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Healthiest Maryland Businesses

WELLNESS AT WORK RECOGNITION

Application Guidance

Maryland Department of Health
Prevention and Health Promotion Administration
Cancer and Chronic Disease Bureau

July 2026

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WELLNESS AT WORK RECOGNITION

WELCOME

The Healthiest Maryland Businesses (HMB) initiative seeks to work collaboratively with Maryland businesses with a shared mission of improving health through workplace wellness initiatives. This statewide movement works to build and promote a culture of workplace wellness – fostering an environment that makes the healthiest choice the easiest choice.

Wellness at Work Recognition

Recognizes HMB partners for building wellness initiatives aligned with the state specific Workplace Health Scorecard, which is adapted from a combination of the eight-dimensions of wellness and the CDC Workplace Health Model. The four priority strategies are policies, programs, benefits, and environmental support.

Three levels of recognition

1. **Exemplar** – Exemplar businesses have well-established workplace wellness practices promoting a culture of health across the organization. They address wellness through all four strategies. **Beginning in 2026**, requirements for this status will include offering or planning to offer in the next coverage year, the National Diabetes Prevention Program (National DPP) as a covered employee benefit.
2. **Pacesetter** – Pacesetter businesses have established worksite wellness practices. They address wellness using at least three strategies and collect some data to inform future planning and implementation.

3. **Standout** – Standout businesses have emerging worksite wellness practices. They address workplace wellness using at least two strategies and collect some data to inform future planning and implementation.

Timeline

Applications may be submitted **Wednesday, July 15, 2026**, and are due by **Friday, August 14, 2026**.

All businesses will be notified of their Recognition status **on or before September 18, 2026**.

Questions

For more information about Healthiest Maryland Businesses visit the [MDH Wellness at Work website](#), or contact mdh.hmb@maryland.gov

Application Process

This guidance packet allows applicants to review the application criteria and components, prepare responses, and gather required materials. Please review the entire guidance packet and prepare your responses and materials prior to initiating the online application (linked below).

Submission

To complete the online application, use the [SurveyMonkey link](#).

To help you prepare your application, below are the questions to be completed in the online application. Please note, required questions are indicated by an asterisk (*).

PART 1. BUSINESS PROFILE

Applicant Contact Information

First*: _____ Last*: _____
 Title*: _____
 Email*: _____ Phone*: _____

Business/Organization Information

Company Name*: _____
 Address*: _____
 Address 2: _____
 City*: _____ State*: _____ Zip*: _____
 Website/URL: _____

Please select the Maryland jurisdiction in which your business is located: (If operating in multiple jurisdictions, please choose all that apply.) *

List of Jurisdictions

- | | | | |
|---|-------------------------------------|--|---------------------------------------|
| ☐ Allegany | ☐ Carroll | ☐ Harford | ☐ Saint Mary's |
| ☐ Anne Arundel | ☐ Cecil | ☐ Howard | ☐ Somerset |
| ☐ Baltimore | ☐ Charles | ☐ Kent | ☐ Talbot |
| ☐ Baltimore City | ☐ Dorchester | ☐ Montgomery | ☐ Washington |
| ☐ Calvert | ☐ Frederick | ☐ Prince George's | ☐ Wicomico |
| ☐ Caroline | ☐ Garrett | ☐ Queen Anne's | ☐ Worcester |

Business Size*

- ☐ 1–99 employees (very small)
- ☐ 100–249 employees (small)
- ☐ 250–749 employees (medium)
- ☐ Over 750 employees (large)

PART 2. WORKPLACE WELLNESS ASSESSMENT

PROGRAM MATURITY

1. How long has your business had an established workplace wellness program (e.g., regular self-assessment and action planning, active Wellness Committee, and/or coordinated effort to improve employee health through programs, policies, benefits, and/or environmental supports)?

