2024 Certified Healthy Business Application

Business and Contact Information

Reference: Centers for Disease Control and Prevention. *The CDC Worksite Health Scorecard: An Assessment Tool for Employers to Prevent Cancer, Heart Disease, Stroke, and Related Health Conditions*. Atlanta: U.S. Department of Health and Human Services; 2019.

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 (Person filling out application): Contact Title:** E-mail Address: **Business Owners Name: Business Owners email address:**

Certified Healthy Business Application 2024

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

Mailing Address:

Phone Number:

City/Town:

State:

Zip:

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

Lea	Leadership Commitment and Support		
	Demonstrate organizational commitment and support of worksite health promotion at all levels of management (2)? <i>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.</i>		
	Have a strategic plan that includes goals and measurable organizational objectives for the health promotion program (2)? Check box if, for example, your organization identifies SMART (i.e., specific, measurable, achievable, realistic, time-bound) goals and objectives.		
	Include references to improving or maintaining employee health in the business objectives or organizational mission statement (1)? Have an annual budget or receive dedicated funding for health promotion programs (2)?		
	Have an active and diverse health promotion committee (2)? Check box if, for example, your health promotion committee is routinely engaged in planning and implementing programs, and includes workers from all levels of the organization, various departments, as well as representatives from special groups (e.g., remote workers, organized labor).		
	Have an employee whose job includes managing the worksite health promotion program either part time or full time (2)? <i>Check box if the staff member is located on or off site and has responsibility for health promotion as part of his or her job description or performance expectations.</i>		
Me	asurement and Evaluation		
	Conduct an employee needs and interests survey 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). Do not check box if your organization administers general surveys that do not assess your employee health promotion programs.		
St	rategic Communications		
	Promote and market health promotion programs to employees (2)? 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.		
	Use tailored health promotion communications to ensure that they are accessible and appealing to employees of different ages, genders, education levels, job categories, cultures, languages, or literacy levels (3)?		

Participation and Engagement			
	Have a champion or network of champions who actively publicize health promotion programs (2)? 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 individual or team competitions or challenges in combination with additional interventions to support employees making		
	behavior changes (2)? Check box if, for example, your organization offers physical activity or nutrition competitions. Promote and support employee volunteerism (1)? Check box if, for examples, your organization encourages participation in volunteer activities, and allows employees the flexibility to participate during typical work hours. This may include time organizing food drives or participating in corporate walks or community clean-up days.		
	Provide a working environment that features healthy building design principles (1)? Check box if, for example, your workspaces have access to natural light, exposure to plants and nature, communal spaces, good ventilation and air quality, comfortable temperature, or no excessive noise.		
	Extend access to key components of the program to all workers, including hard to reach workers (e.g., telecommuters, contract workers, night shift workers, part-time workers (1)? Check box if, for example, your organization offers alternative options for participating in programs or services, such as 24-hour gym access or virtual access to lectures.		
Pro	Programs, Policies and Environmental Supports		
	Provide an Employee Assistance Program (EAP) (2)? Check box if, for example, employees have access to an EAP that offers services addressing financial health, depression, stress management, grief counseling, substance use, and other mental and emotional health issues.		
	Implement educational programming to improve health care consumerism (1)? Check box if, for example, your organization provides employees with written or interactive guidance on improving doctor-patient relationships, promoting patient-centered care, and appropriate use of medical resources.		
	Educate employees about preventive services and benefits covered by their health insurance plan on an ongoing basis, above and beyond what occurs during annual health insurance enrollment (1)? Check box if, for example, you worksite communicates information about benefits such as smoking cessation medication and counseling, weight management tools, or flu vaccinations through emails or newsletters that are distributed across the calendar year. N/A: Worksite does not provide health insurance to employees		
	Provide and support flexible work scheduling policies (2)? Check box if, for example, policies allow for flextime schedules and/or work		
	at home. Provide work-life balance/life-skills programs (3)? Check box if, for example, your worksite provides elder care, child care, referrals, tuition reimbursement, or other programs that are offered through vendors, on-site staff, or employee assistance programs. Make some or all company-specific health promotion programs available to family members (1)?		

