

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

BRONZE Must check at least six to achieve Bronze Level	 □ Promote free 802Quits tobacco quit resources □ Add smoke-free signs around the building and property □ Move outdoor cigarette receptacles away from building entrances □ Create a worksite wellness policy for staff 	 Encourage physical activity breaks after services and active meetings Promote community resources for healthy eating, physical activity and quit support Offer a private and clean space for breastfeeding mothers 	 □ Establish a wellness committee and a written wellness plan for the congregation □ Encourage donations of whole grains, lean proteins, low-sodium items, fruits and vegetables
SILVER Bronze Level plus at least four from Silver Level	 □ Create healthy meeting policies (e.g. stretch breaks, healthy food choices) □ Offer opportunities for members to be physically active (e.g. fitness classes on-site, walking groups) 	 □ Create a property-wide tobacco-free policy that includes events and facility rentals □ Become a Community Supported Agriculture (CSA) pick-up site □ Present a sermon about health and wellbeing 	 □ Add and promote health-related resources to your library □ Hold a health education series for adults or youth (e.g. healthy cooking classes, healthy aging)
GOLD Silver Level plus at least four from Gold Level	 □ Integrate health education into youth groups' curriculum, using denominational materials or partnering with a community health organization □ Support staff wellness through professional development opportunities 	 □ Partner with community groups to promote physical activity or nutrition □ Organize a periodic health-themed week to focus on chronic disease selfmanagement or prevention 	 □ Plant a community garden and offer the produce to the congregation □ Develop a health ministry for your faith community. □ Establish nutrition standards for all sponsored events

Note: Terminology was made to be inclusive of all faith traditions, while remaining clear and easily understood.



CUSTOMIZE YOUR WELLNESS GOALS

Some faith communities have unique opportunities or challer		
wellness. If some or all of the recommended wellness measu please customize your goals. Your Local Health Office is available.	- ,	•
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FINALIZE YOUR COMMITMENT		
By signing this form, your organization strengthens its dedicat	tion to reducing the burden of chro	nic disease and
improving the health and wellness of its staff and members.		
Faith Community Name	Approx. Size of Membership	County
Contact Name	Title	
Email	Phone	
Lillali	THORE	
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.		