*

- ☐ More than 5 years
☐ 2-5 years
☐ Less than 2 years

2. Does your organization currently offer, or plan to offer in the next coverage year, the National Diabetes Prevention Program (National DPP) as a covered employee benefit? * **Note: Required to achieve Exemplar Status.**

- ☐ Yes
☐ No
☐ Unsure

3. Please describe 2-3 workplace health and well-being successes you achieved in 2025. *

ORGANIZATIONAL SUPPORT

Leadership Commitment and Support

During the past 12 months, did your worksite:

4. Demonstrate organizational commitment and support of worksite health promotion at all levels of management? **Answer “yes” if, for example, all levels of management participate in activities, send communications to employees, or have performance objectives related to a healthy workforce.**

- ☐ Yes ☐ No ☐ Unsure

5. Have an annual budget and/or dedicated funding for a strategic plan for health promotion programs with goals and measurements (example: SMART goals).

☐ Yes ☐ No ☐ Unsure

6. Have an active health promotion committee and/or a coordinator who is compensated for time spent managing the worksite health promotion program? **Answer “yes” 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).**

☐ Yes ☐ No ☐ Unsure

Evaluation Practices

During the past 12 months, did your worksite:

7. Conduct employee health risk appraisals (HRAs) or health assessments (HAs) and provide individual feedback with health education resources for follow-up action? **Answer “yes” if, for example, your organization conducts HRAs through vendors, on-site staff, or health plans and provides individual feedback through written reports, letters, or one-on-one counseling.**

☐ Yes ☐ No ☐ Unsure

8. Select the types of data your business regularly collects, reviews, and uses to inform program decisions. **Select all that apply. ***

- ☐ Program participation data
- ☐ Productivity data
- ☐ Health outcome data (e.g., blood pressure, cholesterol, diabetes)
- ☐ Health behavior data (e.g., eating habits, physical activity, smoking)
- ☐ Healthcare cost or claims data
- ☐ Organizational culture data
- ☐ Implementation data (e.g., how was a program promoted)
- ☐ Employee feedback on wellness initiatives
- ☐ Did not collect data

Communications

During the past 12 months, did your worksite:

9. Promote and market health promotion programs to employees that were accessible and appealing to different employee demographics, job categories, cultures, languages, or literacy

levels? Answer “yes” if, for example, your worksite’s health promotion program has a brand name or logo or uses multiple communication channels to inspire and connect employees to health promotion resources. These may include sharing employees’ health-related “success stories.”

☐ Yes ☐ No ☐ Unsure

10. Beyond annual open enrollment, do you provide ongoing communication to help employees navigate their health benefits and use medical resources appropriately? Answer “Yes” if you regularly communicate about covered preventive services—like flu shots or wellness perks—or provide an interactive or written guide on healthcare navigation and doctor-patient relationships.

☐ Yes ☐ No ☐ Unsure

Participation and Engagement

During the past 12 months, did your worksite:

11. Have an employee champion or a network of champions who actively publicize health promotion programs and policies?

☐ Yes ☐ No ☐ Unsure

12. Use and combine incentives/competitions/challenges to increase participation in health promotion programs? Answer “yes” if, for example, your organization offers incentives such as gift cards, cash, paid time off, product or service discounts, reduced health insurance premiums, employee recognition, or prizes.

☐ Yes ☐ No ☐ Unsure

13. Extend access to key program components to all workers, including hard to reach workers (e.g., telecommuters, field employees, contract workers, night shift workers, or part-time workers)? Answer “yes” 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.

☐ Yes ☐ No ☐ Unsure

Work-Life Policies

During the past 12 months, did your worksite:

14. Provide and support flexible work scheduling policies? Answer “yes” if, for example, policies allow for flextime schedules, the option to work at home, or allow time during the day for employees to engage in health promotion activities.

☐ Yes ☐ No ☐ Unsure

15. Provide work-life balance programming and resources? Answer “yes” if, for example, your worksite provides resources related to elder care, childcare, tuition reimbursement, or financial counseling.

