



2026 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
☐ Early Childhood Program ☐ Congregation ☐ Campus ☐ Other

If Early Childhood Program, please enter your K8 number: _____

Contact Information

Contact Person (Person filling out application):

Contact Title:

E-mail Address:

Business Owners Name:

Business Owners email address:

Mailing Address:

City/Town:

State:

Zip:

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

Leadership Commitment and Support

- ☐ 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.*
- ☐ 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 e health promotion committee and/or a champion or network of champions, with representatives from various departments or positions, who actively publicize health promotion programs (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)? *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.*

Measurement 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.*
- ☐ 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 regarding biometric results, ex: blood pressure, glucose, cholesterol results .*
- ☐ Conduct ongoing evaluations of health promotion programs that use multiple data sources to inform decision-making(2)? *Check box if, for example, your organization collects data on employee health risks, medical claims, employee satisfaction, or organizational climate surveys.*

Strategic 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 all employees (3)?

Participation and Engagement

- ☐ 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.*

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)?
- ☐ 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.]*
- ☐ 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.*

Category 2 – Tobacco Control

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

- ☐ 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)? *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**
- ☐ 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**
- ☐ 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.*
- ☐ Have and promote a written policy banning **smoking** at your worksite (1)? *Check box if your worksite prohibits all smoking on all worksite property controlled by ownership or lease, at all times. ****Required for Basic***
- ☐ 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, for all people. For full tobacco requirements and definitions visit "Scoring" at <https://oklahoma.gov/certifiedhealthy/apply/business.html> ****Required for Excellence***

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 and promote a written nutrition policy or formal communication that makes healthier food and beverage choices available in cafeterias, vending machines, and/or snack bars in breakrooms, during meeting, conferences, and/or company sponsored events when food is served (3)? *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.**
- ☐ 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 [Dietary Guidelines for 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.**
- ☐ 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.*
- ☐ Promote and provide access for increased water consumption (1)? *Check box if, for example, your worksite uses promotional 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*

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)? *Check box if, for example, your worksite has a private space with an electrical outlet, comfortable chair, and sinks.*
- ☐ 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)? *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.*
- ☐ 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](#))

Category 4 – Physical Activity

- ☐ Provide an exercise facility on-site and/or subsidize or discount the cost of an on or offsite exercise facilities (1)? *Check box if, for example, if equipment such as hand weights, bands, mat, and exercise videos are available.*
- ☐ Provide or promote other 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, treadmill workstations, sit-stand workstations, lockers, a shower, or changing facility.*
- ☐ Encourage stair use by posting signs and make stairwells more inviting to use (3)? *Check box if, for example, signs encouraging stair 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.*
 - **N/A: Worksite is located in a one-story building.**
- ☐ Provide and promote 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 organizes walking groups or stretching programs, group exercise, or weight training, recreational leagues, or buddy systems to create supportive social networks for physical activity.*
- ☐ Encourage active transportation to and from work (2)? *Check box if, for example, your worksite subsidizes public transportation; 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.*
- ☐ Institute a movement-friendly dress code (1)
 - **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

Category 5 – Stress Management & Mental Health

- ☐ 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.*
- ☐ Sponsor or organize social activities designed to improve engagement with others, and provide opportunities for interaction and 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.*
- ☐ Encourage employees to minimize/limit email use outside of work hours (1)
- ☐ Develop partnerships to address urgent student needs to reduce stress on school staff (2)
- ☐ 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.
- ☐ 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)? *Check box if these services are provided directly through your organization or tele-health or indirectly through a health insurance plan.*
- ☐ 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 (1)
- ☐ Provide health insurance coverage with free or subsidized out-of-pocket costs for depression medications (3)?
 - **N/A: Worksite does not provide health insurance to employees**
- ☐ 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.*
- ☐ Provide access to alcohol and other substance use screening followed by brief intervention and referral for treatment when appropriate (3)? *Check box if, for example, these services are provided through a health risk assessment (HRA), health insurance plan, and/or employee assistance program (EAP).*
- ☐ 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.*
- ☐ Require Responsible Beverage Sales and Service training (if your business sells or serves alcohol, including at special events) (3)?
 - **N/A: Worksite does not sell or serve alcohol, including at special 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**

Category 6 – Chronic Disease Prevention & Management

- ☐ 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.
- ☐ Provide employees working outdoors with supports for sun protection, such as shade, hats, or sunscreen (1)?
 - **N/A: Worksite does not employ outdoor workers**
- ☐ Make blood pressure monitoring devices available with instructions for employees to conduct their own self assessments (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 insurance plans/programs, community groups, or other practitioners.*
- ☐ Provide reimbursement for employees to participate in the National Diabetes Prevention Program (3)?
- ☐ Offer free or subsidized:
 - *Check boxes if, for example, your worksite offered screenings as part of a health campaign or as part of routine care at an on-site clinic.*
 - Cancer screenings on-site or via referral (2)?
 - Blood pressure screening (beyond self-report) followed by directed feedback and clinical referral when appropriate (e.g. local clinic, county health departments) (3)?
 - 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 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)?
 - 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)?
- ☐ Provide one-on-one or group lifestyle coaching/counseling or self-management programs that equip employees with skills and motivation to 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 individual settings; 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)

Category 7 – Occupational Health & Safety

Safety

- ☐ 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 health and safety professional or through another reporting channel (2)? *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, 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.*
- ☐ Carefully investigate the primary cause of any reported work-related illnesses or injuries and take specific actions to prevent similar events in the future (3)?
- ☐ Proactively support employees returning to work after illness or injury (1)? *Check box if, for example, your organization provides temporary job modifications or phased return-to-work options.*

Emergency 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)?

Environment

- ☐ 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 skills for organizing work to reduce the risk of employee fatigue (1)?
- ☐ Offer solutions to discourage distracted or drowsy driving (1)? *Check box if, for example, employees are given realistic expectations for mileage, adequate rest breaks, overnight stays after long trips, and limited distractions and work demands (e.g., phone calls/email) while driving.*

Musculoskeletal Disorders

- ☐ Have and promote a written policy that requires regular evaluation of the design of workspaces 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 workspace 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)? *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.*
- ☐ 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**

Category 8 – Health Promotion

- ☐ Provide health insurance coverage and/or access to free or subsidized illness vaccinations (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 for influenza, measles, etc.?*
- ☐ 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 [here](#). (Application is yearly)
- ☐ 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.*
 - Tobacco cessation
 - Nutrition
 - Physical activity
 - Weight management
 - High blood pressure
 - High cholesterol
 - Preventing and controlling diabetes
 - Cancer prevention
 - Substance use prevention
 - Signs, symptoms, and emergency response to heart attack
 - Signs, symptoms, and emergency response to stroke
 - Sleep habits and treatment of common sleep disorders
 - Musculoskeletal disorders
 - How to avoid accidents or injuries on the job
 - Stress Management
 - Preventing, detecting, and treating depression
 - Influenza and other vaccinations
 - Brain Health and Cognitive Aging

- ☐ Provide educational 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 information) address 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 stroke
- ☐ 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
- ☐ 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!