	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.]
	Coordinate programs for occupational health and safety with programs for health promotion and wellness (2)? Check box if, for example, these departments have common strategies, routine data sharing, regular meetings across functions, or warm handoff referrals.
Categor	ry 2 – Tobacco Control
Est	tablished Smoking/Tobacco Policy (Check one element inside bracket to be eligible for CH):
	Have and promote 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 and promote a written policy banning smoking at your worksite (2)? <i>Check box if your worksite prohibits all smoking on all worksite property (indoors and outdoors) controlled by ownership or lease, at all times.</i> **Required for Merit
	☐ Have and promote a written policy banning smoking indoors at your worksite (1)? Check box if your worksite prohibits all smoking or all worksite property controlled by ownership or lease, at all times. **Required for Basic
_	Provide and promote programs such as the Oklahoma Tobacco Helpline or other tobacco cessation telephone quit line to equip employees with skills and motivation to quit using tobacco (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)? <i>Check box if, for example, your organization provides coverage for inhalers, nasal sprays, bupropion (e.g., Zyban) and varenicline (e.g. Chantix).</i> N/A: Worksite does not provide health insurance to employees
	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. O N/A: Worksite does not provide health insurance to employees
	Provide financial incentives for being a current nonuser and for current tobacco users who are actively trying to quit tobacco by participating in a free or subsidized, evidence-based cessation program (3)? 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.
	Prohibit the sale of tobacco products on worksite premises (1)? Check box if, for example, your worksite does not sell tobacco products on company property in vending machines or through on-site vendors.
Categor	ry 3 – Nutrition
	Provide places to purchase food and beverages (Not scored)? <i>Check box if, for example, your worksite provides vending machines, cafeterias, snack bars, or other purchase points.</i>

	 N/A: Worksite does not provide a place to purchase food and beverages.
	Have and promote a written nutrition policy or formal communication that makes healthier food and beverage choices available in
	cafeterias or snack bars (2)? 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 and promote 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 at the worksite (in vending machines, cafeterias, snack bars,
	or other purchase points) healthy 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 <u>Dietary Guidelines for</u>
	Americans, 2010.)
	 N/A: Worksite does not provide a place to purchase food and beverages.
	Provide visible nutritional information (beyond standard food labels) on sodium, calories, trans fats, or saturated fats for foods and
	beverages available at the worksite (in vending machines, worksite cafeterias, snack bars, or other purchase points) (3)?
	 N/A: Worksite does not provide a place to purchase food and beverages.
	Identify healthier (or less healthy) food and beverage choices with signs or symbols (3)? Check box if, for example, your worksite puts
	a heart next to a healthy item or uses red-yellow-green color-coding to indicate the healthfulness of items in 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 choices available at the worksite (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 and promote a written policy or formal communication which makes healthier food and beverage choices available in break
	rooms, during meetings, conferences, or company sponsored events when food is served (1)? Check box if, for example, the policy or
	formal communication makes vegetables, fruits, unsweetened beverages, whole grain items, trans-fat free and low-sodium snacks
	available during meetings.
	Provide employees with food preparation and storage facilities and a place to eat (1)? Check box if your worksite provides a
	microwave oven, sink, refrigerator and a place for employees to eat other than at their workstations.
	Offer or promote an on-site or nearby farmers' market where fresh fruits and vegetables are sold (1)? This may include coordinating
	Community Supported Agriculture (CSA) or vendors/venues that are or are not operated by farmers.
_	materials and provides easy access through water bottle filling stations, water fountains, break rooms, or vending machines.
	Create a School Garden For School Administration Businesses Only