☐ Yes ☐ No ☐ Unsure

16. Make some or all company-specific health promotion programs available to family members? Answer “yes” if your organization allows employees’ family members to access health promotion resources and programming, above and beyond what is provided by the health insurance plan.

☐ Yes ☐ No ☐ Unsure

17. These resources may include fitness facilities, on-site medical clinics, health fairs, or wellness competitions.

☐ Yes ☐ No ☐ Unsure

CURRENT HEALTH PROMOTION STRATEGIES

Indicate which health promotion strategies your business used to address particular wellness, lifestyle and disease prevention and management topics between **1/1/2025 - 12/31/2025**, that are currently in place and available. (Select all that applies)

- **Programs:** Active, time-bound initiatives or classes (e.g., smoking cessation webinars, health screenings, walking challenges).
- **Policies:** Formal, written rules or mandates (e.g., 100% tobacco-free campus policy, healthy vending procurement standards).
- **Benefits:** Financial or health plan coverage features (e.g., free gym memberships, comprehensive mental health therapy coverage, HSA incentives).
- **Environmental Support:** Physical changes to the workplace infrastructure (e.g., walking paths, lactation rooms, standing desks, healthy cafeteria options).

- **No Current Strategies:** If you have no active strategies for a specific topic, please check "No current strategies".

General Wellness - Health Promotion Strategies

General Wellness	Programs	Policies	Benefits	Environmental Support	No Current Strategies
18. Physical activity	☐	☐	☐	☐	☐
19. Nutrition	☐	☐	☐	☐	☐
20. Depression/Mental health/Stress Management	☐	☐	☐	☐	☐
21. Sleep management	☐	☐	☐	☐	☐
22. Financial wellness	☐	☐	☐	☐	☐
23. Belonging & Social Connection	☐	☐	☐	☐	☐

Lifestyle Change - Health Promotion Strategies

Lifestyle Change	Programs	Policies	Benefits	Environmental Support	No Current Strategies
24. Weight management	☐	☐	☐	☐	☐
25. Tobacco use/cessation	☐	☐	☐	☐	☐
26. Alcohol and other substance abuse	☐	☐	☐	☐	☐
27. Occupational health and safety	☐	☐	☐	☐	☐
28. Maternal health and lactation support	☐	☐	☐	☐	☐

Disease Prevention and Management - Health Promotion Strategies

Disease Prevention and Management	Programs	Policies	Benefits	Environmental Support	No Current Strategies
29. Cardiovascular health	☐	☐	☐	☐	☐
30. Prediabetes & diabetes	☐	☐	☐	☐	☐
31. Cancer prevention/support	☐	☐	☐	☐	☐
32. Cognitive & brain health	☐	☐	☐	☐	☐
33. Chronic pain & musculoskeletal health	☐	☐	☐	☐	☐

***Branch Logic Applied to prompt sections in Part 3.**

The application will populate the additional sections based on selections above.

If “no current strategies” was selected, the application will skip the related section of Part 3, Advanced Wellness Strategies.

PART 3. ADVANCED WELLNESS STRATEGIES

The following questions aim to capture more granular details of wellness strategies and are calculated as multipliers to enhance the score of Part 2. Workplace Wellness Assessment.

GENERAL WELLNESS STRATEGIES

Physical Activity & Environmental Support

During the past 12 months, did your worksite:

1. Provide and promote educational materials and interactive educational programming that addresses the benefits of physical activity? **Answer “yes” if, for example, your worksite offers brochures, videos, posters, or newsletters addressing the benefits of physical activity, as a single health topic or with other health topics.**
☐ Yes ☐ No ☐ Unsure
2. Provide and promote free or subsidized lifestyle coaching/counseling, physical activity programs, or self-management programs for physical activity? **Answer “yes” if your worksite organizes walking groups, stretching programs, group exercise classes, recreational leagues, or buddy systems to create supportive social networks for physical activity. These programs can be 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.**
☐ Yes ☐ No ☐ Unsure
3. Provide or promote environmental support such as equipment, onsite exercise facilities, or subsidize the cost of on or off-site exercise facilities? **Answer “yes” if your organization provides an accessible on-site gym, dynamic workstations like treadmill/sit-stand desks, walking trails, sports courts, locker/shower facilities, or offers financial subsidies for commercial gym memberships and virtual fitness platforms.**
☐ Yes ☐ No ☐ Unsure
4. Encourage stair use by posting signs and making stairwells more inviting to use? **Answer “yes” 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.

