

---

**THE HEALTH PROJECT**  
**APPLICATION FOR THE 2017 C. EVERETT KOOP NATIONAL HEALTH AWARDS**  
**Documenting Excellence in Health Promotion and Value on Investment**

The mission of The Health Project is to seek out, evaluate, promote, and disseminate the lessons learned from exemplary health promotion and disease prevention programs with demonstrated effectiveness in influencing personal health habits and cost-effective use of health care resources. To win the C. Everett Koop National Health Award, programs need to be rigorously evaluated and be willing to share their results as credible evidence of their accomplishments in improving population health.

**Eligibility**

To be recognized, a program must employ comprehensive and evidence-based population health management strategies designed to improve the health and well-being of the entire population under consideration and across the health continuum. The program must have been in place for a minimum of three years. The application must demonstrate that the program is well integrated into the organization's infrastructure and that it has yielded significant improvement in population health and noteworthy business results (e.g., medical cost savings, reduced absenteeism, fewer accidents, increased worker productivity, or other improvements in other indicators documenting value-on-investment [VOI]). Such programs may include several individual health components in such areas as physical activity, healthy eating, stress management, tobacco use cessation, weight control, medical self-care, evidence-based preventive screenings, and disease management – all built on a culture of health framework.

---

**Application Submission**

Please create a PDF copy of your application and e-mail to:  
(no paper applications will be accepted)

**info@thehealthproject.com**  
*Please cc rgoetzel@us.ibm.com*  
*on your submission*  
Ron Z. Goetzel, Ph.D.  
Chairman, Program Selection Task Force

**DEADLINE FOR SUBMITTING PROGRAM APPLICATIONS: 5 PM EDT ON WEDNESDAY, MAY 31, 2017**

---

Include the following information on the cover page of your application:

Name of Program:	<input type="text"/>	
Company/Organization:	<input type="text"/>	
Address:	<input type="text"/>	
City/State/Zip:	<input type="text"/>	
Contact Person:	<input type="text"/>	
Telephone:	<input type="text"/>	Fax: <input type="text"/>
Email address:	<input type="text"/>	
Program URL, if applicable:	<input type="text"/>	
Vendor(s), if applicable:	<input type="text"/>	

---

## APPLICATION GUIDELINES AND REQUIREMENTS

For the Koop Award, programs are primarily judged for their documented ability to improve health and demonstrate a business case for investment in the health and well-being of populations. Therefore, approximately 70% of the Koop Award application is focused on a description of the program evaluation methodology and results. Although it is recognized that many excellent programs will have incomplete evaluation data, we urge all applicants to base their application on complete data sets. If incomplete evaluation data are provided, please state why.

The structure of your program will also be considered, with attention given to leadership commitment and organizational culture, strategic planning, communications/marketing/promotion, intervention components, integration into benefit design, incentives, program coordination, and data management/evaluation. We recognize that a health promotion program will be most effective when it is offered in the context of broader organizational efforts related to business strategy and practices, benefit design, absenteeism policy, career development, and other programs and policies. We are interested in hearing about these complementary efforts in the context of the overall program. However, the focus of your application should be on the core health promotion program(s). Make the best case for your program with respect to health improvement/risk reduction and value-on-investment through business results.

Please report all individuals and organizations involved in the completion of your application. Specifically, you should report any vendors or other third parties who helped prepare the application and describe their role (e.g., consultant, data analysis vendor, editor, wellness provider, university, etc.).

Please review the recommended word counts. A font size of 12 is requested, including for tables.

Structure your application in the following manner:

### **Section I. Executive Summary of Program and Evaluation Highlights (maximum 500 words):**

Prepare an abstract for this section, focusing on a high-level overview of the program and evaluation results.

### **Section II. Narrative Description of Program and Evaluation Results (maximum 3,000 words):**

Maximum of six (6) tables and/or figures documenting, for example, program participation, health improvements, cost savings, or other business results in addition to the required tables (see page 4).

#### **A. Your Organization (*suggested word limit - 300 words*):**

Briefly describe your organization, including its culture, business strategy, location, core products, number of employees, and any major benefit design changes that occurred during the period covered by the evaluation and address how these changes may have affected results. Please include information regarding the unique characteristics of your employee population, which may include the percentage of employees who are racial/ethnic minorities, have a disability, are field-based, work from home, or members of union groups. This information will be used to assess whether your health promotion program has been tailored to meet the needs of your workers.

#### **B. Health Management Strategy/Programs (*suggested word limit - 700 words*):**

Please describe your health promotion program by explaining what you have done to communicate your health promotion vision and mission; create awareness of health improvement initiatives; engage and motivate employees to adopt healthy lifestyles; help employees develop the skills they need to change and maintain positive health behaviors; and the physical, organizational and cultural environments you have created and nurtured to support those changes.

