

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 five to achieve Bronze Level

- Move outdoor cigarette receptacles away from the building.
- Encourage physical activity breaks during or after meetings.
- Promote 802Quits tobacco quit resource.
- Post smoke-free signs around building and property.
- Promote community resources for healthy eating, physical activity and quit support.
- Offer a private, clean space for breastfeeding mothers who desire privacy.
- Celebrate wellness achievements among members and staff.

SILVER

Bronze Level plus at least four from Silver Level

- Provide refrigerators, microwaves and wellness areas.
- Offer opportunities for members to be physically active (e.g., fitness classes on site, walking groups, dance socials).
- Create healthy meeting policies for any meetings held on the property. Items to include could be stretch breaks, serving healthy foods and being smoke-free.
- Become a Community Supported Agriculture (CSA) pick-up site.
- Create a property-wide, tobacco-free policy that includes events and facility rentals.

GOLD

Silver Level plus at least four from Gold Level

- Partner with community groups to promote physical activity, nutrition or stress management.
- Hold a health education series for adults or youth (e.g., healthy cooking classes, healthy aging, healthy living).
- Build and maintain a community garden and offer produce to members and their families.
- Organize periodic health themed weeks to focus on chronic disease prevention or self-management.
- Make health coaching, biometric screenings, quit classes or other health and wellness-related programming available for members, their families and staff.



CUSTOMIZE YOUR WELLNESS GOALS

Some organizations have unique opportunities or challenges to impacting members’ health and wellness. If some or all of the recommended wellness measures would not be a good fit for your organization, 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 members.

Which best describes your organization? (choose one)

- Cultural/Historical
- Fraternal or Sororal
- Veteran
- Service
- Community
- Other _____

Organization Name	# of Members	# of Employees
Address	City/Town	
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.