



# Healthy Community Award

## Purpose of the Healthy Community Award

The primary purpose of a healthy community is to improve the quality of life for all residents. The health of a population is related to the general health and safety of the community environment where people live, work, and play. Within each community there are resources that can be developed or enhanced to support healthy behaviors. The Healthy Ohioans-Healthy Community Award recognizes the outstanding achievements of cities/towns in implementing health-related policies and providing healthy community environments. It recognizes a community's efforts to encourage employees and residents to make healthy choices. The goals of Healthy Ohioans are to increase physical activity, to improve nutrition, and to prevent tobacco use.

## Three Reasons for Participating

- **Promote a healthier Community**— Participating in the healthy community award program can be an important step toward making your community a healthier place to live. It also provides an opportunity to increase the visibility and awareness of health-related activities in your community.
- **Enhance Collaboration**—The healthy community award program encourages community collaboration, bringing community, school and business leaders together to work toward the common goal of developing and promoting a healthier community.
- **Earn Recognition**— Being recognized as a Healthy Ohioan Community is a positive promotional tool for your community. Receive recognition from the Governor as a "Healthy Community" and reap the benefits of local and state-level media announcements regarding the community's achievement. Awards will be presented at a state-level event each year.

## Eligibility

Communities of all sizes are encouraged to apply for the Healthy Ohioans-Healthy Community Award. For the purpose of this award, a community is defined as any city, township or village in the state of Ohio or any county that does not have a city, village or township with more than 5,000 residents. Any entity is eligible to apply on

behalf of the defined community, but only one application will be accepted per community. For example, governmental entities, chambers of Commerce, church groups or community associations may apply. Communities will compete in one of four population categories: counties with no population center greater than 5,000; incorporated areas 5,000–15,000; 15,001–50,000; and greater than 50,000.

## Application Judging

Each application will be reviewed by the Healthy Ohioans award selection committee and will be scored based on the total number of points awarded in each of the six sections of the application.

## What do Healthy Community Award Winners Receive?

All award recipients will receive a designation as a Healthy Ohioans Community from the Governor and will be included in local and state-level media announcements regarding the community's achievement. Gold award winners will receive a Healthy Ohioans flag, silver and bronze award winners will receive plaques.

## How to Apply

Complete the Healthy Ohioans-Healthy Community Award Application Form and fax or mail it to the address listed below.

Develop a community health action plan which covers the Healthy Ohioans goals: increasing physical activity, improving nutrition and preventing the use of tobacco. See specific guidelines for completion of these plans.

Attach minutes of meetings, news articles, flyers describing local events and any other pertinent supporting information as an appendix to the application.

Send the original application, including attachments, and one copy before April 30, 2006 to:

Healthy Ohioans Community Award  
246 North High Street, 8th floor  
Columbus, OH 43216-0118  
FAX 614-644-7740

# Healthy Ohioans Healthy Community Award

## Application

Name of Community	
Are you considered a: <input type="checkbox"/> Village <input type="checkbox"/> Township <input type="checkbox"/> City, or <input type="checkbox"/> County	Population Size <i>You will be scored and compared to communities of similar size</i>

Name and title of primary contact person:

Name		Title	
Business Phone (       )	FAX (       )	E-mail	

Name and title of alternate contact person:

Name		Title	
Business Phone (       )	FAX (       )	E-mail	

## Section 1 General Community

- 1 Has your community conducted any type of health assessment to determine the greatest health needs or issues in the community?  
 YES     NO — go to 2
- 1a If yes, by what means have you assessed the type of need in your community?  
 Community assessment     Town hall forum  
 Survey     Other
- 1b When was this done?
- 1c Were goals or initiatives were developed as a result of this assessment?  
 YES     NO
- 2 Does your community or governing body currently have an advisory group or coalition or established partnerships with other organizations to improve the overall health of your community?  
 YES     NO — go to 3  

Please attach a listing of all coalition or partnership members (name, organization, position) and indicate chair, co-chair with an '\*'.
- 2a Does the coalition or partnership team meet on a regular basis?  
 YES     NO
- 2b If yes, how often does the group meet?  
 Monthly     Quarterly     Twice a year     Yearly
- 3 Are you aware of any Buckeye Best Healthy School award winners or Healthy Ohioans-Healthy Worksite award winners in your community?  
 YES     NO — go to 4
- 3a If yes, how do you know about them?  
 Mutual coalitions/partnerships     Media  
 Other
- 3b Have you collaborated with any of these award winners?  
 YES     NO
- 4 Have you used the Healthy Ohioans logo in the community or promoted its use?  
 YES     NO — go to 5
- 4a If so, how?  
 Printed materials     Website  
 Other
- 5 Does your community or governing body have a website with links to relevant state and local community service or health related websites?  
 YES     NO  

If yes, what is the website address of the community/governing body?
- 6 Do residents in your community receive health information from any of the following? *Check all that apply.*  
 Local Health Department     Hospital     Local EMS  
 Governing Body (i.e., city council/mayor, township/ trustee, etc.)  
 Fire Department     Volunteer Health Organization  
 Other

**Section 2  
Physical Activity**

7 Has your community or governing body taken steps to increase or improve the opportunities for walking, biking, or other physical activities within your community in the last 5 years?

