



The case study is due one year from the date we issue the grant check. The case study assesses the impact of wellness on workplace safety and the frequency and severity of workers' compensation claims. It also, helps us identify best practices for the implementation of workplace wellness programs. Completion and a timely submission of the case study are required to receive funding for the next year.

Please answer all the questions and email to Program.wellness@bwc.state.oh.us, or mail to Workplace Wellness Grant Program, Division of Safety & Hygiene, 13430 Yarmouth Drive, Pickerington, OH, 43147-8310. We will send you a letter outlining next steps upon receipt and review of your case study.

Please check the case study grant program year:

☐ Year 1

☐ Year 2

☐ Year 3

☐ Year 4

I.

A. Provide the following employer/employee information:

1. Company name and BWC policy number;
2. Number of employees in the company;
3. Number of employees who voluntarily left employment with your organization during the calendar year;
4. Number of employees who participated in the wellness program. Include employees who completed the biometric screening and the health risk appraisal(HRA) in addition to participating in at least one program;
5. Percentage of wellness program participants who are male;
6. Percentage of wellness program participants who are female;
7. Percentage of wellness program participants who fall within the following age categories;
 - a. 15-24; _____%
 - b. 25-34; _____%
 - c. 35-44; _____%
 - d. 45-54; _____%
 - e. 55-64; _____%
 - f. 65-74; _____%
 - g. 75+. _____%

B. Wellness program information

1. What elements, if any, of an effective workplace wellness program did you follow? Please check all that apply.

- ☐ Collect data through surveys
- ☐ Collect data through screenings
- ☐ Continuously evaluate and improve the program
- ☐ Develop a wellness team or appoint a wellness coordinator
- ☐ Develop a written wellness program
- ☐ Identify and deliver health promotion programs and services
- ☐ Include a wellness plan in the business operations plan
- ☐ Obtain senior leadership commitment

2. How is your organization evaluating the effectiveness of your wellness program? Please check all that apply.

- ☐ Coaching participation rates
- ☐ Improvement in aggregate biometric/health risk appraisal measures
- ☐ Improvement in participant satisfaction with job/work
- ☐ Improvement in participant satisfaction with the wellness program
- ☐ Productivity improvements
- ☐ Program participation rates
- ☐ Reduction in absenteeism
- ☐ Reduction in healthcare utilization costs
- ☐ Reduction in turnover
- ☐ Reduction in workers' compensation costs

3. How did you use the HRA and biometric data to design your workplace wellness program?

4. Describe wellness training provided and attendance rates.

5. Describe wellness coaching provided and participation rates.

6. What benefits have you seen?

7. What challenges did you face this year regarding your wellness program? Please check all that apply.

- ☐ Concerns about confidentiality of health data
- ☐ Concerns about legal issues
- ☐ High employee turnover
- ☐ Lack of awareness regarding wellness program benefits
- ☐ Lack of financial resources
- ☐ Lack of human resources
- ☐ Lack of upper management support
- ☐ Low employee interest or participation
- ☐ Low to no return-on-investment (ROI)
- ☐ No difficulties
- ☐ Remote work locations
- ☐ Union contract restrictions
- ☐ Other: Please explain.

8. What are your goals for next year?

C. Please provide the following additional information to receive funding for next year.

- a. You must submit the aggregate biometric screening and HRA data as well as the employee data to BWC within the first three months of the participating program year to receive funds.
- b. Are you remaining with the same wellness program vendor for the next year's wellness grant program participation? Yes or No

If yes, please provide us with a confirmation statement to that effect. If not, please provide us with a contract from your new vendor.

- c. How satisfied are you with your wellness vendor? Please check.

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Dissatisfied
- ☐ Very dissatisfied

- d. What did you like most about your wellness vendor?

- e. What did you like least about your wellness vendor?

II.

Workplace wellness programs reduce workers' unhealthy lifestyle habits (e.g. tobacco use, poor nutrition, lack of physical activity).

Safety programs prevent work-related injuries and illnesses by reducing workers' exposure to occupational risk factors (e.g. ergonomic, chemical, and biologic).

Please select the best answers to the questions below about your workplace wellness and safety programs.

1. Please indicate which programs your Workplace Wellness Program Grant funded last year? Please check all that apply.

- ☐ Biometric screenings
- ☐ Educational seminars on improving health
- ☐ Group Health counseling/coaching
- ☐ Health risk appraisals
- ☐ Individual health counseling/coaching
- ☐ Nutritional counseling
- ☐ Physical fitness activities
- ☐ Smoking cessation program
- ☐ Stress management program
- ☐ Weight loss management program
- ☐ Other(s). Please list

2. Beyond the activities funded by your Workplace Wellness Program Grant, what else did your organization do to support your wellness program? Please check all that apply.