☐ Yes ☐ No ☐ Unsure

5. Encourage active transportation to and from work? Answer “yes” if, for example, your worksite subsidizes public transportation; park and ride programs; 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.

☐ Yes ☐ No ☐ Unsure

Healthy Food and Beverages

During the past 12 months, did your worksite:

1. Maintain and promote a written policy or contract that ensures the majority (more than 50%) of available food and beverage choices in cafeterias, break rooms, snack bars, vending machines, during meetings, conferences, or company sponsored events when food is served and other outlets are healthy? Answer “yes” if, for example, your worksite has a policy or contract that makes vegetables, fruit, fish, whole grain items, nuts, and legumes available in cafeterias and limits sugary beverages, unhealthy fats (saturated or trans fats), and highly processed or high-sodium foods. This policy can be promoted to employees regularly through emails, newsletters, or signage in public places.

☐ Yes ☐ No ☐ Unsure

2. Provide visible nutrition information, and identify those healthy items, for example, placing a ♥-heart, next to healthy choices?

☐ Yes ☐ No ☐ Unsure

3. Subsidize or provide discounts on healthy food and beverage choices available at the worksite (in vending machines, cafeterias, snack bars, or other purchase points)?

☐ Yes ☐ No ☐ Unsure

4. Provide employees with food preparation/storage facilities and a place to eat? Answer “yes” if, for example, your worksite provides a microwave oven, sink, refrigerator, and a place for employees to eat other than at their workstations.

☐ Yes ☐ No ☐ Unsure

5. Promote and provide access for increased water consumption? Answer “yes” if, for example, your worksite uses promotional materials and provides easy access through water bottle filling stations, water fountains, break rooms, or vending machines.

☐ Yes ☐ No ☐ Unsure

Depression & Mental Health

During the past 12 months, did your worksite:

1. Provide free or subsidized self-assessment tools and clinical screening for depression by a provider? Answer “yes” if these services are provided directly through your organization or indirectly through a health risk assessment (HRA), health insurance plan, or employee assistance program (EAP).

☐ Yes ☐ No ☐ Unsure

2. Provide and promote educational materials and interactive programs on preventing, detecting, and treating depression? Answer “yes” if, for example, your worksite offers brochures, videos, posters, or newsletters that address depression or depressive symptoms, as a single health topic or with other health topics.

☐ Yes ☐ No ☐ Unsure

3. Provide training for managers that improves their ability to recognize depression and refer employees to company/community resources for managing depression? Note: Managers are not in a position to diagnose depression, only to recognize depressive symptoms and encourage employees to seek professional assistance.

☐ Yes ☐ No ☐ Unsure

4. Provide health insurance coverage with free or subsidized out-of-pocket costs for depression medications?

☐ Yes ☐ No ☐ Unsure

Sleep Health

During the past 12 months, did your worksite:

1. Provide and promote educational materials, interactive programming, or wearable technology integration that addresses sleep hygiene, fatigue management, and the health benefits of

adequate sleep? Answer “yes” if these services are provided directly through your organization or indirectly through a health insurance plan.

☐ Yes ☐ No ☐ Unsure

2. Have a written policy or structural design practices that mitigate sleep deprivation and chronic fatigue for shift-workers or high-stress roles? Answer “yes” if policies include capping consecutive night shifts, mandating rest periods, or providing dedicated quiet/nap rooms).

