

Certified Healthy Business Application

Reference: Centers for Disease Control and Prevention. *The CDC Worksite Health ScoreCard: An Assessment Tool for Employers to Prevent Heart Disease, Stroke, and Related Health Conditions*. Atlanta: U.S. Department of Health and Human Services; 2014.

Demographic Information

Name of Business (Name to appear on Certificate):

Number of Employees (Select one): 1-25 26-100 101-500 501-999 1000+

Type of Business (Select one): For profit Not for profit Government Agency School Administrative Office
Other

Contact Information

Contact Person:

Mailing Address:

City/Town:

State:

Zip:

E-mail Address:

Phone Number:

County (physical location): [Drop-down menu]

Please check all that apply to your business in each of the following categories:

NOTE: Numbers in parentheses [e.g., (1)] are associated CDC Scorecard point values and denote associated points for each criterion.

Category 1 – Organizational Supports

- Conduct an employee needs and interests assessment to help plan health promotion activities (1)? *Check box if, for example, your organization administers focus groups or employee interest surveys to design your employee health promotion program(s).*
- Conduct employee health risk appraisals/assessments (HRAs) through partners, on-site staff, or health plans and provides individual feedback plus health education (3)? *Check box if, for example, your organization provides individual feedback through written reports, letters, or one-on-one counseling.*
- Demonstrate organizational commitment and support of worksite health promotion at all levels of management (2)? *Check box if, for example, all levels of management participate in activities, communications are sent to employees from senior leaders, the worksite supports performance objectives related to healthy workforce, or program ownership is shared with all staff levels.*
- Use and combine incentives with other strategies to increase participation in health promotion programs (2)? *Check box if, for example, your organization offers incentives such as gift certificates, cash, paid time off, product or service discounts, reduced health insurance premiums, employee recognition, or prizes.*
- Use competitions when combined with additional interventions to support employees making behavior changes (2)? *Check box if, for example, your organization offers walking or weight loss competitions.*
- Promote and market health promotion programs to employees (1)? *Check box if, for example your worksite's health promotion program has a brand name or logo, uses multiple channels of communication, or sends frequent messages.*
- Have an active health promotion committee (2)? *Check box if your health promotion committee exists and has been involved in planning and implementing programs.*
- Have a champion(s) who is a strong advocate for the health promotion program (2)? *Check box if there is someone at your worksite who actively promotes programs to improve worksite health promotion.*
- Conduct ongoing evaluations of health promotion programs (2)? *Check box if, for example, your organization collects data on employee health risks, medical claims, employee satisfaction, or organizational climate surveys.*
- Make any health promotion programs available to family members (1)?
- Provide flexible work scheduling policies (2)? *Check box if, for example, policies allow for flextime schedules and/or work at home.*
- Engage in other health initiatives throughout the community and support employee participation and volunteer efforts (e.g., blood drives, Workplace Partnership for Life, serve at food bank, etc.) (2)? *Check box if, for example, your organization supports participation in community and school-based efforts, such as fundraising events/walks, collaborates with local coalitions, advocacy groups, and health and regulatory organizations.*

Category 2 – Tobacco Control

Established Smoking/Tobacco Policy (Check one element inside bracket to be eligible for CH):

- Have a written policy banning all **tobacco use** at your worksite (3)? *Check box if your worksite prohibits all tobacco use (including vapor products/e-cigarettes) on all worksite property (indoors and outdoors) controlled by ownership or lease, at all times. ****Required for Excellence***
- Have a written policy banning **smoking** at your worksite (2)? *Check box if your worksite prohibits all smoking on all worksite property (indoors and outdoors) controlled by ownership or lease, at all times. ****Required for Basic/Merit***
- Actively enforce a written policy banning smoking and/or tobacco use (1)? *Check box if, for example your worksite posts signs, does not have ashtrays, or communicates this written policy banning tobacco use through various channels at your worksite.*
- Display signs (including 'no smoking' or Breathe Easy signs) with information about your smoking and/or tobacco-use policy (1)?
- Refer tobacco users to the Oklahoma Tobacco Helpline or other tobacco cessation telephone quit line (3)? *Check box if, for example your worksite refers tobacco users to 1-800-QUIT-NOW, OKhelpline.com or smokefree.gov.*
- Provide health insurance coverage with no or low out-of-pocket costs for **prescription** tobacco cessation medications (3)? *Check box if, for example, your organization provides coverage for inhalers, nasal sprays, bupropion (e.g., Zyban) and varenicline (e.g. Chantix).*
 - N/A: Worksite does not provide health insurance to employees *New**
- Provide health insurance coverage with no or low out-of-pocket costs for FDA-approved **over-the-counter** nicotine replacement products (2)? *Check box if, for example, your organization provides coverage for nicotine replacement gum, patches, or lozenges.*
 - N/A: Worksite does not provide health insurance to employees *New**
- Provide or promote free or subsidized tobacco cessation counseling (other than the Oklahoma Helpline) (2)? *Check box if these programs are provided on- or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans or programs, community groups, or other practitioners.*
- Provide incentives for being a current nonuser of tobacco and for current tobacco users that are currently involved in a cessation class or actively quitting (1)? *Check box if, for example, your organization provides discounts on health insurance, or other benefits for non-smokers and tobacco users who are actively trying to quit.*
- If alcohol, tobacco, and/or vapor products are sold by the company, these products do not constitute a primary revenue source (1)? *Check box also if your worksite does not sell tobacco products on company property in vending machines or through on-site vendors.*