- ☐ Biometric health screenings
- ☐ Cancer screening
- ☐ Diabetes screening
- ☐ Educational seminars on improving health
- ☐ Extended the wellness Program to more than the employees funded by the BWC Grant
- ☐ Flu vaccinations
- ☐ Group Health counseling/coaching
- ☐ Health fair
- ☐ Health risk appraisals
- ☐ Implemented a policy prohibiting smoking on premises or in company vehicles
- ☐ Improved disability management policies and practices to promote timely return-to-work after injury or illness
- ☐ Made changes to reduce chemical or biologic exposures (e.g. improved ventilation, etc.)
- ☐ Made changes to reduce physical workload or ergonomic stresses at work (e.g. reduce overexertion material handling equipment)
- ☐ Made changes to reduce safety hazards at work (e.g. provide controls to reduce falls)
- ☐ Made facility changes to promote physical fitness (e.g. providing showers, exercise equipment or area)
- ☐ Made facility changes to provide comfortable and quiet break rooms

- ☐ Made scheduling changes to promote physical fitness and work-life balance (e.g. flexible work hours)
- ☐ Made vending machine changes to promote healthy eating habits
- ☐ Made work organization changes to empower employees by giving them more control over their work
- ☐ Nutritional counseling
- ☐ Personal Health counseling/coaching
- ☐ Physical fitness activities
- ☐ Provided financial benefits for wellness participation-(e.g. reduced health insurance premiums)
- ☐ Provided funding support for gym memberships
- ☐ Provided healthy food choices at company sponsored events

- ☐ Smoking cessation program
 - ☐ Sponsored healthy weight-loss contests
 - ☐ Sponsored or supported social exercise activities (e.g. sport teams, lunchtime exercise)
 - ☐ Started an employee assistance program (for psychological and substance abuse issues)
 - ☐ Stress management program
 - ☐ Weight loss management program
 - ☐ Other(s). Please list
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- ☐ Made no additional changes to promote employee wellness

3. Do you have any groups at your workplace that plan or evaluate safety or wellness activities? (Choose one answer)

- ☐ No, we have no groups or committees for safety or wellness.
- ☐ Yes. We have a group for safety only.
- ☐ Yes. We have a group for wellness only.
- ☐ Yes. We have groups for both safety and wellness, and these are separate groups/committees.
- ☐ Yes. There is one group or committee that deals with both safety and wellness (or 2 different groups but the members are almost the same).

4. Does your company jointly monitor safety and employee wellness by gathering together information on both? *For example, combining information on workers' compensation claims or safety inspections with information on the health of your employees.*

- ☐ No, we review our data on work safety, but we don't look at wellness information at the same time.
- ☐ We have looked at safety and employee wellness data at the same time, but not on a regular basis.
- ☐ We regularly put together our information on safety and employee wellness

5. Within the past year, how often have safety and workplace wellness program topics been included in the same communication materials or training sessions?

- ☐ Never
- ☐ Occasionally
- ☐ Often

6. When you designed your workplace wellness program, which of the following factors influenced the program's design (if any)? Please focus on whether you made specific choices about what to include in the program or how to implement it, based on the factors listed below. Please check all that apply.

- ☐ Employee age range
- ☐ Employee work schedules (work breaks, time constraints, overtime, flexible schedules)
- ☐ Ergonomic hazards at your workplace (e.g., manual material handling)
- ☐ Exposure to hazardous substances (e.g. chemical, biological)
- ☐ Physical safety hazards at your workplace (e.g. fall hazards, motor vehicle accidents)
- ☐ Shift work at your workplace (e.g. night, rotating)
- ☐ Social work environment and company culture
- ☐ Specific employee health interests or concerns

- ☐ Workers' compensation claims history
 - ☐ Work stress among your employees
 - ☐ Your employee biometric measures (e.g. weight, blood pressure, cholesterol)
 - ☐ Your employee health behavior data (e.g. with health risk appraisal data)
 - ☐ Other workplace-specific factors (please be specific)
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Exercise

7. Consider whether there are barriers in the following categories that make it difficult to exercise.

For each work factor listed below, please indicate whether you: Strongly agree; somewhat agree; neither agree nor disagree; somewhat disagree; strongly disagree.