☐ Yes ☐ No ☐ Unsure

Financial Wellness

During the past 12 months, did your worksite:

1. Provide free or subsidized financial education classes, interactive workshops, or online tools covering personal budgeting, debt management, retirement planning, or student loan navigation? Answer “yes” if these services are provided directly through your organization or indirectly through a health insurance plan.

☐ Yes ☐ No ☐ Unsure

2. Offer specialized employee benefits that directly support financial security, above and beyond standard retirement accounts? (e.g., employer-sponsored short-term emergency loans, housing assistance, identity theft protection, or 1-on-1 financial coaching).

☐ Yes ☐ No ☐ Unsure

Belonging & Social Connection

During the past 12 months, did your worksite:

1. Proactively foster social connection and combat workplace isolation through organized Employee Resource Groups (ERGs), peer-led mentorship frameworks, or routine, company-subsidized social connection events?

☐ Yes ☐ No ☐ Unsure

2. Conduct regular employee pulse surveys evaluating psychological safety, workplace belonging, and organizational climate, followed by targeted leadership action planning?

☐ Yes ☐ No ☐ Unsure

LIFESTYLE CHANGE SUPPORT STRATEGIES

Healthy Weight Management

During the past 12 months, did your worksite:

1. Provide and promote educational materials and interactive educational programming that address healthy weight management, nutrition and physical activity? **Answer “yes” if, for example, your worksite offers brochures, videos, posters, or newsletters that address the risks of being overweight or obese, as a single health topic or with other health topics.**

☐ Yes ☐ No ☐ Unsure

2. Provide and promote free or subsidized body composition screening, followed by, free and subsidized lifestyle coaching/counseling or self-management programs to meet their personal weight management goals? **Answer “yes” 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.**

☐ Yes ☐ No ☐ Unsure

Tobacco-free Spaces & Cessation Support

During the past 12 months, did your worksite:

1. Have and promote a written policy banning tobacco use at your worksite? **Answer “yes” if, for example, your policy bans cigarettes and/or other tobacco products and is communicated to employees regularly through emails, newsletters, or signage in public places.**

☐ Yes ☐ No ☐ Unsure

2. Provide and promote educational materials and/or interactive programs addressing tobacco cessation? **Answer “yes” if, for example, your worksite educational materials (brochures/videos/posters/web-based programs/newsletters) or interactive programs (“lunch and learns”/seminars/workshops/classes) on tobacco cessation.**

☐ Yes ☐ No ☐ Unsure

3. Provide and promote free or subsidized comprehensive lifestyle coaching/counseling or self-management programs, coverage for out-of-pocket expenses for FDA-approved prescription tobacco cessation medications or over-the-counter nicotine replacement products? **Answer “yes” if your worksite provides coverage for cessation programs, prescriptions (inhalers/nasal sprays/bupropion/varenicline), and nicotine replacements (gum/patches/lozenges).**
- ☐ Yes ☐ No ☐ Unsure
4. Provide financial incentives for being a current nonsmoker and for current smokers actively trying to quit tobacco by participating in an evidence-based cessation program? **Answer “yes” if, for example, your organization provides discounts on health insurance, additional life insurance for nonsmokers, or other benefits for nonsmokers and smokers who are actively trying to quit.**
- ☐ Yes ☐ No ☐ Unsure

Alcohol and Other Substance Use

During the past 12 months, did your worksite:

1. Have and promote a written policy banning alcohol and other substance use at the worksite? **Answer “yes” if, for example, your worksite has a written policy banning alcohol and other substances (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 to behavioral health services. This is communicated to employees regularly.**
- ☐ Yes ☐ No ☐ Unsure
2. Provide and promote educational materials and interactive programs that help workers understand the risks of alcohol and other substance use, prevention, and guide them to receive help? **Answer “yes” if, for example, your worksite offers brochures, videos, posters, or newsletters that address alcohol and other substance use, such as prescription or illicit opioids, as a single health topic or with other health topics.**
- ☐ Yes ☐ No ☐ Unsure
3. Discourage or limit access to alcohol or the use of company funds for alcohol at work-sponsored events? **Answer “yes” if, for example, your worksite limits (e.g., through tickets) alcohol consumption at on- and off-site meetings and events.**
- ☐ Yes ☐ No ☐ Unsure
4. Provide a health plan with insurance benefits that include substance use disorder prevention and treatment? **Answer “yes” if, for example, your worksite health plan offers coverage for medication-assisted treatment without prior authorization and lifetime limits, while preventing**