Ma	Maternal Health and Lactation Support			
	Have and promote a written policy or commitment on breastfeeding for employees (1)? Check box if the policy is communicated at the time of hiring and/or at the time of maternity leave planning			
	Provide a private space (other than a restroom) that may be used by an employee to express breast milk (2)? <i>Check box if, for example, your worksite has a private space with an electrical outlet, comfortable chair, and sinks.</i>			
	Provide access to a breast pump either through insurance or at the worksite (2)? Check box if, for example, your worksite provides on-site access to a breast pump or offers insurance coverage that subsidizes the purchase of a pump for personal use.			
	Provide flexible paid or unpaid break times to allow mothers to pump breast milk (1)?			
	Provide and promote maternal health and breastfeeding support groups, educational classes or consultations (3)? <i>Check box if these sessions address breastfeeding as a single health topic or if breastfeeding is included with other health topics. These sessions can be provided in-person or online; onsite or offsite; in group or individual settings; through vendors, on-site staff, health insurance plans/programs, community groups, or other practitioners.</i>			
	Offer paid parental leave, separate from any accrued sick leave, annual leave, or vacation time (3)?			
	Offer health insurance coverage with no or subsidized out-of-pocket costs for pre-and postnatal care (3)?			
	□ N/A: Worksite does not provide health insurance to employees			
	Apply and receive recognition as an OK Breastfeeding Friendly Worksite (2)			
	(OK Breastfeeding Friendly Worksite Application)			
Catego	ory 4 – Physical Activity			
_	1. Drawide an every ine facility on site (1)2. Cheek hav if for every pull if any import each as have under the hands must and every indeed			
	Provide an exercise facility on-site (1)? Check box if, for example, if equipment such as hand weights, bands, mat, and exercise videos are available.			
г	I Subsidize or discount the cost of an on or offsite exercise facilities (1)?			
	• •			
_	provides trails or a track for walking/jogging, maps of suitable walking routes, bicycle racks, a basketball court, treadmill			
	workstations, sit-stand workstations, lockers, a shower, or changing facility.			
_	use are posted at elevators, stairwells, and other key locations; enhancements such as artwork or music are available; and stairwells are kept clean and well-lit.			
	o N/A: Worksite is located in a one-story building.			
	facility) (3)? Check box if, for example, your worksite organizes walking groups or stretching programs, group exercise, or weight			
	training, recreational leagues, or buddy systems to create supportive social networks for physical activity.			
	Promote the use of activity trackers to support physical activity (2)? Check box if, for example, you worksite provides or subsidizes the cost of pedometers, wearable trackers, online tools, or mobile apps.			
	subsidizes a bike share program; provides secure bicycle storage, lockers and shower facilities for employees; allows for a flexible			
	dress code; and/or organizes workplace challenges, employee recognition programs, or community events to increase active transportation.			

Ц	Institute a movement-friendly dress code
	 N/A: Job requires safety dress code for protection
	Have a written physical activity policy or commitment 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
Categor	ry 5 – Stress Management
	Provide dedicated space (not a bathroom) that is quiet where employees can engage in relaxation activities, such as deep breathing
_	exercises (1)? Check box if, for example, an office area with a door is available as space.
	social support (1)? Check box if, for example, your worksite sponsors or organizes team building events, company picnics, holiday
	parties, or employee sports teams.
	Provide training for managers that improve their ability to recognize and reduce 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.
	Develop partnerships to address urgent student needs to reduce stress on school staff (2)
	· · · · · · · · · · · · · · · · · · ·
Categor	y 6 Mental Health
Su	icide and Depression
34	iolae and Depression
	Offer mental health trainings for all staff (3):
	General suicide prevention training such as Question, Persuade, Refer (QPR) or Talk Saves Lives is recommended for staff at
	all levels.
	☐ Are You OK? is a two-part e-learning intended for adults who serve as organizational owners, managers, supervisors, human
	resources staff, and others to learn how to prevent and respond to suicide in the workplace. The two parts of this e-learning
	cover how to create a comprehensive workplace suicide prevention strategy and how to respond to a crisis in the workplace.
	· · · · · · · · · · · · · · · · · · ·
	For supervisors who would like to learn more about recognizing and responding to mental health and substance use issues,
	we recommend Mental Health First Aid.
_	Dravida a serve of (A Managaray's Cuida to Cuisida Destruantion) quaits (4)2
	Provide a copy of 'A Manager's Guide to Suicide Postvention' onsite (1)?

