**Cities for Workforce Health: Grant Application for 2025 Well-being Program Seed Grant**

Application DUE DATE: Friday, July 19, 2024

Please complete this application to the best of your ability. It should take you about 25-30 minutes to do so, and you must complete the application in one session. Be sure to hit submit once you have completed all answers.

We have provided you a Word document version of the application for reference and so that you can be prepared to answer all questions. As you go through, you will follow along in sequential order. If an answer you select tells you to skip ahead to a specified question, then the online survey application will skip ahead automatically for you. The 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.

NEW Current Cities for Workforce Health grantees (2024) and previous two grant cycles (2022, 2023) are not eligible to apply for the upcoming year. This gives other Cities an opportunity to request support for their workforce health initiatives.

**General Information**

1. Please provide the following

* Name of the City that is applying for the grant:
* First & Last Name (who we will contact for anything related to this grant):
* Title:
* Email address:
* Phone:

1. Geographic region (select one):

* Southern CA
* Northern CA
* Central CA

1. Number of fulltime employees:
2. Number of part-time employees:

**Readiness & Commitment**

1. Does your City currently have an employee well-being program?

A well-being 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, stress management, diabetes management programs, health risk assessment campaigns, weight loss programs, and preventative health screenings. It may also include policies such as providing water and healthy foods at meetings and events or following healthy meeting recommendations.

* Yes
* No (go to #7)

1. How long has your well-being program been in place?
2. What types of health and well-being issues does your health and well-being initiative address? If your City does not yet have a well-being program, what issues would you like to address with the program you would like develop?

* Chronic physical and mental health condition (e.g., depression, diabetes, heart disease)
* Physical health (e.g., exercise, nutrition, smoking, musculoskeletal, sleep)
* Mental & emotional well-being (e.g., stress, resilience, anxiety)
* Financial well-being
* Career growth (e.g., professional or leadership development and advancement or mentoring)
* Personal growth (e.g., purpose and meaning)
* Social or relational well-being (e.g., caregiving, interpersonal relationships, loneliness)
* None of the above
* Other – Write In \_\_

**Leadership Commitment**

1. Which of the following describes your leadership’s support for health and well-being? Examples of leaders include City Manager, Mayor, Human Resources/Benefits Director, etc. Check all that apply.

* Leaders actively participate in health and well-being programs
* Leaders are role models for prioritizing health and work-life balance (e.g., they do not send emails while on vacation, take activity breaks during the work day, etc)
* Leaders hold their front-line managers accountable for supporting the health and well-being of their employees (e.g., including in performance review)
* Leaders are held accountable to achieve organizational goals for employee health and well-being
* None of the above
* Other

1. Does your City have a well-being 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 well-being program leadership team in the next year
* No, and do not currently plan to create a well-being program leadership team

**Program Coordination**

1. Does your City’s current or proposed well-being program have an assigned coordinator or lead?

* Yes
* No

1. What is their title?
2. What percent of their job is or will be dedicated to the well-being program?

If your City does not have a well-being lead, please describe who is or will be responsible for implementing and managing well-being programs and activities?

**Budget**

1. Does your City have a budget for your current or proposed well-being program?

* Yes (go to #14 then #15)
* No, but there is a plan to create a budget to fund initiatives in the next 1-2 years (go to #14)
* No, our City does not currently plan to create a budget for well-being (go to #16)

1. Please expand on your City's current wellness program budget, or City’s plan to create a budget to fund well-being initiatives for the next 1-2 years, including proposed timeline for the budget to be approved.
2. How much is your City’s current total annual budget or the estimated first-year budget for your proposed program?

**Well-being Program Committee and Champions**

1. Does your City have a well-being program committee or champions? Well-being committees and champions plan, promote, and implement well-being initiatives for employees.

* Yes (go to #17, 18, 19)
* No, but we plan to create a well-being program committee in the next year
* No, and we do not currently plan to create a well-being program committee

1. What departments and/or unions are represented in your well-being program committee?
2. What are the job titles of those included in your well-being program committee?
3. How often does the well-being program committee meet?

If your City currently does not have an employee well-being committee or well-being program leadership team, how are well-being 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.

**Audits, Assessments or Surveys**

1. 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, and we do not currently plan to conduct any audits, assessments, or surveys |
| An audit of the well-being environment and culture within the worksite (e.g., the food and beverages offered in the cafeteria and in vending machines, the food and beverages served at meetings, the availability of bike racks, etc.) |  |  |  |
| An assessment of the health risks of your employee population |  |  |  |
| A survey to determine the needs and interests that your employees would like the program to address |  |  |  |
| Other audit, assessment, or survey |  |  |  |

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

**Goals and Objectives**

1. Has your City identified goals and objectives for your well-being program?

* Yes (go to #23, 24)
* No, but we plan to develop goals and objectives for our program in the next year (go to #23, 24)
* No, we do not currently plan to develop goals and objectives for our program (go to #24)

1. Please state your goals and objectives for your well-being program. What are the plan’s (or proposed’s plan’s) key strategies?
2. Does your City have a formal plan for your well-being program? What are the plan’s key strategies? Your plan should detail what the program wants to accomplish, and how and when it will happen.

