

## **COMMUNITY SIGN-ON FORM**

## 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 community currently employs or will accomplish within the next **12** months.

<b>BRONZE</b> Must check at least five to achieve bronze level	<ul> <li>Organize free and accessible health and fitness community events</li> <li>Conduct a community walk/bike audit</li> <li>Promote local resources for active living and healthy eating</li> </ul>	<ul> <li>Regularly assess condition of parks and recreation facilities, maintaining or improving as needed</li> <li>Install bike racks in frequently used public places</li> </ul>	<ul> <li>Establish Safe Routes to Schools program</li> <li>Conduct retailer audits on access to and promotion of tobacco and other unhealthy products</li> </ul>
SILVER Bronze level plus at least four from silver level	<ul> <li>Include health-supporting language in town plans</li> <li>Establish local review process to ensure Complete Streets concepts are used in all transportation projects</li> <li>Create easy and safe walking, biking and affordable public transportation options to access municipal services, parks, recreation and open spaces</li> </ul>	<ul> <li>Establish or support a farmers' market or community garden</li> <li>Add a permanent town budget line item for recreation investments</li> <li>Pass and enforce tobacco-free or smokefree policies in public spaces</li> <li>Monitor implementation of state-required tobacco-free school grounds and events</li> </ul>	<ul> <li>Create shared use agreements with schools for public access when school is not in session</li> <li>Pass content-neutral advertising restrictions to limit promotion of unhealthy products (e.g. tobacco and sugary drinks) and increase visual appeal of community</li> </ul>
<b>GOLD</b> Silver level plus at least three from gold level	<ul> <li>Establish and promote mixed-use development ordinances requiring ease of access, transportation choices, green space, sidewalks, etc.</li> <li>Limit the number of tobacco retailers through town plan or zoning language</li> </ul>	<ul> <li>Create a connected, community-wide network of bike lanes, sidewalks and crosswalks</li> <li>Require healthy food options at all municipal snack bars, vending machines, and town- sponsored events</li> </ul>	<ul> <li>Improve visual appeal of public spaces with planting, lighting, benches, artistic bike racks, wayfinding signs</li> <li>Restrict the sale of tobacco near schools, child care centers and playgrounds</li> <li>Create tobacco-free or smokefree shopping areas</li> </ul>



## **CUSTOMIZE YOUR WELLNESS GOALS**

Some communities have unique opportunities or challenges to impacting residents' health and wellness. If some or all of the recommended wellness measures would not be a good fit in your community, 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 community strengthens its dedication to reducing the burden of chronic disease and improving the health and wellness of its residents and visitors.

Org. Name	Approx. Population Size	County
Contact Name	Title	
Email	Phone	
Signature	Date	
Do NOT include my community as a 3-4-50 partner on the Vermont Department of Health's website and other promotional materials.	Submit Form to 3-4-50@ve	rmont.gov

