

# Healthiest Maryland Businesses Wellness at Work Recognition\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2025 Application and Guidance Document**

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### Maryland Department of Health

### Prevention and Health Promotion Administration

### Center for Chronic Disease Prevention and Control

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## Healthiest Maryland Businesses

Healthiest Maryland Businesses (HMB) is a collaborative of Maryland businesses with a shared mission of improving health through workplace wellness initiatives. HMB members receive education, technical assistance, resources, and learn from one another. This statewide movement works to build and promote a culture of workplace wellness – fostering an environment that makes the healthiest choice the easiest choice. HMB’s goals are to:

* raise awareness about the importance of sustaining a healthy workforce,
* recruit business leaders who are champions of healthy workplace practices and policies,
* assist businesses with workplace wellness programming that will improve their bottom line, and
* recognize businesses for their commitment and success.

## 2025 HMB Wellness at Work Recognition

The Wellness at Work Recognition Program (WWRP) recognizes HMB members for building wellness initiatives aligned with the new state specific Workplace Health ScoreCard, which is based on the sunset CDC Worksite Health Model.

There are three levels of recognition:

* **Wellness Exemplar** **–** Exemplar businesses have well-established workplace wellness practices promoting a culture of health across the organization. They address wellness through all four strategies (policy, programming, benefits, and environmental support), thoroughly evaluate their workplace wellness initiatives, and use evaluation results to inform future planning and implementation. **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.
* **Wellness Pacesetter –** Pacesetter businesses have established worksite wellness practices. They address wellness using at least three strategies (policy, programming, benefits, and/or environmental support), evaluate some workplace wellness initiatives, and use evaluation results to inform future planning and implementation.
* **Wellness Standout –** Standout businesses have emerging worksite wellness practices. They address workplace wellness using at least two strategies (policy, programming, benefits, and environmental support) and collect some data to inform future planning and implementation.

## Timeline

* Applications may be submitted beginning **Tuesday, June 3, 2025** and are due by **Thursday, July 3, 2025.**
* All businesses will be notified of their Recognition status by August 4, 2025.

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## Questions

For more information about Healthiest Maryland Businesses, visit health.maryland.gov/WWRP, or contact Ali MacStudy (ali.macstudy1@maryland.gov).

# 2025 Wellness at Work Recognition Application

### 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).

### To complete the online application, follow the link [here](https://forms.gle/x6sMdND9tqbND2gx7).

### If you are unable to complete the online application in one session, you may return to the application link and continue your application. To return to the application, you must be logged in with the same email address that initiated the application. You may return and edit your responses as many times as needed to complete the application; however, you will not be able to edit once you hit the submit button.

### Once you submit your application, you should select the option to receive a copy of your completed application via email. If you do not receive an email confirmation when your application has been submitted, please contact Ali MacStudy (ali.macstudy1@maryland.gov) for assistance.

### 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 (\*).

##

**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 the jurisdiction in which the largest percentage of employees normally work.) \*

| ( ) 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)

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

**Evaluation**

Ongoing evaluation is indispensable to workplace health promotion. It provides information on the effectiveness of current interventions, builds the business case for continuing what works, and shapes future decision-making.

Please indicate what data was captured and then used to evaluate and manage your business’s workplace wellness program. Only select the types of data that are collected periodically, reviewed, and used to influence program decisions.

What type of data was collected? 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, how were employees educated about a new policy)

[ ] Employee feedback on wellness initiatives

[ ] Other - Write In (Required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Did not collect data

Please share one example of how you used data to inform your workplace wellness practices in 2024. Please include the type of data you collected, how it informed decision-making, and any results or outcomes, if available.\*

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**Current Health Promotion Strategies**

Using the table below, indicate which types of interventions your business used to address particular health issues in 2024. For example, if you have a healthy vending machine policy in place, you would mark the square aligned with nutrition and policies.

| **Health Topics** | **Interventions** |
| --- | --- |
|  | Programs Available 1/1/24 – 12/31/24 | Policies Currently in Place | Benefits Currently Available | Environmental Supports Currently Available |
| Tobacco Use |  |  |  |  |
| High Blood Pressure |  |  |  |  |
| High Cholesterol |  |  |  |  |
| Physical Activity |  |  |  |  |
| Weight Management |  |  |  |  |
| Nutrition |  |  |  |  |
| Heart Attack and Stroke |  |  |  |  |
| Prediabetes and Diabetes |  |  |  |  |
| Depression/Mental Health/Stress Management |  |  |  |  |
| Alcohol and Other Substance Use |  |  |  |  |
| Occupational Health and Safety |  |  |  |  |
| Maternal Health and Lactation Support |  |  |  |  |
| Cancer |  |  |  |  |
| Other |  |  |  |  |

