What Other Data, if any, Do You Plan to Add in the Future?

Copy and Paste Your Data Analysis. (You do not need to provide actual results or data -- just the basis for your data collection and the process to collect the data.)

Congratulations!

You have completed the application to become a Three-Star Organization!

Please allow the Wellness Council adequate time to review your application and its contents. We will be in contact with you in the near future regarding the status of your certification. Thank you for taking the time to be well!

Contact the Wellness Helpline at info@wellnessindiana.org or 317-264-2168 with any questions.

AchieveWELL Three-Star Certification Application

Materials for this application were drawn from the AchieveWELL Three-Star Level Certification materials provided by the Wellness Council of Indiana.