



**MAYORS HEALTH & WELL-BEING COUNCIL**  
*To make Austin the healthiest community in the Country.*

## MHWC Workplace Partner Certification Application

### Overview

To achieve Mayor's Health & Well-Being Council (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

\* Partners must achieve a minimum of 10 points in each of the categories listed above to be certified.

Technical assistance for MHWC Workplace Partner Certification is provided by **Austin Public Health**.

### Certification Levels

The MHWC Workplace Partner Certification application has a total of 100 points, section point values as indicated within the application. Employers may achieve certification at three levels:

- **Bronze** (50-59 points)
- **Silver** (60-69 points)
- **Gold** (70 points and above, plus tobacco-free worksite policy)

All employers receiving partner certification will be recognized at an awards and recognition ceremony. Partner certification lasts for 2 years.

### Steps to Apply

**Step 1:** Contact the MHWC to express your interest in getting certified and for free technical assistance with completing the online application - [info@mhwcaustin.org](mailto:info@mhwcaustin.org)

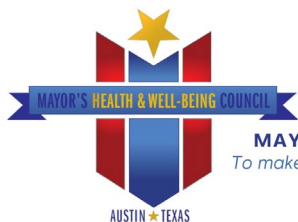
**Step 2:** Visit [www.mhwcaustin.org](http://www.mhwcaustin.org) to access the online application under the "Get Certified" tab.

**Step 3:** Submit supporting documentation for all items indicated with an (\*) via email to [info@mhwcaustin.org](mailto:info@mhwcaustin.org). Examples of supporting documentation include: policy, excerpt from employee manual, formal correspondence (email), new employee orientation excerpts, photos, etc. Items can be submitted as PDF, Word, JPEG, etc. or as a shared drive (i.e. Google Drive, Drop Box). Applications are not considered complete until supporting documentation is submitted.

**Step 4:** If you are also interested in applying for the Mayor's Workplace Awards, both applications can be submitted at the same time. Organizations must be MHWC Workplace Partner Certified to be eligible for the Mayor's Healthiest Workplace & Moving the Needle the Needle awards.

**Step 5:** The ABGOH Review and Steering Committee will review your application(s) and contact you if any additional information or adjustments are needed.

**Step 6:** MHWC will notify you of your award and will mail your Letter of Certification, including all the benefits of certification.



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## Workplace Partner Certification Application

|   |   |
|---|---|
| <b>Organization Information</b>   |   |
| <b>Organization Name:</b>   | <b>Date Application Submitted:</b>  |
| <b>Mailing Address:</b>   |   |
| <b>Application Contact</b>  |   |
| Name:   | Title:  |
| Phone:  | Email:  |
| <b>President or CEO</b>   |   |
| Name:   |   |
| Phone:  | Email:  |
| <b>Total Number of Employees: _____ Number of Volunteers (if applicable) *: _____</b>                 |   |
| <b>Does your organization conduct a Health Risk Assessment? ___ YES ___ NO</b>                        |   |
| <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? _____                         |   |
| <b>Does your organization conduct health claims analytics? ___ YES ___ NO</b>                         |   |
| <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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| <b>Tobacco-Free Living (20 Points Possible)</b><br><br><b>Does your worksite:</b>   | <b>Yes</b>   | <b>Score</b><br><br><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.)<br>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"/><br><input type="checkbox"/> |  |
| 5) Promote phone or text-based quit line services to employees, like the Texas Quit Line 1-877-YES QUIT or <a href="https://smokefree.gov/tools-tips/text-programs">https://smokefree.gov/tools-tips/text-programs</a> ? (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"/>                             |  |
| <b>Total</b>  |  |  |

\*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.



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| <b>Physical Activity (20 Points Possible)</b><br><br><b><i>Does your worksite:</i></b>   | <b>Yes</b>               | <b>Score</b><br><br><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"/> |  |
|  | <b>Total</b>             |  |



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| <b>Nutrition (20 Points Possible)</b><br><br><b><i>Does your worksite:</i></b>  | <b>Yes</b>               | <b>Score</b><br><br><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. <a href="#">American Heart Association: Healthy Workplace Food and Beverage Toolkit</a> ) 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"/> |  |
| <b>Total</b>  |                          |  |

\*Requires documentation of how metric was accomplished



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| <p><b>Health Education &amp; Preventive Services</b><br/> <b>(30 points possible)</b></p> <p>Please indicate if your wellness program provides the following services. If yes, list all examples that apply.</p> <p><b>Does your worksite:</b></p>   | <p><b>Yes</b></p>               | <p><b>Examples</b></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><b>Score</b></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><a href="#">American Heart Association Fit Friendly Workplace</a><br/> <a href="#">American Cancer Society CEO Cancer Gold Standard™</a><br/> <a href="#">Texas Mother Friendly Workplace</a><br/> <a href="#">WELCOA Well Workplace Awards</a><br/>           Other: _____</p> | <p><input type="checkbox"/></p> | <p><i>List award, designation or accreditation and date received:</i></p>   |   |
| <p>6) Have <a href="#">Family Friendly</a> 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>   |   |

(Continue on next page)



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| <b><i>Does your worksite:</i></b>  | <b>Yes</b>               | <b>Score</b><br><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. <b><i>other</i></b> 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"/> |  |
|  | <b>Total</b>             |  |



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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](mailto:info@mhwcaustin.org)