



MAYOR'S HEALTH & FITNESS COUNCIL
To make Austin the healthiest, fittest city in the US.

Mayor's Health & Fitness Council Partner Certification

Overview

To achieve Mayor's Health & Fitness Council (MHFC) 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 category to be certified.

Certification Levels

The Partner Application has a total of 100 points. Employers may achieve certification at three levels:

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

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

Steps to Apply

Step 1: Contact the MHFC to express your interest in getting certified and for free technical assistance with completing the application - info@mhfaustin.org

Step 2: Complete and submit the MHFC Partner Certification application for review. Applications can be submitted online or emailed to info@mhfaustin.org

Step 3: Be sure to submit supporting documentation for all items indicated with an (*). Examples include: policy, excerpt from employee manual, formal correspondence (email), promotional announcements, new employee orientation excerpts, photos, etc. Items can be submitted as PDF, Word, JPEG, etc. or as a shared drive (i.e. Google Drive).

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

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

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

All Certified Partners must apply for re-certification every two years after the award date.



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Partner 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? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<i>If yes, What percentage of your employees has diabetes in your organization? _____</i>	
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? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<i>If yes, what is the percent of claimants by category:</i>	
Diabetes: _____%	Cardiovascular Disease: _____%
	Neoplasms/Cancer: _____%
Musculoskeletal: _____%	Other high cost claims (i.e. high blood pressure, high cholesterol, etc.): _____%
Please list: _____	
If your organization has applied and received the American Cancer Society CEO <i>Cancer Gold Standard</i>[™] , when was the certificate awarded? (required for Gold Certification):	

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



Tobacco-Free Living (22 Points Possible) <i>Does your worksite:</i>	Yes	Score <i>For internal use only</i>
1) *† Have a 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 (3 pts.)	<input type="checkbox"/>	
4) Offer cessation counseling to employees/members and their family members (2 pts.)	<input type="checkbox"/>	
5) Promote phone or text-based quit line services to employees, like the Texas Quit Line 1-877-YES QUIT or SmokefreeTXT.gov? (2 pts.)	<input type="checkbox"/>	
6) Provide incentives for being a current nonuser of tobacco and for current tobacco users that are involved in a cessation class or actively quitting? (2 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"/>	
9) *Do something else to educate employees, and to promote and encourage tobacco avoidance and tobacco cessation? Please explain. (1-4 pts.)	<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 (19 Points Possible) <i>Does your worksite:</i>	Yes	Score <i>For internal use only</i>
1. Subsidize or discount the cost of on-site 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. Have clean, safe, well-lit and accessible stairwells and post signs at elevators, stairwell entrances or exits and other key locations that encourage employees to use the stairs. (3 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? (2 pt.)	<input type="checkbox"/>	
6. Provide parking locations for bicycles at your facilities and/or provide bike racks to encourage biking to/from work? (1 pt.)	<input type="checkbox"/>	
7. Offer standing work stations and other options for employees to reduce the amount of time they sit during the workday? (1 pt.)	<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? (1 pt.)	<input type="checkbox"/>	
9. Offer any other programs or services to enable and support physical activity? If so, please tell us what it is: (1-3 pts.)	<input type="checkbox"/>	
Total		

*Requires documentation of how metric was accomplished



Nutrition (22 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 or formal communication that makes healthier food and beverage choices available at meetings? (3 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 or symbols? (2 pt.)	<input type="checkbox"/>	
5) Offer programs that encourage employees to participate in nutrition health competitions among employees? (2 pt.)	<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 our health benefit plans? (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 healthy eating? (1 pt.)	<input type="checkbox"/>	
9) Provide employees with food preparation and storage facilities, such as refrigerators, microwaves, etc. (1 point)	<input type="checkbox"/>	
10) Offer any other programs or services to enable and support healthy food choices? If so, please tell us what it is: (1-3 pts.)	<input type="checkbox"/>	
Total		

*Requires documentation of how metric was accomplished



Health Education & Preventive Services (32 points possible) Please indicate if your wellness program provides the following services. If yes, list all examples that apply. Does your worksite:	Yes	Examples <i>List all those that apply:</i> <i>High cholesterol, diabetes, high blood pressure, depression, weight management, cancer, heart attack, stroke etc.</i>	Score <i>For internal use only</i>
1) Provide free or subsidized screenings at worksite followed by direct feedback and clinical referral when appropriate? (1-3 pts.)	<input type="checkbox"/>	<i>List:</i>	
2) Provide screening programs for breast, cervical, and/or colorectal cancers at on-site clinics and/or collaborate with nearby hospitals and clinics to facilitate cancer screenings? (1-3 pts.)	<input type="checkbox"/>	<i>List:</i>	
3) *Provide a series of educational seminars, workshops, or classes on preventing and controlling any of the examples? (1-3 pts.)	<input type="checkbox"/>	<i>List:</i>	
4) Provide free or subsidized lifestyle counseling or self-management programs for employees for any of the examples? (1-3 pts.)	<input type="checkbox"/>	<i>List:</i>	
5) Provide brochures, videos, posters, pamphlets, newsletters, website or social media posts, or other written or online information that address any of the examples? (1 pt.)	<input type="checkbox"/>	<i>List:</i>	

(Continue on next page)



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Does your worksite:	Yes	Score <i>For internal use only</i>
6) Have a written policy on breastfeeding that provides flexible break times to allow mothers to pump breast milk? (1 pts.)	<input type="checkbox"/>	
7) Offer paid maternity leave, separate from any accrued sick leave, annual leave, or vacation time? (2 pts.)	<input type="checkbox"/>	
8) *Provide stress management, work-life balance, or other life-skills programs? (3 pts.)	<input type="checkbox"/>	
9) Provide a free Employee Assistance Program (EAP) that offers mental health and/or substance abuse counseling or other services? (2 pts.)	<input type="checkbox"/>	
10) 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"/>	
11) Conduct an employee needs or interest survey for planning health promotion activities (1 pt.)	<input type="checkbox"/>	
12) Tailor some worksite wellness programs or education materials to the language, literacy level, or culture of various segments of the workforce (2 pts)	<input type="checkbox"/>	
13) Appoint an internal wellness program coordinator or wellness promotion staff member to be available to employees/members for consultation? (2 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 pts.)	<input type="checkbox"/>	
15) *Do something else to educate employees and to promote/encourage health education and preventive services? Please explain. (1-3 pts.)	<input type="checkbox"/>	
	Total	

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Open-Ended Questions

Please briefly describe the components of your wellness program. (1 point)

How do you communicate or market your wellness program to employees, especially those employees that are hardest to reach? (Up to 2 points)

How do you evaluate your wellness program? Please list any outcomes or results from your program. (Up to 2 points)

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