	Provide free or subsidized clinical assessment for depression by a provider followed-by directed feedback and clinical referral when appropriate (3)? <i>Check box if these services are provided directly through your organization or tele-health or indirectly through a health insurance plan.</i>
	Provide access to a self-administered depression screening tool that provides a feedback report with recommendations for clinical action as needed (2)? Check box is, for example, these services are provided through a health risk assessment (HRA), health insurance plan, or employee assistance program (EAP).
	Provide training for managers that improve their ability to recognize depression and refer employees to company/community resources for managing depression (2)? Check box if, for examples, your worksite provides managers with training on how to
	recognize depression, productivity or safety issues, and company or community resources for managing depression. The 988 Oklahoma's Mental Health Lifeline is promoted (English and Spanish) to employees
Ale	cohol and other Substance Use
	Have and promote a written policy banning alcohol and other substance use at the worksite (1)? Check box if, for example, your worksite has a written policy that bans alcohol and other substance use (including opioids) at the worksite or while operating a motor vehicle, requires universal drug testing (in appropriate safety-sensitive industries) or indicates options offered for assistance and referral to behavioral health services. This policy can be communicated to employees regularly through emails, newsletters, or signage in public places.
	Discourage or limit access to alcohol or use of company funds for alcohol at work-sponsored events (1)? Check box if, for example, your worksite limits (e.g., through tickets) the consumption of alcohol at on and off site meetings and events.
	Promote area pharmaceutical take back locations and/or promote pharmaceutical take back events in your community (1)
	Provide health insurance coverage with no or low out-of-pocket costs for Substance use disorder prevention and treatment (1) N/A: Worksite does not provide health insurance to employees
Categor	ry 7 – Chronic Disease Prevention & Management
Ca	ncer
	Offer free or subsidized cancer screenings on-site or via referral (2)? Check box if, for example, your worksite offered cancer screenings (e.g., stool test kits, mobile mammography vans, or skin cancer screenings) as part of a health campaign or as part of routine care at an on-site clinic.

	Monitor and take action to reduce employee exposure to known carcinogens within the workplace (1)? Check box if, for example, your worksite takes action to limit exposures to radon, asbestos, and other carcinogens that may exist at the worksite, and uses
	alternative materials (i.e., "green chemistry") wherever possible. Have and promote a written policy that includes measures to reduce sun exposure for outdoor workers (1)? Check box if, for
	example, the policy encourages rotation of workers in ultraviolet (UV) intense positions, scheduling of tasks to avoid high-exposure periods, and the use of sun protective clothing, hats, and sunscreen. This policy can be promoted to employees regularly through
	emails, newsletters, or signage in public places. o N/A: Worksite does not employ outdoor workers
	Provide employees working outdoors with supports for sun protection, such as shade, hats, or sunscreen (1)? N/A: Worksite does not employ outdoor workers
Hig	th Blood Pressure
ш	Provide free or subsidized blood pressure screening (beyond self-report) followed by directed feedback and clinical referral when appropriate (e.g. local clinic, county health departments) (3)?
	Make blood pressure monitoring devices available with instructions for employees to conduct their own self assessments (3)?
Hig	h Cholesterol
	Provide free or subsidized cholesterol screening (beyond self-report) followed by directed feedback and clinical referral when appropriate (e.g. biometric vendor filing insurance with low/no-copay) (3)?
Pre	diabetes and Diabetes
	Provide free or subsidized pre-diabetes and diabetes risk factor assessment (beyond self-report) and feedback, followed by blood screening (fasting glucose or A1c) and clinical referral when appropriate (e.g. biometric vendor filing insurance with low/no-copay, local clinic) (3)?
	Provide and promote self-management programs for diabetes control (3)? Check box if, these programs are provided in group or individual settings; in-person or virtually (online, telephonically, mobile app); on or off site; through vendors, on site staff, health
П	insurance plans/programs, community groups, or other practitioners. Provide reimbursement for employees to participate in the National Diabetes Prevention Program (3)?
_	rrovide reinibulsement for employees to participate in the National Diabetes Prevention Program (5):
We	ight Management
	Provide free or subsidized body composition measurement (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) followed by directed feedback and clinical referral when appropriate (1)? Check box if, for example, your worksite offers periodic height and weight measurement, body mass

index (BMI) scores, or other body fat assessments (beyond HRAs), plus follow-up recommendations. This may be offered as part of an occasional health fair or routine care at an on-site clinic.

