



Partner Cert & Workplace Awards Combo Application

Overview

This application serves as a combination application of the workplace partnering and recognition programs offered by the Mayor's Health & Well-Being Council (MHWC).

To achieve **MHWC Workplace Partner Certification**, organizations must have health initiatives that comprehensively address each of the following categories*:

- Tobacco-Free Living
- Physical Activity
- Nutrition
- Health Education & Preventive Services

Supporting documentation is required for all items indicated with an (*). Applications are not considered complete until supporting documentation is submitted.

There is only one application for the Mayor's Workplace Awards, which is used to determine winners for the **Mayor's Healthiest Workplace** and the **Moving the Needle Awards**.

- To be considered for the **Mayor's Healthiest Workplace Awards**, applicants must submit responses in 5 out of the 6 pillars of wellness listed within the application. This award has two subcategories:
 - organizational size (Up to 250 employees, 251 – 1,000 employees, 1,001 – 5,000 employees, Over 5,000 employees)
 - school district/government organization.

*Subcategories may vary based on applicants and determined by the ABGOH Review and Steering Committee.
- To be considered for the **Moving the Needle Awards**, applicants can submit 1 or more pillars of wellness listed within the application. Award subcategories include:
 - Tobacco-Free Living
 - Physical Activity
 - Nutrition
 - Health Education/Preventive Services
 - Emotional/Mental Well-being.

Additional award categories, such as Innovation, Community Engagement, Social Connectedness, Champion Network, etc. may be determined annually by the ABGOH Review and Steering Committee.

Recertification

Starting in 2024, organizations **certified in 2022** are eligible for recertification via **Expedited Workplace Partner Recertification** application. Previously certified partners must submit the entire partner application and supporting documentation.

Application Deadline

To be considered for the 2024 Mayor's Health and Fitness Awards, applications are due by close of business on **July 31, 2024**.



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Workplace Partner Certification Application

Organization Information	
Organization Name:	Date Application Submitted:
Mailing Address:	
Application Contact	
Name:	Title:
Phone:	Email:
President or CEO	
Name:	
Phone:	Email:
Total Number of Employees: _____ Number of Volunteers (if applicable) *: _____	
Does your organization conduct a Health Risk Assessment? ___ YES ___ NO	
<i>If yes, (optional):</i> What percentage of your employees has diabetes in your organization? _____	
What percentage of your employees is currently classified as obese (BMI > 30) _____?	
What percentage of your employees is currently using tobacco in your organization? _____	
What percentage of your employees currently smoke in your organization? _____	
Does your organization conduct health claims analytics? ___ YES ___ NO	
<i>If yes, (optional):</i> What is the percent of claimants by category?	
Diabetes: _____%	Cardiovascular Disease: _____% Neoplasms/Cancer: _____%
Musculoskeletal: _____%	Other high cost claims (i.e. high blood pressure, high cholesterol, etc.): _____%
Please list: _____	

*For organizations with limited paid staff, application questions on the following pages can be answered for volunteers/members



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Tobacco-Free Living (20 Points Possible) Does your worksite:	Yes	Score <i>For internal use only</i>
1) *† Have a tobacco-free worksite policy that prohibits the use of all types of tobacco on company property at all Austin/Travis County based sites, whether the grounds are owned, leased, or shared? (4 pts.)	<input type="checkbox"/>	
2) *Post your tobacco-free worksite policy at your site through signage for all employees, temporary workers (including contractors), volunteers and visitors? (2 pts.)	<input type="checkbox"/>	
3) *Have a policy that prohibits the use of all forms of tobacco in company-owned or company-leased vehicles regardless of their location? (2 pts.)	<input type="checkbox"/>	
4) Offer cessation counseling or programming to employees? (2 pts.) Offer cessation counseling or programming to employee dependents covered under your company-sponsored medical plan, EAP, or other company-sponsored benefit? (1 pt.)	<input type="checkbox"/> <input type="checkbox"/>	
5) Promote phone or text-based quit line services to employees, like the Texas Quit Line 1-877-YES QUIT or https://smokefree.gov/tools-tips/text-programs ? (2 pts.)	<input type="checkbox"/>	
6) Have a health plan that incentivizes non-tobacco use or have a surcharge for employees that use tobacco? (4 pts.)	<input type="checkbox"/>	
7) Provide health benefit plans including coverage for tobacco-cessation medications for enrolled employees and their covered dependents at reduced co-pay or no cost to the employee? (2 pts.)	<input type="checkbox"/>	
8) Highlight employees and/or members of senior leadership who have successfully quit tobacco use? (1 pt.)	<input type="checkbox"/>	
Total		

*Requires documentation of how metric was accomplished

† Tobacco use is defined as the use of cigarettes, cigars, chewing tobacco, snuff, pipes, snus, electronic cigarettes, and any non-FDA approved nicotine delivery device. Property is defined as the entire workplace, both indoors and outdoors, and there may not be any areas designated for the use of any form of tobacco.