**2024 Successes and Challenges**

Please describe 2-3 workplace health and well-being successes you achieved in 2024.\*

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**ScoreCard**

| **Organizational Support**  |
| --- |
| *Leadership Commitment and Support* |
| During the past 12 months, did your worksite; |
| 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. |
| Have an annual budget and/or dedicated funding for a strategic plan for health promotion programs with goals and measurements (example: SMARTIE goals). If so, are references to employee health and safety goals in the business objectives, core values, or organizational mission statement? |
| Have an active and representative 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); note if a staff member has responsibilities of coordinating in their job description or performance expectations. |
| *Measurement and Evaluation* |
| During the past 12 months, did your worksite; |
| Conduct an employee needs and interest survey for planning health promotion activities? Answer “yes” if, for example, your organization administers surveys or conducts focus groups to assess your employees’ readiness, motivation, or preferences for health promotion programs. |
| Conduct employee health risk appraisals (HRAs) or health assessments (HAs) and provide individual feedback plus 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. |
| Conduct ongoing evaluations of health promotion programming that use multiple data sources to inform decision-making? Answer “yes” if, for example, your organization routinely measures the quality and impact of health promotion programs. This may be measured using data on employee health risks, medical claims, employee satisfaction, or organizational climate surveys. |
| *Strategic Communications* |
| During the past 12 months, did your worksite; |
| Promote and market health promotion programs to employees that were accessible and appealing to employees of different ages, sexes, education levels, 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.” |
| *Participation and Engagement* |
| During the past 12 months, did your worksite; |
| Have an employee champion or a network of champions who actively publicize health promotion programs? |
| 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 certificates, cash, paid time off, product or service discounts, reduced health insurance premiums, employee recognition, or prizes. |
| Extend access to key program components to all workers, including hard to reach workers (e.g., telecommuters, contract workers, night shift workers, 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. |
| *Programs, Policies, and Environmental Support* |
| During the past 12 months, did your worksite; |
| Implement educational programming to improve health care consumerism? Answer “yes” if, for example, your organization provides employees with written or interactive guidance on improving doctor-patient relationships, promoting patient-centered care, and the 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? Answer “yes” if, for example, your worksite communicates information about benefits such as smoking cessation medication and counseling, weight management tools, or flu vaccinations through emails or newsletters distributed throughout the calendar year. |
| 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. |
| Provide work-life balance programming and resources? Answer “yes” if, for example, your worksite provides resources related to elder care, child care, tuition reimbursement, or financial counseling. |
| 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. These resources may include fitness facilities, on site medical clinics, health fairs, or wellness competitions. |
| Coordinate occupational health and safety programs with health promotion and wellness programs? Answer “yes” if, for example, these departments have common strategies, routine data sharing, regular meetings across functions, or warm handoff referrals. |
| **Tobacco Use** |
| During the past 12 months, did your worksite; |
| 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. |
| Provide and promote educational materials and/or interactive programs addressing tobacco cessation? Answer “yes” if, for example, your worksite educational material (brochures/ videos/posters/web-based programs/newsletters) or interactive programs (“lunch and learns”/seminars/workshops/classes) on tobacco cessation.  |
| Provide and promote free or subsidized 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, equipping employees with skills, motivation, and tools to quit using tobacco? Answer “yes” if your worksite provides coverage for cessation programs, prescriptions (inhalers/nasal sprays/bupropion/varenicline), and nicotine replacements (gum/patches/lozenges). |
| Provide financial incentives for being a current nonsmoker and for current smokers who are actively trying to quit tobacco by participating in a free or subsidized, 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. |
| **High Blood Pressure** |
| During the past 12 months, did your worksite; |
| Provide free or subsidized blood pressure screening (beyond self-report), followed by directed feedback and a clinical referral when appropriate? |
| Provide and promote educational materials and interactive programs on preventing and controlling high blood pressure? Answer “yes” if, for example, your worksite offers educational material (brochures/videos/posters/newsletters) or interactive sessions ( “lunch and learns”/ seminars/workshops/classes) addressing high blood pressure/pre-hypertension).  |
| Provide health insurance coverage with free or subsidized out-of-pocket costs for blood pressure control medication, promote free or subsidized lifestyle coaching/counseling or self-management programs, and make blood pressure monitors available for employee self-monitoring for personal blood pressure 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. |
| **High Cholesterol** |
| During the past 12 months, did your worksite; |
| Provide free or subsidized cholesterol screening (beyond self-report), followed by directed feedback and a clinical referral when appropriate, including free or subsidized lifestyle coaching/counseling or self-management programs that equip employees with skills and motivation to set and meet their personal cholesterol management goals? |
| Provide and promote educational materials and interactive programs on preventing and controlling high cholesterol? Answer “yes” if, for example, your worksite offers educational material (brochures/videos/posters/newsletters) orInteractive programs (“lunch and learns”/seminars/workshops/classes that address high cholesterol). |
| Provide health insurance coverage with free or subsidized out-of-pocket costs for cholesterol or lipid control medications? |
| **Physical Activity** |
| During the past 12 months, did your worksite; |
| 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. |
| Provide and promote free or subsidized lifestyle coaching/counseling or self-management programs that equip employees with skills and motivation to set and meet their personal physical activity 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. |
| Provide an exercise facility on site or subsidize the cost of on or off-site exercise facilities? |
| Provide or promote other environmental supports for recreation or physical activity? Answer “yes” if, for example, your worksite provides trails or a track for walking/ jogging, maps of suitable walking routes, a basketball court, treadmill workstations, sit-stand workstations, lockers, a shower, or a changing facility. |
| 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. |