Category 3 – Nutrition

- Provide places to purchase food and beverages (Not scored)? *Check box if, for example, your worksite provides vending machines, cafeterias, snack bars, or other purchase points.*
 - N/A: Worksite does not provide a place to purchase food and beverages.**
- Have a written nutrition policy or formal communication that makes healthier food and beverage choices available in cafeterias or

snack bars (1)? *Check box if, for example, the policy or formal communication makes vegetables, fruits, 100% fruit juices, whole grain items, trans fat-free items, and low-sodium snacks available in cafeterias or snack bars.*

- N/A: Worksite does not provide a place to purchase food and beverages.**
- Have a written policy or formal communication that makes healthier food and beverage choices available in vending machines (1)? *Check box if, for example, the policy or formal communication makes vegetables, fruits, 100% fruit juices, whole grain items, trans fat-free and low-sodium snacks available in vending machines.*
 - N/A: Worksite does not provide a place to purchase food and beverages.**
- Make most (more than 50%) of the food and beverage choices available in vending machines, cafeterias, snack bars, or other places where food is provided or available for purchase by organization be healthier food items (3)? *Check box if the healthy foods are items such as skim milk, 1% milk, water, unsweetened flavored water, diet drinks, 100% fruit juice, low-fat and low-sodium snacks, or fresh fruit. (See [Dietary Guidelines for Americans, 2010.](#))*
 - N/A: Worksite does not provide a place to purchase food and beverages.**
- Provide nutritional information (beyond standard nutrition information on labels) on sodium, calories, trans fats, or saturated fats for foods and beverages provided or sold in worksite cafeterias, snack bars, etc. (2)?
 - N/A: Worksite does not provide a place to purchase food and beverages.**
- Identify healthier food and beverage choices with signs or symbols (3)? *Check box if, for example, your worksite puts a heart next to a healthy item near vending machines, cafeterias, snack bars, or other purchase points.*
 - N/A: Worksite does not provide a place to purchase food and beverages.**
- Subsidize or provide discounts on healthier foods and beverages offered in vending machines, cafeterias, snack bars, or other purchase points (3)?
 - N/A: Worksite does not provide a place to purchase food and beverages.**
- Have a written policy or formal communication which makes healthier food and beverage choices available during meetings when food is served (1)? *Check box if, for example, the policy or formal communication makes vegetables, fruits, 100% fruit juices, whole grain items, trans-fat free and low-sodium snacks available during meetings.*
- Provide employees with food preparation and storage facilities (1)? *Check box if your worksite provides a microwave oven, sink, refrigerator and/or kitchen.*
- Offer or promote an on-site or nearby farmers' market where fresh fruits and vegetables are sold (1)?

