

1. General Information

Application DUE DATE: Friday, August 14, 2020

Please complete this application to the best of your ability. It should take you about 30 minutes to do so and you must complete the application in one session. Be sure to hit submit once you have completed all answers.

This application is built with survey logic so that you get questions that are most appropriate to your city, based on the answers that you provide. Be sure to hit submit once you have completed all answers.

* 1. Please provide the following:

Name of City that is applying for the grant:

First and last name of person we will contact for anything related to this grant:

Title:

Email address:

Phone:

2. Geographic region (select one):

Southern CA

Northern CA

Central CA

3. Number of full-time employees:

4. Number of part-time employees:

2. HEAL Cities Campaign

5. Has your City joined the *Healthy Eating Active Living Cities Campaign* (<http://www.healcitiescampaign.org/>)?

Yes

No

6. When was your HEAL Cities Resolution passed?

7. Describe what (if any) employee wellness policies your City has initiated and what (where applicable) HEAL policies have been adopted.

3. Readiness and Commitment

8. Does your City currently have an employee wellness program?

A wellness program is one that is intended to improve and promote health for your employees that is offered through the work place, online, via health plans, or other vendors. Your program may or may not offer premium discounts, cash rewards, gym memberships, and other incentives to participate. Examples include programs to help you stop smoking, diabetes management programs, weight loss programs, and preventative health screenings. It may also include policies such as providing water and healthy foods at meetings and events.

Yes

No

4.

9. How long has your wellness program been in place?

10. Please provide a brief description of the wellness program components, or what elements your City would like to include in the proposed program.

11. Is there senior leadership support for wellness? If yes, please describe what leadership does to support wellness in your City. If not yet, what challenges exist to getting leadership support or what steps are you taking to garner the support?

12. Does your City's current or proposed wellness program have an assigned coordinator or lead?

Yes

No

5.

13. What is their title?

14. What percent of their job is dedicated to the wellness program?

15. If your City does not have a wellness lead, please describe who is responsible for implementing and managing wellness programs and activities.

16. Does your City have a budget for your current or proposed wellness program?

- Yes
- No, but there is a plan to create a budget to fund initiatives in the next 1-2 years
- No, our City does not currently plan to create a budget for wellness

6.

17. Please expand on your City's plan to create a budget to fund wellness initiatives for the next 1-2 years, including proposed timeline for the budget to be approved:

18. How much is your City's current total annual budget or the estimated first-year budget for your proposed program?

19. Does your City have a wellness program leadership team/ steering committee?

A leadership team/ steering committee is one that oversees strategic decisions for your program, including short-term and long-term goals and objectives, as well as budget and resource allocation decisions. It may include your city manager or other leaders in your City.

- Yes
- No, but we plan to create a wellness program leadership team in the next year
- No, and do not currently plan to create a wellness program leadership team

7.

20. Are both labor and management represented on the wellness program leadership team?

Yes

No

21. How often does the wellness program leadership team convene?

22. Does your City have a wellness program committee?

A wellness program committee is a team that works together to plan and implement wellness activities. It can include a mix of management and employees, as well as representatives from various departments or unions. In addition, a wellness program committee can include partners or third party vendors such as the City's health plan carriers. A committee typically meets on a regular basis and is led by the wellness program coordinator, manager, or other city employee.

Yes

No, but we plan to create a wellness program committee in the next year

No, we do not currently plan to create a wellness program committee

8.

23. What departments are represented in your wellness program committee?

24. What are the job titles of those included in your wellness program committee?

25. How often does the wellness program committee convene?

26. If your City currently does not have an employee wellness committee or wellness program leadership team, how are wellness program decisions made in your City? Please describe how you will seek input across departments, and how you will make decisions that impact multiple departments.

27. Does your City have a group of wellness champions or advocates who are working with the wellness program committee or assigned coordinator/lead to engage employees and implement and/or support program activities and policies?

- Yes
- No, but we plan to create a champions/advocates group in the next year
- No, we do not currently plan to create a champions/advocates group

9.

28. What departments are represented in your champions/advocates group?

29. How often does the group convene?

30. Briefly describe the group's accomplishments to date.

31. Has your City conducted any of the following audits, assessments, or surveys?

	Yes	No, but we plan to do so in the next year	No, we do not currently plan to conduct any audits, assessments, or surveys
An audit of the wellness environment and culture within the worksite (e.g., food and beverages offered in the cafeteria, vending machines, or served at meetings; the availability of bike racks, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An assessment of the health risks of your employee population	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A survey to determine the needs and interests that your employees would like the program to address	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other audit, assessment, or survey (please specify)

32. Based on the completed audits, assessments, or surveys, what are the top needs and interests your City might want to address through its wellness program?

33. Has your City identified goals and objectives for your wellness program?

- Yes
- No, but we plan to develop goals and objectives for our program in the next year
- No, we do not currently plan to develop goals and objectives for our program

34. Please state your goals and objectives for your wellness program, for the Cities for Workforce Health application, or what goals and objectives your City might consider:

35. Does your City have a formal plan for your wellness program?

- Yes
- No, but we intend to develop a formal plan for our wellness program in the next year
- No, we do not currently intend to develop a formal wellness plan

10.

36. What period of time does the plan cover?

37. What are the plan's (or proposed plan's) key strategies?

38. Who in your City approves current or proposed wellness plans?

39. Does your City provide incentives to employees to participate in wellness program activities and/or for meeting certain wellness requirements?

Yes

No, but we plan to provide such incentives in the near future

No, we do not currently intend to provide such incentives in the near future

11.

40. Please describe how employees earn incentives (or will earn) for their participation in the program and/or for meeting certain wellness requirements.

41. Does your City have mechanisms for communicating its wellness program to employees?

Yes

No, but we would like to have mechanisms for communicating our wellness program

No, we do not currently plan to develop mechanisms for communicating our wellness program

12.

42. What communication mechanisms are used (e.g., website, email, flyers, etc.) and how often do employees receive communications through those mechanisms?

43. Please describe what communications mechanisms your City would be interested in developing:

44. Does your City evaluate program results and outcomes?

Yes

No, but we plan to evaluate program results and outcomes in the next year

No, we do not currently plan to evaluate program results and outcomes

13.

45. Please describe what program evaluation method(s) your City currently uses or might consider using in the future:

46. If your City is selected to receive the Cities for Workforce Health grant, you will receive \$5,000 towards Kaiser Permanente Workforce Health programs and services*, plus up to 20 hours of consulting from a Cities for Workforce Health Consultant. What wellness program components would you like the CFWH consultant to focus on with you, and why?

For example, the CFWH consultant could consult with your City on building the capacity of the leadership team; conducting environmental audits and selecting workplace policies that promote and support wellness; conducting an assessment of employees' health-related interests, needs, and/or risks; developing a program design/plan, etc. NOTE: We recognize that your needs may change as the consultant works with you, but we would like to understand what you perceive your needs to be at this point in time.

*If your City does not currently offer Kaiser Permanente health benefits to your employees, you are still eligible to receive grant funding for Kaiser Permanente Workforce Health programs and services. If your City is not in a Kaiser Permanente service area, you will receive comparable wellness programs and services.

If you would like to support your application with a copy of your city's formal current or proposed wellness program plan, please send a PDF copy to egan@cacities.org.

Please click the 'Done' button to submit your application.

Thank you for your time and interest in our grant program!