YES  NO — go to 8

7a If yes, check any amenities added in that period:

- Walking Path  Biking Path  Parks
- Community Recreation Center  Greenways
- Athletic Fields  Swimming Pool
- Other

8 Has your community or governing body assigned a staff person to be specifically responsible for pedestrian or bicycle transportation?

YES  NO

If yes,

Name	
Title	
Street address	
City	
Phone (     )	E-mail
Responsibilities	

9 Does your community or governing body have a policy or program devoting a portion of transportation dollars to non-vehicle transports such as linking bicycle lanes to public transportation, adding dedicated bike lanes to roadways or bike racks to buses?

YES  NO

10 Do your zoning regulations: (check all that apply)

- Permit mixed land use and cluster zoning  
(Allowing developers to design higher density communities consisting of retail and community services as long as a portion of the community area is preserved as open space and is within walking distance of residential areas.)
- Require new commercial or residential development to include areas promoting physical activity

10a Check all that apply:

- Sidewalks  Greenways  Bike-ways
- Well-lit, attractive stairwells
- Curb cuts for the people with mobility limitations
- Other

11 Does your community or governing body promote physical activity in your area's existing indoor/outdoor facilities?

YES  NO — go to 12

11a If yes, check all that apply

- Walking trails  Bike trails
- Parks and recreation  Swimming pools
- Schools  Churches
- Malls  Senior centers
- Other

12 Does your community or governing body work with the media to promote physical activity opportunities or information?

YES  NO

12a If yes, please describe:

- Support policy/environmental changes
- Press releases  Interest stories
- Announcements inviting use of local facilities
- Other

13 Does the community or governing body provide events or incentives to motivate community residents to be physically active?

YES  NO

13a If so, please describe:

- Fitness challenges  Community walks/runs/rides
- Other

**Section 3  
Nutrition**

14 Is your community or governing body or advisory group/coalition taking steps to increase and improve the opportunities for healthy eating in the community?

YES  NO

If so, please describe:

15 Does the community or governing body have a policy encouraging healthy food and beverage choices in city/town/county-owned/managed facilities and at city/town-sponsored functions?

YES  NO

- 16 Does the community or governing body recognize restaurants with healthy menu options?  
 YES    NO
- 16a If yes, please describe:  
 Plaques    Acknowledgment in newspaper  
 Other
- 17 Has your community or governing body set aside land or provided support for development of a community fruit and vegetable garden?  
 YES    NO
- 18 Does the community or governing body sponsor or organize a farmer's market?  
 YES    NO
- 19 Does your community or governing body work with the media to improve nutrition in the community? (e.g. support policy/ environmental changes, press releases, human-interest stories, announcements inviting community members to participate in challenges, nutrition inserts, utilizing releases from any unit of local government or wellness/health organization)  
 YES    NO
- 20 Does the community or governing body provide events or incentives to motivate residents to practice healthy eating behaviors?  
 YES    NO
- 20a If so, please describe:  
 5 a Day challenges  
 Healthy recipe contests  
 Coupon programs for healthful foods or services  
 Other

#### **Section 4 Tobacco**

- 21 Does the community or governing body have an ordinance or law prohibiting smoking in all work places including restaurants and bars?  
 YES    NO
- 22 Does the community or governing body have an ordinance prohibiting smoking in recreation facilities?  
 Indoor    Outdoor    No
- 23 Does the community or governing body have an ordinance or law requiring publicly owned buildings to be smoke-free?  
 YES    NO
- 24 Does the community or governing body enforce laws regarding the sale of tobacco products to minors?  
 YES    NO
- 25 Does the community or governing body provide free or reduced-cost smoking cessation programs?  
 YES    NO
- 26 Does your community or governing body work with the media to reduce tobacco use and exposure to second hand smoke in the community?  
 YES    NO
- 26a If so, please describe:  
 Support policy/environmental changes  
 Press releases    Human-interest stories  
 Promoting tobacco-use cessation  
 Utilizing releases from local government or wellness/health organizations

#### **Section 5 Other**

- 27 Is your community involved in any other health related initiatives not described in the preceding sections?  
 YES    NO  
If yes, please describe briefly
- 28 Does your community have a plan to sustain any or all of these activities? (Nutrition, physical activity, tobacco, other)  
 YES    NO  
If yes, please describe briefly



a program of  
**Ohio Department of Health**

#### **Thank you**

*Your interest in The Healthy Ohioans Healthy Community Award is appreciated.*