| Provide and promote organized physical activity programs for employees (other than the use of an exercise facility)? Answer “yes” if, for example, your worksite organizes walking groups, stretching programs, group exercise classes, recreational leagues, or buddy systems to create supportive social networks for physical activity. |
| Promote the use of activity trackers to support physical activity? Answer “yes” if, for example, your worksite provides or subsidizes the cost of pedometers, wearable trackers, online tools, or mobile apps. |
| Encourage active transportation to and from work? Answer “yes” 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. |
| **Weight Management** |
| During the past 12 months, did your worksite; |
| Provide and promote educational materials and interactive educational programming that address weight management and health? 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. |
| Provide and promote free or subsidized body composition measurement (beyond self-report), followed by, when appropriate, free and subsidized lifestyle coaching/counseling or self-management programs that equip employees with skills and motivation to set and 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. |
| **Nutrition** |
| During the past 12 months, did your worksite; |
| Provide places to purchase food and beverages? Answer “yes” if, for example, your worksite provides vending machines, cafeterias, snack bars, or other purchase points. IF NO, PLEASE SKIP TO QUESTION THAT READS: Provide and promote educational materials and interactive programs that address healthy eating and nutrition? |
| Have and promote a written policy that makes healthier food and beverage choices available in cafeterias, snack bars, vending machines, and other outlets? 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. |
| 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? Answer “yes” if the healthy foods and beverages are items such as vegetables, fruit, unsweetened beverages, or low-sodium snacks. |
| Provide visible nutrition information, and identify those healthy items, for example, placing a ❤ next to healthy choices?  |
| Subsidize or provide discounts on healthy food and beverage choices available at the worksite (in vending machines, cafeterias, snack bars, or other purchase points)? |
| Have and promote a written policy making healthy food and beverage choices available in break rooms, during meetings, conferences, or company sponsored events when food is served? Answer “yes” if, for example, the policy makes vegetables, fruits, unsweetened beverages, whole grain items, or trans fat-free/low-sodium snacks available during meetings. This policy can be promoted to employees regularly through emails, newsletters, or signage in public places. |
| Offer or promote an on site or nearby farmers market or other arrangement where fresh fruits and vegetables are sold? This may include coordinating Community Supported Agriculture (CSA) or vendors/ venues that are or are not operated by farmers. |
| Provide and promote educational materials and interactive programs that address healthy eating and nutrition? Answer “yes” if, for example, your worksite offers brochures, videos, posters, or newsletters that teach and promote healthy eating, as a single health topic or with other health topics. |
| Provide and promote free or subsidized lifestyle coaching/counseling or self-management programs that equip employees with skills and motivation to set and meet their personal nutrition 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; in group or individual settings; through vendors, on site staff, health insurance plans/programs, community groups, or other practitioners. |
| 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. |
| 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. |
| **Heart Attack and Stroke** |
| During the past 12 months, did your worksite: |
| Provide and promote educational materials and programming that address signs, symptoms, and emergency response to heart attack and stroke? Answer “yes” if, for example, your worksite offers employees brochures, videos, or newsletters, or posts flyers in the common areas of your worksite that teach the signs and symptoms and the appropriate response to a heart attack. |
| Have an emergency response plan to address acute heart attack and stroke events? |
| Offer access to a nationally-recognized training course on Cardiopulmonary Resuscitation (CPR) that includes training on Automated External Defibrillator (AED) usage and have and promote a written policy for an adequate number of employees per unit/shift to be trained and certified in CPR/AED use? |
| Have an emergency response team trained to respond to acute heart attack and stroke events? Answer “yes” if, for example, a formal or informal team is trained to respond. |
| Have one or more functioning AEDs in place? IF NO, PLEASE SKIP TO THE END OF THE MODULE. |
| Have an adequate number of AED units identified with signage, so a person can be reached within 3-5 minutes of collapse? |
| Perform maintenance or testing on all AEDs in alignment with manufacturer recommendations? |
| **Prediabetes and Diabetes** |
| During the past 12 months, did your worksite: |
| Provide free or subsidized prediabetes and diabetes health risk assessment (beyond self-report) and feedback, followed by blood screening (fasting glucose or A1c) and clinical referral when appropriate, and/or free or subsidized lifestyle coaching/counseling and follow-up monitoring for employees with prediabetes or diabetes? |
| Provide and promote educational materials and interactive programs on prediabetes and diabetes? Answer “yes” if, for example, 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, as a single health topic or with other health topics. |
| Provide and promote self-management programs for diabetes control? 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. |
| Provide health coverage with free or subsidized out-of-pocket costs for diabetes medications and supplies for diabetes management (e.g., glucose test strips, needles, monitoring kits)? |
| **Depression** |
| During the past 12 months, did your worksite; |
| Provide free or subsidized clinical assessment for depression by a provider, followed by directed feedback and a clinical referral when appropriate? Answer “yes” if these services are provided directly through your organization 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? Answer “yes” if, for example, these services are provided through a health risk assessment (HRA), health insurance plan, or employee assistance program (EAP). |
| 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. |
| Provide and promote free or subsidized lifestyle coaching/counseling or self-management programs that equip employees with skills and motivation to set and meet their personal goals for managing depression? 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. |
| 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. |
| Provide health insurance coverage with free or subsidized out-of-pocket costs for depression medications? |
| **Alcohol and Other Substance Use** |
| During the past 12 Months, did your worksite |
| 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 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 a referral for treatment when appropriate? Answer “yes” if, for example, these services are provided through a health risk assessment (HRA), health insurance plan, and/or employee assistance program (EAP). |
| 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. |
| Discourage or limit access to alcohol or 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. |
| 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). |

