

5-2-1-0 Healthy Choices Count! Workplace Registration

Thank you for your interest in becoming a 5-2-1-0 Registered Site. By completing this survey your site is enrolled in 5-2-1-0 Healthy Choices Count, and you have committed to providing a healthier environment for Iowans to live, work and play.

The survey includes questions, organized by the 4 focus areas, about what your workplace is doing at this point in time to support a healthy environment. Please answer as accurately as you can. The results of this survey may help identify areas of success as well as areas you are interested in improving.

Applications will be reviewed at the beginning of each month, and from there you will receive a letter notifying you of your completed registration as well as next steps! You will also be provided a window cling to display identifying that your workplace participates in 5-2-1-0 Healthy Choices Count!

Thank you for taking the initiative to be an advocate for creating healthy environments for Iowans and working toward the goal of making Iowa the healthiest state in the nation! To download additional tools or resources visit www.iowahealthieststate.com/5210. Your responses may be shared with 5-2-1-0 community partners as needed.

1. Contact Information

First and Last Name

Title/Role

Company/Workplace
(Official) Name

Address

City/Town

State/Province

ZIP/Postal Code

County

Email Address

Phone Number

2. Website and social media handles (if applicable)

3. Number of employees

Eat Well

Please answer the following questions about how your workplace supports the focus area of "Eat Well."

Does your workplace:

* 4. Provide safe unflavored, drinking water at no charge to all staff?

Yes

No

* 5. Offer on-site opportunities to purchase/receive, fresh produce (examples: salad bar, on-site garden, csa drop-off site, farm stand)?

Yes

No

* 6. Institute healthy food and beverage options at company sponsored meetings and events, vending machines, on-site cafeteria and food venues?

Yes

No

* 7. Provide refrigerator access, microwave access, sink with water faucet access for staff to prepare food and a seating area for staff to eat?

Yes

No

Move More

Please answer the following questions about how your workplace supports the focus area of "Move More."

Does your workplace:

* 8. Promote an active workplace by using prompts to increase movement throughout the day (walking path, walking meeting, stairwell, standing desk)?

Yes

No

* 9. Offer flexible scheduling to allow for physical activity before, after or throughout the day?

Yes

No

* 10. Encourage active commuting (bike rack, bike share, public transportation, facility shower/changing room)?

Yes

No

* 11. Provide access to safe physical activities and amenities (on-site, community fitness center, etc.)?

Yes

No

Feel Better

Please answer the following questions about how your workplace supports the focus are of "Feel Better"

Does your workplace:

* 12. Offer and promote EAP or identified resources available to staff?

Yes

No

* 13. Institute tobacco free and nicotine free policy, access to tobacco and nicotine cessation services and products (insurance, Quitline)?

Yes

No

* 14. Offer opportunities for staff interaction and social support (team building, company picnics, celebrations)?

Yes

No

* 15. Offer staff education and trainings for personal and professional development?

Yes

No

* 16. Demonstrate and encourage community involvement (volunteerism, community initiatives, boards, public office)?

Yes

No

17. Designate safe and comfortable space for staff's personal needs (lactation, shower/changing room, quiet room)?

Yes

No

Leadership and Commitment

Please answer the following questions about how your workplace supports wellness efforts:

Does your workplace:

* 18. Have a consistent level of support of wellness efforts being shared by all levels of management?

Yes

No

* 19. Provide opportunity for feedback for health promotion programs?

Yes

No

* 20. Have a wellness committee and/or champion?

Yes

No

* 21. Incentivize preventive health or wellness activities (monetary or other)?

Yes

No

* 22. Offer or subsidized a comprehensive benefit package that includes preventive care (health, dental, vision, EAP, hearing)?

Yes

No

* 23. Participate in 1 Healthiest State Initiative event per year (Conference, Walk, Awards, State Healthiest State Month)?

Yes

No

* 24. Integrate 5-2-1-0 Healthy Choices Count! messaging with health and wellness efforts?

Yes

No

* 25. Use or provide 5-2-1-0 materials in the workplace (letter to employees, brochures, newsletters, posters)?

Yes

No

* 26. Use a communication platform accessible to all staff and stakeholders to distribute 5-2-1-0 messaging?

Yes

No

27. Share strategies (what you did) and success stories (how they went) with community partners (HSI, local, regional, state). **This question is not required until recertification August of 2020, but it's a good idea to start collecting them right away!

Healthcare Clinics- other than MD/DO led

We are so happy you are sharing the 5-2-1-0 Healthy Choices Count! message with your patients and clients! We would like to collect a little bit of information about how you share information with those you see in your clinic. Please answer the following questions ONLY if you share the 5-2-1-0 message in your clinic. Otherwise, please skip these questions.

28. Does your Health Care site integrate 5-2-1-0 Healthy Choices Count! messaging and materials into existing services or programs?

Yes

No

29. Patients or clients are referred to community services from our clinic.

Yes

No

30. Please check all services you connect for patients/clients/families with:

SNAP

Community Gardens

WIC

Food Pantries

School Meals Program

Summer Meal Programs

Community Meal Sites

Local Recreation Center Programming

Other (please specify)