Category 4 – Physical Activity

- Provide an exercise facility on-site or subsidize or discount the cost of an offsite exercise facility (3)?
- Provide environmental supports for recreation or physical activity (3)? *Check box if, for example, your worksite provides trails or a track for walking/jogging, maps of suitable walking routes, bicycle racks, a basketball court, open space designated for recreation/exercise, or a shower and changing facility.*

- Post signs at elevators, stairwell entrances, or exits and other key locations that encourage employees to use the stairs (3)?
 - **N/A: Worksite is located in a one-story building.**
- Provide organized individual or group physical activity programs for employees (other than the use of an exercise facility) (3)? *Check box if, for example, your worksite provides walking or stretching programs, group exercise, or weight training.*
- Provide or subsidize physical fitness assessments, follow-up counseling, and physical activity recommendations either on-site or through a community exercise facility (3)?
- Have a written and enforced physical activity policy that includes, at minimum, all of the following (3):
 - Provides employees with up to 30 minutes of physical activity break time in addition to regularly scheduled meal breaks per workday
 - Provides flexible work arrangement to accommodate paid physical activity breaks
 - Incorporates at least a 10 minute physical activity break into meetings, etc. lasting one hour or longer
 - Encourages employees to have walking meetings
 - Provides safe and secure bicycle parking for employees

Category 5 – Stress Management

- Sponsor or organize social events throughout the year (1)? *Check box if, for example, your worksite sponsors or organizes team building events, company picnics, holiday parties, or employee sports teams.*
- Offer onsite behavioral health program such as stress management, work/life balance or depression (2)?
- Provide training for managers on identifying and reducing workplace stress-related issues (3)? *Check box if, for example your worksite provides training for managers on performance reviews, communication, personnel management, assertiveness, time management, or conflict resolution.*
- Provide opportunities for employee participation in organizational decisions regarding workplace issues that affect job stress (3)? *Check box if, for example your worksite provides opportunities for employees to participate in decisions about work processes and environment, work schedules, participative problem-solving, and management of work demands.*
- Offer employee support groups (1)?

Category 6- Mental Health

- Offer suicide prevention training for all staff (3)? *(i.e., a one-hour Question, Persuade, Refer class).*
- Offer “Working Minds” training for all staff, with priority given to managers and supervisors (2)?
- Provide training for supervisors on how to recognize signs and symptoms of substance abuse (including prescription drug abuse) and depression and intervention/workplace support skills (i.e. Mental Health First Aid) (3)?

- Provide a copy of 'A Manager's Guide to Suicide Postvention' onsite (1)?
- Offer an annually reviewed Employee Assistance Program (EAP) for employees and their family members with allowed use of leave for EAP appointments (3)?
- Have a policy and protocol for a return to work plan when a co-worker or family member has died by suicide and for employees with a behavioral health disorder. For example, FMLA includes time taken to grieve a loss of co-worker or family member who has died by suicide (3)?
- Have harassment, discrimination and stigma policies in place and demonstrated enforcement (3)?
- Require Responsible Beverage Sales and Service training (if your business sells or serves alcohol, including at special events) (3)?
 - o **N/A: Worksite does not sell or serve alcohol, including at special events.**
- Have a drug-free workplace policy, including prescription drug misuse and abuse (3)?

Category 7 – Chronic Disease Prevention & Management

- Offer free or reduced cost annual physical exams for employees on-site or through partners (2)?
- Provide access to cancer screenings on-site or via referral (1)? (e.g. mobile mammography)
- Provide free or subsidized blood pressure screening (beyond self-report) on-site or through partners (e.g. local clinic, county health departments) (3)?
- Provide free or subsidized cholesterol screening (beyond self-report) on-site or through partners (e.g. biometric vendor filing insurance with low/no-copay) (3)?
- Provide free or subsidized pre-diabetes and diabetes risk factor assessment (beyond self-report) on-site or through partners (e.g. biometric vendor filing insurance with low/no-copay, local clinic) (3)?
- Provide free or subsidized self-management programs for diabetes control (3)? *Check box if these programs are provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans and programs, community groups, or other practitioners.*
- *New Criteria** Provide reimbursement for employees to participate in the National Diabetes Prevention Program (3).
- Provide free or subsidized body composition measurement, such as height and weight, Body Mass Index (BMI) scores, or other body fat assessments (beyond self-report) on-site or through partners (e.g. biometric vendor filing insurance with low/no co-pay, local partner (YMCA), county health departments) (2)?