Work schedule (e.g. shift work. Overtime, inadequate work breaks) makes it difficult to exercise				
<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Somewhat agree	<input type="checkbox"/> Neither agree nor disagree	<input type="checkbox"/> Somewhat disagree	<input type="checkbox"/> Strongly disagree
Lack of facilities or equipment at work (e.g. workout room, equipment, showers) makes it difficult to exercise				
<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Somewhat agree	<input type="checkbox"/> Neither agree nor disagree	<input type="checkbox"/> Somewhat disagree	<input type="checkbox"/> Strongly disagree
Lack of facilities near work (e.g. gym or place to walk) makes it difficult to exercise				
<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Somewhat agree	<input type="checkbox"/> Neither agree nor disagree	<input type="checkbox"/> Somewhat disagree	<input type="checkbox"/> Strongly disagree
Physically demanding work leads to tiredness or fatigue that makes it difficult to exercise				
<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Somewhat agree	<input type="checkbox"/> Neither agree nor disagree	<input type="checkbox"/> Somewhat disagree	<input type="checkbox"/> Strongly disagree
Nature of work causes aches and pains, or sometimes injuries that make it difficult to exercise				
<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Somewhat agree	<input type="checkbox"/> Neither agree nor disagree	<input type="checkbox"/> Somewhat disagree	<input type="checkbox"/> Strongly disagree
Work stress (e.g. mental fatigue or distraction) makes it difficult to exercise				
<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Somewhat agree	<input type="checkbox"/> Neither agree nor disagree	<input type="checkbox"/> Somewhat disagree	<input type="checkbox"/> Strongly disagree

Other work factor(s) that makes it difficult to exercise (Specify: _____)

Considering the responses above, is there anything that you think you can do (or have done) to overcome or reduce this difficulty? If yes, can you briefly describe the best example, and indicate whether this is something you're doing already or will be considered for the future?

Healthy eating

8. Consider whether there are barriers in the following categories that make it difficult to eat healthy.

For each work factor listed below, please indicate whether you: Strongly agree; somewhat agree; neither agree nor disagree; somewhat disagree; strongly disagree.

Work schedule (e.g. shift work. Overtime, inadequate work breaks) makes it difficult to eat healthy				
<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Somewhat agree	<input type="checkbox"/> Neither agree nor disagree	<input type="checkbox"/> Somewhat disagree	<input type="checkbox"/> Strongly disagree
Lack of healthy food choices at the workplace makes it difficult to eat healthy				
<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Somewhat agree	<input type="checkbox"/> Neither agree nor disagree	<input type="checkbox"/> Somewhat disagree	<input type="checkbox"/> Strongly disagree
Lack of healthy food options near the workplace makes it difficult to eat healthy				
<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Somewhat agree	<input type="checkbox"/> Neither agree nor disagree	<input type="checkbox"/> Somewhat disagree	<input type="checkbox"/> Strongly disagree
Physically demanding work makes it difficult to eat healthy				
<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Somewhat agree	<input type="checkbox"/> Neither agree nor disagree	<input type="checkbox"/> Somewhat disagree	<input type="checkbox"/> Strongly disagree
Work stress (e.g. mental fatigue or distraction) makes it difficult to eat healthy				
<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Somewhat agree	<input type="checkbox"/> Neither agree nor disagree	<input type="checkbox"/> Somewhat disagree	<input type="checkbox"/> Strongly disagree

Other work factor(s) that makes it difficult to eat healthy (Specify: _____)

Considering the responses above, is there anything that you think you can do (or have done) to overcome or reduce this difficulty? If yes, can you briefly describe the best example, and indicate whether this is something you're doing already or will be considered for the future?

9. For the person in your company responsible for implementing your *workplace wellness program and safety program* (which may be you), please indicate the primary and other areas of responsibility for each person:

If *the same person* is responsible for your organizations' safety and wellness programs check this box and fill out only the Workplace Wellness Program columns below. ☐

Area of responsibility	Workplace Wellness Program		Occupational Safety and Health Program	
	Main job (mark one)	Other (mark any)	Main job (mark one)	Other (mark any)
Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wellness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior management (e.g. President, Owner, CFO, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other hourly (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other salaried (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. In the last year, think about all other employees (if any) who contributed to major decisions that affected the design or implementation of your workplace wellness program. What are their main areas of responsibility? Please check all that apply.

- ☐ Human resources
- ☐ Safety
- ☐ Senior management (e.g. President, Owner, CFO, etc.)
- ☐ Wellness
- ☐ Other hourly - please specify occupation(s). _____
- ☐ Other salaried - please specify occupation(s) _____
- ☐ No one else contributed

11. Are you? (check all that apply)

- ☐ The main person responsible for your *occupational safety program*
- ☐ The main person responsible for your *workplace wellness program*
- ☐ Neither

To move into the next year of the WWGP, you must have:

- (1) Completed the Safety Management Self-Assessment SH-26 (SMSA),
- (2) Contracted with a third party vendor and provided BWC with a copy of the contract or provide a statement that you are remaining with the same vendor,
- (3) Completed the health risk appraisals (HRA) and biometric screenings and Provide BWC Progress Look Up with the aggregate health data and employee data,
- (4) Instructed your third party vendor to provide BWC with a copy of the aggregate report,
- (5) Developed activities/programs with your third party vendor based on health risk factors identified through the HRAs and biometric screenings, and
- (6) Submitted receipt documentation to show as the BWC funds were spent.
- (7) Complete the Annual Case Study

***BWC will notify you in writing that you have completed the above and may move into your next year of the program.