---

Program descriptions should also include mention of the following:

*Participation Rates:* A base program participation rate is 40-50%; a good participation rate is 60-70%; and a best practice participation rate is 80+%. If your program has a low participation rate, please explain why. Reasons may include difficulty engaging workers, inability to provide incentives, etc. Please also provide information about participation in specific elements of your program including (where appropriate) health assessments, biometric screenings, coaching, fitness centers, medical clinics, EAP, campaigns, or other health promotion activities.

*Population:* State the number of individuals in the target population, the number of individuals eligible to participate, and the number and percent of those eligible who participated in the past few years. Indicate whether analysis results are provided for the population as a whole or just a sample. Data and results based on the entire employee population plus a cohort group subset followed over the entire study period is preferred. However, data and results based on either the entire employee population or a cohort group only will be accepted for review. Also, programs that engage both employees and their dependents are considered favorably based on evidence of greater effectiveness.

*Longevity:* As a reminder, programs should be in place for a *minimum* of three years to be considered a competitive applicant for the Koop Award.

*Design Changes:* Describe any significant changes to the design of your program(s) and medical benefits or other human resource policies and plans during the evaluation period.

*Addressing Disparities:* Include a description of actions taken to address health disparities at your worksite(s) in terms of program use, health risks targeted, and difficulties in achieving your outcomes. Disparities may exist in terms of race, ethnicity, cultural background, gender, job type (salary vs. non-salary), job placement (office vs. factory vs. field), age, work location (headquarters vs. remote offices), or shift schedule.

*Health Management Scorecard Data:* We encourage applicants to complete one of the several organizational health tools available (for example the [Health Enhancement Research Organization \(HERO\) Scorecard](#) or the [CDC Worksite Health ScoreCard](#)) and include the results (e.g., total scores and section scores) as part of the application. These Scorecards are free and allow organizations to assess their current health promotion programs, while learning about employee health management best practices. Although completing a scorecard *is not mandatory*, it will help reviewers in their evaluations of program structure and processes. It is understood that scorecard results are based on self-report, and are therefore not objective measures of program content and delivery, which is what the Koop Award application requires.

### **C. Evaluation Methodology & Business Case Results (*suggested word limit - 2,000 words*):**

Please describe the methodology used to evaluate your health promotion program(s). Describe program impacts on health-related risks and behaviors, financial or other relevant business case outcomes, program cost-effectiveness, or total and net cost savings. When describing the methods used to evaluate the financial or business relevant outcomes, please explicitly state all assumptions used. Also, state whether the value on investment and business outcomes are based on actual data or economic models.

Additionally, include descriptive statistics regarding participation and the impact of the program on health and financial outcomes across the entire eligible population. To fully describe program participation, you may develop a “participation cascade” table that shows the number of employees eligible for the program, the number enrolled, the number who became “engaged,” and the number who are long-term participants.

If program components have been evaluated independently, please provide an additional summary describing the overall impact on the wellness program.

For each outcome assessed, complete the table below - insert an additional column for each variable. If you are evaluating multiple variables and cannot fit all the information in one table, please feel free to use multiple tables. These tables will not be counted in the six-table limit.

Key Variable Measured:	Examples: Weight management, smoking cessation, physical activity, healthy eating, blood pressure management, healthcare utilization/cost, absenteeism, disability, safety incidents
Study Design Structure (Check most applicable design):	<input type="checkbox"/> Experimental Design -- Randomized Controlled Trial <input type="checkbox"/> Quasi-Experimental Design with Controls for Confounders <input type="checkbox"/> Pre-experimental Design -- Pre- and Post-Only <input type="checkbox"/> National/Regional vs. Organizational Trend Analysis <input type="checkbox"/> Other (Please Describe)
Sample Size for Treatment and Comparison Groups:	Example: 235 program participants 252 non-participants
Sample Selection Method (If applicable, describe how treatment and comparison groups were selected):	Example: Non-participants were matched to participants using propensity score matching techniques.
Data Source(s):	Examples: Health Risk Assessment, Medical Claims Data, Short-Term Disability Claims, Workers' Compensation Records.
Outcome Result:	Example: Smoking rates in the eligible population were reduced by Five percentage points.
Analysis (what statistical procedure(s) used):	Examples: T-Test, Chi-square, Odds Ratio - <b>Please provide descriptive statistics along with results from more sophisticated analyses using, for example, multivariate statistics.</b>
Relevant Statistics:	Example: $p < 0.05$
Publications:	If any of the studies described here were published in a peer-reviewed journal, please provide the citation.

*Trend Analyses:* Please provide multi-year data. We recommend a minimum of one baseline year and three intervention years of data. Comparisons to external norms, particularly those adjusted to the demographics of your population are desirable. Reports of net cost savings for shorter intervention periods must be particularly well documented to be considered credible.

Finally, please note any limitations of your program and any limitations in your data, methods, or presentation of results.

### Section III. Supplemental Documentation:

Provide essential non-duplicative documentation that supports the information you provided in *Section II* of this application. Documentation that is helpful to understanding the content of the application may include abstracts published in peer-reviewed journals, or they may be based on consultant reports, survey results, internal memoranda, or other evaluation materials.

A maximum of five total pages will be accepted for this section.