overuse of addictive substances such as use of prescription opioids, use of illicit opioids, and use of illicitly-manufactured fentanyl (e.g., reimbursement for non-drug treatments for pain relief as a result of an injury such as exercise, physical therapy, and psychological therapies, use of drug utilization review, and pharmacy lock-in).

☐ Yes ☐ No ☐ Unsure

Occupational Health and Safety

During the past 12 months, did your worksite:

1. Provide and promote educational materials and interactive programs on health and safety at work to avoid accidents and injuries? Answer “yes” if, for example, your worksite provides brochures, videos, posters, newsletters, or timely reminders for issues such as hand washing, taking breaks to reduce eye strain, or wearing personal protective equipment.
☐ Yes ☐ No ☐ Unsure
2. Have and promote a written policy on injury prevention and occupational health and safety? This policy could be promoted to employees regularly through emails, newsletters, or signage in public places.
☐ Yes ☐ No ☐ Unsure
3. Maintain a transparent process for employees to provide input on hazards and solutions, and to report uncomfortable, unsafe, or hazardous working conditions to a supervisor, occupational health and safety professional, or through another reporting channel? Answer “yes” if, for example, there were all-hands meetings, surveys, or focus groups for discovering and solving job health and/or safety issues.
☐ Yes ☐ No ☐ Unsure
4. Proactively support employees returning to work after illness or injury? Answer “yes” if, for example, your organization provides temporary job modifications or phased return-to-work options.
☐ Yes ☐ No ☐ Unsure

5. Have protocols, processes, or resources in place to measure, monitor, and mitigate the following?

Occupational Health Standards Focus Area	Yes	No	Unsure
Worksite air quality	☐	☐	☐
Eye injury or vision impairment	☐	☐	☐
Heat exposure, dehydration, and severe weather	☐	☐	☐

Maternal Health and Lactation Support

During the past 12 months, did your worksite:

1. Offer paid parental leave, separate from any accrued sick leave, annual leave, or vacation time?

☐ Yes ☐ No ☐ Unsure

2. Have and promote a written policy on breastfeeding for employees, provide adequate private space, and/or flexible break times for lactation? **Answer “yes” if, for example, this policy is communicated at the time of hiring and/or at the time of maternity leave planning, and your worksite provides a secure, private room (not a restroom) for expressing milk.**

☐ Yes ☐ No ☐ Unsure

3. Offer an employer-sponsored health insurance plan that fully covers or subsidizes the following:

Health Coverage Focus Area	Yes	No	Unsure
Comprehensive pre- and post-natal care	☐	☐	☐
Personal breast pump equipment	☐	☐	☐
Breastfeeding and lactation consultation	☐	☐	☐
Pregnancy and post-partum education, consultation, and support groups (e.g., prenatal/postpartum classes, 24/7 nurse lines, or digital family health apps)	☐	☐	☐

DISEASE PREVENTION AND MANAGEMENT STRATEGIES

Cardiovascular Health

During the past 12 months, did your worksite:

1. Have an emergency response protocol and plan to address acute heart attack and stroke events?

☐ Yes ☐ No ☐ Unsure

2. Maintain a policy for heart attack and stroke events that ensures training courses on Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillator (AED) usage, and an adequate number of employees are certified in CPR and AED across shifts, AND that all AED equipment is routinely tested and maintained in alignment with manufacturer recommendations?

