



NEWWW

The National Excellence in Worksite Wellness Award

National Excellence in Worksite Wellness Award “Checklist”

This checklist is **REQUIRED** to formally request the N.E.W.W. Application. Information used to respond to this checklist should represent the most recently completed wellness plan year (12 months).

Please complete and e-mail to info@wcwv.org. A return email will confirm receipt. Pending review of your checklist, you will be contacted and sent the N.E.W.W. Application.

___ **Large Business Checklist:** >50 employees. Please check all that apply.

___ **Small Business Checklist:** <50 employees. Please check all that apply

Leadership

- Team or individual designated to administer wellness programs (can be a voluntary position, does not need to be a full time commitment)
- Senior management support (must have All of the following)
 - Financial
 - Participation in wellness events
 - Serves as a member of wellness committee
 - Middle Management notified of wellness initiative

Data Collection (Must collect data in the following areas at least every other year; submit summary of the items below – limit of two pages)

- Employee interests
- Health risks
- Demographics (average age, % male, % female, ethnicity breakdown)
- Biometric (at least one of the following)
 - Body Mass Index or body composition
 - Blood pressure and cholesterol
 - Other (at least one of the following)
- Health care cost
- Absenteeism (change in health or injury related absences)

Wellness Plan (Submit using *Wellness Plan Matrix* document below)



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- Measurable objectives
- Interventions to meet objectives
- Outcomes (at minimum participation rate & change in behavior)
- Wellness budget
- Long-range plan to integrate wellness into the corporate/organizational strategic plan (limited to 100 words or less)

Policies and Benefit Options that Support Wellness

- Health insurance (MANDATORY)
- Tobacco free workplace
- Tuition reimbursement
- Paid sick leave
- Family sick leave
- Retirement/401K
- Health club reimbursement or fitness equipment reimbursement
- Tobacco cessation reimbursement or on-site cessation classes at company expense
- Weight management reimbursement or on-site weight management classes at company expense
- Health savings account or health resources account
- Life insurance
- Company contributes to the cost of long term care or disability insurance
- Well day(s) off or financial bonus for wellness
- Lactation room for nursing mothers
- Other (subject to approval):

Community Involvement

- Company participation in philanthropic events ex: Paint-A-Thon, Heart Walk, etc.



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