Pro	gram Supports	
	motivation to	n-one or group lifestyle coaching/counseling or self-management programs that equip employees with skills and set and meet goals for (5): Check box if these programs are provided in-person or online; on-site or off-site; in group or ings; through vendors, on-site staff, health insurance plans or programs, community groups, or other practitioners. Blood pressure management Cholesterol management Pre-diabetes or diabetes Physical activity Nutrition Weight management Stress management Depression
	Provide health	insurance coverage with no or low out-of-pocket costs for (2):
		Evidence-based cancer screenings and vaccinations (breast, cervical, colorectal cancer screening, and HPV and Hepatitis B vaccines
		Blood pressure control medications
		Cholesterol or lipid control medications
		Diabetes medications and supplies for diabetes management (glucose test strips, needles, monitoring kits)
Categor	y 8 – Occupatio	nal Health & Safety
Safe	ty	
	☐ Have and promote a written policy or commitment on injury prevention and occupational health and safety (2)? Check box if this policy could be promoted to employees regularly through emails, newsletters, or signage in public places.	
☐ Encourage employees to report uncomfortable, unsafe, or hazardous working conditions to a supervisor, occupational healt safety professional or through another reporting channel (2)? Check box if there is written and/or verbal encouragement to injuries, illnesses, or near misses.		ional or through another reporting channel (2)? Check box if there is written and/or verbal encouragement to report
		tunities for employee input on hazards and solutions, and implement these solutions when appropriate (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.

ш	events in the future (3)?		
	Proactively support employees returning to work after illness of injury (1)? Check box if, for example, your organization provides temporary job modifications or phased return-to-work options.		
Em	ergency Response		
	Have an emergency response plan that addresses acute heart attack and stroke events (1)? Have an emergency response team to respond to 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 (2)? Have and promote a policy or commitment that requires an adequate number of employees per floor, work unit, or shift, in accordance with pertinent state and federal laws, to be certified in CPR/AED (2)? Check box if this policy could be promoted to employees regularly through emails, newsletters, or signage in public places. Have one or more functioning AEDs in place (1)? Have an adequate number of AED units such that a person can be reached within 3-5 minutes of collapse (2)? Identify the location of AEDs with posters, signs, markers, or other forms of communication other than on the AED itself (1)? Perform routine maintenance or testing on all AEDs (1)?		
Enν	vironment		
_	Make adjustments or provide resources where necessary to reduce the risk of eye injury or vision impairment (2)? Check box if, for example, your worksite provides proper lighting to work areas, protective eyewear in hazardous environments (e.g., factories, construction sites) or ergonomic setup at work stations. Have a process in place for measuring and, if necessary, improving worksite air quality (2)? Check box if, for example, your worksite routinely tests heating, ventilation, and air conditioning (HVAC) systems, vacuums carpets, and controls moisture levels to prevent mold growth.		
Sleep and Fatigue			
	Have and promote a written policy related to the design of work schedules that aims to reduce employee fatigue (2)? Check box if, for example, your worksite has a policy related to self-scheduling, limiting the number of consecutive days or hours allowed to be worked, or specifying a minimum time interval between shifts N/A: Business hours preclude a policy as operations are during normal workdays (Monday-Friday) and daylight hours Provide access to a self-administered sleep screening tool that provides a feedback report with recommendations for clinical action, as needed (2)? Check box if, for example, these services are provided through a health risk assessment (HRA), health insurance, or employee assistance program (EAP).		