| **Occupational Health and Safety** |
| --- |
| During the past 12 months, did your worksite |
| 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. |
| Provide and encourage opportunities for employee 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. |
| Carefully investigate the primary cause of any reported work-related illnesses or injuries and take specific actions to prevent similar events in the future? |
| 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. |
| Have a process in place for measuring and, if necessary, improving worksite air quality? Answer “yes” if, for example, your worksite routinely tests heating, ventilation, and air conditioning (HVAC) systems, vacuums carpets, and controls moisture levels to prevent mold growth. |
| Make adjustments or provide resources where necessary to reduce the risk of eye injury or vision impairment? Answer “yes” if, for example, your worksite provides proper lighting to work areas, protective eyewear in hazardous environments (e.g., factories, construction sites), or ergonomic setups at work stations. |
| 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. |
| **Maternal Health and Lactation Support** |
| During the past 12 months, did your worksite |
| 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. |
| Provide access to a breast pump at the worksite? Answer “yes” if, for example, your worksite provides on site access to a breast pump or offers insurance coverage that subsidizes the purchase of a breast pump for personal use. |
| Provide and promote maternal health and breastfeeding support groups, educational classes, or consultations? Answer “yes” if these programs are provided in-person or virtually (online, telephonically, mobile app); on or off site; through vendors, peer and/or professional consultants, on site staff, or health insurance plans/programs. |
| Offer paid parental leave, separate from any accrued sick leave, annual leave, or vacation time? |
| Offer health insurance coverage with no or subsidized out-of-pocket costs for pre- and postnatal care? |
| **Cancer** |
| During the past 12 months, did your worksite |
| Offer free or subsidized cancer screenings on site? Answer “yes” if, for example, your worksite offered cancer screenings (e.g., stool test kits, mobile mammography vans, or skin cancer screenings) as part of a health campaign or routine care at an on site clinic. |
| Provide and promote educational materials and interactive programs addressing skin, breast, cervical, or colorectal cancer prevention? Answer “yes” if, for example, your worksite offers brochures, videos, posters, reminders, or newsletters that promote sun protection, evidence-based vaccinations, or evidence-based cancer screenings, as a single health topic or with other health topics. |
| Monitor and take action to reduce employee exposure to known carcinogens within the workplace? Answer “yes” 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 health insurance coverage with free or subsidized evidence-based cancer screenings and vaccinations? Answer “yes” if, for example, your insurance covers the cost of breast, cervical, and colorectal cancer screening, and HPV and Hepatitis B vaccines. |
| Do you have outdoor workers? IF NO, PLEASE SKIP TO THE END OF THE MODULE. |
| Have and promote a written policy that includes measures to reduce sun exposure for outdoor workers? Answer “yes” if, for example, the policy encourages rotating workers in ultraviolet (UV) intense positions, scheduling tasks to avoid high-exposure periods, and using sun protective clothing, hats, and sunscreen. This policy can be promoted to employees regularly through emails, newsletters, or signage in public places. |
| Provide employees working outdoors with support for sun protection, such as shade, hats, or sunscreen? |

### 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:

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Title of person signing:

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