Some questions have been adapted from CDC's Worksite Health Scorecard



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Physical Activity (20 Points Possible) <i>Does your worksite:</i>	Yes	Score <i>For internal use only</i>
1) Subsidize or discount the cost of onsite or offsite exercise facilities? (3 pts.)	<input type="checkbox"/>	
2) Provide and promote various onsite or offsite physical activity classes (e.g. aerobics, yoga), which could be free or at a low cost to the employee/member? (3 pts.)	<input type="checkbox"/>	
3) Provide and promote onsite opportunities to incorporate physical activity in the workday by encouraging the use of stairs, walking meetings, marked paths, walking trails, etc.? (2 pts.)	<input type="checkbox"/>	
4) Sponsor on-going contests or competitions, recognizing departments or teams that win? (2 pts.)	<input type="checkbox"/>	
5) Offers incentives for increasing physical activity such as “physical fitness comp time,” “flexible spending dollars,” or gift certificates to fitness apparel retailers? (3 pts.)	<input type="checkbox"/>	
6) Provide parking locations for bicycles at your facilities and/or provide bike racks to encourage biking to/from work? (2 pts.)	<input type="checkbox"/>	
7) Offer standing workstations and other options for employees to reduce the amount of time they sit during the workday? (2 pts.)	<input type="checkbox"/>	
8) Provide brochures, videos, posters, pamphlets, newsletters, website posts, social media posts, or other written or online information that address the benefits of physical activity? (2 pts.)	<input type="checkbox"/>	
9) Engage in community wellness initiatives or events (e.g. runs, walks, bike rides, community health challenges, etc.) through sponsorship, participation, volunteerism, or promotion as a group/team representing your organization? (1 pt.)	<input type="checkbox"/>	
Total		



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Nutrition (20 Points Possible) <i>Does your worksite:</i>	Yes	Score <i>For internal use only</i>
1) *Have a written policy or formal communication that makes healthier food and beverage choices available in cafeterias, snack bars, or vending machines? (3 pts.)	<input type="checkbox"/>	
2) Have a written policy, formal communication, or follow healthy meeting guidelines (e.g. American Heart Association: Healthy Workplace Food and Beverage Toolkit) that makes healthier food and beverage choices available at meetings? (2 pts.)	<input type="checkbox"/>	
3) Subsidize or provide discounts on healthier foods and beverages offered in vending machines, cafeterias, snack bars, or other purchase points? (3 pts.)	<input type="checkbox"/>	
4) Identify healthier food and beverage choices in vending machines, snack bars, or cafeterias, with signs, symbols, or product placement? (2 pts.)	<input type="checkbox"/>	
5) Offer programs that encourage employees to participate in nutrition health competitions among employees? (2 pts.)	<input type="checkbox"/>	
6) Provide educational seminars, workshops, or classes on nutrition? (2 pts.)	<input type="checkbox"/>	
7) Offer nutrition counseling onsite and/or cover nutrition counseling under your health benefit plans? (3 pts.)	<input type="checkbox"/>	
8) Provide brochures, videos, posters, pamphlets, newsletters, website posts, social media posts, or other written or online information that address the benefits of healthy eating? (2 pts.)	<input type="checkbox"/>	
9) Provide employees with food preparation and storage facilities, such as refrigerators, microwaves, etc.? (1 pt.)	<input type="checkbox"/>	
Total		

*Requires documentation of how metric was accomplished



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<p>Health Education & Preventive Services (30 points possible)</p> <p>Please indicate if your wellness program provides the following services. If yes, list all examples that apply.</p> <p>Does your worksite:</p>	<p>Yes</p>	<p>Examples</p> <p><i>List all those that apply:</i></p> <p><i>High cholesterol, diabetes, high blood pressure, mental health, cancer, heart disease, stroke, etc.</i></p>	<p>Score</p> <p><i>For internal use only</i></p>
<p>1) Provide free or subsidized onsite screenings for any of the examples listed above? (3 pts.)</p>	<p><input type="checkbox"/></p>	<p><i>List:</i></p>	
<p>2) Provide onsite health professional (e.g. health coach, personal trainer, or Registered Dietitian Nutritionist) to review screening results and provide clinical referral when appropriate? (2 pts.)</p>	<p><input type="checkbox"/></p>		
<p>3) Actively promote screening programs for breast, cervical, and/or colorectal cancers? (1 pt.)</p>	<p><input type="checkbox"/></p>		
<p>4) Provide a series of educational seminars, workshops, or classes on preventing and controlling any of the examples listed above? (2 pts.)</p>	<p><input type="checkbox"/></p>	<p><i>List:</i></p>	
<p>5) Have any of the following awards/designations: (3 pts.)</p> <p>American Heart Association Fit Friendly Workplace American Cancer Society CEO Cancer Gold Standard™ Texas Mother Friendly Workplace WELCOA Well Workplace Awards Other: _____</p>	<p><input type="checkbox"/></p>	<p><i>List award, designation or accreditation and date received:</i></p>	
<p>6) Have Family Friendly policies, programs, or formal communications that support the physical/emotional health of employees and their families (e.g. Mother-Friendly Worksite policy or paid parental/maternity leave, separate from any accrued sick leave, annual leave, or vacation time)? (4 pts.)</p>	<p><input type="checkbox"/></p>	<p><i>List:</i></p>	