	☐ Provide training for managers to improve their understanding of the safety and health risks associated with poor sleep and their sfor organizing work to reduce the risk of employee fatigue (1)?			
Mı	Musculoskeletal Disorders			
	Have and promote a written policy that requires regular evaluation of the design of work spaces and job requirements (1)? Check box if, for example, the policy includes assessments of workstations, workloads, or repetitive tasks. This may be promoted to employees regularly through emails, newsletters, or signage in public places.			
	Conduct ergonomic assessments of work space design and equipment when problems are identified, or anticipated, to reduce the risk of musculoskeletal disorders (1)? Check box if, for example, the policy includes assessments of workstations, equipment, tools, manually-handled loads, or repetitive tasks conducted either on a schedule or when requested on an as-needed basis.			
	Make organizational changes to job design, when appropriate, to reduce the risk of musculoskeletal disorders (2)? <i>Check box if, for example, your worksite has adjusted work routines and workloads, implemented job rotation, or automated previously manual tasks that pose increased risk.</i>			
	Provide health insurance that includes appropriate access to therapies and treatment for musculoskeletal disorders (2)? Check box if, for example, coverage options are aligned with best practices recommended by the Occupational Safety & Health Administration (OSHA), American College of Occupational & Environmental Medicine (ACOEM), or American College of Rheumatology. N/A: Worksite does not provide health insurance to employees			
Categor	y 9 – Health Promotion			
	Provide health insurance coverage with free or subsidized influenza (flu) vaccinations (3)?			
	Provide free or subsidized influenza (flu) vaccinations at your worksite (3)? Check box if this is offered to employees on site, through a			
	temporary vaccine clinic run by an outside organization, internal occupational health staff, or other arrangement. Provide health insurance coverage with free or subsidized vaccinations for illnesses other than influenza (flu) (3)? Check box if, for			
	example, your worksite provides coverage for pneumococcal; tetanus, diphtheria, and pertussis (Tdap); or Zoster (shingles) vaccines.			
	Provide free or subsidized vaccinations at your worksite for illnesses other than influenza (flu) (2)? Check box if, for example, your worksite offers employees pneumococcal; tetanus, diphtheria, and pertussis (Tdap); or Zoster (shingles) vaccines through a temporary vaccine clinic run by an outside organization, internal occupational health staff, or other arrangement.			
	Promote good hand hygiene in the worksite (1)? Check box if, for example, your worksite provides soap, water, hand sanitizer, and educational materials in strategic workplace locations such as bathrooms, breakrooms, doors, elevators, or other strategic workplace locations.			
	Actively promote Certified Healthy Organization participation in your community (1)? Check box if, for example, you advertise CHO status in local press/social media, promote CHO at Chamber of Commerce or other professional/industry meetings, or engage vendors, suppliers, or customers to apply.			

	Apply and receive recognition as a Dementia Friendly Oklahoma partner. Learn more at https://oklahoma.gov/health/dfo.html				
П		Application is yearly)			
ш	Provide and promote interactive educational programming on one or more of the following (5): 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.			
		co cessation			
	2. Nutriti				
	3. Physica				
	_	t management			
	_	lood pressure			
	6. High cl				
		nting and controlling diabetes			
		r prevention			
		nce use prevention			
		symptoms, and emergency response to heart attack			
	_	symptoms, and emergency response to stoke			
	•	nabits and treatment of common sleep disorders			
		loskeletal disorders			
		o avoid accidents or injury on the job			
		15. Stress Management			
		iting, detecting, and treating depression			
		nza and other vaccinations			
	18. Brain F	Health and Cognitive Aging			
	Provide educat	cional materials that addresses one or more of the following(5):			
		Check box if these health promotion materials (brochures, videos, posters, pamphlets, newsletters or other written or online			
		ddress single health topics or a combination of health topics.			
		Healthy eating			
		Physical activity			
		Weight management overweight/obesity,			
		Controlling high blood pressure			
		Controlling high cholesterol			
		Prediabetes and diabetes			
		Health and safety			
		Signs, symptoms, and emergency response to heart attack			
		Signs, symptoms, and emergency response to stoke			

	Stress management
	Preventing, detecting, and treating depression
]	The risks of alcohol and other substance use and guide them to receive help
]	Skin, breast, cervical, lung or colorectal cancer prevention
]	Sleep habits and treatment of common sleep disorders
]	Musculoskeletal disorders
	Influenza and other vaccinations
]	Brain Health and Cognitive Aging
7	Caregivers support/consultation services for understanding Alzheimer's and caregivers

BE SURE YOU HAVE:

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

NOTE

- Please read future e-mails related to Certified Healthy Business
- Certification is voluntary and must be renewed annually.
- Do not forget to print a copy of EACH PAGE of your application (using you web browser's print button).
- All Applications must be submitted online. Applications are accepted Aug. 1st- Nov. 1st. Find the application submission link at: https://oklahoma.gov/certifiedhealthy.html
- For technical assistance please fill out a request form and a member of the Certified Healthy Oklahoma team will reach out to you: https://app.smartsheet.com/b/form?EQBCT=4b54d3cb362e49f1960d4fc175df90e9

Thank you for your participation!