Category 8 – Occupational Health & Safety

- Encourage reporting of injuries and near misses (3)? *Check box if there is written and/or verbal encouragement to report injuries, illnesses, or near misses.*

- Provide opportunities for employee input on hazards and solutions (3)? *Check box if, for example, there were all-hands meetings, tool box meetings, surveys, or focus groups for discovering and solving job health and/or safety issues.*
- Have a program to investigate the causes of injuries or illnesses (3)? *Check box if, for example, there were all-hands meetings, tool box meetings, surveys, or focus groups for discovering and solving job health and/or safety issues.*
- Coordinate programs for occupational health and safety with program for health promotion and wellness (2)? *Check box if, for example a new safety initiative also included a wellness component such as attention to diet, physical activity, smoking, etc.).*
- Paid time off (PTO) for days or hours due to illness of employees or dependents (full-time, non-exempt employees) (1). *[Note: non-exempt employees are those who are eligible to receive overtime pay if they work more than 40 hours in a week. Typically they are hourly workers.]*
- Paid vacation time or personal days or hours to full-time, non-exempt employees) (1).
- Have an emergency response plan that addresses acute heart attack and stroke events (2)?
- Offer access to a nationally-recognized training course on Cardiopulmonary Resuscitation (CPR) that includes training on Automated External Defibrillator (AED) usage (3)?
- Have one or more functioning AEDs in place (3)?

Category 9 – Health Promotion

- Offer medical/clinical services (onsite clinic, visiting nurse, etc.) (2)?
- Offer health insurance to employees at no/reduced cost (2)?
 - o **N/A: Worksite does not provide health insurance to employees * New**
- Provide health insurance coverage with no or low out-of-pocket costs for one or more of the following medications: blood pressure control, lipid control, diabetes management (2)?
 - o **N/A: Worksite does not provide health insurance to employees *New**
- Conduct influenza (flu) vaccinations at your worksite (3)? *Check box if these offerings happen one or more times a year; are set up as either a temporary vaccine clinic run by an outside organization, internal occupational health staff or other arrangement.*
- Provide a series of educational seminars, workshops, or classes on one or more of the following: nutrition, physical activity, weight management, high blood pressure, high cholesterol, diabetes (3)? *Check box if these sessions address single health topics or a combination of health topics. These sessions can be provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans or programs, community groups, or other practitioners.*
- Provide brochures, videos, posters, pamphlets, newsletters or other written or online information that address one or more of the following: healthy eating, physical activity, overweight/obesity, high blood pressure, high cholesterol, diabetes, health and safety, influenza vaccination (1)? *Check box if these health promotion materials address single health topics or a combination of health topics.*
- Provide free or subsidized one-on-one or group lifestyle counseling for employees who are overweight or obese (3)? *Check box if*

these programs are provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans or programs, community groups, or other practitioners.

- Have a written policy on breastfeeding for employees including the provision of flexible paid or unpaid break times to allow mothers to pump breast milk as well as provide a private space (other than a restroom) with a comfortable chair and an outlet (3)? *Check box if the policy is included as a component of other employee policies or is a separate policy related to breastfeeding.*
- *New Criteria** Apply to become a Breastfeeding Worksite (2) ([Breastfeeding Worksite application](#))

Category 10 – Community Resources (This section is NOT scored. It is for informational purposes only.)

Provide employees with health related information, programs, or resources from any of the following organizations (not including your own organization)? *Check all that apply for health information, programs, or resources provided in-person or online; on-site or off-site; or in group or individual settings.*

- State/local public health agency
- Health insurance plan
- Health management program and/or wellness program provider/vendor
- Workers compensation provider
- Health-related organizations (such as the American Heart Association, American Cancer Society, etc.).
- Health insurance broker
- Hospital
- YMCA
- Community Organization or Business Group (Wellness Council, Chamber of Commerce or other business group)
- College/University
- Other: _____

Receive consultation, guidance, advise, training, and/or direction from any of the following organizations related to the design and delivery of a worksite wellness program? *Check all that apply.*

- State/local public health agency
- Health insurance plan
- Health management program and/or wellness program provider/vendor
- Workers compensation provider
- Health Related Organizations (such as the American Heart Association, American Cancer Society, etc.)
- Health insurance broker
- Hospital
- YMCA

- Community or Business Organization (Wellness Council, Chamber of Commerce or other business group)
- Other: _____
- Participate in any Community Coalitions focused on health or business and community partnerships?

BE SURE YOU HAVE:

- Completed ALL questions in the application
- Submit ONLY online (Do NOT submit via fax or mail)
- Correct mailing addresses, email
- Complete name of business
- Checked all items that apply to your business

NOTE

- Please read future e-mails related to Certified Healthy Business
- Do not forget to print a copy of EACH PAGE of your application (using you web browser's print button) Remember that Certification must be renewed annually.

Thank you for your participation!

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