☐ Yes ☐ No ☐ Unsure

3. Have an adequate number of AED units identified with signage, so a person can be reached within 3-5 minutes of collapse?

☐ Yes ☐ No ☐ Unsure

4. Provide free or subsidized blood pressure screening (beyond self-report), followed by directed feedback and a clinical referral when appropriate? **Answer “yes” if your organization offers accurate screening opportunities that route employees to formal medical settings. This includes on-site professional screenings, validated automated kiosks, or providing clinically-validated home monitors.**

☐ Yes ☐ No ☐ Unsure

5. Offer an employer-sponsored health insurance plan that fully covers or subsidizes the following:

Health Coverage Focus Area	Yes	No	Unsure
Blood pressure, cholesterol, or lipid control medications	☐	☐	☐
Blood pressure monitors	☐	☐	☐

6. Provide and promote educational materials, interactive learning sessions, or self-managements programs: **Answer “yes” if, for example, your worksite offers educational material (brochures/videos/posters/newsletters, or posts flyers in the common areas of your worksite, interactive sessions (“lunch and learns”/ seminars/workshops/classes). 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.

Cardiovascular Education Focus Area	Yes	No	Unsure
Preventing and controlling high blood pressure and cholesterol	☐	☐	☐
Signs and symptoms of heart attack and stroke	☐	☐	☐
Coaching/counseling on heart health	☐	☐	☐
Self-management programs on cardiovascular health	☐	☐	☐

Prediabetes and Diabetes

During the past 12 months, did your worksite:

1. Provide free or subsidized prediabetes and diabetes health risk assessment (beyond self-report), followed by blood screening (fasting glucose or A1c) and clinical referral when appropriate?

☐ Yes ☐ No ☐ Unsure

2. Provide and promote educational materials, interactive learning sessions, and self-management programs addressing prediabetes and diabetes? **Answer “yes” if your worksite offers brochures, videos, posters, or newsletters that address prediabetes and diabetes, including topics such as diet modification, physical activity, foot exams, and eye exams. 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.**

Diabetes Education Focus Area	Yes	No	Unsure
Prediabetes and diabetes prevention education	☐	☐	☐
Lifestyle coaching or counseling	☐	☐	☐
Self-management programs (e.g., structured programs to help employees diagnosed with diabetes manage their condition daily)	☐	☐	☐

- Provide health coverage with free or subsidized out-of-pocket costs for diabetes medications and supplies for diabetes management:

Health Coverage Focus Area	Yes	No	Unsure
Diabetes medication (e.g., prescriptions for blood sugar management and diabetes control)	☐	☐	☐
Weight loss medication (e.g., prescriptions for weight management and obesity care)	☐	☐	☐
Diabetes testing supplies (e.g., glucose test strips, lancets, and needles)	☐	☐	☐
Diabetes monitoring equipment (e.g., continuous glucose monitors (CGMs), or monitoring kits)	☐	☐	☐

Cancer

During the past 12 months, did your worksite:

- Provide benefits or policy accommodations to support employees undergoing cancer treatment and cancer survivors returning to work? (e.g., formal return-to-work phased schedules, flexible medical leave policies, specialized Employee Assistance Program (EAP) case management, or cancer support groups).

☐ Yes ☐ No ☐ Unsure

- Have and promote written sun safety standards for outdoor workers and field employees? This policy can be promoted to employees regularly through emails, newsletters, or signage in public places.

Health Standards Focus Area	Yes	No	Unsure
Sun protection policy (e.g., rotating positions or scheduling tasks to avoid peak hours to reduce UV exposure)	☐	☐	☐
Equipment and Supplies (e.g., shade, hats, sunscreen)	☐	☐	☐

- Provide and promote educational materials and interactive learning sessions addressing the following cancer prevention topics. Answer “yes” if, for example, your worksite offers brochures,

videos, posters, reminders, or newsletters that promote evidence-based cancer prevention, as a single health topic or or combined with other wellness initiatives.