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

**Policies and Strategies**

1. Does your City have written policies supporting employee health and well-being in the following areas? Check all that apply.

* Work time to participate in health and well-being programs
* Physical activity (e.g., encourage active transportation, walking meetings, longer breaks, ergonomic policies)
* Mental health and well-being (e.g., emotional health, awareness training, critical incident procedures, psychological safety, stress/resiliency)
* Work-life integration (e.g., limit consecutive days/hours worked; allow remote work, flex time or job share)
* Healthy eating (e.g., requirements for company-sponsored events and cafeteria/vending suppliers)
* Tobacco-free workplace or campus
* Responsible alcohol or other substance use
* Volunteerism or community involvement
* Injury prevention and safety
* None of the above
* Other – Write in \_\_

1. Does your City intentionally promote and encourage a diverse and inclusive workforce through any of the following strategies? Check all that apply.

* Policies (e.g., wages, hiring, etc)
* Employee Resource Groups (ERGs)
* Facilitate forums for open discussion
* Workforce training and growth opportunities
* Workforce accommodations (e.g., through modifications to work station or job responsibilities)
* Race and ethnicity data are used in strategic planning to identify specific needs
* Race and ethnicity data are used in program evaluation to assess health equity issues
* None of the above
* Other – Write in \_\_

1. Have you taken any of the following actions to address the impact of “social drivers of health” on employees’ healthcare experience? Check all that apply.

Social drivers, also known as social determinants of health, are conditions in the places where people live, learn, work, and play that affect a wide range of health outcomes.

* Analyze disparities in healthcare outcomes within the workforce
* Address health literacy and health awareness in culturally relevant and appropriate ways
* Ensure providers in the health plan’s network match workforce needs
* Address the health culture in the community
* Foster social connectedness
* Provide or facilitate access to child care
* Provide or facilitate access to elder care
* Provide or facilitate transportation to work
* Provide or facilitate access to housing
* Address food insecurity
* None of the above
* Other – Write in \_\_

**Incentives**

1. Does your City provide incentives to employees to participate in well-being program activities and/or for meeting certain well-being requirements?

* Yes (go to #29)
* No, but we plan to provide such incentives in the near future (go to #29)
* No, and we do not currently intend to provide such incentives in the near future (go to #30)

1. Please describe how employees earn (or will earn) incentives for their participation in the program and/or for meeting certain well-being requirements.

**Communication Plan**

1. Does your City have a strategy for communicating its well-being program to employees?

* Yes
* No, but we would like to have a strategy for communicating our well-being program (go to #32)
* No, we do not currently plan to develop a strategy for communicating our well-being program (go to #32)

1. Do well-being program communications include any of the following? Check all that apply.

* Communications targeted to employees with different roles in the organization (e.g., senior leaders, managers, well-being champions, employee resource groups)
* Year-round communications (at least quarterly)
* Health and well-being communications branded with unique program name and branding
* Status reports to inform stakeholders of program progress (at least annually)
* Management discusses and promotes health and well-being programs to their employees
* Communications directed to spouses and family members as well as employees
* None of the above
* Other – Write in \_\_

**Evaluation**

1. Does your City evaluate program results and outcomes?

* Yes (go to #33)
* No, but we plan to evaluate program results and outcomes in the next year (go to #33)
* No, we do not currently plan to evaluate program results and outcomes (go to #34)

1. Please indicate which of the following types of data are used/will be used to evaluate your program. Check all that apply.

* Process evaluation (e.g., participation, satisfaction)
* Physical health (e.g., medical/pharmacy claims, health assessment, fitness/activity)
* Mental health (e.g., behavioral health claims, psychological safety, work-related stress)
* Absence or disability
* Occupation health & safety (e.g., injuries, accidents, workers compensation claims)
* Culture or climate assessment
* Employee engagement, morale, or satisfaction
* Turnover/attraction/retention
* Overall well-being, life satisfaction, and quality of life
* Financial well-being indicators (e.g., use of 401k or pay-day loan benefits)
* Business (e.g., work quality/output, customer satisfaction)
* Social well-being (e.g., loneliness, social isolation, care giving)
* None of these data are used/will be used to evaluate program performance
* Other – Write in \_\_

**Program Focus**

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

For example, the CWH 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 well-being; 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’s benefits to your employees, you are still eligible to receive grant funding for Kaiser Permanente’s Workforce Health Consulting Group’s programs and services. If your City is not in a Kaiser Permanente service area, you will receive comparable well-being programs and services.

1. If you would like to support your application with a copy of your City’s formal current or proposed well-being program plan, please upload. (Limit: 10 files, 50 MB total)

Thank you!

Thank you for your interest in the Cities for Workforce Health grant. We plan to reach out to selected 2025 grantees in early September.