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<i>Does your worksite:</i>	Yes	Score <i>For internal use only</i>
7) Provide Mother-Friendly support to employees (e.g. onsite mother-friendly designated rooms with hospital-grade multi-user breastpump, in-room refrigerator and/or sink, etc.)? (2 pts.)	<input type="checkbox"/>	
8) Promote alternate commuting solutions such as providing employees with commuter bus or train passes or incentivizing active commuting, etc.? (2 pts.)	<input type="checkbox"/>	
9) Provide a free Employee Assistance Program (EAP) that offers mental health, stress management, work-life balance and/or other life-skills programs (e.g. financial wellness, sleep, etc.)? (1 pt.)	<input type="checkbox"/>	
10) Offer or integrate emotional, well-being programming or support on topics like financial wellness, sleep, stress management, etc. <i>other</i> that what is offered via Employee Assistance Program (EAP)? (3 pts.)	<input type="checkbox"/>	
11) Demonstrate organizational commitment and support of worksite health promotion at all levels of leadership (i.e.: all levels of management participate in activities, communications are sent from leadership, etc.)? (2 pts.)	<input type="checkbox"/>	
12) Conduct an employee needs or interest survey for planning health promotion activities? (1 pt.)	<input type="checkbox"/>	
13) Appoint an internal wellness program coordinator or wellness promotion staff member (e.g. health coach, personal trainer, or Registered Dietitian Nutritionist) to be available to employees/members for onsite consultation? (3 pts.)	<input type="checkbox"/>	
14) Have one or more functioning AEDs in place with posters, signs or other markers to identify the location of the AED? (1 pt.)	<input type="checkbox"/>	
	Total	



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Workplace Partner Cert Application - Open-Ended Questions

Wellness Programming: Describe the components of your wellness program, including programming components not previously reflected within the earlier sections of this application. (Up to 3 points)

- a. Our wellness program meets our business and employee needs by –
- b. We plan our program using the following data and best practices –
- c. Our wellness program includes the following dimensions of well-being –

Communication: Describe how you communicate or market your wellness program to employees, especially those employees that are hardest to reach. (Up to 3 points)

- a. How do employees receive health promotions (e.g. brochures, videos, posters, pamphlets, newsletters, website or social media posts, or other written or online information)?
- b. How is your health promotion tailored to the language, literacy level, or culture of various segments of the workforce?

Evaluation: How do you evaluate your wellness program? Please list any outcomes or results, including how measured, from your program. (Up to 4 points)

- a. We evaluate our wellness program by –
- b. We have seen outcomes/results in –

Please submit completed application & supporting documentation to info@mhwcaustin.org



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Mayor's Healthiest Workplace & Moving the Needle Awards Application

Please describe a health initiative or program implemented by your organization that enables and supports the health and well-being of your employees. Include your program evaluation and any health outcomes and how they were measured.

*NOTE: Organizations applying for the **Mayor's Healthiest Workplace Awards** must complete 5 out of the 6 pillars of wellness listed: Tobacco-Free Living, Physical Activity, Nutrition, Health Education & Preventive Services and Emotional/Mental Well-being. To be considered for the **Moving the Needle Awards**, applicants can submit in 1 or more pillars of wellness.

<p>Indicate which pillar of wellness this initiative or program supports: (Complete this section for each pillar of wellness for which you are applying)</p>	<ul style="list-style-type: none"> a. Tobacco-Free Living b. Physical Activity c. Nutrition d. Health Education & Preventive Services e. Emotional/Mental Well-being f. Other (please list) –
<p>Description of health initiative or program: (open text box)</p>	<ul style="list-style-type: none"> d. Our wellness program meets our business and employee needs by – e. We plan our program using the following data and best practices – f. Our wellness program includes the following dimensions of well-being –
<p>Program Evaluation/Health Outcomes, including how measured: (open text box)</p>	<ul style="list-style-type: none"> c. We evaluate our wellness program by (e.g., feedback survey from participants, leadership, &/or coordinator, participation numbers, observations, biometric outcomes, health claims, health assessments, testimonies, focus groups, etc.) – d. We have seen outcomes/results/success in (e.g., increase in program participation, change in behaviors, increase in knowledge, improved claims data, improved biometric data, improved health risk assessment data, etc.) –

*Please copy and paste this table as needed to apply for the Mayor's Healthiest Workplace & Moving the Needle Awards, see NOTE.