Health Coverage Focus Area	Yes	No	Unsure
Skin Cancer (e.g. promoting sun protection, UV safety, or early detection)	☐	☐	☐
Breast Cancer (e.g. promoting routine mammograms and self-awareness)	☐	☐	☐
Cervical Cancer (e.g. promoting Pap smears or regular screening schedules)	☐	☐	☐
Colorectal Cancer (e.g. promoting colonoscopies or stool test kits)	☐	☐	☐

4. Provide health insurance coverage with free or subsidized evidence-based cancer prevention?

Health Coverage Focus Area	Yes	No	Unsure
Evidence-based cancer screening (e.g., full coverage for routine breast, cervical, and colorectal cancer screenings)	☐	☐	☐
Preventative vaccines (e.g., full coverage for cancer preventing vaccines such as HPV and Hepatitis B)	☐	☐	☐
On-site screenings and engagement campaigns (e.g., distributed stool kits, mobile mammography vans, or skin cancer checks)	☐	☐	☐

Cognitive and Brain Health

During the past 12 months, did your worksite:

- Provide and promote educational resources or interactive learning sessions addressing modifiable risk factors for cognitive decline? **Answer “yes” if, for example, your worksite offers educational material (brochures/videos/posters/newsletters) or interactive sessions (“lunch and learns”/ seminars/workshops/classes).**

☐ Yes ☐ No ☐ Unsure

- Offer covered healthcare screenings or digital cognitive assessment tools to support early identification of cognitive or neurological concerns? **Answer “Yes” if these diagnostic tools are**

made available to employees through your health insurance plan or Employee Assistance Program (EAP).

☐ Yes ☐ No ☐ Unsure

3. Offer employer-sponsored health insurance plans that fully cover or subsidize neurological support and cognitive management medications? (Answer “Yes” if your health plan covers FDA-approved medications used to manage, treat, or delay the progression of cognitive decline, dementia, or Alzheimer’s disease).

☐ Yes ☐ No ☐ Unsure

Chronic Pain Management

During the past 12 months, did your worksite:

1. Provide and promote educational materials, interactive programs, or self-management resources targeting chronic pain and arthritis support? (e.g., distributing resources on joint-safe movement, anti-inflammatory nutrition, or evidence-based arthritis management techniques).

☐ Yes ☐ No ☐ Unsure

2. Provide free or subsidized lifestyle coaching, stretching routines, or physical activity options tailored for employees managing arthritis or joint pain? (e.g., virtual yoga, guided mobility breaks, or low-impact walking challenges)

☐ Yes ☐ No ☐ Unsure

3. Provide physical environmental or ergonomic support specifically designed to minimize chronic musculoskeletal pain and joint strain? (e.g., standing desks, ergonomic keyboards/mice, anti-fatigue mats, or dynamic task chairs).

☐ Yes ☐ No ☐ Unsure

4. Offer an employer-sponsored health insurance plan that fully covers or heavily subsidizes clinical therapies for chronic pain and arthritis management? (e.g., physical therapy, chiropractic adjustments, acupuncture, or specialized orthopedic care).

☐ Yes ☐ No ☐ Unsure

ACKNOWLEDGEMENT

By signing below:

- I understand that the Healthiest Maryland Businesses Wellness at Work Recognition Program is a voluntary program that recognizes Maryland employers for their employee health and well-being programs, and I affirm that the information provided within this application is complete and accurate and does not violate any privacy regulations.
- I recognize that WWRP recognition is good for one year. If our organization receives recognition this year, I understand that our organization must reapply the following year.
- I understand that our recognition level is based on the extent to which the information provided within this application meets the criteria.
- I also affirm that the appropriate management team within my organization has approved the submission of this application.
- I certify that all information is true and correct to the best of my knowledge.
- I give Healthiest Maryland Businesses permission to use photos taken of our employees as part of the program. Use of photos may include, but is not limited to, posting on the HMB website, social media, and distribution with press releases. *

Signature:

Title of person signing:

-End-