

Stand Together with 3-4-50

SHOW YOUR COMMITMENT TO REDUCING CHRONIC DISEASE

Thank you for your dedication to promoting health and reducing the risk of chronic disease. Please check off wellness measures that your organization currently employs or will accomplish within the next 12 months.

BRONZE

Must check at least six to achieve Bronze Level

- Have a wellness committee and a written wellness plan
- Promote free 802Quits resources
- Celebrate employee wellness achievements
- Add smoke-free signs around the building or business campus
- Move outdoor cigarette receptacles away from building entrances
- Encourage physical activity breaks and active meetings
- Provide information about community resources for healthy eating, physical activity and quit support
- Become a Bronze Level Breastfeeding Employer (See Health Department criteria)

SILVER

Bronze Level plus at least four from Silver Level

- Provide refrigerators, microwaves, and break areas
- Allow flexible time for exercise or wellness activities during the work day
- Implement healthy meeting policies
- Provide space where employees can be physically active
- Create a property-wide tobacco free policy and ensure employees comply
- Offer an on-site Community Supported Agriculture (CSA) program
- Become a Silver Level Breastfeeding Employer

GOLD

Silver Level plus at least three from Gold Level

- Make health coaching, biometric screenings, quit classes or other health and wellness-related programming available for employees
- Offer on-site fitness opportunities such as a fitness space or active workstations
- Provide incentives for participating in wellness activities
- Build and maintain a worksite garden or become a Community Support Agriculture (CSA) pick-up site
- Enlist at least 50% of employees to participate in worksite wellness programming in a 12-month period
- Become a Gold Level Breastfeeding Employer



CUSTOMIZE YOUR WELLNESS GOALS

Some businesses or organizations have unique opportunities or challenges to impacting employee health and wellness. If some or all of the recommended wellness measures would not be a good fit for your business, please customize your goals. Your Local Health Office is available to help and can determine your commitment level.

FINALIZE YOUR COMMITMENT

By signing this form, your organization strengthens its dedication to reducing the burden of chronic disease and improving the health and wellness of its employees.

Org. Name	# of Employees	County
Contact Name	Title	
Email	Phone	
Signature	Date	

- Do NOT** include my organization as a 3-4-50 partner
on the Vermont Department of Health's website
and other promotional materials.